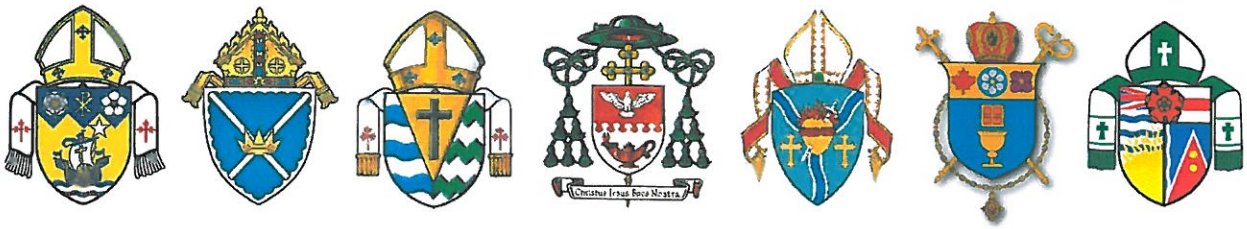

Statement on Hydration and Nutrition
Catholic Bishops of British Columbia and Yukon

Life is God's gift to us. We are not its masters to do with it what we will. We can make decisions about how we will use the life God has given us, but we must not reject that life. The Church teaches, and has always unequivocally taught, that it is gravely immoral to kill a person or to accept being killed as a way to relieve suffering or to control when and how to die.

The Church also teaches, clearly and firmly, that a person who is dying does not need to accept all the medical care that is offered. Unless there are very good reasons to judge that the patient is unable to make a responsible decision, he or she is the one who should decide the extent of their care.

If they choose, patients can refuse medical care that increases their suffering; that is risky or unproven; that is especially burdensome for themselves or others; or that tenuously prolongs their life but cannot cure their disease. The key moral principle in this regard is that we do not have to do anything to promote our health if it causes more suffering or ill health than we already have.

Pain medication may be refused if the patient wants to maintain a higher level of consciousness or awareness, so as to enjoy being with family members and friends. A religiously devout patient may wish to refrain from pain medication in order to be spiritually united to Christ in His Passion. However, relief of physical suffering through painkillers may also allow a patient the rest required and the freedom needed to accomplish spiritual tasks or to interact with loved ones.

Likewise, the Church teaches that those who are in great pain can accept relief treatments that may cause undesired but unavoidable side effects. These side effects can include further damage to their health and/or even a hastening of death. It is morally acceptable to accept such side effects, as long as they do not cause more problems than they solve, and are not the desired intent of the pain relief treatment.

This brings us to an issue that raises a serious question for the faithful: may we ever stop providing food and water to someone who is very sick or who is dying?

Under all ordinary circumstances, we should always provide patients with food and water. This is the case whether they can feed themselves or not. Being helped by others to eat and drink is a normal part of the human experience, one that starts for all of us when we are babies and continues for many of us when we are disabled, sick or dying. Preparing and serving food, as well as eating with others, are important to our human relationships and express mutual trust. They are a sign of love and an affirmation of life. This is why Jesus gives Himself to us in the form of food and drink in the celebration of the Holy Eucharist.

In some cases, people are unable to eat or drink because of a physical or mental impairment that makes it difficult, even impossible, to chew or swallow. In these situations, we can use feeding tubes or other similar means to ensure that they continue to receive nutrition and hydration, food and water. While feeding tubes are not a normal part of our everyday experience of caring for one another, they are an effective way to provide nourishment and express human and medical care.

There are circumstances when it is morally permissible to stop providing food and/or water to individuals.

1. Sometimes a person can no longer be nourished by food and/or water. If food or water cannot be absorbed or assimilated, then they offer little to no benefit, and may present dangers to the patient. For instance, if he or she is suffering from cancer of the stomach or the intestines, there may be blockages or other problems which make it medically and morally wrong to continue introducing nourishment. This is also the case when the kidneys can no longer excrete fluids from the body. Withdrawing food and/or water in such circumstances is not a matter of starving or dehydrating a person. Rather, we are accepting that the patient can no longer benefit from them and that continuing them may cause harm.

2. Assisted nutrition and hydration may prove to be ineffective for a particular patient or result in significant complications such as chronic vomiting. In such cases, the best medical judgement for patient care may be to withdraw this kind of assistance.

3. Patients with cognitive impairments (dementia, senility, fears, confusion, etc.) might not understand the benefit of a feeding tube, may refuse to take food by mouth, or may forget how to chew or swallow. As such, they might become very distressed if forced to eat. Others may react to having a feeding tube and pull it out – even repeatedly – potentially injuring themselves. Forcible restraints may also cause undue distress and anxiety. In such cases, the benefit from force feeding or a feeding tube may not justify the imposition of procedures that cause such pain, discomfort or distress.

4. Prolonged use of a feeding tube can at times cause serious and chronic infections in a patient. When the infections cannot be controlled, and especially when they start to impair the person's health, there is no compelling reason to continue the procedure. The burden of using a feeding tube may have come to outweigh its benefit.

The bottom line is that as long as it is beneficial for patients to be helped to eat and drink, they should be. This includes situations in which medically assisted nutrition and hydration are needed. However, when someone can no longer receive or benefit from the nutrition and sustenance intended, then continuing to provide food and water is not helpful and so is not morally required. Recognizing such a change in a patient's medical situation may be particularly difficult for family members to accept. We all depend upon doctors and medical staff to recognize these situations and to discuss them objectively with us.

In all cases, it is wrong to use the removal of food and water in any form intentionally to cause or hasten a person's death. This is a form of euthanasia, even if it is called "passive euthanasia," and must be rejected as gravely immoral.

In some instances, death may come more quickly because a person cannot be helped to receive nutrition and hydration. While never desired, it is a consequence that can be accepted. Many dying patients, who have been able to take food orally, will refuse or be reluctant to accept food and fluids in the last days of their lives. This seems to be a sign that the body recognizes it no longer needs earthly food for the journey to eternal life. Experienced nurses and doctors will continue to offer whatever the patient will accept and provide oral care. Once death is proximate, the goal is to help the patient to experience whatever peace and comfort are possible. This is also the time when the Church's spiritual and sacramental support is most needed for the patient and family members.

In case of further questions, Catholics are encouraged to contact their Catholic hospital chaplain, parish priest, or the Catholic Health Association of British Columbia (https://www.chabc.bc.ca/).

Given on the Memorial of St. John Bosco, the 31st day of January, in the Year of Our Lord, Two Thousand and Nineteen.

+ J. Michael Miller CSB

✠ J. Michael Miller, CSB
Archbishop of Vancouver

+ Gary Gordon

✠ Gary Gordon
Bishop of Victoria

+ Greg

✠ Greg Bittman
Bishop of Nelson

+ Ken

✠ Ken Nowakowski
Ukrainian Bishop of New Westminster

+ Stephen Jensen

✠ Stephen Jensen
Bishop of Prince George

+ Joseph Phuong Nguyen

✠ Joseph Phuong Nguyen
Bishop of Kamloops

+ Hector Vila

✠ Hector Vila
Bishop of Whitehorse