The “For Life” Position of the Church

Fr Cormac Nagle OFM
Clinical Ethicist and Lecturer in Ethics

Fr Cormac Nagle OFM is a clinical ethicist and lecturer in ethics. He has had a long relationship with Mercy Health and the Mercy Hospital for Women in Melbourne. He has also had a long standing relationship with CHA being a member of the former Education and Formation Committee (now the Mission and Identity Committee) and the CHA Bioethics Forum.

Life is the basis of our entire human activity and emotions; it is of the greatest importance. For the Christian, life is a gift of the Creator. It begins here on earth and, although in a real sense it ends with death, the Christian sees death as a gateway to the continuation of life in a different sense, based on faith in the resurrection of Christ.

Consequently, for a Christian, life as a gift from God limits our full dominion over our own and others’ lives. In practice, however, we remain the ones responsible for our own lives and the lives of others. Despite the importance of life here and now, this is not the only life we have; there is hope of living with God. In other words, life has not an absolute value. For example, we accept the teaching of Jesus that there is no greater love than to lay down one’s life for a friend (Jn 15:13).

With these principles in mind we can outline the practical moral norms of the Church’s approach to life. It may be helpful to list some fairly common situations and the moral questions they give rise to.

Some practical questions concerning life support:

- Should we let defective babies die?
- How do we treat post-coma unresponsive patients [PVS]?
- What is our view of organ donation and brain death?

Let us take the first question, Should we let defective babies die? And then let us examine some guiding principles. These principles can also be applied to the other and similar difficult questions. First of all, the question itself needs clarifying. What does the word “defective” mean? There are all sorts of defects – from minor to catastrophic – and I guess that most of us were born with some defect, be it ever so minor. Then what does “letting someone die” mean?
We cannot therefore answer this question with a simple response. Fortunately, theologians, philosophers and medical experts have reflected for centuries on the question of what means we should use to preserve a person’s life. With the space available here, I can only give a summary of the principles that assist one in making a decision to begin, to continue or cease certain treatments.

First of all, because of the importance of life for all human activity, our relationship with others and with God, we are bound to take all ordinary means to preserve our health and life. Ordinary is rather relative in that what may be ordinary means to health care in one country may be quite extraordinary in another. Further, what one person may consider ordinary means to health and life, another person may consider too burdensome either from the pain or difficulty involved, or even from the cost to self or others.

In general, moralists and ethicists – in fact, most people – would agree and say that it is not necessary in all circumstances to have recourse to all possible remedies. This brings us to the distinction between ordinary and extraordinary means to preserve life. Some, for example the Catholic Church’s Congregation for the Doctrine of the Faith in its Declaration on Euthanasia (1980), would prefer to broaden and therefore re-phrase this distinction, and speak rather of proportionate and disproportionate means of preserving life.

Whatever the terminology, we need to note that ordinary/extraordinary or proportionate/disproportionate does not apply solely to the medical means available. In a particular situation, the medical means available might be considered ordinary treatment, but it might be quite disproportionate as far as this person is concerned. Consider the example of the patient in her 80s with staph infection, one leg amputated and gangrene in the other, facing what she considered an impossible burden for her – another amputation. For such a person, a treatment that might be considered ordinary for a younger person with a crushed leg could be termed disproportionate for the elderly woman in the example.

Extraordinary/disproportionate means

The general principle is that it is not necessary to use extraordinary means to preserve one’s life. Two factors need to be considered together to help in deciding whether the means used is ordinary or extraordinary, namely, the burden and the benefit to this person.

If a particular treatment offers no hope of continuing health or is considered by this person to be too burdensome in any case, it can be considered extraordinary treatment and not obligatory. This will have to be a commonsense judgement, not a mathematical one. The law in Victoria offers a good safeguard here: the person refusing treatment must not be suicidal.

For example, ICU care for an otherwise healthy patient in a particular crisis, an accident for instance, for which there is good hope of recovery, could hardly be considered extraordinary treatment or too burdensome because of the good prognosis. The same treatment for a terminally ill patient might be considered extraordinary both by reason of the burden and by reason of the lack of real benefit to the patient.
The Vatican Declaration on Euthanasia (1980) sums up the principles this way:

"It will be possible to make a correct judgement as to the means by studying
+ the type of treatment to be used, its degree of complexity or risk, its cost and
the possibilities of using it, and
+ comparing these elements with the result that can be expected, taking into
account the state of the sick person and his or her physical and moral
resources." (italics mine)

These principles can be applied to persons who fit the criteria, whatever their age. It is not always easy to be clear or even to be certain of the facts in every case. There is the added difficulty when applying the principles to neonates in that the baby cannot speak for himself. Here the parents and the paediatrician have the burdensome responsibility of coming to an objective decision in the best interests of the child first of all, but also of the family. In other words, when trying to come to a decision for someone who cannot speak for himself or herself, we need to be all the more careful to be as objective as possible, trying not to let our own biases affect our judgement.

Finally, a Christian approach will consider the following aspects:

- Life, though of the utmost importance, is not an absolute; it is not the only value to be considered.
- The dignity of each person needs to be respected in continuing or foregoing treatment. This includes good ordinary care in all cases.
- Dying is inevitable and is one of the great moments of our existence. It should be accompanied with respect and dignity. Ritual can be a great help here.

Living with our decisions

We can only make decisions as human beings. They will never be infallible. We make a morally certain decision based on facts, knowledge and wisdom of the moment. It is important to live with that and strive to be better informed, if possible, in the future.

Sources Referenced:
2. Ibid., Part IV.