From last week . . . Comments on cases?

• Part One: Good Shepherd Villa
• Part Two: Patient desiring to return to Catholic Church
• Part Three: Patients and research protocols

From last week . . . Other comments?

– Questions answered by Directives
  – Who are we? Who should we be? (Identity)
  – Healing ministry of Jesus
  – What should we do in light of this? (Integrity)
  – Specific directives of the six parts (more than Parts Four and Five)
– Values that the Directives try to embody
  • May need assistance in interpreting the directives
  • Different conclusions are possible
Ethical and Religious Directives: A Brief Tour

Part Four: Care for the Beginning of Life

Introduction (pp. 23-25/10-11)

* Catholic health care ministry witnesses to the sanctity of human life “from the moment of conception until death”
* Commitment to life includes care of women and children during and after pregnancy and addressing causes of inadequate care

Part Four: Care for the Beginning of Life

* Profound regard for the covenant of marriage and for the family
* Cannot do anything that separates the unitive and procreative aspects of conjugal act
* Reproductive technologies that substitute for marriage act inconsistent with human dignity

PART FOUR: Care for the Beginning of Life

<table>
<thead>
<tr>
<th>VALUE</th>
<th>THEOLOGICAL REFLECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanctity of life</td>
<td>The Church’s commitment to human dignity inspires a concern for the sanctity of human life from conception until natural death</td>
</tr>
<tr>
<td>Respect for Marriage and Family</td>
<td>The Church cannot approve practices that undermine the biological, psychological and moral bonds of marriage and family.</td>
</tr>
<tr>
<td>Respect for the Procreative Act</td>
<td>The Church cannot approve interventions that have the direct purpose of rendering procreation impossible, or separating procreation from intercourse.</td>
</tr>
<tr>
<td>Appropriate Use of Technology</td>
<td>What is technologically possible is not always moral. Reproductive technologies that substitute for the marriage act are not consistent with human dignity.</td>
</tr>
</tbody>
</table>
Ethical and Religious Directives: A Brief Tour

Relation of Values

Sanctity of Life

Key Directives

Directives forbid:

- #45: Direct abortions
- Related areas
  - “Spare” embryos in IVF procedures
  - Stem cell research

Directives permit:

- #47: Indirect abortions (those procedures whose sole immediate purpose is to save the mother’s life, where the death of embryo or fetus is foreseen but unavoidable)

Respect for Marriage/Family

Key Directives

Directives forbid:

- #40: Heterologous fertilization (AID)
- Gestational surrogacy
- Dignitas personae
Respect for Integrity of Intercourse

**Key Directives**

Directives **forbid**:
- #53: Direct sterilization
- #52: Contraceptive practices
- #41: Homologous fertilization (AIH), IVF

Directives **permit**:
- #53: Indirect sterilizations
- #43: Some infertility treatments

Appropriate Use of Technology

**Key Directives**

Directives **forbid**:
- See previous slides

Directives **permit**:
- #50: Prenatal diagnosis
- #54: Genetic screening and counseling

Part Five: Care for the Dying

**Introduction** (pp. 29-30/13-14)

* We face death with the confidence of faith (in eternal life); basis for our hope
* Catholic health care should be a community of respect, love, and support to patients and families
* Relief of pain and suffering are critical
* Medicine must always care
Part Five: Care for the Dying

- Stewardship of and duty to preserve life
  - A limited duty. Why?
    - Human life is sacred and of value, but not absolute
    - Because it is a limited good, duty to preserve it is limited to what is beneficial and reasonable in view of purposes of human life

- Decisions about use of technology made in light of
  - Human dignity
  - Christian meaning of life, suffering and death

- Avoid two extremes
  - Withdrawing technology with intention to cause death (euthanasia)
  - Employing useless or burdensome means (vitalism)

**PART FIVE:** Care for the Dying

<table>
<thead>
<tr>
<th>VALUE</th>
<th>THEOREtical REFLECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stewardship over Human Life</td>
<td>We are not the owners of our lives and hence do not have absolute power over them. We have a duty to preserve life.</td>
</tr>
<tr>
<td>Priority of Care</td>
<td>The task of medicine is to care even when it cannot cure. Such caring involves relief from pain and the suffering caused by it.</td>
</tr>
<tr>
<td>Community of Care</td>
<td>A Catholic health care institution will be a community of respect, love and support to patients and their families as they face the reality of death.</td>
</tr>
<tr>
<td>Respect for the Dying</td>
<td>The use of life-saving technology is judged in the light of the Christian meaning of life, suffering and death. One should avoid two extremes: (1) insistence on useless and burdensome technology even when a patient legitimately wishes to forego it and (2) withdrawal of technology with the intention of causing death.</td>
</tr>
</tbody>
</table>
End of Life Issues: How do we decide?

