

How Will Bishops' Vote Affect End-of-Life Issues?

On Nov. 17, the U.S. Conference of Catholic Bishops voted 219-4 “to strengthen its requirement that Roman Catholic hospitals insert and maintain nutrition and hydration tubes for patients in persistent vegetative states.”

A journalist for [Modern Healthcare](#) interprets this to mean that all patients in vegetative states should be sustained on life support, even contrary to their own wishes or that of a surrogate, unless they already are deemed “close to inevitable death from underlying conditions.”

According to [Catholic News Service](#), there are a few exceptions in the revised text of the “Ethical and Religious Directives for Catholic Health Care Services.” These are only for cases in which tube feedings would not necessarily prolong life, would be “excessively burdensome for the patient or cause significant physical discomfort.”

Ever since the Terri Schiavo controversies, and Pope John Paul II's 2004 “allocution” on this matter, there have been rumblings of potential further action by the bishops. Apparently, this is it.

Now comes the aftermath in Catholic hospitals, predicted to be anything from widespread noncompliance to what one canon law expert [said](#) could be “a whole series of Terri Schiavo cases.”

So what will it be? And who cares, other than some U.S. Roman Catholics, Catholic hospital administrators and their bishops?

Who cares? I do. We all should care - and will care, if we are so unfortunate as to end up caring for a loved one who has sustained irreversible massive brain damage and who receives their health care in a Catholic facility. I am not Catholic, but I have some understanding and appreciation for the power of hierarchical religious systems.

Bishops' directives may not carry the weight of civil or criminal law, but their influence is evident in the fact that many of us already are paying attention,

reading, discussing and blogging about what has been directed. Even for non-Catholics, this is a weighty matter. Even if physicians and hospitals choose not to comply in particular situations, religious noncompliance carries a price tag, requires time and attention, uses energy and raises anxiety.

The good that might come of this directive is that of reaffirmation of respect for human life, for persons in all stages of life, regardless of neurological injury and capacity. Who could be against that? Those of us reasonably humane are in consensus here. This seemed to be the main thrust of the papal speech in 2004, also. It is a value I share and attempt to live.

Yet the bishops' action worries me. What they intended as good and fitting in virtually all situations of persistent vegetative state may well have unintended negative consequences in particular cases. It doesn't take too much imagination to conjure up scenarios of this sort.

A couple years prior to my 81-year-old mother's death a year ago, we had a somewhat heated discussion of the Schiavo case. My mother would have sided with the Catholic bishops on that one, although she was a Protestant evangelical otherwise. She was pretty sure that the removal of Schiavo's feeding tube constituted "murder." What my mother also was certain of is that in her own case, she would not want to be sustained for years in a persistent vegetative state via artificial nutrition and hydration.

In the end, my mother did not die in a persistent vegetative state, though she did refuse all but palliative treatments following a dire diagnosis. No feeding tubes for her, thank you. Mom's wishes were honored by her family and physicians, and she died peacefully in December 2008 after weeks of inability to take sufficient food or water by mouth.

If that situation were to be played out a year later, it likely would not have ended differently on account of the bishops' new directive. But what about a year or two from now? How "close to inevitable death" will someone have to be in order for withholding or withdrawing of artificial nutrition and hydration to be religiously permissible in a compliant Catholic hospital in December 2010 or 2011? I wonder.

And what if my mother had suffered a massive brain bleed, a stroke, instead of metastatic cancer? Could directives from leaders of a church not her own be used to override her own advance directives? Would hers count for less, despite being

seen as reasonable by physicians and family?

Would it really matter whether the diagnosis was incurable cancer or irreversible neurological damage? Why limit this religious health-care directive just to brain injury? Perhaps the bishops' orders will be applied more broadly than to treatment of those in vegetative states. I wonder.

What other particular situations will arise that place patients and compassionate caregivers in conflict with a blanket order from a powerful religious minority group? Will patients now shy away from receiving care at the faith-based hospital they have known and trusted for years? Again, I wonder.

And worry.

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