

**QUAESTIO DISPUTATA:
DID JOHN PAUL II'S ALLOCUTION ON LIFE-SUSTAINING
TREATMENTS REVISE TRADITION?**

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In September 2005 this journal published an article by Thomas Shannon and James Walter on the Catholic tradition surrounding assisted nutrition and hydration (ANH) in end-of-life care. Responding to this essay, moral theologians John Paris, James Keenan, and Kenneth Himes take exception to what they perceive as a proposition promoted in that article, that John Paul II's allocution "Life-Sustaining Treatments and the Vegetative State" significantly altered traditional Catholic teaching on ANH. The authors examine that proposition in the light of the tradition and the norms for assessing the weight to be accorded various papal pronouncements.

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THE PRESUMPTION in Thomas Shannon and James Walter's article¹ in this journal that John Paul II's March 20, 2004, allocution, "Life-Sustaining Treatments and Vegetative State," significantly altered the traditional Catholic teaching on the use of artificial nutrition and fluids requires a closer scrutiny and analysis. We begin by noting our reluctance to concede magisterial authority to what was not a dogmatic pronouncement on faith or morals promulgated to the universal Church, but an "occasional speech" to a meeting of physicians convened by the Pontifical Academy for Life to discuss care of patients in a permanent vegetative condition.²

As Vatican II's dogmatic constitution *Lumen gentium* tells us, the judgments made by the pope in ordinary papal teaching are to be adhered to "according to his manifest mind and will." The papal mind and will, *Lumen gentium* says, "may be known chiefly either from the character of the documents, from the frequent repetition of the same doctrine, or from his manner of speaking."³ Commenting on the authority and interpretation to be given to various papal statements, Francis Sullivan notes, "All Catholics are obliged by the authority of the teaching which the pope addresses to the universal church in such documents as encyclicals. But the pope is also bishop of the diocese of Rome, and when his teaching is directed specifically to the clergy and faithful of his own diocese, only they are obliged by it. Similarly, the teaching which the pope gives to groups of people, either in Rome or in the course of his travels to other countries, even though it is published by the Vatican, does not have the authority of papal teaching addressed to the universal church."⁴

Central to the argument of Shannon and Walter that there has been a revision of Catholic teaching on the use of artificial hydration and nutrition to prolong life is the import of the late pope's allocution of March 2004. Let us examine that statement within the context of the Church's traditional teaching on the topic and the norms for assessing the authority to be accorded various papal pronouncements.

The validity of withholding or withdrawing artificial hydration and nutrition has been for decades the subject of extensive reflection by moral theologians. That analysis, which dates from Gerald Kelly's insightful essay, "The Duty of Using Artificial Means of Preserving Life," published in

¹ Thomas A. Shannon and James J. Walter, "Assisted Nutrition and Hydration and the Catholic Tradition," *Theological Studies* 66 (2005) 651–62.

² John Paul II, "Care for Patients in a 'Permanent Vegetative State,'" *Origins* 33 (April 8, 2004) 737–40.

³ Vatican II, *Lumen gentium* no. 25, in *The Documents of Vatican II*, ed. Walter M. Abbott (New York: Paulist, 1966) 48.

⁴ Francis A. Sullivan, *Creative Fidelity: Weighing and Interpreting Documents of the Magisterium* (New York: Paulist, 1966) 20.

the June 1950 issue of *Theological Studies*⁵ has resulted in a strong consensus on the moral legitimacy of withdrawing mechanically provided nutritional support from the irreversibly comatose patient. That consensus is summarized in Kevin O'Rourke's recent review of the literature. He concludes, "The assertion that life support [referring specifically to artificial nutrition and hydration] cannot be removed unless a terminal illness is present is contrary to the consistent tradition in Catholic moral theology."⁶

