

Medically Assisted Nutrition and Hydration

When A Patient is Actively Dying

In the Catholic tradition, providing a patient with nutrition and hydration, even by medical means, is considered part of the normal care due to the sick person. For this reason, there is, in principle, a moral obligation to provide patients with medically assisted nutrition and hydration when they have need of it. However, **there is no moral obligation to provide medically assisted nutrition and hydration if it will not work to prolong the patient's life or if it would be excessively burdensome for the patient.**

As pointed out in the *Ethical and Religious Directives for Catholic Health Care Services*, this holds true for someone who is actively dying: "For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort." (no. 58)

In fact, there is evidence that patients who are allowed to die without assisted nutrition and hydration may die more

comfortably. The natural process of dehydration can have beneficial effects

for the patient. Dehydration can reduce swelling and increase comfort in a patient suffering from edema (swelling of the body caused by excess body fluids) or ascites (fluid in the abdominal cavity). Cough and congestion may be lessened because secretions in the lungs are diminished. A dehydrated person has less urine output so that problems with incontinence are lessened. Since there is less fluid in the gastrointestinal tract with dehydration, a patient may experience a decrease in nausea, vomiting, bloating, and regurgitation. Indeed, dehydration leads to death in ways that produce a sedative effect on the brain just before death, decreasing the need for pain medication.

Sources

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