INTRODUCTION

"I would not want to live like a vegetable" is a relatively common phrase expressing people's fear of an indefinite, unconscious existence. While some individuals lose consciousness for an extended, but limited period of time, others lose consciousness and fail to recover it. This failure to regain consciousness usually manifests itself as either a coma or persistent vegetative state (PVS).[1] In the case of a PVS patient, usually the only requirement to maintain their life is artificially administered nutrition and hydration (ANH).[2] The question, however, is whether it is morally obligatory to maintain ANH for a PVS patient, or if it is morally permissible to remove ANH. In other words, should the removal of ANH from a PVS patient be categorized with suicide/murder or with the right to refuse medical treatment.

This paper will argue that, under appropriate circumstances, it is morally permissible to remove ANH from a PVS patient and that doing so is neither suicide nor murder. Such "appropriate circumstances" include having taken all steps to ensure proper diagnosis, the patient showing no signs of regaining consciousness despite being given time to recover, and that the PVS patient has indicated, either through past oral statements or in writing, that they do not wish to remain in a vegetative state.[3]

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[1] Some, probably rightly, object to the use of the term "vegetative" to describe unconscious individuals. E.g., David F. Forte, "Getting Rid of the Vegetables," *First Things* 26 (1992): 13–15.

[2] ANH consists of a feeding tube and an IV for hydration

[3] This paper will focus on PVS; however, conclusions would also apply to long-term coma.

Definitions

It is important at the outset to state some definitions. The Multi-Society Task Force on PVS defines a vegetative state as follows:

> The vegetative state is a clinical condition of complete unawareness of the self and the environment, accompanied by sleep-wake cycles, with either complete or partial preservation of hypothalamic and brain-stem autonomic functions… We define persistent vegetative state as a vegetative state present one month after acute traumatic or nontraumatic brain injury or lasting for at least one month in patients with degenerative or metabolic disorders or developmental malformations.[4]

While "persistent" and "permanent" are sometimes used interchangeably, *persistent* vegetative state is the diagnosis, while *permanent* vegetative state is a prognosis.[5] Unlike coma patients, PVS patients will exhibit sleep-wake patterns, open their eyes, make movements and/or sounds, and their life-sustaining bodily functions (breathing, heartbeat, gastrointestinal) continue unassisted; however, and most importantly, the PVS patient is unconscious, with no awareness of self or environment.[6] Such characteristics separate PVS from coma, brain death, and minimally conscious states. A coma is a "deep and sustained pathological unconsciousness" in which a patient does not wake or open their eyes; brain death is the cessation of all brain activity, including the brain stem.[7] PVS is also distinct from a minimally conscious state, in which an individual shows at least some sign of higher brain function (i.e., awareness of self and environment).[8]

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[4] The Multi-Society Task Force on PVS, "Medical Aspects of the Persistent Vegetative State," *New England Journal of Medicine* 330 (1994): 1499.

[5] The Multi-Society Task Force on PVS, "Medical Aspects," 1501.

[6] The Multi-Society Task Force on PVS, "Medical Aspects," 1501.

[7] The Multi-Society Task Force on PVS, "Medical Aspects," 1502.

[8] Marilyn Martone, "What Does Society Owe Those Who Are Minimally Conscious?" *Journal of the Society of Christian Ethics* 26 (2006): 205.

Biblical Principles

There are several biblical principles to keep in mind when discussing ANH and PVS. The first is that each individual is made in the image of God (Gen. 1:26-27). Since this is the case, the life of each individual is to be honored and used well (Gen. 9:5-6; Ex. 20:13; Matt. 5:21-22). This high esteem of human life is often referred to simply as "the sanctity of life". Such sanctity means that murder and suicide are immoral (cf. Job 2:7-10).

The second principle is that God is concerned with our hearts, the intent behind our actions (Hos. 6:6; Matt. 9:13; Matt. 5-7; 1 Cor. 13:1-3). While some actions are always sinful, the sinfulness of other actions depend on the intent behind the action. In the case of removing ANH from a PVS patient, it is certainly true that there may be sinful intent behind the action, but it is equally true that the intent behind the action may not sinful.