The historical as well as geographical consultation, reflection, and acceptance of that teaching has made it a critical part of pastoral practice throughout the Catholic Church. That development has also been canonically and juridically received throughout the Church. For example, directive 58 of the *Ethical and Religious Directives* promulgated by the United States Conference of Catholic Bishops stipulates that there should be a presumption in favor of providing nutrition and hydration to all patients, including patients who require medically assisted nutrition and hydration, as long as this is of sufficient benefit to outweigh the burdens involved to the patient.⁷ This directive, which was approved by the Vatican's Congregation for the Doctrine of the Faith, has been and remains the teaching of the bishops of the United States. An even more explicit statement on the conditions under which artificial nutrition and fluids may be withdrawn is found in the response of the Australian Catholic Bishops' Conference to the 2004 papal allocution: "In particular cases, however, the provision of nutrition and hydration may cease to be obligatory, e.g., if the patient is unable to assimilate the material provided or if the manner of the provision itself causes undue suffering to the patient, or involves an undue burden on others."⁸

In the year since the allocution no attempt has been made to question or compromise the legitimacy of the traditional position. In fact, the traditional teaching is reiterated in great detail—including the statement, "It may be morally licit not to undertake artificial nutrition and hydration, providing the intention is not to bring about the death of the patient and that basic care is continued"—in the pastoral letter on death and dying

⁵ Gerald Kelly, S.J., "The Duty of Using Artificial Means of Preserving Life," *Theological Studies* 11 (June 1950) 203–20.

⁶ Kevin D. O'Rourke, O.P., "The Catholic Tradition on Foregoing Life-Support," *National Catholic Bioethics Quarterly* 5 (2005) 549.

⁷ United States Catholic Conference, *Ethical and Religious Directives for Catholic Health Care Services* (Washington: USCC, 1994). In 2001 the USCC merged with the National Conference of Catholic Bishops to form the current United States Conference of Catholic Bishops.

⁸ Bishops' Committee for Doctrine and Morals (Australian Catholic Bishops' Conference), and Catholic Health Australia, "Briefing Note on the Obligation to Provide Nutrition and Hydration," September 3, 2004, para. 3, <http://www.acbc.catholic.org.au/documents/2004090316.pdf> (accessed October 24, 2005).

issued by Archbishop John Myers of Newark on September 8, 2005.⁹ Further, there has been no statement, official or informal, to explain how an erroneous moral position could have prevailed for over half a century within the Catholic community.

More challenging for those who would attribute authoritative teaching value to the “revisionist” view on the end-of-life care found in the allocution is the fact that the position taken in that speech has never been repeated in any pronouncement from the Holy See. In his only subsequent statement on the topic, an allocution to the 19th International Conference of the Pontifical Council for Health Pastoral Care, John Paul II repeated the traditional teaching of the Church with regard to the removal of life support: “The possible decision either not to start or to halt a treatment will be deemed ethically correct if the treatment is ineffective or obviously disproportionate to the aims of sustaining life or recovering health.”¹⁰

Richard Doerflinger of the U.S. Bishops’ Pro-Life Committee hailed the pope’s statement on artificial nutrition and hydration as normative: “Before the pope made his statement about feeding tube cases at a conference last year there was enough uncertainty about the church’s position that Catholics could remove feeding tubes without fear of committing a sin. No one could fairly have said to you that you were dissenting from clear Catholic teaching. Now you would have to say, ‘Yes, you are.’”¹¹ The general reaction to the speech by moral theologians and those in Catholic health care, however, has been one of dismay.¹² Doerflinger’s remark is noteworthy in its uniqueness. Only the National Bioethics Committee of Italy insists that no matter how sick, debilitated, or precarious a person’s health, artificial nutrition and hydration must be sustained as long as possible, even if the person has written a clear directive otherwise. No such support can be found in comments from Germany, Belgium, or Spain on the pope’s speech.

In fact, the allocution itself reflects a distinctly American problematic,

⁹ John J. Myers, “Whether in Life or in Death, We Are the Lords,” Pastoral Letter on Death and Dying, September 8, 2005, http://www.rcan.org/archbish/jjm_letters/whetherinlife.htm (accessed October 5, 2005).

¹⁰ John Paul II, “Address to the Participants of the 19th International Conference of the Pontifical Council,” http://www.vatican.va/holy_father/john_paul_ii/speeches/2004/nov (accessed October 6, 2005).

