

Buddhist Bioethical Views on the Issue of Withdrawing Life-sustaining Treatment from PVS Patients

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Abstract

According to *Black's Medical Dictionary*¹, PVS may “occur in patients with severe brain damage. Patients do not display any awareness of their surroundings, and are unable to communicate. Sleep alternates with apparent wakefulness, when some reflexes may be present: for example, patients’ eyes may reflexly follow or respond to sound, their limbs can reflexly withdraw from pain, and their hands can reflexly grope or grasp.” Some PVS patients can breathe spontaneously, and retain normal heart and kidney function, whereas some need to be taken on respirator to help their breathing with pneumonia developing. The chances of regaining consciousness after one year are slim and, even if patients do recover, they are usually left with severe neurological disability.

The ethics of keeping patients alive with artificial support are controversial. In Taiwan, according to the Hospice Palliative Care Regulation (安寧緩和醫療條例), artificial support, including respirators, should not be withdrawn until a diagnosis of terminal illness has been made. To earn much more money from health insurance subsidies on respirators, there are more and more hospitals in Taiwan establish respiratory intensive care unit for PVS patients. Although being willing to release the patients from the long-term suffering, Families of PVS patients can do nothing but succumbing to physician instructions and legal provisions. This paper intend to discuss some questions about the ethical Issue of withdrawing life-sustaining treatment from PVS patients form the Buddhist perspectives.

¹ *Black's Medical Dictionary*, 42nd Edition. , A & C Black Publishers Ltd.
http://www.credoreference.com/entry/blackmed/persistent_vegetative_state_pvs.