



A Guide through the Ethical and Religious Directives for Chaplains: Parts 4 - 6

December 13, 2012 | National Association of Catholic Chaplains Webinar

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Ethical and Religious Directives for Catholic Health Care Services

Fifth Edition

UNITED STATES CONFERENCE OF CATHOLIC BISHOPS

A Guide through the Ethical and Religious Directives for Chaplains: Parts 4 - 6



From last week . . .

- 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
- Values that the Directives try to embody
- May need assistance in interpreting the directives
- Different conclusions are possible
- May need to refer to professional ethicist

A Guide through the Ethical and Religious Directives for Chaplains: Overview and Parts 1 - 3

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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.



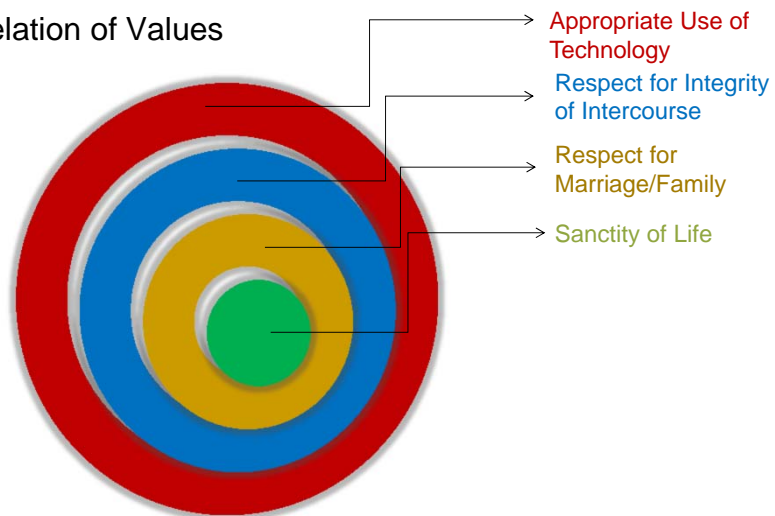
Part Four: Care for the Beginning of Life

- 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

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



Sanctity of Life

Key Directives

Directives **forbid**:

- #45: Direct abortions
- Related areas
 - Fate of “spare” embryos in IVF procedures
 - “The thousands of abandoned embryos represent a situation of injustice which in fact cannot be resolved” (*Dignitas personae*, n.19).
 - 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).
 - Importance of the Principle of Double Effect

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.

Part Five: Care for the Seriously Ill and Dying

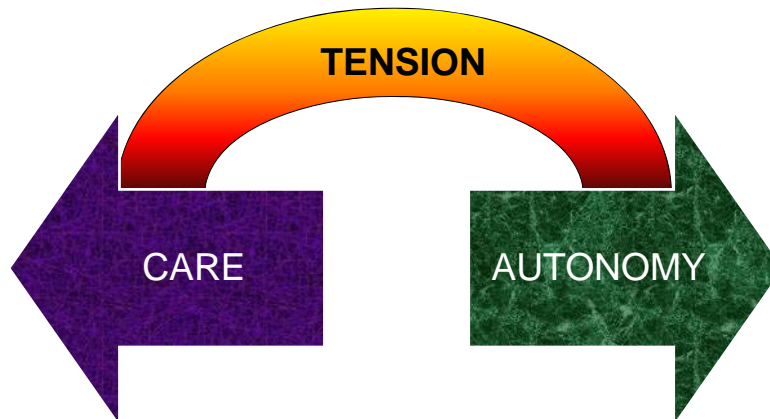
VALUE	THEOLOGICAL REFLECTION
Stewardship over Human Life	We are not the owners of our lives and hence do not have absolute power over them. We have a duty to preserve life.
Priority of Care	The task of medicine is to care even when it cannot cure. Such caring involves relief from pain and the suffering caused by it.
Community of Care	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.
Respect for the Dying	The use of life-sustaining 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.

Part Five: Care for the Seriously Ill and Dying

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



- **Avoid two extremes**
 - Employing useless or burdensome means
 - Withdrawing technology expressly to cause death



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).

Nutrition and Hydration (#58)

- **#58:** Presumption in favor of nutrition and hydration as long as it is of sufficient benefit to outweigh burdens.



- (Medically assisted) nutrition and hydration in principle are ordinary means for one who can reasonably be expected to live indefinitely if given such care.
- (Medically assisted) nutrition and hydration are extraordinary means (and morally optional) when they cannot be reasonably expected to prolong life or when they would be excessively burdensome for the patient or cause significant physical discomfort.

Medically Administered Nutrition and Hydration

Directive #58:

“In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally. This obligation extends to patients in chronic conditions (e.g., the “persistent vegetative state”) who can reasonably be expected to live indefinitely if given such care. Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be ‘excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed.’⁴¹ For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort.”

- ERDs, 5th edition, 2009

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.

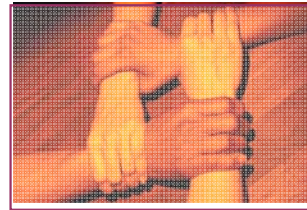
Part Six: Forming New Partnerships

VALUE	THEOLOGICAL REFLECTION
Value-based Collaboration	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.
Ethical Challenges	New partnerships can pose serious challenges to the viability of the identity of Catholic health care institutions and services.
Importance of Moral Analysis	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.
Formal and Material Cooperation	Reliable theological experts 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.

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).

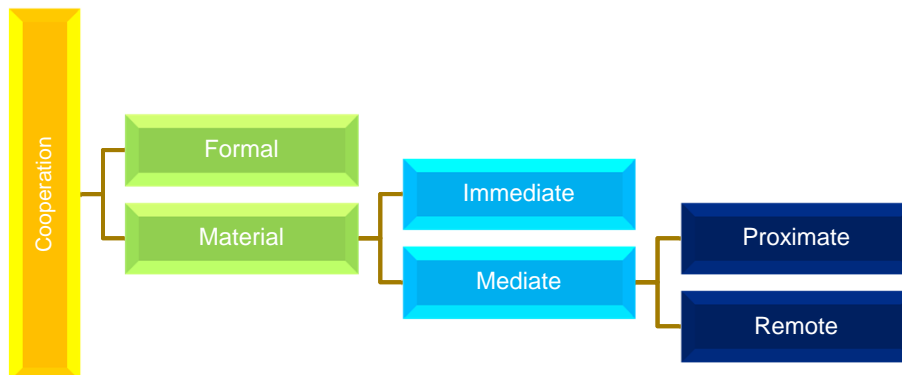
Part Six: Forming New Partnerships

- #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.

Part Six: The Principle of Cooperation



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.

Part Six: Forming New Partnerships

- #72: Periodically, the Catholic partner should **assess** whether the agreement is being properly observed and implemented.



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.

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