



## PHILOSOPHY AND THEOLOGY

These philosophy and theology notes focus on the ethics of removing artificially administered nutrition and hydration (ANH) from patients in permanent coma, post-coma unresponsiveness, or (as it is more commonly but somewhat pejoratively called) persistent vegetative state (PVS). Although the case of Terri Schindler Schiavo brought this situation to national attention, these reflections do not deal with the specific details of her moral, legal, and familial situation. Rather, they focus on five issues raised by responses to the March 20, 2004, address of Pope John Paul II to participants at the conference in Rome on Life-Sustaining Treatments and Vegetative State:

- What is the exact authority of this papal teaching?
- Does the allocution require ANH *in all cases* for PVS patients, in *virtually* all cases, as a general ideal that may be often unrealized, or in some other sense?
- Does this papal allocution represent a rejection or overturning of the long-standing Catholic tradition of distinguishing ordinary and extraordinary means?
- Is human life valuable, worth preserving, even if no higher function is possible?
- Does this allocution, despite its obvious motivation to forward a “culture of life,” in fact undermine such a culture?

While I cannot in the space allotted arrive at definitive conclusions about these matters, nor even a comprehensive review of the literature, I hope to provide an overview of the major issues that have arisen from this address so that readers can get some sense of the current debate.

*The Authority of Pope John Paul II's Allocution*

In "A Burden of Means: Interpreting Recent Catholic Magisterial Teaching on End-of-Life Issues" (*Journal of the Society of Christian Ethics*, 2006), James Bretzke, S.J., begins his discussion of the Pope's allocution with some useful guidelines for exegesis and interpretation of magisterial texts, noting that the character, the frequency, and the manner of the teaching are all relevant in determining the proper interpretation of a magisterial teaching. Although helpful in many ways, Bretzke's emphasis tends to be somewhat reductionary in its account of the obedience due the papal magisterium. Bretzke correctly indicates that this allocution did not claim infallibility, and that any teaching that is not infallible is therefore fallible. By definition, there is no middle ground. Yet the issue of infallibility does not settle the position that should be taken toward this papal teaching. In *Lumen gentium*, the Second Vatican Council notes that

religious submission of mind and will must be shown in a special way to the authentic magisterium of the Roman Pontiff, *even when he is not speaking ex cathedra*; that is, it must be shown in such a way that his supreme magisterium is acknowledged with reverence, the judgments made by him are sincerely adhered to, according to his manifest mind and will. (n. 25, emphasis added)

In discussing the papal allocution, Bretzke—like Kevin O'Rourke in "Reflections on the Papal Allocution Concerning Care for Persistent Vegetative State Patients" (*Christian Bioethics*, April 2006)—mentions in passing various "reversals" of Church teaching, but whether there have been reversals in teaching remains very much a matter in dispute. Lending money at interest and the question of religious liberty are examples of the Church's apparent reversals.<sup>1</sup> Even though the allocution was not an exercise of extraordinary papal infallibility, however, it is properly described as an act of the papal magisterium.

*Is ANH Required for PVS Patients?*

Taking the minority perspective, Bretzke believes that the Pope did *not* in fact affirm that it is mandatory to provide hydration and nutrition (even by artificial means) to patients in a persistent vegetative state. Bretzke writes, "Only when both the *finis operis* and the *finis operantis* are taken together in a set of concrete circumstances can the moral meaning of the action be adequately evaluated."

Much hinges on what is meant by "adequately evaluated." If this phrase means that one cannot come to a *complete* evaluation of the situation morally unless all circumstances are considered, then it is unproblematic. If someone performs an intrinsically evil act, one cannot completely evaluate the situation without knowledge of the concrete circumstances and intention—including the agent's culpabil-

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<sup>1</sup>For those who deny such changes, see, for example, Avery Cardinal Dulles, S.J., "Religious Freedom: Innovation and Development," *First Things* 118 (December 2001): 35–39; Brian Mullady, O.P., "Religious Liberty: Homogeneous or Heterogeneous Development?" *Thomist* 58 (1994): 93–108; and, on usury, John Finnis, *Aquinas: Moral, Political, and Legal Theory* (New York: Oxford University Press, 1998), 205–217.

ity and the degree of departure from the rule of charity—as well as the nature of the act itself. But one can, simply from knowing the *finis operis*, have adequate knowledge of whether that *finis operis* is morally permissible, without knowledge of the further intentions (in the sense of motivations) and circumstances surrounding performance of the act. At least that is the teaching of John Paul II in *Veritatis splendor*: “Consequently, without in the least denying the influence on morality exercised by circumstances and especially by intentions, the Church teaches that ‘there exist acts which per se and in themselves, independently of circumstances, are always seriously wrong by reason of their object’” (n. 80).

