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

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)
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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

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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

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<table>
<thead>
<tr>
<th>VALUE</th>
<th>THEOLOGICAL REFLECTION</th>
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</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>
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Relation of Values

Sanctity of Life
Respect for Marriage/Family
Respect for Integrity of Intercourse
Appropriate use of Technology

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

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