Nancy Cruzan was 24 years old when she was in an automobile accident. Records indicate that she experienced approximately 15 minutes of anoxia before paramedics were able to restart her heart. Unfortunately lack of oxygen left her brain severely damaged and left her in a permanent vegetative state (PVS). After four years without improvement Nancy’s family requested that her feeding tube be removed.

In earlier cases, courts, had recognized a competent person's right to refuse treatment, as part of the doctrine of informed consent. Nancy, however, was incompetent and not capable of informed consent.

At that time, courts required "clear and convincing" evidence that the patient would have wanted treatment terminated under such circumstances. Nancy did not have an advance directive detailing her wishes and so the Missouri Supreme Court decided to "err on the side of life," requiring that nutrition and hydration be maintained. It did, however, provide a pathway for withdrawing Nancy’s feeding tube. By gathering additional witnesses the family was eventually able, through clear and convincing evidence, to establish that Nancy would not have chosen to be kept alive and with the courts permission, artificial nutrition was withdrawn.

The entire process took nearly nine years. In 2001, the *AMA Journal of Ethics* published an article titled “Departed, Jan 11, 1983; At Peace, Dec 26, 1990.” The title was taken from the words inscribed on Nancy’s tombstone. The article acknowledges the Cruzan case as a seminal event leading to the establishment of Advance Healthcare Directives as a right for patients.

**SLIDE 2 ASSISTED NUTRITION / HYDRATION**

Nutrition and hydration are basic necessities for all human life; therefore, providing such nourishment is normally considered basic care. From this fact, Cardinal Joseph Bernadin argues that a *prima facie* argument can be made that the essential bond between food, water and life leads to the assumption that hydration and nutrition should be provided.

On the other hand, applying the principles of beneficence and non-maleficence might, in certain very specific situations, lead to the decision to halt assisted nutrition and hydration. These situations involve cases where nutrition and hydration only serve to keep a person from a natural death and the artificial provision of nutrition and hydration creates an undue burden to the patient.

**SLIDE 3 ORDINARY AND EXTRAORDINARY MEANS OF PRESERVING LIFE**

When considering the duty to preserve life, some ethicists find the distinction between *ordinary* and *extraordinary* means of preserving life helpful.
Ordinary care is the basic care that any sick or injured person would expect to receive. Ordinary care may include providing a clean, warm environment, simple measures to reduce pain, the cleaning and caring of wounds, food and water. Ordinary care is routine, usually low tech and low skilled.

On the other hand, extraordinary care requires special training, technology or skills. Extraordinary care might include such things as medication, surgery, and the use of medical devices such as respirators, and defibrillators.

SLIDE 4 TWO DIFFERENT SITUATIONS

Because providing nourishment is normally considered basic care, the situations where withholding these basic human needs considered ethical is limited. An example of the first situation is when there is permanent, irreversible damage to the brain and the person is in a persistent vegetative state. The case of Nancy Cruzan is an example of this situation. Nancy was not in the dying process. With nutrition/hydration, patients such as Nancy can continue indefinitely. The ethical question arises “who benefits?” The continuation of the treatment did not seem to benefit Nancy and was a burden on her family and the health care system. The principle of beneficence, using a benefit/burden analysis, would suggest that nutrition and hydration should be withdrawn.

The second situation where withdrawing nutrition/hydration might be appropriate is end of life situations. At the end of life, it is natural for body systems to begin to shut down. This process can take days or even weeks. Even when a person is heavily medicated, they may still possess some cognitive abilities. In these cases nutrition and hydration only serve to prolong the dying process and potentially extend suffering.

Applying the ethical principle of non-maleficence (do no harm) can lead to the conclusion that withdrawing hydration and nutrition as a means of reducing suffering may be appropriate even when it is foreseen that withdrawal may shorten the patient’s life.

SLIDE 5 PROVIDING OR WITHDRAWING

The decision to withdraw or provide nutrition/hydration (N/H) is complex and therefore answers do not come easily. Analysis of the decision to provide N/H identifies several important issues that need to be considered. Death is a natural process, and N/H may in fact prolong this process to the point that it becomes a greater burden for the dying person, the person’s family and the healthcare system. When there does not seem to be any benefit to the patient or, for that matter, to anyone else, it seems only reasonable to remove any obstacle to a natural end. This seems especially true in cases where there is a great potential for extending suffering by extending life.

There are, of course, good reasons to continue providing N/H even when, as in the case of those in a persistent vegetative state, there is no recognizable benefit to the patient. First, there is a general understanding within society that life is sacred. This understanding is commonly expressed by both religious people and people who are not religious. If life is sacred it certainly may have value even if the living person is unconscious or in pain.
Even when the idea of life being sacred is abandoned, there is still the idea that human life has intrinsic value. Human life is more than consciousness. Limiting humanness to consciousness or properly functioning brains can be means of dehumanizing those persons who through illness, injury or defect have minimal lives. Acceptance of the withdrawal of basic human needs could be a slippery slope to euthanasia.

SLIDE 6 THE PERSPECTIVE FROM CATHOLIC TEACHING

The United States Conference of Catholic Bishops’ document entitled, *Ethical and Religious Directives for Catholic Health Care Services* gives directions about making difficult healthcare decisions. The Bishops state that in principle, there is an ethical obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally. The Bishops teach that this obligation extends to patients in chronic and presumably irreversible conditions (e.g., the “persistent vegetative state”) who can reasonably be expected to live indefinitely if given such care. This makes it unlikely that cases such as that of Nancy Cruzan where nutrition and hydration were removed, would be considered ethical under Catholic teaching.

SLIDE 7

However, in end of life situations, the Bishops teach that medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be “excessively burdensome” for the patient or [would] cause significant physical discomfort.

“As a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort.”

SLIDE 8. References.