Applying this principle to the case at hand is more complicated, however, since removal of ANH is not per se evil (as is adultery or perjury) unless it is performed with the intention of killing as an act of euthanasia by omission. Most agree that ANH can be removed licitly in cases when a person can no longer assimilate nutrients, or in cases when death is imminent and nutrition and hydration no longer benefit the patient. Bretzke views the removal of Schiavo’s tube as such a case. “Terri Schiavo’s feeding tube could be morally removed [because] its removal was not intended to cause her death, but rather that the *finis operis/operantis* of the withdrawal of the ANH was the intended removal of the last artificial obstacle to the completion of the dying process.” In the April 2006 issue of *Christian Bioethics*, John C. Harvey makes a similar claim (“The Burdens-Benefits Ratio Consideration for Medical Administration of Nutrition and Hydration to Persons in the Persistent Vegetative State”) and asserts that such individuals in a PVS have a “fatal pathology” because “they die of starvation and dehydration if medical intervention is not made.” Peter Clark makes a similar point in the same issue (“Tube Feedings and Persistent Vegetative State Patients: Ordinary or Extraordinary Means?”).

This analysis does not seem to comport with the facts of the case. Schiavo was not in the process of dying, at least as commonly understood. As far as I am aware, if ANH had been continued, she could have survived years longer. Her death was in no sense imminent until ANH was removed, nor was it directly caused by the injuries she sustained years earlier; rather, she died from dehydration caused by the removal of ANH. To call PVS from anoxia a fatal pathology because one will die without ANH is like calling diabetes a fatal pathology because one will die without insulin. It is true that death follows without intervention, but a fatal pathology is, it would seem by definition, not something that one can live with for years—in some cases of PVS, up to thirty-five years.<sup>2</sup>

In an article defending the allocution, William E. May described the experience learned from those who care for PVS patients:

We learned that individuals in this condition are *not* suffering from a fatal pathology, that they are in a relatively stable condition and are capable of living for some time so long as they receive food and hydration. We learned that at the beginning they are capable of swallowing, but that feeding them orally takes a great deal of

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<sup>2</sup>Robert D. Orr and Gilbert Meilander, “Ethics & Life’s Ending: An Exchange,” *First Things* 145 (August/September 2004): 31–38.

time and that using tubes to feed them lightens the burdens of their caregivers. We also learned that the cost of feeding them is very reasonable, and that they do not have to be kept in expensive institutions but can be cared for at home if someone is there to provide care and who can be helped by visiting nurses, etc.<sup>3</sup>

Indeed, if the medical facts are as May describes, one could logically say that healthy newborns suffer from a fatal pathology, since they can survive only if provided with nourishment.

In his reading of the papal statement (to allow for the removal of ANH), Harvey interprets the allocution's phrase "proper finality" as the restoration of full function, which is impossible for PVS patients whose condition was caused by anoxia (though not for PVS patients whose conditions were caused by drug overdose). Thus, ANH would be required for PVS patients who could recover full function, but not for those who could not. In cases of permanent PVS, removal is warranted because the proper finality of the medical treatment, the cure of the PVS, is impossible, so all treatments aimed at this goal are futile.

A difficulty with this reading of the allocution is that John Paul II expressly denies that ANH is a "medical treatment," but rather asserts that it constitutes ordinary care. Another difficulty is that the allocution simply does not distinguish between these two conditions (permanent PVS caused by anoxia and potentially reversible PVS caused by drug overdose); thus, making this distinction to interpret the teaching could arguably be viewed more as eisegesis than exegesis.

