



# A Guide through the Ethical and Religious Directives for Chaplains: Part Four - Care for the Beginning of Life

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PRESENTED BY

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Part Four - Care for the Beginning of Life*



## Case

Nancy and Bill are recently married and want to begin their family. There is an extensive history of cystic fibrosis (CF) in both families, however. In fact, both have siblings with CF. In a conversation with one of her friends, Nancy expresses anxiety about having a child with CF. She is very intent about having a "normal" child. If Nancy and Bill both carry the gene for CF, every one of the children they conceive has a 1-in-4 chance of inheriting both aberrant genes and getting cystic fibrosis. There is also a 50% chance that any child will be a carrier of the aberrant gene. As a carrier, that individual could pass the gene on to his or her offspring.

Nancy's friend encourages Nancy and Bill to go for genetic counseling and testing. Nancy seeks the advice of her OB-GYN at St. Raphael's Medical Center, who encourages Nancy and Bill to proceed. He refers them to the Genetics Program at the medical center. They learn that they each carry the gene for cystic fibrosis. They are devastated.

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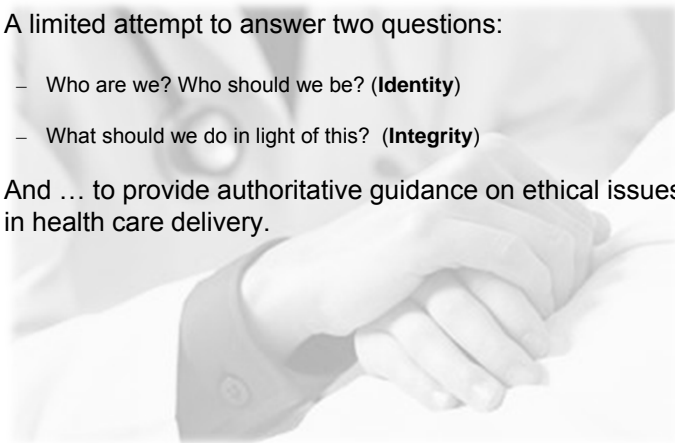
## Case (cont.)

They are also very confused. Given what they were told by the geneticist, they wonder whether they should even conceive, given the risk to a future child. Or should they take the chance (and possibly burden a child with this disease)? Or should they conceive and then undergo prenatal diagnosis to determine whether or not the fetus has the mutation for cystic fibrosis. Nancy, even though Catholic, believes that if the fetus does have CF, there is the option of abortion. Bill is adamantly opposed to abortion, but Nancy thinks it is sometimes justified. Nancy again seeks the advice of her OB-GYN.

Nancy and Bill decide to take the chance. They do conceive. Nancy goes for prenatal diagnosis (amniocentesis in this case). Her fetus has inherited the CF gene from both parents and, hence, will get the disease. Nancy and Bill are now faced with a decision about what to do regarding the pregnancy. They also wonder about their options with regard to future pregnancies—sterilization, artificial insemination by donor, and in vitro fertilization using donor sperm or egg or pre-implantation diagnosis?

## 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**)
- And ... to provide authoritative guidance on ethical issues in health care delivery.



## Part Four: Care at the Beginning of Life

### Introduction (pp. 20-21/10-11)

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



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

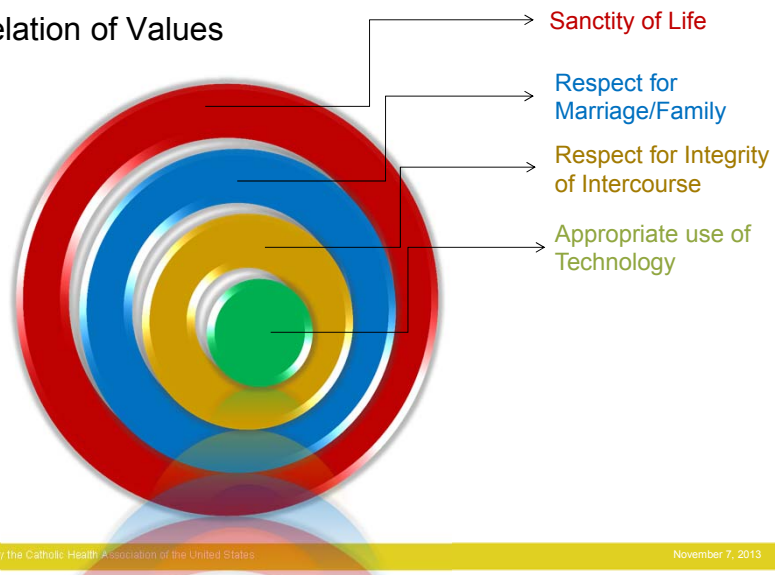
## Part Four: Care at the Beginning of Life

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

## Part Four: Care at 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

- Human Dignity: Conferred Dignity v. Intrinsic Dignity
  - Human persons simply have dignity. They are sacred and precious. Dignity is not granted to persons by the activity of others. Dignity is not bestowed on persons by other persons, by the family or society or the state. Rather, the reality of intrinsic human dignity makes claims on others that it be recognized and respected. The moral imperatives set forth as human rights express the more specific content of these claims. Human dignity, however, is more fundamental than any specific human right.
- Protect the life of the most vulnerable among us
  - Status of the fetus

## Sanctity of Life

- Declaration on Procured Abortion
  - This declaration expressly leaves aside the question of the moment when the spiritual soul is infused. There is not a unanimous tradition on this point and authors are as yet in disagreement. . . . It suffices that the presence of the soul be probable in order that the taking of life involve accepting the risk of killing a person not only waiting but in possession of a soul. (Footnote 19)
- *Evangelium vitae*
  - What is at stake is so important that, from the standpoint of moral obligation, the mere probability that a human person is involved would suffice to justify an absolutely clear prohibition of any intervention aimed at killing a human embryo. § 60

