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Title: Moral problems concerning nutrition and hydration of terminally ill patients in futile therapy

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In my role as a doctor at the Department of Cardiology at the Military Hospital in Cracow, I meet patients who have already undergone treatment and are now in the care phase. These patients are terminally ill and their causal treatment was discontinued. The care provided ensures their comfort and allows them to die with dignity. However, there is a question as to whether, when care is provided, some of its procedures, such as artificial nutrition and hydration, become persistent therapy at a certain point in time. The objective of the present study was to determine when this might occur.

The research was initiated with an examination of the Church documents. The analysis identified three scenarios under which nutritional procedures become persistent therapy. The first scenario involves excessive costs that would be borne by the entire population. This was not included in the study due to Poland's economic development. The second scenario involves complete dysfunction of the digestive tract. Finally, the last scenario is when the use of such procedures would cause additional pain or suffering to the terminally ill patient. The remainder of the paper explores the ethical and medical implications of the last two scenarios.

The subsequent chapter examined the ethical approaches of three leading bioethicists. The two extreme positions presented by David Bleich and Peter Singer were rejected as contrary to the Church teaching. The view of Edmund D. Pellegrino was adopted as the ethics presenting the Church's position. He is most successful in abandoning the medical procedures breakdown into two categories: proportionate/ordinary and disproportionate/extraordinary. The concept of futility is used instead to determine these categories. The criteria used include effectiveness, benefit and burden. The doctor and the patient are involved in determining these criteria.

A practical attempt to translate Edmund D. Pellegrino's ethics, which I present in the next chapter, is the Polish Society of Internal Medicine's position on terminally ill patients dying in hospital. In their guidelines, they detail the steps to be taken to determine which

procedures will become futile therapy. In the process, they take into account not only the doctor and the patient, but also the patient's next of kin, who, in the event that the patient himself is incapable of expressing his opinion, can pass on his previously expressed opinion. The calculation assesses not only the medical goods achievable for the patient, but also the goals personally defined by the terminally ill patient or his or her family. A developed protocol for abandoning futile therapy helps to qualify the procedures. A similar protocol was previously developed by the Polish Society of Anaesthesiology.

In the same chapter, I also analyse the positions of other medical societies towards malnourished patients who require specific nutritional procedures. They describe the specific steps in the process aimed at selecting such a group of patients. These societies also rule that during agony, such procedures should not be used.

Chapter four is an analysis of legal documents and the *Code of Medical Ethics*. Unfortunately, contrary to popular belief that such documents contain detailed descriptions of guidelines, their analysis did not help to determine which artificial nutrition and hydration procedures are futile therapies for terminally ill patients. They do, however, emphasise the central role of the physician as a specialist in his or her field in qualifying medical procedures and determining when complete digestive tract dysfunction occurs or identifying procedures that will cause undue pain or suffering to the terminally ill patient. Therefore, the next chapter dealt with medical topics. First and foremost he outlined the pathophysiology of the digestive tract, which enabled him to identify the moment when the digestive tract loses its functionality. Furthermore, he outlined the technical aspects of artificial nutrition procedures, enabling the differentiation between those that must be employed in each phase of the care taken of the terminally ill and those that can be abandoned.

The final phase of the project involved identifying areas requiring further development. This primarily concerns the development of formation plans for the pastoral care of medical professionals and taking efforts to develop documents defending the conscience clause.