

Comment

Feed the man dying of hunger, because if you do not feed him you are killing him.
Gratian, *Decretum* (c 1140)

On 15 April 1989 Anthony Bland, a seventeen year-old football fan, went off to support Liverpool, his favourite team playing away at the Hillsborough ground. A few hours later he was admitted to hospital suffering from crushed and punctured lungs which had interrupted the oxygen supply to his brain causing irreversible brain damage. He suffers from what is known as a persistent vegetative state. Medical opinion asserts that although his eyes are open, he cannot see, he cannot hear, taste or smell. He cannot speak or communicate in any way, although he does display some reflex action in response to painful stimuli. His brain stem remains alive whilst that part of the brain necessary for consciousness and thinking has ceased to function. During this ordeal, in the midst of which he has received the dedicated care of the medical staff of the Airedale Hospital and the heroic devotion and love of his family, he has continued to breathe unaided and to be able to digest food. In a series of cases heard before Sir Stephen Brown in the High Court, before the Court of Appeal presided over by the Master of the Rolls, and finally in the House of Lords, it has been argued that since there is no prospect of recovery for Tony Bland, and whether or not the burdens of his medical treatment outweigh the benefit to him, that medical treatment should now cease. The judgements given in these cases so far have all determined in favour of this view. Do we have reason to be disturbed ?

What is being proposed is that the provision of food and water to Tony, by means of a nasogastric tube, be withdrawn. Tony will die from hunger and thirst. Previous experience in the United States has demonstrated that patients in such a position show signs of extreme distress which in turn causes further distress to those who care for them. Tony will therefore be sedated to ensure that the whole process will be as 'dignified' as possible. This, in itself, suggests a deep discomfort on the part of those who advocate the withdrawal of nutrition and hydration. A key note in the evidence presented to the court, and a point that was taken up in all of the various judgements, was that Tony was no longer there. He had, in fact, already died several years before and what he had experienced since was mere 'biological' existence. Sir Stephen Brown, in a most extraordinary utterance, declared that 'to his parents and family he is "dead". His spirit has left him and all that remains is the shell of his body.' It could be asked what the hospital staff thought they were doing for the previous three years. If Tony is no longer there then why go to the continued trouble of providing him with ordinary nursing care ? Might it

not be that, no matter how the judgements are formulated, those involved in this case cannot eradicate the belief that they are dealing with a living human being and that the denial of food and water to a suffering brother or sister violates one of the deepest human instincts ?

It is difficult to get to the *ratio* of the various judgements, but the courts appear to have determined that artificial feeding and hydration are medical treatments, but whether or not they are such still they may be withdrawn in this case. However, in cases such as Tony's, the arguments soon shift from questions as to the worthwhileness of the treatment to those of the value of the patient's life. This is one of the main questions left hanging in the air by these judgements. We may ask: is it appropriate that doctors should allow their judgement as to the 'value' or quality of a patient's life to determine their decision as to the continuance or not of treatment?

In his judgement in the Court of Appeal, Lord Justice Hoffman stated that the continuance of medical treatment 'will keep him (Tony) alive but will not restore him to having a life in any sense at all.' The judgements throughout the conduct of this case were shot through with a remarkable dualism, sometimes expressed in the crudest of terms. Does it not seem odd to propose a basic biological substratum onto which certain 'human' functions are grafted thus constituting the organism a human person? It is opinions like these that have led some American medical ethical experts to suggest that permanently unconscious, or 'brain dead' individuals, should be regarded as 'humanoid animals'. The Catholic tradition states that we are our bodies; en fleshed spirits; enspirited bodies, our bodies express, manifest and reveal our souls. Moreover, it is a principle enshrined in English law that living human beings are persons irrespective of the extent to which they demonstrate intellectual, emotional, conscious activities.

In a recent letter to *The Tablet*, Father Kevin Kelly pointed out that Catholic teaching on this matter has not yet been precisely determined. It is indeed true that there is a wide divergence of opinion amongst Catholic moralists on the questions raised by this case. However, that is no reason for retaining such discussion within the circle of experts. Neither does it mean that no answer is possible to such questions. The widest possible public debate should take place on this issue touching as it does on: the value of human life, the rights of patients, the duties of doctors, the allocation of health resources and the matter of organ transplants. We should ask ourselves what it will mean for the civilised fabric of our society if the care, concern, compassion and generosity shown to Tony Bland in these last agonising three years should no longer feature in care of the sick ? What kind of society will we become if we forget the wisdom of our tradition and the basic instincts of our common humanity?

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