## Sanctity of Life

### ERDs **forbid**:

- Direct abortions
  - “Abortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus) is never permitted. Every procedure whose sole immediate effect is the termination of pregnancy before viability is an abortion, which, in its moral context, includes the interval between conception and implantation of the embryo. Catholic health care institutions are not to provide abortion services, even based upon the principle of material cooperation. In this context, Catholic health care institutions need to be concerned about the danger of scandal in any association with abortion providers. (#45)
- Related areas:
  - “Spare” embryos in IVF procedures
  - Embryonic stem cell research

## Sanctity of Life

- “Spare Embryos”
  - What to do with frozen embryos?
    - Use embryos for research or treatment of disease?
    - Thaw and use for research?
    - Simply thaw and discard?
    - Make them available to infertile couples (“prenatal adoption”)?
  - *Dignitas personae*
    - “...the thousands of abandoned embryos represent a situation of injustice which in fact cannot be resolved.” (§19)
      - There seems to be no morally licit solution regarding the human destiny of thousands of frozen embryos – including “adoption”.
      - Seems to condemn embryo adoption for same reasons it condemns IVF in general and surrogate motherhood even though it acknowledges praiseworthy intentions respecting life. (§19)

## Sanctity of Life

### ERDs **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)
- The Principle of Double Effect
  - The action, independent of its effects, must not be morally wrong;
  - The evil effect must not be intended but merely tolerated;
  - The evil effect must not be a means to the good effect for then it would be intended;
  - There must be a proportionate reason for performing the action in spite of its evil consequences.

## Sanctity of Life

- Extra-uterine pregnancy
  - “In case of extrauterine pregnancy, no intervention is morally licit which constitutes a direct abortion.” Directive 48
    - Salpingectomy
    - Methotrexate
    - Salpingostomy

## Respect for Marriage and Family

“THE CHURCH CANNOT APPROVE MEDICAL PRACTICES THAT UNDERMINE THE BIOLOGICAL, PSYCHOLOGICAL, AND MORAL BONDS ON WHICH THE STRENGTH OF MARRIAGE AND FAMILY DEPENDS.”

➤ Part IV, Introduction

## Respect for Marriage and Family

### **Key Directives**

#### Directives **forbid**:

- **#40**: Heterologous fertilization (AID)
- Gestational surrogacy





## Respect for Integrity of Intercourse

“MARRIAGE AND CONJUGAL LOVE ARE BY THEIR NATURE ORDAINED TOWARD THE BEGETTING AND EDUCATING OF CHILDREN. CHILDREN ARE REALLY THE SUPREME GIFT OF MARRIAGE AND CONTRIBUTE VERY SUBSTANTIALLY TO THE WELFARE OF THEIR PARENTS. . . . PARENTS SHOULD REGARD AS THEIR PROPER MISSION THE TASK OF TRANSMITTING HUMAN LIFE AND EDUCATING THOSE TO WHOM IT HAS BEEN TRANSMITTED. . . . THEY ARE THEREBY COOPERATORS WITH THE LOVE OF GOD, THE CREATOR, AND ARE, SO TO SPEAK, THE INTERPRETERS OF THAT LOVE.”

➤ GAUDIUM ET SPES, § 50

## Respect for Integrity of Intercourse

- Contraception is wrong because . . .
  - Such interventions “either in anticipation of the marital act, or in its accomplishment, or in the development of its natural consequences, have the purpose, whether as an end or a means, to render procreation impossible.”  
➤ *Humanae vitae* § 14
  - Therefore, such interventions “violate the inseparable connection, willed by God, between the two meanings of the conjugal act: the unitive and procreative meaning.”  
➤ *Humanae vitae* § 12

## Respect for Integrity of Intercourse

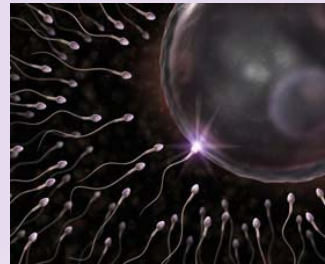
### Key Directives

#### Directives **forbid**:

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

#### Directives **permit**:

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

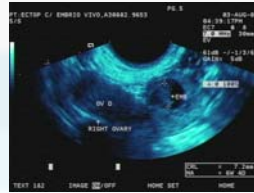


## Respect for Integrity of Intercourse

- HHS Contraceptive mandate
  - USCCB’s concern: Religious liberty for . . .
    - Catholic churches
    - Other Catholic institutions (“Eligible organizations”)
    - Conscientiously-opposed individuals and for-profit employers, whether secular or religious.
  - CHA’s concern: Catholic health care organizations.
    - 2013 Notice of Proposed Rulemaking: Eligible organizations not required to “contract, provide, pay or refer for contraceptive services.”
      - » Religious health care organizations in insured plans: Insurance issuer assumes responsibility upon self-certification by organization.
      - » Self-insured religious health care organizations: Third party administrator contracts with insurer; both receive adjustment of user fees in insurance exchanges.
    - Not what we wanted, but can we live with it?

## Appropriate Use of Technology

- With the advance of the biological and medical sciences, we have at our disposal new technologies to aid in the problems of fertility and infertility.
- Rejoice in the potential for good inherent in many of these technologies.
- But . . . cannot assume that what is technically possible is always morally right.



## Appropriate Use of Technology

### Fear of technologizing of marriage and intercourse

- Child as “gift”
- Child as “commodity”



### Directives **permit**:

- **#50**: Prenatal diagnosis
- **#54**: Some forms of genetic screening and counseling