

Part Four of the *Ethical and Religious Directives for Catholic Health Care Services: Care at the Beginning of Life*

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Why Look at the Directives (ERDs)?

- What Catholic health care is *about*—purpose and fundamental value commitments
- How Catholic health care should *be delivered*; sets some basic parameters
- Document to which all in Catholic health care *are accountable*

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Purpose of the Directives

- To affirm ethical standards and norms
- To provide authoritative guidance
- To provide professionals, patients and families with principles and guides for making decisions

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For Whom Are the ERDs Intended?

- Those entrusted with identity and integrity of the ministry and the organization (sponsors and trustees; CEOs)
- Those embodying the mission in day-to-day operations (mission leaders, other administrators, health care professionals, chaplains, other spiritual caregivers)
- Recipients of health care (patients, residents, families, surrogates)

What the Directives Are – And Are Not?

- NOT a recipe book
- NOT a compliance document
- NOT a club (to beat others over the head)
- Rather . . . a limited attempt to answer two questions:
 - Who are we? Who should we be? (Identity)
 - What should we do in light of this? (Integrity)
- And a source of guidance on ethical issues in health care delivery

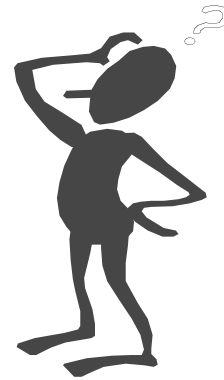
Approaching the ERDs

- Usually requires interpretation and application to concrete situations
- Not exhaustive either of
 - The Church's moral teaching
 - Issues in health care ethics
- One may need assistance in understanding and interpreting
- There will be times when different concrete conclusions are possible

General Introduction: **Who Should We Be?**

The reason for Catholic health care:

- Continuing God's life-giving and healing work
 - By imitating Jesus' service to the sick, suffering, and dying
 - By responding to Jesus' challenge to "Go and do likewise"
 - By carrying on Jesus' radical healing
- "Who should we be" usually articulated in narrative introductions



What Should We Do in Light of This?

- Usually articulated in the numbered directives
- Directives should not be separated from the narrative introductions that contain the "who should we be" material
 - The Introductions articulate "who we should be"
 - The Introductions articulate the values which give meaning to the directives
 - The Introductions thus provide the value context within which to understand the numbered directives
 - Directives articulate what we do in light of who we are

Part Four: Issues in Care for the Beginning of Life: Who should we be?

Introduction

- Catholic health care ministry witnesses to the sanctity of human life “from the moment of conception until natural death”



- Commitment to life includes care of women and children before and after pregnancy and addressing causes of inadequate care

Part Four: Issues in Care for the Beginning of Life Who should we be?

Introduction

- The Church has profound respect for the family, for the marriage covenant, and for the love that binds a married couple together
- For legitimate reasons married couples may limit the number of children by natural means . . .
- . . . but the Church cannot approve anything that separates the unitive and procreative aspects of conjugal act

Part Four: Issues in Care for the Beginning of Life

Who should we be?

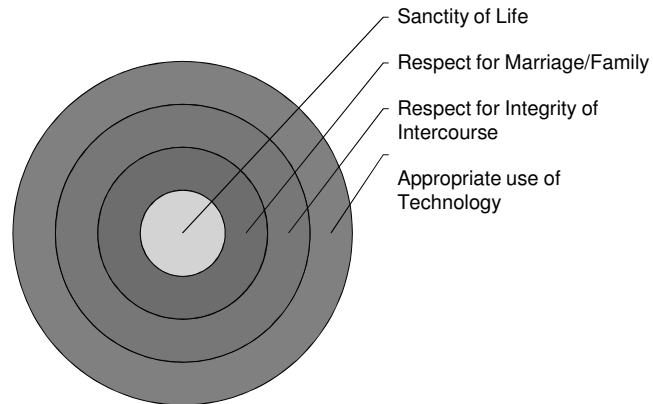
Introduction

- Society has at its disposal new technologies for responding to the problem of infertility
 - Much potential for good
- Reproductive technologies that substitute for marriage act are not consistent with human dignity

Part Four: Issues in Care for the Beginning of Life

VALUE	THEOLOGICAL REFLECTION
Sanctity of life	The Church's commitment to human dignity inspires a concern for the sanctity of human life from conception until natural death
Respect for Marriage and Family	The Church cannot approve practices that undermine the biological, psychological and moral bonds of marriage and family.
Respect for the Procreative Act	The Church cannot approve interventions that have the direct purpose of rendering procreation impossible, or separating procreation from intercourse.
Appropriate Use of Technology	What is technologically possible is not always moral. Reproductive technologies that substitute for the marriage act are not consistent with human dignity.

Relation of Values



What should we do?

Sanctity of Life

Key Directives

Directives forbid:

- **#45:** Direct abortions (every procedure whose sole immediate effect is the termination of pregnancy before viability, whether as end or as means)

Directives permit:

- **#47:** Indirect abortions (those procedures whose direct purpose is the cure of a proportionately serious pathological condition, where the death of fetus is foreseen but not intended)

Ambiguity: Phoenix situation

Phoenix situation

- Known facts of the case
 - 27-year-old woman with history of moderate, well-controlled pulmonary hypertension
 - Visited pulmonologist on October 12 for worsening symptoms
 - Routine pregnancy test revealed a pregnancy (7 ½ weeks)
 - Pulmonologist advised her that safest course was to end the pregnancy
 - About 3 weeks later (November 3), the woman admitted to St. Joseph's Hospital and Medical Center with worsening symptoms
 - Cardiac catheterization: "very severe pulmonary arterial hypertension with profoundly reduced cardiac output"
 - Another physician wrote in the chart: "severe, life-threatening pulmonary hypertension," "right heart failure," and "cardiogenic shock"
 - Chart noted: patient informed that her risk of mortality "approaches 100%," is "near 100%" and is "close to 100%" if she continued the pregnancy
 - D&C performed

Phoenix situation

- Moral analysis – including ambiguities
 - Not life of fetus v. life of mother
 - No longer any chance that the life of fetus could be saved
 - Reason for D&C
 - Placenta, not fetus
 - Added ambiguity
 - Organ health and performing as it should
 - However, normal functioning of an placenta within a diseased network of pulmonary arteries created a lethal situation for both mother and fetus
 - Appropriate use of double effect or immoral direct abortion?
- Importance of communication between medical center and bishop

Other areas where issue of sanctity of life is addressed

- Related to in vitro fertilization procedures
 - “Selective reduction” of multiple pregnancies
 - Embryos produced in vitro are discarded if they have defects
 - Fate of “spare” embryos
 - “...the thousands of abandoned embryos represent a situation of injustice which in fact cannot be resolved” (*Dignitas personae* §19 [published September 8, 2008])
- Related to human embryonic stem cell research
 - Destruction of blastocyst
 - “Use of embryonic stem cell lines presents problems of cooperation in evil and scandal” (*Dignitas personae* §32)

Next week . . .

- In light of who we are, what should we do regarding . . .
 - Respect for marriage and family
 - Respect for integrity of intercourse
 - Appropriate use of technology