Most interpreters have read the allocution as requiring ANH for all PVS patients so long as the ANH is achieving the goal of sustaining human life—its proper finality. They have faulted or praised the speech on this basis.<sup>4</sup>

#### *Papal Allocution and Catholic Tradition*

Among those who fault the allocution as too restrictive, some see a contradiction between the allocution and the Catholic tradition of judgment with respect to which means of preserving life are obligatory and which are not required. Most of these authors draw on the 1958 Gregorian doctoral dissertation of Daniel A. Cronin, *The Moral Law in Regard to the Ordinary and Extraordinary Means of Conserving Life*. (See, for example, the articles by Harvey and O'Rourke, as well as those by James Drane and Thomas Shannon, in the April 2006 *Christian Bioethics*.) Citing such venerable authorities as Francisco de Vitoria (d. 1546), Domingo de Soto (d. 1560), Gregory Sayrus (d. 1602), Domingo Bañez (d. 1604), and Jean-Pierre Gury (d. 1866), supporters of ANH withdrawal argue that the papal allocution contradicts

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<sup>3</sup>William E. May, "Caring for Persons in the 'Persistent Vegetative State' and John Paul II's March 20, 2004 Address," *Medicina e Morale: Rivista internazionale di Bioetica* 55 (May/June 2005): 535–555.

<sup>4</sup>Arguing for a more permissive interpretation of the allocution and for the point that discontinuing care requires special justification, see Jorge L. A. Garcia, "A Catholic Perspective on the Ethics of Artificially Providing Food and Water," *Linacre Quarterly* 73.2 (May 2006): 132–152.

these earlier understandings of what constitutes extraordinary (and thus nonobligatory) means of preserving life.

The role of tradition remains an important one for Catholic ethics, yet the uses of that tradition are not always consistent. The tradition—especially the more recent tradition—is hardly uniform on the proper uses of ANH. As Lisa Sowle Cahill notes, “Over the past several years, different theologians, bishops and bishops’ conferences have offered differing views about whether and when artificial nutrition should be considered an extraordinary or disproportionate means.”<sup>5</sup> Indeed, none of the scholastic authors cited had to deal with the issue of providing ANH for PVS patients, so what they would say about this matter is conjecture based on their teachings at the time. In my view, there is indeed some tension between the allocution and the teaching of the scholastic authorities.

It is curious, however, that so many contemporary authors come to the defense of the scholastic tradition against the papacy, when most if not all of these venerable authorities would endorse Thomas Aquinas’s teaching on the relationship between the theologians and the magisterium: “We ought to abide by the authority of the Church rather than by that of an Augustine or a Jerome or of any doctor whatever” (*Summa theologiae* II-II, Q 10.12). Likewise, many contemporary theologians endorse changing Church teaching on contraception, despite a more historical, widespread, and explicit condemnation of the practice in the Roman Catholic tradition.<sup>6</sup> Moreover, contemporary theologians have not criticized other (apparent) papal departures from the tradition, such as Pope John Paul II’s teaching on capital punishment.<sup>7</sup> These uses of tradition in contemporary theology do not seem entirely consistent.

### *Human Life as Intrinsic Good*

Many critics of the papal allocution accuse the Pope of “vitalism,” a virtual idolatry of human life. Like O’Rourke, they hold that to continue life in such a condition as a PVS does not constitute a great benefit; indeed, it does not constitute a benefit at all. For example, Sowle Cahill writes, “Leaving the tubes in place cannot be simplistically equated with acting in [the patient’s] interests, since it could reasonably be argued that fifteen or more years of existence in a ‘vegetative’ state neither serves human dignity nor presents a fate that most reasonable people would obviously prefer to death.”<sup>8</sup>

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<sup>5</sup>Lisa Sowle Cahill, “Catholicism, Death and Modern Medicine,” *America* 192.14 (April 25, 2005): 14–17.

<sup>6</sup>The most definitive record of the condemnation, spread over many centuries, places, and theological approaches, remains John T. Noonan, Jr., *Contraception: A History of Its Treatment by the Catholic Theologians and Canonists* (Cambridge, MA: Harvard University Press, 1965).

<sup>7</sup>I do not view Pope John Paul II’s teaching as *inconsistent* with tradition, although I think it is a *development*. See Christopher Kaczor, “Capital Punishment and the Catholic Tradition: Contradiction, Circumstantial Application, or Development of Doctrine?” *Nova et Vetera*, English Edition 2.2 (Fall 2004): 279–304.

<sup>8</sup>Sowle Cahill, “Catholicism, Death and Modern Medicine,” 17.

