

**ADDRESS OF HIS HOLINESS POPE PIUS XII  
ON THREE QUESTIONS OF MEDICAL MORALITY  
RELATED TO RESUSCITATION\***

***Sunday, November 24, 1957***

Dr. Bruno Haid, head of the Anaesthesia Section at the University Surgical Clinic Innsbruck, has asked us three questions of medical morality related to what is known as "resuscitation". We are pleased, gentlemen, to respond to this desire, which shows your high awareness of your professional duties and your willingness to solve the delicate problems that are posed to you in the light of the principles of the Gospel.

According to Dr. Haid's presentation, modern anesthesiology is concerned not only with the problems of analgesia and anesthesia proper, but also with "resuscitation." This is the name given in medicine, and particularly in anesthesiology, to the technique capable of remedying certain incidents that seriously threaten human life, and in particular asphyxia, which before, when the means of modern anesthesiology were not available, led in a few minutes to the arrest of the heart and death. The task of the anesthesiologist extends, therefore, to acute breathing difficulties, caused by strangulation or conditioned by open thoracic-pulmonary lesions; It intervenes to prevent asphyxia due to internal obstruction of the airway by stomach contents or by drowning, to remedy total or partial respiratory paralysis in cases of severe tetanus, infantile paralysis, gas poisoning, hypnotics or drunkenness, or even in cases of central respiratory paralysis caused by severe head trauma.

When resuscitation and treatment are practiced for those who suffer from cranial injuries, and sometimes among those who have undergone brain surgery or those who have suffered brain trauma due to anoxia and remain submerged in profound unconsciousness, questions arise that are of interest to medical morality and that bring into play the principles of natural philosophy rather than those of analgesia. Thus it happens that the anesthesiologist can, as in the accidents and diseases indicated above, and whose treatment offers sufficient probabilities of success, improve the general condition of patients who suffer serious brain injury and whose case seemed from the beginning hopeless. This also restores breathing, either by manual intervention or with the help of special devices; it frees the airways and provides artificial feeding for the patient. Thanks to this therapy, in particular by the administration of oxygen, by means of artificial respiration, the circulation that was almost extinguished is recovered and the patient's appearance improves, sometimes so rapidly that the anesthesiologist or any other doctor who, relying on his experience, has abandoned the case, begins to entertain a slight hope of seeing spontaneous breathing restored. The family generally considers this improvement to be a surprising result, which they usually attribute to the doctor.

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If the brain injury is so severe that it is very likely, and even practically certain, that the patient will not survive, the anesthesiologist is faced with the agonizing question of the value and meaning of resuscitation maneuvers. To gain time and make more confident decisions further, he or she should immediately apply artificial respiration with intubation and airway clearance. But he may then find himself in a delicate situation if the family considers these efforts inconvenient and does not agree to them. Most of the time this occurs not at the beginning of resuscitation attempts, but when the patient's condition, after a slight improvement, does not progress and when it is clear that only automatic artificial respiration keeps him alive. He then asks himself whether the attempt at resuscitation should or can be continued, even though the soul may have already left the body.

The solution to this problem, already difficult in itself, becomes even more difficult when the family – Catholic perhaps – urges the family doctor, and particularly the anesthesiologist, to remove the artificial respirator in order to allow the patient, already virtually dead, to end up in peace. From this derives a fundamental question from the religious point of view and for the philosophy of nature; According to the Christian faith, when does death occur in the case of patients for whom modern resuscitation procedures have been used? Is extreme unction valid, at least as long as a cardiac action can be verified, even if the vital functions themselves have already disappeared and if life depends only on the functioning of a respiratory system?

The problems that arise in the modern practice of resuscitation can therefore be formulated in three questions: Is there a right or even an obligation to use modern artificial respiration devices in all cases, even in those that, in the opinion of the doctor, are considered to be completely desperate? Secondly, do you have the right or obligation to remove the respiratory system when, after several days, the state of profound unconsciousness does not improve, while if you do not do with it, circulation will stop in a few minutes? What should be done in this case if the family of the patient who has received the last sacraments urges the doctor to remove the device? Is last rites still valid at this time? Thirdly, should a patient who falls into unconsciousness through central paralysis, but in whom life, i.e., blood circulation, is maintained by artificial respiration and without any improvement after several days, should he be regarded as "de facto" or also "de jure" dead? Is it not necessary to wait to consider him as dead until the blood circulation stops in spite of artificial respiration?

We will answer these three questions very willingly; but before examining them, we would like to set out the principles that will allow the answer to be formulated.

Natural reason and Christian morality say that man (and anyone who is charged with caring for his fellow man) has the right and duty, in case of serious illness, to take the necessary measures to preserve life and health. This duty that he has towards himself, towards God, towards the

human community and most often towards specific persons, derives from well-ordered charity, submission to the Creator, social justice and even strict justice, as well as from piety towards the family. But it usually requires only the use of ordinary means (according to the circumstances of persons, places, times, culture), that is, means that do not impose any extraordinary burden on oneself or on another. A more severe obligation would be too heavy for most men and would make it more difficult to acquire more important higher goods. Life, health, all temporal activity are in fact subordinated to spiritual ends. On the other hand, it is not forbidden to do more than is strictly necessary to preserve life and health, provided that one does not fail in more serious duties.

