



Overlijden van Vincent Lambert - Gezamenlijke verklaring van de religieuze leiders van Reims

Religieuze leiders uit Reims reageren afwijzend op het staken van de sondevoeding bij Vincent Lambert, een comateuze patiënt die door hierdoor is overleden.

Vaticaan: 'Bedroefd over overlijden Vincent Lambert'

De Franse comapatiënt stierf donderdagochtend na het stopzetten van zijn sondevoeding. Dat gebeurde na een jarenlange juridische strijd. Paus Franciscus reageerde verontwaardigd en roept op een samenleving te bouwen waar ieder leven als waardevol wordt beschouwd.

Artsen willen stoppen met toedienen voeding en vocht aan Vincent Lambert

De artsen van Vincent Lambert hebben laten weten te willen stoppen met het toedienen van voeding en vocht aan de 42-jarige Fransman.

Vaticaan hoopt op oplossingen om het leven van Lambert te beschermen

Het staken van de behandeling van Vincent Lambert is "een vorm van verwaarlozing van de zieke" en betekent een "grove schending van de waardigheid van de mens". Dat staat in een officiële verklaring van het Vaticaan, dat hoopt op oplossingen om het leven van de Fransman te beschermen.

Vaticaan antwoordt op vragen over kunstmatige toediening van voeding en vocht

Antwoorden op vragen van de bisschoppenconferentie van de Verenigde Staten betreffende kunstmatige voeding en het geven van vocht

Vraag 1: Is het geven van voeding en vocht (op natuurlijke of kunstmatige wijze) aan een patiënt in "vegetatieve toestand" moreel verplicht, behalve wanneer voeding en vocht niet meer door het lichaam van de



patiënt wordt opgenomen of wanneer het hem niet meer toegediend kan worden zonder zeer groot fysiek onbehagen te veroorzaken?

Antwoord: Ja. Het geven van voeding en vocht, ook langs kunstmatige weg is principieel een gewoon en proportioneel middel van instandhouding van het leven. Zij is daarom verplicht in die mate zolang aantoonbaar is dat haar eigen doelstelling bereikt, die bij het verzorgen van een patiënt met vocht en voeding bestaat. Op deze wijze wordt lijden en dood door verhongeren en uitdrogen voorkomen.

Vraag 2: In het geval een patiënt in een “blijvende vegetatieve toestand” op kunstmatige wijze met vocht en voeding verzorgd wordt, mag deze toediening afgebroken worden, wanneer een bevoegde arts met morele zekerheid verklaart dat de patiënt het bewustzijn nooit meer zal herkrijgen?

Antwoord: Neen. Een patiënt in een “blijvende (persisterende) vegetatieve toestand” is een persoon, met zijn fundamentele menselijke waardigheid, aan wie gewone en geproportioneerde behandeling verschuldigd zijn is, die, in principe, de toediening van vocht en voedsel omvatten, ook op kunstmatige (artificiële) wegen.

Paus Benedictus XVI heeft tijdens de audiëntie, die hij aan de ondergetekende Kardinaal-prefect van de Congregatie voor de Geloofsleer verleende, deze antwoorden, die in de gewone vergadering van deze Congregatie waren vastgesteld, goedgekeurd en de openbaarmaking ervan bevolen.

Rome, bij de zetel van de Congregatie voor de Geloofsleer, op 1 augustus 2007.

William Kardinaal Levada

Prefect

Angelo Amato, s.d.b.

Titulairbisschop van Sila

Secretaris

Congregation for the Doctrine of the Faith

Responses to certain questions of the United States Conference of Catholic Bishops concerning artificial nutrition and hydration

14-9-2007

First question: *Is the administration of food and water (whether by natural or artificial means) to a patient in a “vegetative state” morally obligatory except when they cannot be assimilated by the patient’s body or cannot be administered to the patient without causing significant physical discomfort?*

Response: Yes. The administration of food and water even by artificial means is, in principle, an ordinary and proportionate means of preserving life. It is therefore obligatory to the extent to which, and for as long as, it is shown to accomplish its proper finality, which is the hydration and nourishment of the patient. In this way suffering and death by starvation and dehydration are prevented.

Second question: *When nutrition and hydration are being supplied by artificial means to a patient in a “permanent vegetative state”, may they be discontinued when competent physicians judge with moral certainty that the patient will never recover consciousness?*

Response: No. A patient in a “permanent vegetative state” is a person with fundamental human dignity and must, therefore, receive ordinary and proportionate care which includes, in principle, the administration of water and food even by artificial means.



The Supreme Pontiff Benedict XVI, at the Audience granted to the undersigned Cardinal Prefect of the Congregation for the Doctrine of the Faith, approved these Responses, adopted in the Ordinary Session of the Congregation, and ordered their publication.

Rome, from the Offices of the Congregation for the Doctrine of the Faith, August 1, 2007.