All defenders of the allocation, as far as I can tell, hold that life always constitutes a benefit for the person. Criticizing Sowle Cahill, Jorge Garcia writes,

I think it incoherent to deny that life is always a benefit to a human being and can discern no disservice to human dignity in preserving a human life, in which dignity inheres as such and irrespective of the blocking of many normal capacities. On the contrary, to deem such a life as beneath preservation is to deny its inherent status. Whether many reasonable people would prefer death to a long life in PVS is morally irrelevant, since they may seek escape in death out of despair and incomprehension before the prospect of such a limited existence. Even reasonable people, of course, form some preferences from irrational parts of the self.<sup>9</sup>

The obvious importance of the question of whether human life is always valuable, as well as its anthropological implications for one's conception of the human person, is beyond the scope of these brief reflections. However, any anthropology that even implicitly drives a dualistic wedge between the "biological" (or "vegetative") life and the "human" (or "personal") life of the human being risks a dualism incompatible with a sound understanding of the human person. A frank discussion of this matter among philosophers and theologians in the Catholic tradition may clarify not only disputes about the papal allocation and the Schiavo case, but fundamental approaches to some of the most important questions of our time.

*The Allocation and the Culture of Life*

Finally, despite the Pope's obvious intentions to the contrary, some writers, like Clark, criticize the papal allocation for undermining a culture of life, driving greater numbers of people toward direct euthanasia and physician-assisted suicide as a backlash to guidelines that are too restrictive.<sup>10</sup> I think it more likely that permitting the removal of ANH from PVS patients in order to kill them will hasten the call for more expeditious forms of euthanasia and physician-assisted suicide. After all, it seems more compassionate—toward the patient and those who watch the end of the patient's life—to quickly and easily dispatch a PVS patient with an injection rather than watch the slow deterioration from dehydration over the course of five to thirteen days.

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<sup>9</sup>Garcia, "Catholic Perspective," 151.

<sup>10</sup>See also Sowle Cahill, "Catholicism, Death and Modern Medicine," 17.

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**Bioethics**

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**Addiction and Autonomy:  
Can Addicted People Consent  
to the Prescription of Their  
Drug of Addiction?**

*Bennett Foddy & Julian Savulescu*

It is often claimed that the autonomy of heroin addicts is compromised when they choose between taking their drug of addiction and abstaining. This is the basis of claims that they are incompetent to give consent to be prescribed heroin. The authors reject these claims on a number of empirical and theoretical grounds. First, they argue that addicts are likely to be sober, and thus capable of rational thought, when approaching researchers to participate in research. They reject behavioral evidence purported to establish that addicts lack autonomy. The authors present an argument that extrinsic forces must be irresistible in order to make a nonautonomous choice. They argue that heroin does not present such an irresistible force. They make a case that drug-oriented desires are strong regular appetitive desires, which do not compromise consent. Finally, the authors argue that an addict's apparent desire to engage in a harmful act cannot be construed as evidence of irrational or compulsive thought. On these arguments, a sober heroin addict must be considered competent, autonomous, and capable of giving consent. More generally, any argument against legalization of drugs or supporting infringement of the liberty of those desiring

to take drugs of addiction must be based on considerations of harm and paternalism, and not on false claims that addicts lack freedom of the will.

Volume 20, Number 2  
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**Genetic Ties: Are They  
Morally Binding?**

*Guiliana Fuscaldo*

This paper examines the claim that genetic relatedness is sufficient grounds for parenthood based on a causal connection between genetic parents and their offspring. Fuscaldo argues that parental obligations are about moral and not causal responsibility, because one is not morally accountable for every consequence to which one causally contributes. The author's account includes the conditions generally held to apply to moral responsibility, i.e., freedom and foreseeability. She argues that parental responsibilities are generated whenever the birth of a child is a reasonably foreseeable consequence of voluntary actions. She considers the implications of this account for third parties involved in reproductive technologies. Finally, the author argues that under some conditions the obligations generated by freely and foreseeably causing a child to exist can be justifiably transferred to others.