The third principle is the inevitability of death. When sin entered the world at the Fall, mankind's mortality became a reality for each one of us (Eccl. 3:2; Rom. 5:12-14; Heb. 9:27). Jesus Himself, by becoming man, took on mortality and died. We must die, and while we must be good stewards of the lives God has given us, such stewardship will always close with our death. We can prolong our lives through healthy living and medical treatments, but at some point, everyone must acknowledge their mortality and act accordingly.

Finally: we must trust God in all things. God is able to heal a PVS patient, and we must acknowledge that fact; however, as stated above, we must also acknowledge our mortality.[9] Likewise, when ANH is removed from a PVS patient, it is done with an acknowledgment of God's sovereignty and His continued ability to heal. But in all things, God's promise of

[9] Robert V. Rakestraw, "The Persistent Vegetative State and the Withdrawal of Nutrition and Hydration," *JETS* 35 (1992): 404.

resurrection to eternal life must be trusted; our death is not the end, for there is a coming resurrection with glorified bodies (1 Cor. 15).

ARGUMENT AGAINST THE MORAL PERMISSIBILITY OF REMOVING ANH

Many Christians believe that removing ANH from a PVS patient should be classified with euthanasia, murder, and suicide. Historically, Roman Catholics allowed the removal of ANH to be judged by the determination of ordinary (i.e., obligatory) vs. extraordinary (i.e., non-obligatory) measures. Since 2004 this is no longer the case. John Paul II's statements, followed by further clarification by the Roman Church, make the current official Roman Catholic position clear: ANH in the case of PVS patients is to be considered a "*natural means* of preserving life, not a *medical act*" and is thus morally obligatory to continue indefinitely.[10]

While the arguments related to ANH and PVS are varied and complex, arguments against the moral permissibility of removing ANH from PVS patients often revolve around three aspects: life's sanctity, ANH as ordinary care, and making no distinction between omission and commission.[11] First, arguments against the moral permissibility of removing ANH from PVS patients are founded on a concern for the sanctity and preservation of life. Since mankind is

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[10] John Paul II, "Address of John Paul II to the Participants in the International Congress on "Life Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas,"" (Vatican: 2004). Further clarification was provided by the Congregation for the Doctrine of the Faith, "Responses to Certain Question of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration," (Vatican: 2007). The Vatican's position on ANH in relation to PVS patients has caused no small stir among Roman Catholic theologians, ethicists, and medical personnel for both its stated position and for the perceived contradiction between the Vatican's current position and its past position on the issue. For examples of interactions with the Vatican's position, see Kevin David O'Rourke, "Reflections on the Papal Allocution Concerning Care for Persistent Vegetative State Patients," *Christian Bioethics* 12 (2006): 83–97; Thomas A. Shannon, "Nutrition and Hydration: An Analysis of the Recent Papal Statement in the Light of the Roman Catholic Bioethical Tradition," *Christian Bioethics* 12 (2006): 29–41; John Collins Harvey, "The Burdens-Benefits of Ratio Consideration for Medical Administration of Nutrition and Hydration to Persons in the Persistent Vegetative State." *Christian Bioethics* 12 (2006): 99–106; Marie A. Conn, "An Incomplete Death: Artificial Hydration/Nutrition and the PVS Patient." *ThTo* 76 (2019): 158–66.

[11] Representative of such an argument is John S. Feinberg and Paul D. Feinberg, *Ethics for a Brave New World*, 2nd rev. ed. (Wheaton, IL: Crossway, 2010), 119-171.

made in God's image, and technically a PVS patient is still alive with the help of ANH, then it is morally impermissible to remove ANH from a PVS patient.

Second, such arguments maintain that ANH for PVS patients is ordinary care – no different than spoon-feeding a quadriplegic – and not a medical treatment.[12] Since ANH is ordinary care, to remove it is tantamount to murder by starvation and dehydration. Even if the PVS patient desires ANH to be removed, because it is ordinary care and not a medical treatment, to remove the life-sustaining ANH is to commit suicide by omission.[13] It is an interesting observation that those making such arguments believe that an individual has the right to refuse medical treatment; in this case, however, ANH is not considered medical treatment and so falls outside of any right-to-refuse.

