Why Should Those in Pastoral Care Look at the Directives?

- What the Directives do –
  - Explain what Catholic health care is **about**—purpose and fundamental value commitments.
  - Suggest how Catholic health care should be **delivered**; sets some basic parameters.
  - Articulate principles to which all in Catholic health care are **accountable**.
Why Should Those in Pastoral Care Look at the Directives?

• As leaders within the health care ministry, Catholic chaplains and others in pastoral care should understand ERDs because
  – Often pastoral care is involved in ethics committees.
  – Chaplains have a responsibility for educating themselves and others about the Directives.
  – Chaplains may be asked to interpret and apply the Directives for physicians, patients and families.
  – Chaplains should be able to direct others to appropriate sections of the Directives.
  – Chaplains should know when they need to refer others for ethical guidance.

What Are the Directives?

• A limited attempt to answer two questions:
  – Who are we? Who should we be? (Identity)
  – What should we do in light of this? (Integrity)
General Format

- **Six parts** covering six major areas of concern in Catholic health care.
  - **Part One**: Social Responsibility
  - **Part Two**: Pastoral Responsibility
  - **Part Three**: Patient/Professional Relationship
  - **Part Four**: Beginning of Life
  - **Part Five**: Care for the Dying
  - **Part Six**: Forming New Partnerships

- **Each part** divided into two sections:
  - **Introduction**: narrative, providing a biblical and theological context. (Catholic Identity)
  - Individually **numbered directives** addressing specific issues. (Integrity in light of Catholic Identity)

Purpose of the Directives (Preamble)

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

- Not an *answer book*—usually requires *interpretation* and *application* to concrete situations
- Not exhaustive either of
  - The church’s moral teaching
  - Issues in health care ethics
- Not a *club* with which to beat others
- May need *assistance* in interpreting the directives
- Different conclusions are possible (but not all conclusions are appropriate)

General Introduction: Who Should We *Be*?

The *reason* for Catholic health care:

- Continuing *God’s life-giving and healing work* (p. 7/4)
- By imitating Jesus’ *service* to the sick, suffering, and dying (pp. 4, 5/3)
- Response to Jesus’ challenge to “*Go and do likewise*” (p. 38/17)
- Carrying on Jesus’ *radical healing* (p.4/3)
General Introduction: Who Should We Be?

- Ought to be Christ’s “healing compassion in the world” (p.38/17)
- Ought to restore and preserve health and serve as a sign of final healing (p. 38/17)
- As a ministry of the church (p. 6/4)

Part One: Social Responsibility

Introduction (pp. 8-9/4-5)

- **Common values** that should distinguish Catholic health care:
  - Human dignity
  - Care for the poor and vulnerable
  - Contribution to the common good
  - Responsible stewardship of resources
  - Consonance with church teaching
### Part One: Social Responsibility

<table>
<thead>
<tr>
<th>VALUE</th>
<th>THEOLOGICAL REFLECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Dignity</td>
<td>Catholic health care is rooted in a commitment to defend human dignity.</td>
</tr>
<tr>
<td>Care of the Poor</td>
<td>Catholic health care is mandated to care for the poor, the uninsured and the underinsured.</td>
</tr>
<tr>
<td>Common Good</td>
<td>Catholic health care contributes to the common good, ensuring protection for fundamental rights of individuals and groups.</td>
</tr>
<tr>
<td>Responsible Stewardship</td>
<td>Catholic health care is concerned both with the quality of care for the individual and with the health of the community.</td>
</tr>
<tr>
<td>Respect for Conscience/Church Teaching</td>
<td>To the extent it is able, Catholic health care respects the individual’s conscience but also asks the individual to respect its institutional conscience.</td>
</tr>
</tbody>
</table>

### United States’ Point of View

- **Rights**
- **Autonomy**
- **Human Dignity**
Point of View of the Ethical and Religious Directives

- Multiplicity of Particular Commitments (Theological Reflection)
- Several Christian Values
- Human Dignity

Catholic Moral Teaching

- Good and Virtuous Society
- Good and Virtuous Persons
- Good and Virtuous Institutions
Why are Institutions part of the Church’s Social Teaching?

If one seeks to influence, shape, direct, heal, elevate, and enrich a complex industrial democracy, it cannot be done simply by the integrity of individual witness. It is done by institutions that lay hands on life at the critical points where life can be injured or fostered, where people are born and die, where they learn and teach, where they are cured and healed, and where they are assisted when in trouble. . . . Institutions always make a difference for good or for ill.

— Fr. J. Bryan Hehir

Ten Building Blocks of Catholic Social Teaching

- Subsidiarity
- Respect for Human Life
- Participation
- Preference For the Poor and Vulnerable
- Solidarity
- Human Dignity
- Stewardship
- Human Equality
- The Common Good
Catholic Social Teaching

• Human Dignity
  – Rights are the conditions for the realization of human worth in action.
  – Area of health care
    • Right
      – to life and bodily integrity
      – to medical care
      – to security in sickness
  » Pope John XXIII, *Pacem in terris*, par 11

• Common Good
  – Sum total of those conditions of social life which allow social groups and their individual members relatively thorough and ready access to their own fulfillment.
  » Pastoral Constitution on the Church in the Modern World, par 26

Part One: Social Responsibility

**Key Directives**

• #1: We are a community of care animated by the Gospel and respectful of the church’s moral tradition.