William Cardinal Levada
Prefect

Angelo Amato, S.D.B.
Titular Archbishop of Sila
Secretary

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Commentary

The Congregation for the Doctrine of the Faith has formulated responses to questions presented by His Excellency the Most Reverend William S. Skylstad, President of the United States Conference of Catholic Bishops, in a letter of July 11, 2005, regarding the nutrition and hydration of patients in the condition commonly called a “vegetative state”. The object of the questions was whether the nutrition and hydration of such patients, especially if provided by artificial means, would constitute an excessively heavy burden for the patients, for their relatives, or for the health-care system, to the point where it could be considered, also in the light of the moral teaching of the Church, a means that is extraordinary or disproportionate and therefore not morally obligatory.

The Address of Pope Pius XII to a Congress on Anesthesiology, given on November 24, 1957, is often invoked in favor of the possibility of abandoning the nutrition and hydration of such patients. In this address, the Pope restated two general ethical principles. On the one hand, natural reason and Christian morality teach that, in the case of a grave illness, the patient and those caring for him or her have the right and the duty to provide the care necessary to preserve health and life. On the other hand, this duty in general includes only the use of those means which, considering all the circumstances, are ordinary, that is to say, which do not impose an extraordinary burden on the patient or on others. A more severe obligation would be too burdensome for the majority of persons and would make it too difficult to attain more important goods. Life, health and all temporal activities are subordinate to spiritual ends. Naturally, one is not forbidden to do more than is strictly obligatory to preserve life and health, on condition that one does not neglect more important duties.

One should note, first of all, that the answers given by Pius XII referred to the use and interruption of techniques of resuscitation. However, the case in question has nothing to do with such techniques. Patients in a “vegetative state” breathe spontaneously, digest food naturally, carry on other metabolic functions, and are in a stable situation. But they are not able to feed themselves. If they are not provided artificially with food and liquids, they will die, and the cause of their death will be neither an illness nor the “vegetative state” itself, but solely starvation and dehydration. At the same time, the artificial administration of water and food generally does not impose a heavy burden either on the patient or on his or her relatives. It does not involve excessive expense; it is within the capacity of an average health-care system, does not of itself require hospitalization, and is proportionate to accomplishing its purpose, which is to keep the patient from dying of starvation and dehydration. It is not, nor is it meant to be, a treatment that cures the patient, but is rather ordinary care aimed at the preservation of life.



What may become a notable burden is when the “vegetative state” of a family member is prolonged over time. It is a burden like that of caring for a quadriplegic, someone with serious mental illness, with advanced Alzheimer’s disease, and so on. Such persons need continuous assistance for months or even for years. But the principle formulated by Pius XII cannot, for obvious reasons, be interpreted as meaning that in such cases those patients, whose ordinary care imposes a real burden on their families, may licitly be left to take care of themselves and thus abandoned to die. This is not the sense in which Pius XII spoke of extraordinary means.

Everything leads to the conclusion that the first part of the principle enunciated by Pius XII should be applied to patients in a “vegetative state”: in the case of a serious illness, there is the right and the duty to provide the care necessary for preserving health and life. The development of the teaching of the Church’s Magisterium, which has closely followed the progress of medicine and the questions which this has raised, fully confirms this conclusion.

The Declaration on Euthanasia, published by the Congregation for the Doctrine of the Faith on May 5, 1980, explained the distinction between proportionate and disproportionate means, and between therapeutic treatments and the normal care due to the sick person: “When inevitable death is imminent in spite of the means used, it is permitted in conscience to take the decision to refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted” (Part IV). Still less can one interrupt the ordinary means of care for patients who are not facing an imminent death, as is generally the case of those in a “vegetative state”; for these people, it would be precisely the interruption of the ordinary means of care which would be the cause of their death.

On June 27, 1981, the Pontifical Council Cor Unum published a document entitled Some Ethical Questions Relating to the Gravely Ill and the Dying, in which, among other things, it is stated that “There remains the strict obligation to administer at all costs those means which are called ‘minimal’: that is, those that normally and in usual conditions are aimed at maintaining life (nourishment, blood transfusions, injections, etc.). The discontinuation of these minimal measures would mean in effect willing the end of the patient’s life” (no. 2.4.4.).

In an Address to participants in an international course on forms of human preleukemia on November 15, 1985, Pope John Paul II, recalling the Declaration on Euthanasia, stated clearly that, in virtue of the principle of proportionate care, one may not relinquish “the commitment to valid treatment for sustaining life nor assistance with the normal means of preserving life”, which certainly includes the administration of food and liquids. The Pope also noted that those omissions are not licit which are aimed “at shortening life in order to spare the patient or his family from suffering”.

