Nutrition and hydration is ordinary and proportionate care, not medical treatment. Thus it is obligatory. A person has a right to receive it and his or her caregivers have a duty to provide it. Without being provided nutrition and hydration, a person will die of starvation and/or dehydration.

**Withholding and the Withdrawal of Treatment**

Life is a fundamental good and the basis of all other goods. However, the duty to preserve life is not an absolute one since human persons are mortal — subject to death. When a person’s medical condition has reached the point of futility or when the burdens far outweigh the benefits of treatment, he or she can be allowed to die with full Christian and human dignity.

**Advanced Directives**

The Church supports the use of advanced directives, which allow individuals to name an agent to make health care decisions for them if they lose the capacity to make or express their own choices.

Advance directives give us a way to ensure that the decisions about the care we receive when we cannot speak for ourselves are made in accord with our faith. This information will give you the tools you need to construct a living will that reflects Catholic moral teaching.

For Catholics, morally correct medical decisions are based on our respect for the sanctity and dignity of life and acknowledge our dependence upon God as the Lord and Giver of life. Our decisions must be rooted in the recognition that each of us is the steward of this gift given to us by God.

**Medical Futility**

Medical futility is a condition that indicates that further treatment will not offer reasonable hope of benefit for the patient. By definition, this treatment would be considered extraordinary or disproportionate to the patient’s illness. Medical futility will not change the ultimate outcome of the illness, which is death.

When the time arrives to consider whether or not to continue treatment, it is extremely important that you specifically ask the attending physician if you or your loved one is clinically in a condition of medical futility.
The Catholic Church has been very clear over her history that no one should die in pain and that we can take medications to help relieve pain even if by doing so a person’s life may be shortened. The intent in this case is not to cause death but to ease pain.

The guiding ethical principle in pain management is the principle of double effect. Briefly defined, the principle of double effect is when one act that is good in itself has two effects: the intended good effect and the unintended and foreseen evil effect. The good effect must outweigh the evil effect, and there cannot be any other options available.

An example of how the principle of double effect is applied in cases of pain management is in the administration of morphine. The relief of pain is a good act in and of itself. Thus the intended good effect is to ease pain. However, morphine depresses respiration. In terminal cases, this unintended and foreseen evil effect may cause death sooner rather than later. The possible death is not the intention. The alleviation of pain is the intention that is of the utmost importance.

Do Not Resuscitate Orders

A do not resuscitate order, commonly known as a DNR, is an order that in the event of cardiac arrest sudden respiratory failure no cardiopulmonary resuscitation (CPR) is to be administered. It is morally acceptable to place a DNR order on yourself or someone in your charge if CPR will be of no significant benefit to the patient or a significant burden to him or her, or if the type of resuscitation that needs to be used is overly burdensome to the patient.

In today’s times, it is important to state what a DNR isn’t. Some medical facilities have expanded the meaning of a do not resuscitate order to mean that nothing at all is to be done to sustain a patient in a life-threatening condition. In reality, a DNR does not mean to suspend all medications, nutrition, and hydration. This instance has to be considered as part of a larger discussion regarding the withholding and withdrawal of medical treatment, which we will do later in this pamphlet.

Ordinary or Proportionate Care

A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community.

— United States Conference of Catholic Bishops, Ethical and Religious Directives, 56

Ordinary or proportionate care is “reasonable hope of recovery,” which subsequently is used to justify the removal of lifesaving treatment prematurely.

Extraordinary or Disproportionate Care

A person may forgo extraordinary or disproportionate means of preserving life.

Extraordinary means are those that in the patient’s judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community.

— United States Conference of Catholic Bishops, Ethical and Religious Directives, 57

Extraordinary or disproportionate care (again, “disproportionate care” is a more precise term) is used to describe a medical treatment that has not been proven successful in treating an illness, is overly burdensome, or in the judgement of the patient does not offer reasonable hope of benefit to the patient.

It is important to note here that the key phrase in all the definitions of ordinary or proportionate care and extraordinary or disproportionate care is “reasonable hope of benefit.” Many bioethicists choose to use the term “reasonable hope of recovery,” which subsequently is used to justify the removal of lifesaving treatment prematurely.

Benefits and Burdens

It is impossible to outline a complete list of benefits and burdens since any identifiable benefit or burden is subject to change over time through technology, the availability of medical or pharmaceutical interventions, the illness one is experiencing, and financial resources. However, we can identify some types of common burdens:

• Great effort: A medical intervention that is too difficult or impossible to use.

• Great pain: When there is pain associated with a medical intervention that is more than what the person can reasonably bear even with palliative care.

• Great expense: When there are costs associated with a medical intervention that have the possibility to cause financial ruin for patients or their families.

• Great dread: Patients may have a great fear or dread of a particular medical intervention. This fear or dread may be caused by the reality of disfigurement or mutilation the intervention may cause or by the anticipated pain associated with the procedure.

Nutrition and Hydration

I should like particularly to underline how the administration of water and food, even when provided by artificial means, always represents a natural means of preserving life, not a medical act.

— St. John Paul II, March 20, 2004, Address to the participants in the International Congress on Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas, 4