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**Cheap Listening? Reflections on the  
Concept of Wrongful Disability**

*Richard J. Hull*

This paper investigates the concept of wrongful disability. The concept suggests that parents are morally obligated to prevent the genetic transmission of certain conditions and so, if they do not, any resulting disability is "wrongful." The authors argue that the idea of avoidability via substitution is both conceptually problematic and rather insensitive. Instead, they suggest that the question of whether or not bringing a particular disability about is wrongful does not hinge simply on whether or not substitution takes

place. Rather, it involves an evaluation of parental aspirations and responsibilities. They argue that the desire not to be responsible for creating challenges for others that lie outside the perceived acceptable range provides a justification for termination of pregnancy on the grounds of projected disability that neither commits one to a wrongful life claim nor requires that one substitute a nondisabled child instead.

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**Hastening Death and the  
Boundaries of the Self**

*Lynn A. Jansen*

In end-of-life contexts, when patients are receiving “artificial” life support, judgments about when a person’s self begins and ends can become controversial. To illustrate this possibility, this paper presents a case in which a decision must be made whether to deactivate a patient’s pacemaker as a means to hasten his death. After discussing some common moral principles that are often applied to resolve ethical problems at the end of life, and after explaining why they are of no help here, Jansen argues that the correct analysis of this case, and of cases of this sort, turns on considerations that relate to the constitution of the self. These considerations, the author further argues, sometimes resist resolution. The constitution of the self is fixed in large measure by our concepts and social conventions, and these do not always provide determinate grounds for delimiting the boundaries of the self.

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**Christian Bioethics**

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**Tube Feedings and Persistent  
Vegetative State Patients: Ordinary  
or Extraordinary Means?**

*Peter Clark, S.J.*

The purpose of this article is threefold: first, to examine the medical condition of a persistent vegetative state (PVS); second, to examine and analyze the Catholic Church’s tradition on the ordinary/extraordinary means distinction; and third, to analyze the ethics behind the Pope’s recent allocution in regard to PVS patients as a matter of conscience. Rather than providing clarification, the author argues that the papal allocution has raised many difficult questions. People in situations where decisions must be made about withdrawal or [continuation of] ANH are in need of guidance. Moreover, additional analysis is needed to determine whether the papal allocution is in conflict with the traditional Catholic medical ethics understanding of the ordinary/extraordinary care distinction.

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**Stopping Nutrition and Hydration  
Technologies: A Conflict between  
Traditional Catholic Ethics  
and Church Authority**

*James F. Drane*

This article focuses on the troubling effects of the secular values of individual freedom and autonomy and their impact on laws regarding suicide and euthanasia. The author argues that in an increasingly secularized culture, death and dying are losing their meaning and are not thought of within a moral framework. The debate regarding the provision of artificial nutrition and hydration is critically considered in light of the history of Catholic morality as well as within the modern health care context and, finally, with new insight from the recent statements made by the late Pope. Drane argues that the Pope’s

insistence on providing artificial nutrition and hydration despite irreversible persistent vegetative states is unconvincing.

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**The Burdens-Benefits Ratio  
Consideration for Medical  
Administration of Nutrition  
and Hydration to Persons in  
the Persistent Vegetative State**

*John C. Harvey*

In this article, Harvey notes the initial confusion about the statement made by the Pope concerning artificial nutrition and hydration on patients suffering persistent vegetative states (PVS), due to misunderstanding through the translation of the Pope's words. He clarifies and assesses what was meant by the statement. He also discusses the problems of terminology concerned with the subject of PVS. Harvey concludes that the papal allocation was in line with traditional Catholic bioethics, and that while maintaining the life of a patient is favorable, in particular cases this presumption wanes when it is clear that this treatment modality would be futile or very burdensome.

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**Reflections on the Papal Allocation  
Concerning Care for Persistent  
Vegetative State Patients**

*Kevin O'Rourke, O.P.*

This article critically examines the recent papal allocation on patients in a persistent vegetative state with regard to the appropriate conditions for considering "reformable statements." In the first part of the article, the purpose and meaning of the allocation are assessed. O'Rourke concludes that, given consideration of the individual patient's best interest, prolonging artificial nutrition and hydration is not in every case the best option. Although he stresses favorability for preservation of the life of the patient through artificial nutrition and hydration, costs and benefits to the patient should be weighed.

Ultimately, he argues in favor of leaving the decision to the patient, his caregivers, and others immediately involved in the case.