In 1995 the Pontifical Council for Pastoral Assistance to Health Care Workers published the Charter for Health Care Workers, paragraph 120 of which explicitly affirms: “The administration of food and liquids, even artificially, is part of the normal treatment always due to the patient when this is not burdensome for him or her; their undue interruption can have the meaning of real and true euthanasia”.

The Address of John Paul II to a group of Bishops from the United States of America on a visit ad limina, on October 2, 1998, is quite explicit: nutrition and hydration are to be considered as normal care and ordinary means for the preservation of life. It is not acceptable to interrupt them or to withhold them, if from that decision the death of the patient will follow. This would be euthanasia by omission (cf. no. 4).

In his Address of March 20, 2004, to the participants of an International Congress on “Life-sustaining Treatments and the Vegetative State: scientific progress and ethical dilemmas”, John Paul II confirmed in very clear terms what had been said in the documents cited above, clarifying also their correct interpretation. The Pope stressed the following points:



- 1) "The term permanent vegetative state has been coined to indicate the condition of those patients whose 'vegetative state' continues for over a year. Actually, there is no different diagnosis that corresponds to such a definition, but only a conventional prognostic judgment, relative to the fact that the recovery of patients, statistically speaking, is ever more difficult as the condition of vegetative state is prolonged in time" (no. 2).[1]
- 2) In response to those who doubt the "human quality" of patients in a "permanent vegetative state", it is necessary to reaffirm that "the intrinsic value and personal dignity of every human being do not change, no matter what the concrete circumstances of his or her life. A man, even if seriously ill or disabled in the exercise of his highest functions, is and always will be a man, and he will never become a 'vegetable' or an 'animal'" (no. 3).
- 3) "The sick person in a vegetative state, awaiting recovery or a natural end, still has the right to basic health care (nutrition, hydration, cleanliness, warmth, etc.), and to the prevention of complications related to his confinement to bed. He also has the right to appropriate rehabilitative care and to be monitored for clinical signs of possible recovery. 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. Its use, furthermore, should be considered, in principle, ordinary and proportionate, and as such morally obligatory, to the extent to which, and for as long as, it is shown to accomplish its proper finality, which in the present case consists in providing nourishment to the patient and alleviation of his suffering" (no. 4).
- 4) The preceding documents were taken up and interpreted in this way: "The obligation to provide the 'normal care due to the sick in such cases' (Congregation for the Doctrine of the Faith, Declaration on Euthanasia, p. IV) includes, in fact, the use of nutrition and hydration (cf. Pontifical Council Cor Unum, Some Ethical Questions Relating to the Gravely Ill and the Dying, no. 2, 4, 4; Pontifical Council for Pastoral Assistance to Health Care Workers, Charter for Health Care Workers, no. 120). The evaluation of probabilities, founded on waning hopes for recovery when the vegetative state is prolonged beyond a year, cannot ethically justify the cessation or interruption of minimal care for the patient, including nutrition and hydration. Death by starvation or dehydration is, in fact, the only possible outcome as a result of their withdrawal. In this sense it ends up becoming, if done knowingly and willingly, true and proper euthanasia by omission" (n. 4).

Therefore, the Responses now given by the Congregation for the Doctrine of the Faith continue the direction of the documents of the Holy See cited above, and in particular the Address of John Paul II of March 20, 2004. The basic points are two. It is stated, first of all, that the provision of water and food, even by artificial means, is in principle an ordinary and proportionate means of preserving life for patients in a "vegetative state": "It is therefore obligatory, to the extent to which, and for as long as, it is shown to accomplish its proper finality, which is the hydration and nourishment of the patient". It is made clear, secondly, that this ordinary means of sustaining life is to be provided also to those in a "permanent vegetative state", since these are persons with their fundamental human dignity.

When stating that the administration of food and water is morally obligatory in principle, the Congregation for the Doctrine of the Faith does not exclude the possibility that, in very remote places or in situations of extreme poverty, the artificial provision of food and water may be physically impossible, and then *ad impossibilia nemo tenetur*. However, the obligation to offer the minimal treatments that are available remains in place, as well as that of obtaining, if possible, the means necessary for an adequate support of life. Nor is the possibility excluded that, due to emerging complications, a patient may be unable to assimilate food and liquids, so that their provision becomes altogether useless. Finally, the possibility is not absolutely excluded that, in some rare cases, artificial nourishment and hydration may be excessively burdensome for the patient or may cause significant physical discomfort, for example resulting from complications in the use of the means employed.



These exceptional cases, however, take nothing away from the general ethical criterion, according to which the provision of water and food, even by artificial means, always represents a natural means for preserving life, and is not a therapeutic treatment. Its use should therefore be considered ordinary and proportionate, even when the “vegetative state” is prolonged.

(1) Terminology concerning the different phases and forms of the “vegetative state” continues to be discussed, but this is not important for the moral judgment involved.

Source: <http://www.vatican.va>