

## Foreword

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The miracles of modern medicine have created scenarios where persons with clinical conditions previously considered “fatal” and/or “permanent” have in fact shown recovery. Inherent in aggressive and advanced medical treatment has also been a phenomenon leading to an increased number of persons in such states relying on life-sustaining treatments. In many cases, such patients remain dependent on these life-sustaining treatments for years. Possibly, one of the most dramatic examples of such a clinical scenario is the vegetative state (VS), a clinical condition that occurs when an individual, following a cerebral insult either through an event such as trauma or anoxia or by means of a neurodegenerative disorder, enters a neurological state marked by periods of wakefulness and arousal but without associated demonstrable awareness/consciousness.

There is extensive debate as to whether assisted nutrition and hydration (ANH) should be withdrawn from patients in VS, permanent or otherwise. Many clinicians and bioethicists, equating ANH with medical treatment, think prolonged ANH, when the chances of recovery are minimal, should be regarded as offensive to human dignity. Any individual, these clinicians argue, would hypothetically be entitled to refuse ANH should they become necessary in the future. For those who have not left advance directives, a magistrate or a legal guardian would have the duty to make provisions. For many others, instead, nutrition and hydration, although assisted, are considered part of the basic, ordinary care required to respect the fundamentally human right to live. Accordingly, some hold the position that no one has the right to deliberately hasten the death of a person due to the opinion that the individual’s life is of “insufficient quality”. There are those who believe there is the risk that clinical judgment may be overcome by other considerations and, in the future, other clinical conditions could be labeled as resulting in an “insufficient quality of life,” thereby promoting measures to end the lives of such individuals.

The International Congress on “Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas” was held in Rome in March of 2004. This international meeting provided a forum for

presenting some of the most recent scientific, bioethical and religious views on VS and related states, as well as the many controversies surrounding them. The meeting served as a wonderful opportunity for discussing ethical problems in the clinical decision-making process integrating passionate, multicultural, multiethnic and diverse religious perspectives from the invited international participants. The Congress may also serve as a vehicle for subsequent conferences or international workshops aimed at discussing proposals for advancing our current terminology given the concerns of many scientists and scholars of the scientific merit, appropriateness, and potential pejorativeness of diagnostic phrases such as “vegetative state”.

An extensive record of the lectures and debates, as well as the Papal speech, can be found at [www.vegetativestate.org](http://www.vegetativestate.org), the Congress website. The quality of many of the lectures was so outstanding that we believed that it would be a travesty not to disseminate some of the key information to a larger international audience. Thanks to the collaboration of *NeuroRehabilitation*, we invited a select number of presenters (as well as non-presenters) to address a number of seminal topics from the meeting.

We are confident that this special issue of *NeuroRehabilitation* will provide cutting edge information to many scientists and clinicians interested in this clinical topic. We also aspire for this issue to be a source of anthropological, philosophical and ethical reflection and inspiration to all those who encounter individuals in low-level neurological states. We believe the many dilemmas raised by the medical, religious, ethical and societal response to persons in VS go well beyond the clinical condition itself and have profound implications for the fundamental values in our global society. It is for this reason that we thought it was important to also provide a vehicle, not only for scientific and bioethical reflections, but also for the religious views and tenants of Judeo-Christian thought on the controversial topic of VS and, inherent in that conversation, the controversy of withdrawal and withholding of care. Several articles address these issues, including the address read by Pope John Paul II during the audience granted to the

Congress participants and a paper prepared by Rabbi Elliott Dorff, a highly respected conservative Rabbi and bioethicist, providing Judaic views on the permanent vegetative state and withdrawal of care.

We are very grateful to the authors of this special issue for their collaboration, knowledge, and time. We would also like to acknowledge the publisher for allowing us more space than normally allocated per issue, given the importance of consolidating the information within the confines of a single publication. As editors of this issue, we hope this volume of *NeuroRehabilitation*

will provide readers with new insights and information that will positively impact their clinical practice, as well as create an environment for reflection and introspection regarding the controversies and caveats noted herein.

Sincerely,

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