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**Nutrition and Hydration:  
An Analysis of the Recent Papal  
Statement in the Light of the Roman  
Catholic Bioethical Tradition**

*Thomas A. Shannon*

This article discusses the unexpectedly firm stance professed by John Paul II on the provision of artificial nutrition and hydration to patients who are in a persistent vegetative state, and its implications on previously held standards of judging medical treatments. The traditional ordinary/extraordinary care distinction is assessed in light of complexities of the recent allocation as well as its impact on Catholic individuals and in Catholic health-care facilities. Shannon concludes that the papal allocation implies that the average Catholic patient is incapable of making proper judgments about their own care. Shannon sees the preservation of life at all costs as at least highly troubling, if not as a radical move against the Catholic medical ethics tradition.

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**Hastings Center  
Report**

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Volume 36, Number 1  
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**Conservative Bioethics and  
the Search for Wisdom**

*Eric Cohen*

"Conservative" bioethics is informed by a rich view of human personhood, a decent respect for the well-considered views of people across the political spectrum, and a philosophy of the state carefully calibrated to ensure that imperfect people can live together in community. The deepest disagreements between conservatives and

liberals are rooted in different ways of understanding the moral ideal of equality. This article explores the moral anthropology and governing philosophy that inform conservative bioethics, the practical concerns of public bioethics toward embryo research, the ethical issues surrounding the practice of assisted reproductive technologies, and the moral aspects of public bioethics.—Abstract expanded from introductory text.

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**Stem Cells: A Status Report**

*Stephen S. Hall*

This article discusses ethical issues regarding embryonic stem cell research in the United States. It describes bioethical dilemmas associated with stem cell research and the social impact of President George W. Bush's decision to issue federal research grants only for embryonic stem cell lines that had been created up to August 9, 2001. It also discusses views of scientific experts on the clinical success of embryonic stem cells.—Abstract compiled from text of article.

Volume 36, Number 1  
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**The New Conservatives in Bioethics: Who Are They and What Do They Seek?**

*Ruth Macklin*

A new political movement has arisen in bioethics, self-consciously distinguished from the rest of the field and characterized by a new way of writing and arguing. Unfortunately, the new method is mean-spirited, mystical, and emotional. It claims insight into ultimate truth yet disavows reason. This article offers views on the scientific and ethical perspectives of the so-called conservative movement in the field of bioethics. It draws distinctions between such movement and the proponents of mainstream bioethics; moral and social ideologies of bioethicists in the bioethics literature; and ethical notions on the use of assisted reproductive technologies.—Abstract expanded from introductory text.

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**Natural Law Judaism? The Genesis of Bioethics in Hans Jonas, Leo Strauss, and Leon Kass**

*Lawrence Vogel*

The author discusses the genesis of bioethics in the work of Leon Kass, which is based on the teachings of Hans Jonas and Leo Strauss. Kass is much misunderstood. He is not simply a Republican ideologue who tailored his ideas to break out of the ivory tower and into the halls of power. Nor does he look simply to use human nature as a moral guide. When the full range of his writings is considered and set in the tradition of his teachers, a natural-law position colored by religious revelation emerges.—Abstract expanded from introductory text.

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**Perceptions of Patients on the Utility or Futility of End-of-Life Treatment**

*K. L. Rodriguez and A. J. Young*

Definitions of medical futility, offered by health-care professionals, bioethicists, and other experts, have been rigorously debated by many investigators, but the perceptions of patients of futility have been explored by only a few. In this study, patients were allowed to discuss their concerns about end-of-life care, so that their ideas about treatment futility or utility could be extrapolated by the authors. The following four factors were taken into account by the participants when discussing end-of-life interventions and outcomes: (1) expected quality of life, (2) emotional and financial costs of treatment, (3) likelihood of treatment success, and (4) expected effect on longevity. The authors determined that it may be fruitful for providers to focus on these concerns when discussing end-of-life treatment options with their patients.

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**A Burden of Means: Interpreting  
Recent Catholic Magisterial  
Teaching on End-of-Life Issues**

*James T. Bretzke, S.J.*

This essay first presents general guidelines for interpreting magisterial documents using *Lumen gentium*'s triple criteria of considering the character, manner, and fre-

quency of magisterial teaching in order to better determine its relative authority and weight. Next, these criteria are applied to a close reading of John Paul II's various documents that deal with end-of-life issues, especially his controversial March 2004 address to participants in the International Congress on Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas. This analysis concludes that the Pope did *not* in fact assert that artificial hydration and nutrition had to be used in virtually every medical case, such as patients diagnosed to be in a persistent vegetative state.