ORDINARY MEANS – EXTRAORDINARY MEANS: A VALID DISTINCTION?
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“Cancer, is it a gift to me from God? Jesus during his ministry was an implacable foe of illness and death, finally breaking their power in us, over us, by taking them upon himself in his death and resurrection. I will take all palliative care available and use all ordinary medical and prayer means. I trust someone to ‘pull the plug’ when the means reach the level of being ‘extraordinary’. After all, we do believe in the resurrection.”

Farewell Thoughts and Reflections to Family, Parishioners and Friends

In May of this year I conducted Clergy Study Days in bioethics and moral theology for the clergy of Palmerston North and Auckland Dioceses. The days were enjoyable and thought provoking as we sought to gain an overview of the issues in bioethics and the impact they have on people’s lives. One recurring issue concerning care at the end of life is the validity, or not, of the classical distinction between ordinary means and extraordinary means of care.

A participant in the Clergy Study Day at Palmerston North was Monsignor Brian McAloon. The topic of ordinary-extraordinary means was to become particularly significant for him. Within a week of the study day he was diagnosed as being terminally ill. Upon diagnosis he contacted The Nathaniel Centre to seek advice about ordinary and extraordinary means and on communicating his wishes for palliative care.

The distinction between ordinary and extraordinary means of treatment comes from a 1957 address to the International Congress of Anesthesiologists, by Pope Pius XII. This distinction has a very rich history in the Catholic manuals of moral theology. As scientific advances multiplied the medical possibilities for prolonging life, the theological and ethical questions as to what extent medical means should be employed at the end of life became increasingly relevant.[1] In 1951 the medico-moralist, Gerard Kelly, was among the first to define these terms:

“Ordinary means” are all medicines, treatments, and operations, which offer a reasonable hope of benefit and which can be obtained and used without excessive expense, pain, or other inconvenience. “Extraordinary means” are all medicines, treatments, and operations, which cannot be obtained or used without excessive expense, pain, or other inconvenience, or which, if used, would not offer a reasonable hope of benefit.[2]

Pope Pius XII clarified these terms, when he said:

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 people and would render the attainment of the higher, more important good too difficult. [3]

The “higher goal” Pope Pius XII speaks of is eternal life. God is the giver of all life and we only ever hold this precious gift of life in trust for a certain time. Monsignor Brian McAloon had such an understanding of the gift of life when he spoke of taking “all palliative care available” and using only ordinary medical means to preserve his life. He expands his understanding of “ordinary means” when he
writes: “I certainly would like to be healed. But that is not essential to my happiness. Is the cancer a grace? Yes! Is it going too far to say that it is a gift to me from God? Already in these early days it has come home forcefully to me that I am not my own creator. God brought me from non-being into existence. My continued existence is not for me to decide or ensure. Instead of seeing my life as running down I see it as mounting up to a transcendent encounter beyond imagining.”

Nevertheless, the use of the term “ordinary” is ambiguous. One usage of “ordinary” is primarily descriptive and not immediately moral. This may be called the “medical” use of the term. It refers to those treatments commonly held to be appropriate for most. Here the term “ordinary” approximates to “normal” or “usual”.

The term “ordinary” is also used in a directly moral sense. That is, ordinary means are means which are “ordinary” for this particular patient in this particular situation - such means provide benefit and do not impose undue burdens for this patient. To avoid this ambiguity between the terms “normal” and “ordinary” the term “proportionate” is proposed by some writers. These writers speak about what is proportionate to this patient’s particular circumstances.

Within the Catholic moral tradition, the application of the distinction between ordinary and extraordinary means relies on a consideration of the burdensomeness, but also, and together with, the possible benefit of the treatment. Pope Pius XII clearly tied the judgement of ordinary means to the capacities of the person. Judgement is reached by assessing the burdensomeness of the treatment as well as the possible hope of benefit to the patient in his or her particular circumstances. That is why the categorical listing of every and all means offering proportionate benefits in all circumstances is an impossible task, and why a desire for such comprehensiveness interprets the principle of ordinary means in an excessively rigid manner. The latter approach fails to understand this principle as a general moral norm that pertains to beneficence [to do the good] and nonmaleficence [first do no harm].

The 1980 Declaration on Euthanasia reaffirms the obligation to use ordinary means in preserving life. It also notes that, because the distinction between ordinary and extraordinary is not always clear, judgement must be tied to the circumstances of a particular case.

In the past, moralists replied that one is never obliged to use ‘extraordinary’ means. This reply, which still holds good, is perhaps less clear today, by reason of the imprecision of the term and the rapid progress in the treatment of sickness. Thus, some people prefer to speak of ‘proportionate’ and ‘disproportionate’ means. In any case, it will be possible to make a correct judgement as to the means by studying the type of treatment to be used, its degree of complexity or risk, its cost and the possibilities of using it, and comparing these elements with the result that can be expected, taking into account the state of the sick person and his or her physical and moral resources.\(^4\)

The duty to conserve life is an extension of the fundamental Christian belief that life is a gift from God over which we have limited dominion. Consequently, to interpret the statement of Pope Pius XII correctly, it is not only necessary to ‘weigh up’ the benefits and burdens according to the patient’s explicit situation, but, more importantly, to relate these benefits and burdens to the purpose or ultimate meaning of the individual’s life. Thus it becomes necessary to ‘demarcate’ the limits of the obligation to keep oneself alive.

Such a demarcation, resting as it does on the notion that life is a gift from God, recognises that the realisation and flowering of human freedom paradoxically involves the acceptance of limits. Trust in God enables us to be shaped by hope grounded in gratitude rather than by a desire to control, and this becomes the basis for dealing with the inevitable reality of death. Failure to recognise limits is a form of vitalism, the desire to hold onto life at all costs. Such limits are fundamentally
recognized by the hospice philosophy of care because it refuses to reduce death to an effort made by medical science to put death off as long as possible.

To conclude, the application of the distinction between ordinary and extraordinary means must be enfleshed in care that takes into account the particular circumstances of the patient. Pointless treatment, by definition, occurs when there is a fundamental hiatus between the values of the medically indicated treatment and their benefit to the patient in his or her particular circumstances. The distinction between ordinary and extraordinary means, when correctly understood, can provide the healthcare professional, the patient and their family, with insight into what constitutes virtuous and compassionate care at the end of life. Not only does the distinction remain valid it also represents a practical expression of hope and trust in God.

For Monsignor Brian McAloon, the process of dying allowed him to express his deep gratitude to God and his family and friends for the gift of life and for his priestly ministry. That is why he would not allow unduly burdensome treatment to interfere with this process of gratitude and farewell.

I am at peace and deeply grateful for the life God has given me – my forty-five years of priesthood have been rich in variety and human friendship … I remember what a retreat director told me, “God is going to ask, ‘Did you enjoy the life I gave you?’” My personal answer to God will be an unequivocal “Yes.”

The Nathaniel Centre express their deep gratitude to the family of Monsignor Brian McAloon for their permission to use extracts from Brian’s, “Farewell Thoughts and Reflections to Family, Parishioners and Friends.”