Finally, arguments against the permissibility of removing ANH from PVS patients do not allow for a difference between omission and commission. True, removing ANH from a PVS patient will, barring a miracle, inevitably lead to the person's death. Based on this fact, those against the moral permissibility of removing ANH from PVS patients argue that there is no moral difference between removing ANH and actively euthanizing the individual. By removing ANH, so the argument goes, one is taking action intended to end the PVS patient's life.[14]

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[12] Wayne Grudem, *What the Bible Says About Abortion, Euthanasia, and End-of-Life Medical Decisions* (Wheaton, IL: Crossway, 2020), 53; Feinberg & Feinberg, *Ethics*, 166. This is also the position of the Roman Catholic Church as mentioned above.

[13] Feinberg & Feinberg, *Ethics*, 157, 162.

[14] Feinberg & Feinberg, *Ethics*, 161; Nancy L. Harvey, "Wishing People Dead," *First Things* 37 (1993): 19.

Assessment of Arguments Against Moral Permissibility

While those who argue against the moral permissibility of removing ANH from PVS patients have an admirable concern for the sanctity and preservation of life, there seem to be some significant flaws in their argument.

First, while life is certainly to be protected and preserved, we are not under moral compulsion to preserve life *at all costs*. As technology makes it possible to extend life further and under worse conditions, it does seem that concern for life's sanctity can in fact be distorted into an idolatry of human life itself.[15]

Second, while food and water are ordinary means of survival, ANH is *not* simply food and water; rather, ANH is a continuous medical treatment that allows the body to receive nutrients and hydration.[16] More on this will be discussed below.

Finally, the idea that removing ANH from a PVS patient is morally equivalent to killing them presents a failure to differentiate foresight from intent. As Neil Gorsuch correctly notes:

> Ordinarily, the removal or omission of care after it has become unduly burdensome and offers little prospect of improvement is an act of letting the patient die, a recognition that death is inevitable, rather than expressive of any wish to see the patient dead. The act/omission distinction, thus, seems to comport generally with our instincts about the difference between assisted suicide and the right to refuse care.[17]

But this circles back to whether or not ANH is categorized as medical treatment or ordinary care. If it were not for this debate over the categorization of ANH, there would likely not be debate among Christians over the moral permissibility of removing ANH from PVS patients.

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[15] Curtis W. Freeman, "What Shall We Do with Norman?: An Experiment in Communal Discernment," *Christian Bioethics* 2 (1996): 18.

[16] The Multi-Society Task Force on PVS, "Medical Aspects," 1499. Thomas Kennedy wishes to place ANH in a distinct class, not quite "normal," but not a medical intervention. His argument fails to convince (Thomas D. Kennedy, "Eating, Drinking, and Dying Well," *Christian Scholar's Review* 20 (1991): 344).

[17] Neil M. Gorsuch, *The Future of Assisted Suicide and Euthanasia* (Princeton: Princeton University Press, 2006), 49-50; 57.

ARGUMENT FOR THE MORAL PERMISSIBILITY OF REMOVING ANH

It is the position of this paper that it is morally permissible to remove ANH from a PVS patient as long as appropriate medical care has been provided, time has been given for recovery, and it is known that the patient does not wish to live in a vegetative state.

ANH is a Medical Treatment

First, ANH is a medical treatment; therefore, an individual retains the right to refuse it. The Bible makes it clear that we are to honor the lives God has given to us, and this would include making use of medical services; however, the Bible does not require us to allow medical technology to prolong our lives at any and all costs.[18] That ANH is a medical treatment is obvious: it was developed by medical professionals for use in the medical field and continues to be administered by medical professionals in medical situations. Any time a doctor places a needle or tube into a person, a medical procedure is taking place. Arguments to the effect that ANH is dealing with food and water, and therefore not a medical treatment, are nonsensical. Blood transfusions deal with blood and kidney dialysis with urine – both just as fundamental to bodily existence as food, water, and electrolytes – yet nobody is arguing that such are not medical procedures.

As with all medical treatments, the costs and benefits must be weighed before consenting. Wisdom is required, but each individual has the right to refuse medical treatment, including ANH. With the current state of medical technology, it is very common for a person to find the cost of medical treatment to outweigh the benefits and so opt to forego treatment. ANH is not neutral or natural: it requires tubes and needles, has negative side effects, and causes the patient to continue in a state that many people would prefer to not prolong. At some point, a PVS patient

[18] Daniel Callahan, "The Sanctity of Life Seduced: A Symposium on Medical Ethics," *First Things* 42 (1994): 13.

or their family may determine that the costs outweigh the benefit and choose to forego further ANH; such would be a morally permissible decision.