• #2: We act in a manner characterized by mutual respect among caregivers and serving with compassion of Christ.

• #6: Use health care resources responsibly.
Part One: Social Responsibility

**Key Directives**

- **#7:** Organizations should treat employees *respectfully and justly*.
  - Non-discrimination in hiring.
  - Employee participation in decision-making.
  - Workplace that ensures safety and well-being.
  - Just compensation and benefits.
  - Recognition of right to organize.

- **#3:** Organization should distinguish itself by service to and *advocacy* for *marginalized and vulnerable.*
Part Two: Pastoral and Spiritual Care

- Pastoral care is an **integral part** of Catholic health care.
- Pastoral care encompasses a **full range of spiritual services.**
  - Listening presence
  - Help in dealing with powerlessness, pain, etc.
  - Assistance in discerning and responding to God’s will
- Establish good relationships between pastoral care and parish clergy and ministers of care.

Part Two: Pastoral and Spiritual Care

**Introduction** (pp. 12-13/6-7)

- Catholic health care must treat all in a manner that **respects human dignity** and their eternal destiny; help others experience their own dignity and value.
- Care offered must embrace the **whole person:** physical, psychological, social, and spiritual.
Part Two: Pastoral and Spiritual Care

**VALUE** | **THEOLOGICAL REFLECTION**
--- | ---
Human Dignity | Catholic health care has the responsibility to treat those in need in a way that respects the human dignity and eternal destiny of all.

Holistic Care | Catholic health care institutions are communities of healing that embrace treatment of the physical, psychological, social and spiritual dimensions of the person.

Healing Presence | Catholic health care combines medical expertise with other forms of care to promote health and relieve human suffering.

Diverse Roles and Collaboration | Within the health care institution, clergy, religious and laity exercise diverse but complementary roles in pastoral care. Also, more frequently, the local parish assumes greater involvement in pastoral care both before and after hospitalization.

**Key Directives**

- #15: Addresses *holistic needs* of persons.
- #10: Maintain appropriate *professional preparation* and credentials for staff.
- #10-14, #20-22: Respect proper authorities in each religion or Christian denomination regarding appointments.
Part Two: Pastoral and Spiritual Care

Key Directives

- #10: Addresses the particular religious needs of patients.
- #11, #22: Need to maintain an ecumenical staff or to make appropriate referrals.
- #10, #12-20: Address the sacramental needs of Catholics.

Part Three: Patient/Professional Relationship

Introduction (pp. 17-18/8)

- Grounded in respect for human dignity.
- Requires mutual respect, trust, honesty, and appropriate confidentiality.
- Participatory and collaborative.
- Both parties have responsibilities.
Part Three: Patient/Professional Relationship

<table>
<thead>
<tr>
<th>VALUE</th>
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<tbody>
<tr>
<td>Respect for Persons</td>
<td>Relationship requires mutual respect, honesty and appropriate confidentiality; avoids manipulation, intimidation or condescension.</td>
</tr>
<tr>
<td>Interdependence</td>
<td>Neither professional nor patient acts independently; both participate in healing process.</td>
</tr>
<tr>
<td>Commitment</td>
<td>Fact that there is a team of providers does not alter the personal character of the interaction.</td>
</tr>
<tr>
<td>Professional Ethical Responsibility</td>
<td>Professionals take into account the patient’s convictions and spiritual needs and the moral responsibilities of all concerned, including the institution.</td>
</tr>
</tbody>
</table>

Part Three: Patient/Professional Relationship

- Relationships among Professionals, including chaplains.
  - Catholic health care combines medical expertise with other forms of care to promote health and relieve suffering.
  - Diverse but complementary roles.
- Relationship to other Caregivers
  - Local clergy
  - Parish ministers of care
  - Family
  - Friends
Part Three: Patient/Professional Relationship

**Key Directives**

- #23: *Inherent dignity* of human person must be *respected* and *protected*.
  - Honor patients’ right to *make treatment decisions* (#26 and 27).
  - Importance of *informed consent* (#26 and 27).
  - Encourage and respect *advance directives* (#24).

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Part Three: Patient/Professional Relationship

Key Directives

- Respect choices of **surrogate decision makers** (#25).
- Respect **privacy** and **confidentiality** (#34).
- **Consider the whole person** when deciding about therapeutic interventions (#33).
- **Respect decisions to forego treatment** (#32); distinction between ordinary or proportionate means (morally obligatory) and extraordinary or disproportionate means (morally optional).
- Importance of ethics committees (#37).

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Part Three: Patient/Professional Relationship

Key Directives

- # 36: Provide **compassionate and appropriate care** to victims of **sexual assault**.
  - Cooperate with law enforcement officials.
  - Offer psychological and spiritual support.
  - Offer "accurate medical information."
  - Provide treatment to prevent conception.
    - Pregnancy approach
    - Ovulation approach
Comments?

Questions?

If you wish, you may also send questions that I will answer at the beginning of next week’s webinar. Send them to tnairn@chausa.org