

Toward Passive Euthanasia by *Fr. Ted Pacholczyk*

In recent years, some medical practitioners have suggested that death from dehydration may not be such an unpleasant way for patients to die. This conclusion, however remains rather doubtful. Thirst and appetite are very primal drives. Anyone who has ever done a voluntary fast knows well the discomfort that arises from even a single day of fasting.

Thus; we ought to consistently maintain a presumption in favor of providing nutrition and hydration to patients in our care, using all reasonable and effective (or "proportionate") means at our disposal to nourish and hydrate such patients, whether by spoon feeding or by tube feeding.

The intense pains of dehydration and starvation have been graphically described by patients who were previously in a so-called "vegetative state" and had their feeding tubes withdrawn. Kate Adamson, who was in a vegetative state due to a stroke, and later came out of it, recounted her experience in an article she wrote:

“I was half listening to a talk radio broadcast about a 40 year-old woman in Florida, Terri Schiavo, who was going to be starved to death. This Woman had been disconnected from her feeding tube. She was without food for eight days.

"Suddenly the broadcasters had my full attention. When I was paralyzed, I, too, had a feeding tube disconnected for eight days, and I knew what that felt like. Her husband had been saying that being starved was a relatively painless way to go. I nearly shouted at the radio dial, “That is not true. That is a lie. You ought to try it!”

When Adamson was interviewed on "The O'Reilly Factor" she provided further details:

O'Reilly: “When they took the feeding tube out, what went through your mind?”

Adamson: When the feeding tube was turned off for eight days, I thought that I was going insane. I was screaming out in My mind, "Don't you know I need to eat?" I Just wanted something. The fact that I had nothing, the hunger pains overrode every thought I had.

O'Reilly: So you were feeling pain when they removed your tube? -

Adamson: “Yes. Oh, absolutely. Absolutely. To say that -especially when Michael (Schiavo) on national TV mentioned last week that it's a pretty painless thing to have the feeding tube removed - it is the exact opposite. It was sheer torture, Bill.”

Elsewhere, she described the obsessive thirst she felt when her feeding tube was removed;

"I craved anything to drink. Anything. I obsessively visualized drinking from a huge bottle of orange Gatorade. And I hate orange Gatorade!”

Patients in a vegetative state are clearly a "voiceless" population of humans, unable to advocate for themselves. Another voiceless group includes patients facing dementia. Because individuals with dementia are apparently "out of it," they may also be unable to communicate coherently regarding any discomfort or pain they may experience. The assumption may be too facilely made by health care professionals that because people are demented, they no longer can truly experience suffering, pain, hunger or thirst.

When patients with dementia are brought to the hospital because they can no longer swallow, some physicians will be aggressive in persuading the family not to give an IV or put in a G-tube.

They may suggest that it will only prolong the person's death forcing him or her to live a "low quality of life."

In one such scenario that I am aware of, a physician indicated to the family that If an IV were given, the patient would likely perk back up and live for perhaps another year or two, but, he continued, what would be the point? In a different case, another physician stated that the cause of death would indeed be dehydration and not the patient's disease, but he still advocated declining an IV so that the patient would die. Decisions like these, when assisted hydration would be non-burdensome and effective, are sometimes termed "passive euthanasia!"

When someone dies from dehydration, of course, it is not always an example of passive euthanasia. In some instances, tube feeding will be ineffective or cause significant complications like vomiting or chronic infections: In these circumstances, declining assisted nutrition or hydration may be a reasonable choice, not with an intention of ending life, but acknowledging that unduly burdensome or ineffective treatments may be legitimately refused.

This harkens back to statements by both Pope John Paul II in 2004 and the Congregation for the Doctrine of the Faith in 2007, which noted that the administration of food and water (whether by natural or artificial means) to a patient in a "vegetative state" is 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. Recognizing that dehydration is a painful way to die serves as a helpful starting point to assist family members in addressing the nutrition and hydration needs of their loved ones who may find themselves in compromised states or approaching the end of life.

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