

*Pope Pius XII****The Prolongation of Life***

Address to an International Congress of Anesthesiologists

November 24, 1957

Dr. Bruno Haid, chief of the anesthesia section at the surgery clinic of the University of Innsbruck, has submitted to Us three questions on medical morals treating the subject known as "resuscitation" [*la réanimation*].

We are pleased, gentlemen, to grant this request, which shows your great awareness of professional duties, and your will to solve in the light of the principles of the Gospel the delicate problems that confront you.

**Problems of Anesthesiology**

According to Dr. Haid's statement, modern anesthesiology deals not only with problems of analgesia and anesthesia properly so-called, but also with those of "resuscitation." This is the name given in medicine, and especially in anesthesiology, to the technique which makes possible the remedying of certain occurrences which seriously threaten human life, especially asphyxia, which formerly, when modern anesthetizing equipment was not yet available, would stop the heartbeat and bring about death in a few minutes. The task of the anesthesiologist has therefore extended to acute respiratory difficulties, provoked by strangulation or by open wounds of the chest. The anesthesiologist intervenes to prevent asphyxia resulting from the internal obstruction of breathing passages by the contents of the stomach or by drowning, to remedy total or partial respiratory paralysis in cases of serious tetanus, of poliomyelitis, of poisoning by gas, sedatives, or alcoholic intoxication, or even in cases of paralysis of the central respiratory apparatus caused by serious trauma of the brain.

**The Practice of "Resuscitation"**

In the practice of resuscitation and in the treatment of persons who have suffered head wounds, and sometimes in the case of persons who have undergone brain surgery or of those who have suffered trauma of the brain through anoxia and remain in a state of deep unconsciousness, there arise

a number of questions that concern medical morality and involve the principles of the philosophy of nature even more than those of analgesia.

It happens at times—as in the aforementioned cases of accidents and illnesses, the treatment of which offers reasonable hope of success—that the anesthesiologist can improve the general condition of patients who suffer from a serious lesion of the brain and whose situation at first might seem desperate. He restores breathing either through manual intervention or with the help of special instruments, clears the breathing passages, and provides for the artificial feeding of the patient.

Thanks to this treatment, and especially through the administration of oxygen by means of artificial respiration, a failing blood circulation picks up again and the appearance of the patient improves, sometimes very quickly, to such an extent that the anesthesiologist himself, or any other doctor who, trusting his experience, would have given up all hope, maintains a slight hope that spontaneous breathing will be restored. The family usually considers this improvement an astonishing result and is grateful to the doctor.

If the lesion of the brain is so serious that the patient will very probably, and even most certainly, not survive, the anesthesiologist is then led to ask himself the distressing question as to the value and meaning of the resuscitation processes. As an immediate measure he will apply artificial respiration by intubation and by aspiration of the respiratory tract; he is then in a safer position and has more time to decide what further must be done. But he can find himself in a delicate position, if the family considers that the efforts he has taken are improper and opposes them. In most cases this situation arises, not at the beginning of resuscitation attempts, but when the patient's condition, after a slight improvement at first, remains stationary and it becomes clear that only automatic artificial respiration is keeping him alive. The question then arises if one must, or if one can, continue the resuscitation process despite the fact that the soul may already have left the body.

The solution to this problem, already difficult in itself, becomes even more difficult when the family—themselves Catholic perhaps—insist that the doctor in charge, especially the anesthesiologist, remove the artificial respiration apparatus in order to allow the patient, who is already virtually dead, to pass away in peace.

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## A Fundamental Problem

Out of this situation there arises a question that is fundamental from the point of view of religion and the philosophy of nature. When, according to Christian faith, has death occurred in patients on whom modern methods of resuscitation have been used? Is Extreme Unction valid, at least as long as one can perceive heartbeats, even if the vital functions properly so-called have already disappeared, and if life depends only on the functioning of the artificial respiration apparatus?

### Three Questions

The problems that arise in the modern practice of resuscitation can therefore be formulated in three questions:

First, does one have the right, or is one even under the obligation, to use modern artificial-respiration equipment in all cases, even those which, in the doctor's judgment, are completely hopeless?

