Objectives

To explain the purpose of the Ethical and Religious Directives for Catholic Health Care Services (ERDs) and relate the directives to the Catholic moral tradition.

To apply the ERDs to typical situations that occur in the health care setting.

To analyze the role of the chaplain in ethical discernment, using the ERDs.

What we will do today . . .

• In light of the objectives just mentioned, give an overview of the Ethical and Religious Directives (ERDs) and explain their relevance for those in pastoral care.

• Analyze the first three parts of the ERDs:
  – Part One: The Social Responsibility of Catholic Health Care Services
  – Part Two: The Pastoral and Spiritual Responsibility of Catholic Health Care
  – Part Three: The Professional-Patient Relationship

• Next week we will concentrate on parts 4-6 of the ERDs.
Why Should Those in Pastoral Care Know about the ERDs?

What the Directives do:

• Explain what Catholic health care is about – its 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:
  – Pastoral care is often involved in ethics committees.
  – Chaplains, therefore, have a responsibility for educating themselves and others about the Directives.
  – Chaplains may be asked to interpret and apply the Directives for physicians, other clinicians, 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 to a professional ethicist for ethical guidance.

What Are the Ethical and Religious Directives?

• A limited attempt to answer two questions:
  – Who are we? Who should we be? (Catholic Identity)
    • Character
  – What should we do in light of this? (Moral Integrity)
    • Behavior
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 moral decisions.

How Does One Approach the ERDs?

- **Not an answer book or recipe book**—usually requires interpretation and application to concrete situations.
- **Not exhaustive** either of
  - The Catholic church’s moral teaching
  - Issues in health care ethics
- **Not a club with which to beat others**.
- One may need **assistance** in interpreting the directives.
- **Different conclusions** are sometimes possible (but not all conclusions are appropriate).
General Introduction: Who Should We Be?

**CATHOLIC IDENTITY**

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)
- Catholic health care is 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 Catholic church teaching
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

The Two Pillars of Catholic Social Teaching

- Human Dignity
- 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
Human Dignity: Conferred Dignity v. Intrinsic Dignity

"The persons who are most vulnerable, particularly in a health care system, are those whose dignity already has been called into question by society before they ever enter the office, clinic, or emergency room – homeless persons, those living with HIV, injection drug users, retarded persons, demented persons, the frail elderly, undocumented aliens, and others. Anyone whose worth has been ascribed to anything other than being a member of the human community is vulnerable. Those whose attributed dignity has been assaulted are most at risk for believing that their own intrinsic dignity has been vanquished. This risk applies, above all to the sick, frail and dying."

The Common Good

"The poor, also the poor in health, are a wealth for the Church. . . . Today’s cultural and social context is rather inclined to hide physical fragility, to regard it only as a problem, which calls for resignation and pietism or at times to reject persons. [Organizations in the Church are] called to be prophetic signs and to go against this worldly logic, the logic of rejection, helping the suffering to be protagonists in society. . . . To foster the real insertion of the sick in the Christian community and to awaken in them a strong sense of belonging is necessary in parishes and associations. It is a question of really appreciating the presence and witness of fragile and suffering persons, not only as recipients of the evangelizing work, but as active subjects of this very apostolic action."

Ten Building Blocks of Catholic Social Teaching

1. Human Dignity
2. Stewardship
3. Human Equality
4. Preferences For the Poor and Vulnerable
5. Solidarity
6. Association
7. Respect for Human Life
8. Participation
9. Subsidiarity
10. The Common Good
A Case . . .

Your new CEO has been charged by the Board to make cost management her number-one-first-year priority. She moved quickly to begin consolidating departments and cutting marginal services to reduce costs. She has avoided a massive layoff, but the selective job eliminations and cost control have had a perceptible impact on employees’ morale as measured by a variety of internal feedback mechanisms, including very visible internal “town hall” forums in which she has been accused of short-changing patient care.

A Case (cont.)

She has just been approached by the city administrator requesting that your facility participate in a summer job program for inner-city youth. The requested positions are unskilled jobs such as basic grounds maintenance, which are not budgeted, in departments where FTE positions have been eliminated through attrition. Your facility’s mission speaks directly to its commitment to improve the health status of the community, and community outreach is one of your organization’s priorities. Additionally, the hospital is already involved in several projects (involving property acquisition and a permit to incinerate toxic biological waste) where the administrator’s and city’s support and approval will be instrumental. The CEO asks for your advice as a pastoral expert.

Part One: Social Responsibility

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<thead>
<tr>
<th>VALUE</th>
<th>THEOLOGICAL REFLECTION</th>
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<tbody>
<tr>
<td>Human Dignity</td>
<td>Catholic health care is rooted in a commitment to defend human dignity.</td>
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<tr>
<td>Care of the Poor</td>
<td>Catholic health care is mandated to care for the poor, the uninsured and the underinsured.</td>
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<tr>
<td>Common Good</td>
<td>Catholic health care contributes to the common good, ensuring protection for fundamental rights of individuals and groups.</td>
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<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>
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<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>
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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**.

• #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.

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.

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.
Part Two: Pastoral and Spiritual Care

**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

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<th>VALUE</th>
<th>THEOLOGICAL REFLECTION</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>
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<tr>
<td>Interdependence</td>
<td>Neither professional nor patient acts independently; both participate in healing process.</td>
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<tr>
<td>Commitment</td>
<td>Fact that there is a team of providers does not alter the personal character of the interaction.</td>
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<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>
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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, especially spouse
  - Friends

Part Three: Patient/Professional Relationship

- Character
- Accountability
- Power
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).

- 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).

- #36: Provide compassionate and appropriate care to victims of sexual assault.
  - Cooperate with law enforcement officers.
  - 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 via e-mail and I will answer them at the beginning of next week’s webinar. Send them to tnaire@chausa.org