



CONSELHO NACIONAL DE ÉTICA PARA AS CIÊNCIAS DA VIDA
NATIONAL COUNCIL OF ETHICS FOR THE LIFE SCIENCES
Presidency of the Council of Ministers

45/CNECV/05

**OPINION N° 45 OF THE NATIONAL COUNCIL OF ETHICS
FOR THE LIFE SCIENCES**

**OPINION ON THE PERSISTENT
VEGETATIVE STATE**

(February, 2005)



NATIONAL COUNCIL OF ETHICS FOR THE LIFE SCIENCES
Presidency of the Council of Ministers

Taking into consideration that:

- a) the Persistent Vegetative State is a clinical situation and its diagnosis may be reached with an acceptable and reproducible reliability, being different from other situations which also present profound alterations of consciousness, such as the minimally conscious state, or the coma.
- b) that the prognosis can be determined with an acceptable degree of certainty, and is only exceptionally unpredictable.
- c) that the person in a Persistent Vegetative State, although bereft of cognitive activity and of self-awareness, can not be considered to be dead nor in a terminal state.
- d) that supporting the life of a person in a Persistent Vegetative State necessarily depends on artificial feeding and hydration.
- e) that there is no uniform agreement as to whether artificial feeding and hydration in concrete cases are considered to be treatments or simply basic health care.
- f) that there are discrepancies about what, in each particular case, is considered proportionate or disproportionate treatment, in order that uniform solutions may be applied to persons in a Persistent Vegetative State, giving rise to differences of opinion over what, for the concrete case, is considered futile treatment.
- g) that a person in a Persistent Vegetative State retains the dignity intrinsic to the human being, which he or she is.
- h) that it is impossible for the person in a Persistent Vegetative State to make decisions then about his or her health, namely about the beginning or suspension of treatment and life support.
- i) that , if no prior declaration of will exists, the question arises of knowing whether it is in the person's best interest that his or her life be prolonged by continuing medical treatment.

The CNECV is of the opinion that:

1. any analysis of the situation relative to a person in a Persistent Vegetative State should be made with extreme caution and based on a thorough diagnosis of his or her clinical state;



NATIONAL COUNCIL OF ETHICS FOR THE LIFE SCIENCES

Presidency of the Council of Ministers

2. a person in a Persistent Vegetative State has the right to basic health care, which includes artificial feeding and hydration;
3. any decision upon the beginning or suspension of basic health care of the person in a Persistent Vegetative State should respect the will of that person:
4. that will may be expressed or presumed or indicated by a person of trust previously designated by the person in a Persistent Vegetative State;
5. the whole treatment process of a person in a Persistent Vegetative State should involve the entire medical team as well as the close family and/or person of trust previously indicated and presuppose the availability of the information required for the whole decision-making process, taking into consideration the recognisable will of the person in a Persistent Vegetative State within the limits of medical good practice, and taking into account the means in proportion to and which are best suited to the concrete case.
6. consequently, uniform solutions cannot be applied to persons in a Persistent Vegetative State and therefore a judicious assessment should be made in each situation.

Lisbon, 15th February, 2005

Paula Martinho da Silva
President
Conselho Nacional de Ética para as Ciências da Vida
(National Council of Ethics for the Life Sciences)

*This opinion was approved in a plenary session on the 15th February, where the following were present:
Paula Martinho da Silva, António Vaz Carneiro, Daniel Serrão, João Lobo Antunes, Jorge Biscaia, Jorge Soares, José Germano de Sousa, José Oliveira Ascensão, José Pedro Ramos Ascensão, Maria do Céu Patrão Neves, Maria Fernanda Henriques, Michel Renaud, Miguel Oliveira e Silva, Pedro Fevereiro, Salvador Massano Cardoso, Rita Amaral Cabral.*