

Statement of the Diocesan Committee on Bioethics regarding the Report of the Law Reform Commission of Hong Kong on Substitute Decision Making and Advance Directives in relation to Medical Treatment

The Law Reform Commission of Hong Kong issued a Report on Substitute Decision Making and Advance Directives in relation to Medical Treatment on 16th August 2006. It recommends that the concept of advance directives should be promoted initially by non-legislative means. The Committee finds no objection in principle to the concept of advance directives, but fear that opportunities for abuse may arise during its actual use. In particular, the Committee is concerned about one particular form of abuse, namely the abuse of advance directives to become instruments for the implementation of euthanasia. This is not acceptable in our view.

It is with regret that we note the Commission has included artificial nutrition and hydration in the list of life-sustaining treatments which could be refused and then goes on to specify that “Artificial nutrition and hydration means the feeding of food and water to a person through a tube.” We reject the notion that tube feeding is extra-ordinary or disproportionate therapy and repeat the Church’ s teaching that tube feeding is morally obligatory.

“One must always provide ordinary care (including artificial nutrition and hydration), palliative treatment, especially the proper therapy for pain, in a dialogue with the patient which keeps him informed.” (Respect for the Dignity of the Dying, Pontifical Academy for Life, 9 Dec 2000; no 6) “I should like particularly, to underline how the administration of water and food, even when provided by artificial means, always represents a natural means of preserving life, not a medical act. Its use, furthermore, should be considered, in principle, ordinary and proportionate, and as such morally obligatory.” (Speech of John Paul II to the participants at the International Congress “Life Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas” Saturday 20 March 2004) “The possible decision of withdrawing nutrition and hydration, necessarily administered to VS patients in an assisted way, is followed inevitably by the patients’ death as a direct consequence. Therefore, it has to be considered a genuine act of euthanasia by omission, which is morally unacceptable.” (*FIAMC and Pontifical Academy for Life Joint Statement on Vegetative State*, Rome, 24 March 2004, no.10)

教區生命倫理小組對香港法律改革委員會「醫療上的代作決定及預設醫療指示」 報告書的回應

香港法律改革委員會於二零零六年八月十六日發表了「醫療上的代作決定及預設醫療指示」的報告書。法改會建議起初應以非立法方式推廣預設醫療指示這個概念。教區生命倫理小組對預設醫療指示這個概念並沒有原則上的反對，但憂慮實施時存在被濫用的空間。本小組尤其關注預設醫療指示是否會被濫用而變成行使「安樂死」的工具。這是本小組不能接受的。

小組對於法改會把「人工營養及流體餵養」列為「維持生命治療」的決定深表遺憾，亦反對其界定「人工營養及流體餵養指透過導管餵飼食物和水份。」小組重申天主教教理，指透過導管餵飼食物和水份，是一種基本護理程序，病人是有責任接受的。

已故教宗約望保祿二世，二零零四年三月在宗座生命學院和世界天主教醫生協會聯合舉辦，主題為「植物人狀況及延長生命治療」的研討會上，致辭時提醒出席者，用胃喉進行流體餵養或營養，是一種維持生命的基本護理，因此醫務人員在倫理角度上有絕對責任，為病人提供該等護理。研討會後亦發表聲明，批評醫務人員為植物人狀況病人，終止以胃喉進行流體餵養或營養，因而導致其死亡，是一種被動式安樂死行為，在倫理角度上是絕對不能接受的。