Second, does one have the right, or is one under obligation, to remove the artificial-respiration apparatus when, after several days, the state of deep unconsciousness does not improve if, when it is removed, blood circulation will stop within a few minutes? What must be done in this case if the family of the patient, who has already received the last sacraments, urges the doctor to remove the apparatus? Is Extreme Unction still valid at this time?

Third, must a patient plunged into unconsciousness through central paralysis, but whose life—that is to say, blood circulation—is maintained through artificial respiration, and in whom there is no improvement after several days, be considered *de facto* or even *de jure* dead? Must one not wait for blood circulation to stop, in spite of the artificial respiration, before considering him dead?

### Basic Principles

We shall willingly answer these three questions. But before examining them, We would like to set forth the principles that will allow formulation of the answer.

Natural reason and Christian morals say that man (and whoever is entrusted with the task of taking care of his fellowman) has the right and the duty in case of serious illness to take the necessary treatment for the preservation of life and health. This duty that one has toward himself, toward God, toward the human community, and in most cases toward certain determined persons, derives from well-ordered charity, from submission to the Creator, from social justice and even from strict justice, as well as from devotion toward one's family.

But normally one is held to use only ordinary means—according to circumstances of persons, places, times, and culture—that is to say, means that do not involve any grave burden for oneself or another. A more strict obligation would be too burdensome for most men and would render the attainment of the higher, more important good too difficult. Life, health, all temporal activities are in fact subordinated to spiritual ends.

On the other hand, one is not forbidden to take more than the strictly necessary steps to preserve life and health, as long as he does not fail in some more serious duty.

### Administration of the Sacraments

Where the administration of sacraments to an unconscious man is concerned, the answer is drawn from the doctrine and practice of the Church which, for its part, follows the Lord's will as its rule of action. Sacraments are meant, by virtue of divine institution, for men of this world who are in the course of their earthly life, and, except for baptism itself, presupposed prior baptism of the recipient. He who is not a man, who is not yet a man, or is no longer a man, cannot receive the sacraments. Furthermore, if someone expresses his refusal, the sacraments cannot be administered to him against his will. God compels no one to accept sacramental grace.

When it is not known whether a person fulfills the necessary conditions for valid reception of the sacraments, an effort must be made to solve the doubt. If this effort fails, the sacrament will be conferred under at least a tacit condition (with the phrase *Si capax est*, "If you are capable," which is the broadest condition). Sacraments are instituted by Christ for men in order to save their souls. Therefore, in cases of extreme necessity, the Church tries extreme solutions in order to give man sacramental grace and assistance.

### The Fact of Death

The question of the fact of death and that of verifying the fact itself (*de facto*) or its legal authenticity (*de jure*) have, because of their consequences, even in the field of morals and of religion, an even greater importance. What We have just said about the presupposed essential elements for the valid reception of a sacrament has shown this. But the importance of the question extends also to effects in matters of inheritance, marriage and matrimonial processes, benefices (vacancy of a benefice), and to many other questions of private and social life.

It remains for the doctor, and especially the anesthesiologist, to give a clear and precise definition of "death" and the "moment of death" of a patient who passes away in a state of unconsciousness. Here one can accept the usual concept of complete and final separation of the soul from the body; but in practice one must take into account the lack of precision of the terms "body" and "separation." One can put aside the possibility of a person being buried alive, for removal of the artificial respiration apparatus must necessarily bring about stoppage of blood circulation and therefore death within a few minutes.

In case of insoluble doubt, one can resort to presumptions of law and of fact. In general, it will be necessary to presume that life remains, because there is involved here a fundamental right received from the Creator, and it is necessary to prove with certainty that it has been lost.

We shall now pass to the solution of the particular questions.

### A Doctor's Rights and Duties

1. Does the anesthesiologist have the right, or is he bound, in all cases of deep unconsciousness, even in those that are considered to be completely hopeless in the opinion of the competent doctor, to use modern artificial respiration apparatus, even against the will of the family?

In ordinary cases one will grant that the anesthesiologist has the right to act in this manner, but he is not bound to do so, unless this becomes the only way of fulfilling another certain moral duty.