The Purpose of ANH

Second, what is the purpose of ANH? Many people argue that the purpose of ANH is to provide nutrition and hydration and, since ANH can continue fulfilling this function indefinitely for a PVS patient, it must be allowed to continue to do so.[19] It is true that one of the purposes of ANH is to provide nutrition and hydration; however, I suggest that nutrition and hydration are only a secondary function of ANH in the case of PVS patients. For the PVS patient, ANH's primary function is to give the patient time to regain consciousness.[20] Understanding ANH as a medical treatment with an intended purpose of providing time for recovery allows family and medical staff to assess its efficacy. How long ANH should continue is subjective, but statistically the odds of a PVS patient recovering after a year begin to drop dramatically.[21] While there is not an exact length of time agreed upon to continue ANH for PVS patients, at some point ordinary means become extraordinary.[22]

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[19] Feinberg & Feinberg, *Ethics*, 166.

[20] This seems to be the position of The Christian Medical & Dental Associations as well. See their very well thought out position paper "Artificially-Administered Nutrition and Hydration (ANH)," which can be accessed at cmda.org/policy-issues-home/position-statements/#.

[21] The Multi-Society Task Force on PVS, "Medical Aspects," 1572.

[22] Callahan, "Sanctity of Life Seduced," 15.

PVS Patients and the Process of Dying

Finally, while the humanity and personhood of PVS patients should continue to be honored, it is probably correct to regard them as in the process of dying.[23] As Thomas Kennedy states so well,

> The best understanding of the persistent vegetative state, I believe, is that here the dying process has, indeed, begun. This dying process is a flawed and ineffectual one, an enemy over which we may have a temporary success, but only a temporary success, in forestalling its conclusion.[24]

By providing ANH, a PVS patient is given time to recover; however, if no recovery takes place, then ANH is only slowing the dying process, not truly extending life. At some point, in the case of the PVS patient as in the case of everyone, medicine and doctors must step aside and acknowledge that "it is appointed for man once to die" (Heb. 9:27).

Three Helpful Principles

In discussions related to ANH and PVS, there are three principles that deserve to be kept in mind. First, "no one should have to die a worse death as a result of medical technology than would have been the case prior to the invention of that technology."[25] Second, doctors, patients, and families should seek to prevent a patient dying a poor death due to technological excess.[26] And third, "Whatever conditions warrant not starting a treatment initially should also justify stopping treatments later."[27] Taken together, these three principles provide helpful and logical guides for discussing ANH and PVS.

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[23] Callahan, "Sanctity of Life Seduced," 25; Lawrence E. Holst, "Withholding Nutrition and Hydration: Some Old and New Questions," *The Journal of Pastoral Care* 45 (1991): 11-12.

[24] Kennedy, "Eating, Drinking, and Dying Well," 345-346.

[25] Callahan, "Sanctity of Life Seduced," 14.

[26] Callahan, "Sanctity of Life Seduced," 14.

[27] Holst, "Withholding Nutrition and Hydration," 6.

CONCLUSION

This paper argues that it is morally *permissible* for a Christian to forego ANH in the case of PVS. Understanding that ANH is a medical treatment intended, in the case of the PVS patient, to provide time for recovery gives Christians freedom to use wisdom to determine if and when to begin or end ANH. One key takeaway from this study is the need for individuals to make clear to their family, preferably in writing, what their exact wishes are in regards to ANH. This removes some of the moral ambiguity involved when family or friends have to make decisions of ANH on behalf of another.[28] Decisions regarding ANH and PVS patients should be made slowly, with care and deliberation, and the benefit of the doubt should be given to maintaining the life of the patient.[29] However, if it is certain that the PVS patient does not want to remain in a vegetative state, then as time progresses with no sign of recovery, moral permissibility begins to move toward moral imperative to remove ANH. Always, the removal of ANH should be done with an acknowledgment of God's sovereignty, His ability to heal, our earthly mortality, and our future resurrection.

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[28] For an example of such a situation and a well-developed Christian reflection on the decision-making process, see Curtis W. Freeman, "What Shall We Do with Norman?: An Experiment in Communal Discernment," *Christian Bioethics* 2 (1996): 16–41.

[29] Kevin O'Neill, "Prolonging Life or Prolonging Death?: The Use of Medically Assisted Nutrition and Hydration," *NTR* 17 (2004): 81.

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