¹¹ Manual Roig-Franzia, “Catholic Stance on Tube-Feeding Is Evolving,” *Washington Post*, March 27, 2005, A07.

¹² Nancy Frazier O’Brien, “Some Stunned, Others Affirmed by Papal Comments on Feeding Tubes,” Catholic News Service, April 8, 2004; James J. Walter, Thomas A. Shannon, “Implications of the Papal Allocution on Feeding Tubes,” *Hastings Center Report* 34.4 (2004) 18–20; John F. Tuohey, “The Pope on PVS: Does JP II’s Statement Make the Grade?” *Commonweal* 131 (June 18, 2004) 10–12.

for it is only in the United States that the issue has generated serious theological debate. A 1987 article in *America*, "The Catholic Tradition on the Use of Nutrition and Fluids," examined the dispute within the United States between proponents of an assertive "pro-life" agenda who denounced the withdrawal of nutrition and fluids as "euthanasia" and the near unanimous agreement of American moral theologians on the legitimacy of withholding or withdrawing such interventions from patients in a persistent vegetative state.¹³

That dispute continued unabated in the United States for over two decades as multiple court cases focused attention on the emotionally charged requests of families to remove feeding tubes from irreversibly comatose patients. Remarkably, entire state conferences of American bishops took opposing sides in official pronouncements on the issue. The bishops of New York, New Jersey, Massachusetts, and Pennsylvania took public positions opposing the removal of artificial nutrition and fluids from such patients. The bishops of Florida, Texas, Oregon, Washington, Iowa, and Rhode Island filed legal briefs or wrote official position papers supporting the removal of such interventions.¹⁴

This mostly U.S. debate on the legitimacy of withdrawing artificial nutrition and hydration was introduced into the discussions at the 2004 episcopal conference on the care of patients in a persistent vegetative state. Within a matter of hours after the pope's speech, a new teaching was purportedly substituted for the tradition of the Church universal. Without any known consultation and without any historical continuity, a paper read by Pope John Paul II that departs from a long-standing tradition is presented as the Church's "revisionist" position. Few moral theologians or Catholic bioethicists in those countries, such as Canada, Australia, and the United States, where the issue of the use of artificial hydration and nutrition to sustain life has been closely analyzed, acknowledged the recent allocution as having altered the Church's traditional position. Nor at the practical level have organizations such as the Catholic Health Association reversed or even modified their position on the use of such interventions within Catholic hospitals in light of the pope's speech.¹⁵ Though we would not characterize a papal address in the manner of Cardinal Christoph Schönborn's dismissal of John Paul II's speech on evolution to the Pon-

¹³ John J. Paris and Richard A. McCormick, "The Catholic Tradition on the Use of Nutrition and Fluids," *America* 156 (May 2, 1987) 356–61.

¹⁴ John J. Paris, "The Catholic Tradition on the Use of Nutrition and Fluids," in *Birth, Suffering, and Death*, ed. Kevin Wildes (Boston: Kluwer, 1992) 189–207; James F. Keenan and Myles Sheehan, "Life Supports: Sorting Bishops' Views," *Church* 8.4 (1992) 10–17.

¹⁵ "Catholic Hospitals Consider Pope's Remarks on Feeding Tubes," *Saint Louis Post-Dispatch*, April 16, 2004, A5.

tifical Academy of Sciences as “vague and unimportant,”¹⁶ we believe that Shannon and Walter give too much weight to the pope’s March 2004 allocation.

Although Shannon and Walter are unabashedly critical of the “revisionist” position, we believe they are mistaken in attributing magisterial authority to a speech that is inconsistent with the Church’s traditional position on end-of-life care. As *Lumen gentium* makes clear, it is by official doctrinal statements proclaimed to the universal Church—not by comments made to private groups—that the Church teaches. Those teachings, particularly those having long-standing reception within the Church, are not abandoned or significantly “revised” by an unadorned papal allocation.

¹⁶ Christoph Schönborn, “Finding Design in Nature,” *New York Times*, July 7, 2005, A23.