As for the fact of administering the sacraments to a man who is immersed in unconsciousness, the answer is deduced from the doctrine and practice of the Church, which, for her part, follows the Lord's will as a rule of action. The sacraments are destined, by virtue of the divine institution, to the men of this world during the duration of their earthly life, and, with the exception of baptism itself, they presuppose baptism in the one who receives them. Anything that is not a human being, is not yet a human being, or is no longer a human being, cannot receive the sacraments. On the other hand, if someone expresses his refusal, they cannot be administered against his will. God does not force anyone to accept sacramental grace. If it is not known when someone meets the conditions required to validly receive the sacrament, it is necessary to try to resolve the doubt. If this is not achieved, the sacrament will be conferred under condition, at least tacit (with the clause "si capax est", which is the broadest). The sacraments have been instituted by Christ for men, in order to save their souls; moreover, in case of extreme necessity, the Church tests the ultimate solutions for communicating grace and sacramental aid to a man.

The question of the fact of death and of verification, whether de facto or juridical authenticity (de jure), has an even longer scope, even in the field of morality and religion, for its consequences. What we have just said about the essential presumptions of the valid reception of a sacrament proves this. But the importance of the fact also extends to the effects on inheritance, to the question of marriage and matrimonial proceedings, to the question of benefits and to many other aspects of private and social life.

It is the task of the physician, and particularly of the anesthesiologist, to give a clear and precise definition of the "death" and the "moment of death" of a patient who dies in a state of unconsciousness. To this end, the usual concept of complete and definitive separation of soul and body can be restored. But in practice the imprecision of the terms "body" and "separation" will be taken into account. The possibility of a man being buried alive can be neglected, since the removal of the respiratory system must, after a few minutes, cause the arrest of circulation and, consequently, death. En caso de duda insoluble se puede recurrir también a las presunciones de derecho y de hecho. En general, se resolverá por la de la permanencia de la vida, ya que se trata de un derecho fundamental recibido del Creador y del que es preciso probar con certeza que se ha perdido.

We now turn to the solution of the particular questions.

1. Does the anesthesiologist have the right or even the obligation in all cases of profound unconsciousness, even in those who are completely desperate, in the opinion of a competent doctor, to use modern breathing apparatus, even against the will of the family?

In ordinary cases it will be conceded that the anesthesiologist has the right to do so, but is under no obligation to do so, unless it is the only means of satisfying another certain moral duty, since the rights and duties of the physician are correlative to those of the patient. The doctor, in fact, has no separate or independent right with respect to the patient; In general, he can only act if the patient explicitly or implicitly authorizes him (directly or indirectly). The resuscitation technique in question here contains nothing immoral in itself, since the patient — if he is capable of personal decision — could use it lawfully and, consequently, give the doctor's authorization. On the other hand, since these forms of treatment go beyond the ordinary means to which one is obliged to resort, it cannot be maintained that it is compulsory to use them and, consequently, to give the doctor's authorization.

The rights and duties of the family, in general, depend on the will, which is presumed, of the unconscious patient, if he is older and "sui juris".

As for the proper and independent duty of the family, it usually requires only the use of ordinary means. If, therefore, it appears that the attempt at resuscitation is in fact a burden on the family that cannot be imposed on it in conscience, it may lawfully insist that the doctor cease its attempts, and the latter may lawfully agree to it. In this case there is no direct disposition of the patient's life, nor euthanasia, which would never be licit; Even if it does not entail the cessation of blood circulation, the interruption of attempts at resuscitation is never more than indirectly the cause of the paralysis of life, and the principle of double effect and that of 'voluntarium in causa' must be applied in this case.

2. Thus, we have already answered in essence the second question: "Can the doctor remove the respiratory system before the definitive cessation of circulation occurs? Can he do it, at least, when the patient has already received the last rites? Is this valid when it is administered at the time when circulation is stopped or even later?"

The first part of this question must be answered in the affirmative, as We have already explained. If extreme unction has not been administered, breathing should be prolonged until it can be carried out. As for knowing whether the last rites are valid at the time of the definitive cessation of traffic or even after this, it is impossible to answer with a "yes" or a "no". If this definitive paralysis means, in the opinion of physicians, the certain separation of soul and body, even if certain particular organs continue to function, extreme unction will certainly be invalid, since the one who receives it has ceased to be a man, since this is an indispensable condition for the reception of the sacraments. If, on the other hand, doctors consider that the separation

of body and soul is doubtful and that the doubt cannot be resolved, the validity of last rites is also doubtful.

But by applying its usual rules: "The sacraments are for men" and "In case of extreme necessity extreme measures will be attempted", the Church allows the sacrament to be administered, always under condition, out of respect for the sacramental sign.

3. When the blood circulation and life of a patient, profoundly unconscious because of central paralysis, are maintained only by artificial respiration, without any improvement manifesting itself after a few days, at what point does the Catholic Church consider the patient as "dead" or when, according to natural laws, must she declare him "dead" (a question "de facto" and "de jure")?

(Is death already manifested after the severe head injury, which has caused profound unconsciousness and central respiratory paralysis, the immediately fatal consequences of which could have been retarded by artificial respiration, or does it occur, according to the present opinion of physicians, only after the definitive paralysis of circulation, despite prolonged artificial respiration?)

As regards the verification of the fact in particular cases, the answer cannot be deduced from any religious and moral principle, and in this respect it does not belong to the competence of the Church. She waits; it does not close. Although considerations of a general order allow us to believe that human life continues as long as its vital functions – unlike the simple life of the organs – manifest themselves spontaneously or even through the help of artificial procedures. A good number of cases are the subject of an insoluble doubt and must be dealt with according to the presumptions of factual law of which we have spoken.

May these explanations guide and enlighten you as you attempt to resolve the delicate questions that arise in the practice of your profession. As a pledge of the divine favors that We ask for you and for all those who are dear to you, We wholeheartedly grant you Our Apostolic Blessing.

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The Holy See