*Catholic Point of View
  – Care

*U.S. Point of View
  – Autonomy

Part Five: Care for the Dying

Key Directives

* #55: Provide opportunities to prepare for death
* #56: Moral obligation to use proportionate means of preserving life (ordinary means)
* #57: No moral obligation to employ disproportionate or too burdensome treatments (extraordinary means)

Part Five: Care for the Dying

* #59: Respect free and informed decision of patient about forgoing treatment
* #61: Appropriateness of good pain management, even where death may be indirectly hastened through use of analgesics
* #60: Euthanasia and physician-assisted suicide are never permitted
* #62-66: Encourage appropriate use of tissue and organ donation
Nutrition and Hydration (#58)

- # 58: Presumption in favor of nutrition and hydration as long as it is of sufficient benefit to outweigh burdens
- This directive will likely be changed at the November meeting of the USCCB

PART SIX: Forming New Partnerships

<table>
<thead>
<tr>
<th>VALUE</th>
<th>THEOLOGICAL REFLECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value-based Collaboration</td>
<td>New partnerships can be opportunities for Catholic health care institutions and services to witness to their religious and ethical commitments and so influence the Church’s social teaching.</td>
</tr>
<tr>
<td>Ethical Challenges</td>
<td>New partnerships can pose serious challenges to the viability of the identity of Catholic health care institutions and services.</td>
</tr>
<tr>
<td>Importance of Moral Analysis</td>
<td>The significant challenges that partnerships may pose do not necessarily preclude their possibility on moral grounds - but require that they undergo systematic and objective moral analysis.</td>
</tr>
<tr>
<td>Formal and Material Cooperation</td>
<td>Reliable theologians should be consulted in interpreting and applying principles governing cooperation, with the proviso that, as a rule, Catholic partners should avoid entering into partnerships that involve them in cooperation with wrongdoing.</td>
</tr>
</tbody>
</table>

Part Six: Forming New Partnerships

Introduction (pp. 34-36/15-16)

- Section added with the 1994 revision
- Primarily concerned with “outside the family” (i.e. Catholic health care) arrangements
- Concern: some potential partners engaged in ethical wrongdoing
- How does the Catholic party maintain integrity?
Part Six: Forming New Partnerships

- Former (1994) Appendix omitted: led to misunderstanding and misapplication of principle of cooperation
- Consult reliable theological experts
- Catholic health care organizations should avoid cooperating in wrongdoing as much as possible

Part Six: Forming New Partnerships

Key Directives

- #67: Consult with diocesan bishop or liaison if partnership could have serious impact on the Catholic identity or reputation of the organization, or cause scandal
  - Earlier rather than later
- #68: Proper authorization should be sought (maintain respect for church teaching and authority of diocesan bishop)

Part Six: Forming New Partnerships

- #69: Must limit partnership to what is in accord with the principles governing cooperation, i.e.:
  - Determine whether and how one may be present to the wrongdoing of another
  - To determine whether cooperation is morally permissible, one must analyze the cooperator's intention and action
Part Six: The Principle of Cooperation

- **Intention**: Intending, desiring or approving the wrongdoing is always morally wrong *(formal cooperation)*

- **Action**: Directly participating in the wrongdoing or providing essential conditions for the evil to occur (i.e., the immoral act could not be performed without this cooperation) is morally wrong *(immediate material cooperation)*
  - Material cooperation can be immediate or mediate
  - Mediate material cooperation can be proximate or remote

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Part Six: The Principle of Cooperation

- **Essential conditions** with regard to partnership would include ownership, governance, management, financial benefit, material, and personnel support

- Earlier edition of ERDs permitted immediate material cooperation under situations of *duress*; later understanding articulates that institutions are not subject of duress

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Part Six: The Principle of Cooperation

**Key directives**

- #70: *Forbids* Catholic health care institutions from engaging in *immediate material cooperation* in intrinsically evil actions (e.g., sterilization)
Part Six: Forming New Partnerships

**Key Directives**

* #71: "Scandal" must be considered when applying the principle
  - Scandal does not mean causing moral shock or discomfort
  - It means "leading others into sin"
  - This may foreclose cooperation even if licit
  - It can be avoided by good explanation
  - The bishop has the final responsibility for assessing and addressing scandal

Conclusion (pp. 38/16-17)

* The ERDs are a valuable document for better understanding *who we ought to be* (our identity)
* They also help us to understand *what we ought to do* (our integrity) in light of our identity
* Ultimately, they call upon us to "walk our talk."
* Role of pastoral care