The rights and duties of the doctor are correlative to those of the patient. The doctor, in fact, has no separate or independent right where the patient is concerned. In general he can take action only if the patient explicitly or implicitly, directly or indirectly, gives him permission. The technique of resuscitation which concerns us here does not contain anything immoral in itself. Therefore the patient, if he were capable of making a personal decision, could lawfully use it and, consequently, give the doctor permission to use it. On the other hand, since these forms of treatment go beyond the ordinary means to which one is bound, it cannot be held that there is an obligation to use them nor, consequently, that one is bound to give the doctor permission to use them.

The rights and duties of the family depend in general upon the presumed will of the unconscious patient if he is of age and *sui juris*. Where the proper and independent duty of the family is concerned, they are usually bound only to the use of ordinary means.

Consequently, if it appears that the attempt at resuscitation constitutes in reality such a burden for the family that one cannot in all conscience impose it upon them, they can lawfully insist that the doctor should discontinue these attempts, and the doctor can lawfully comply. There is not involved here a case of direct disposal of the life of the patient, nor of euthanasia in any way: this would never be licit. Even when it causes the arrest of circulation, the interruption of attempts at resuscitation is never more than an indirect cause of the cessation of life, and one must apply in this case the principle of double effect and of "*voluntarium in causa*."

### Extreme Unction

2. We have, therefore, already answered the second question in essence: "Can the doctor remove the artificial respiration apparatus before the blood circulation has come to a complete stop? Can he do this, at least, when the patient has already received Extreme Unction? Is this Extreme Unction valid when it is administered at the moment when circulation ceases, or even after?"

We must give an affirmative answer to the first part of this question, as We have already explained. If Extreme Unction has not yet been administered, one must seek to prolong respiration until this has been done. But as far as concerns

the validity of Extreme Unction at the moment when blood circulation stops completely or even after this moment, it is impossible to answer "yes" or "no."

If, as in the opinion of doctors, this complete cessation of circulation means a sure separation of the soul from the body, even if particular organs go on functioning, Extreme Unction would certainly not be valid, for the recipient would certainly not be a man anymore. And this is an indispensable condition for the reception of the sacraments.

If, on the other hand, doctors are of the opinion that the separation of the soul from the body is doubtful, and that this doubt cannot be solved, the validity of Extreme Unction is also doubtful. But, applying her usual rules: "The sacraments are for men" and "In case of extreme measures" the Church allows the sacrament to be administered conditionally in respect to the sacramental sign.

### When Is One "Dead"?

3. "When the blood circulation and the life of a patient who is deeply unconscious because of a central paralysis are maintained only through artificial respiration, and no improvement is noted after a few days, at what time does the Catholic Church consider the patient 'dead' or when must he be declared dead according to natural law (questions *de facto* and *de jure*)?"

(Has death already occurred after grave trauma of the brain, which has provoked deep unconsciousness and central breathing paralysis, the fatal consequences of which have nevertheless been retarded by artificial respiration? Or does it occur, according to the present opinion of doctors, only when there is complete arrest of circulation despite prolonged artificial respiration?)

Where the verification of the fact in particular cases is concerned, the answer cannot be deduced from any religious and moral principle and, under this aspect, does not fall within the competence of the Church. Until an answer can be given, the question must remain open. But considerations of a general nature allow us to believe that human life continues for as long as its vital functions—distinguished from the simple life of organs—manifest themselves spontaneously or even with the help of artificial processes. A great number of these cases are the object of insoluble doubt, and must be dealt with according to the presumptions of law and of fact of which We have spoken.

May these explanations guide you and enlighten you when you must solve delicate questions arising in the practice of your profession. As a token of divine favors which We call upon you and all those who are dear to you, We heartily grant you Our Apostolic Blessing.

*CATHOLIC  
HEALTH CARE ETHICS  
A MANUAL FOR PRACTITIONERS*

*Second Edition*

*Edited by Edward J. Furton  
with Peter J. Cataldo and Albert S. Moraczewski, O.P.*

*Foreword by Edmund D. Pellegrino, M.D.*

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