# Why Physicians Must Not Give Food and Water To Every Patient

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Surely one of the most perplexing and troubling ethical issues for many health care workers and family members today is the controversy surrounding the artificial provision of food and water for severely obtunded and unconscious patients. A developing body of case law suggests that such interventions are to be viewed in the same manner as other medical treatments, ie, they can be withheld or withdrawn in some cases.[1,2] In addition, a growing body of literature argues it is also proper at times to either withhold or withdraw food and water.[3–5] The reasons favoring such actions are based both on (1) the principle of respect for autonomy, which holds that patients have a right to refuse any and all treatments, including artificially administered hydration and nutrition, and (2) the principle of beneficence, which holds that there are times when the most appropriate way to promote the patient's best interests[3] is to withhold or withdraw food and water. In the first instance artificially administered food and water can be considered medical treatment comparable to oxygen support, and in the second, such medical interventions can increase pain and suffering for some patients.

These arguments, however, are not convincing for many health care professionals, as well as friends and families of patients, who must face the agonizing decision of terminating such basic life necessities as food and water. To justify an action is one thing; to perform it is another. The issue is troubling not so much intellectually as it is emotionally. There is no more basic compassionate response than to give food to the hungry and water to the thirsty; to deny a person these basic needs seems unusually heartless, giving emotional force to arguments that administering food and water, regardless of the manner in which they are administered, constitutes basic human care rather than medical treatment.[6] As such, food and water are not considered to be subject to either respect for autonomy-based claims of a right to refuse medical treatment or beneficence-based claims of do no harm. Rather, it is claimed that there is a more basic obligation to feed the hungry and give water to the thirsty. When certain crucial distinctions are noted, however, such a response can be shown to be inappropriate.

Under normal circumstances we must give food to the hungry and water to the thirsty. Yet in such circumstances the obligation is to *offer* food and water. But patients who must be force-fed present an exceptional circumstance. In such cases health care workers are not *offering* food and water; they are *forcing* patients to have nourishment and hydration infused into their bodies. Such forcing, if mandatory, as some maintain,[6] translates into an obligation on the part of patients to eat.

On what basis can such an obligation be legally established in our society, as it must be, since the action in question is not voluntary? If the patient's or proxy's desires have no bearing on the decision to give nourishment, which the advocate of mandatory feeding and eating must maintain, then some legal basis for such an obligation must exist. The most likely appeal, that death will result from not feeding, is not persuasive. Given the well-established legal right in our country to be allowed to die when our death does not sufficiently harm the interests of others,[7,8] there is no good legal reason the same right should not hold for at least some patients who need artificially administered nutrition and hydration to sustain life. Hence, no reason is sufficient to force nourishment and hydration on all patients.

As there is no absolute legal obligation to eat, there cannot be an absolute legal obligation for health care workers to force-feed all people who do not eat. Some may wish not to be force-fed and express those wishes clearly and unambiguously through advance directives. Just as we could not enter their home and force them to eat, we should not enter their hospital room and do the same.

Critics of my thesis might respond that the issue is not a mere legal issue, but rather an institutional and professional policy issue that speaks to the core values of the health care professions. Of course, professional values play a crucial role. But such values as respect for life not only embrace health care professionals, they also have an im-

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pact on patients. When patients do not share their caretakers' values, it is improper to force those values on them, which force feeding would do. For good reasons or bad, there is in our society a legal freedom to be allowed to die that should protect at least some patients from force-feeding. Health professionals and family members who disagree can certainly dissent from the legal standards, but they should not do so in a way that forces an unwilling and dependent patient to be fed. Just because they think withholding nutrition and hydration is wrong is no reason to force the patient to eat and thus live. Other, more appropriate means of dissent should be pursued.

Proponents of universal force-feeding misconstrue the strict duty to offer food and water as a strict duty to eat and drink. They fail to note that the duty to offer food and water can be discharged without resorting to force-feeding. Should we *offer* food and water? Of course; to do so is only humane and respectful. By the same token, however, it is also humane and respectful to preserve a patient's right to refuse our offer. Physicians, nurses, and hospitals must always stand ready to give, that is, they should be prepared to offer, and if the offer is accepted, to provide artificially administered food and water. But offering to give is not the same as forcing to eat. At least some patients must always be allowed, by means of advanced directives such as living wills or the substituted judgment standard of proxy consent, to either accept or decline the offer. In view of the absence of any strict legal obligation to *breathe* by means of a respirator, it is not clear why there should be a strict universal obligation to eat.

Perceived in this manner, the decision to withhold or withdraw hydration and nutrition need not be as emotionally burdensome as many undoubtedly find it to be. The basic question health care providers and family members should ask themselves is not whether they must nourish all patients. Rather, they must ask whether they should respect the wishes of the patient to decline the offer to be nourished. No doubt the emotional burden of thinking one has starved another to death is overwhelming. If one realizes, however, that death instead results from the patient declining the offer to provide nourishment, the emotional burden is lightened. Of course it is painful when others ask someone to do things for them that that person finds difficult to carry through. Yet close relationships often involve such painful choices. It is important to remember this and to realize that, since one remains willing to offer nourishment, honoring a patient's refusal of an offer to nourish in no way diminishes one's commitment to care. Instead, it places that commitment within its proper bounds and thereby preserves the patient's ability to die with the same dignity enjoyed by countless other patients.

### References


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