the catholic health association

growth

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

National Association of Catholic Chaplains Audioconference

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CHA
THE CATHOLIC HEALTH ASSOCIATION
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From last week . . . Comments on cases?

- Part One: Good Shephard Villa
- Part Two: Patient desiring to return to Catholic Church
- Part Three: Patients and research protocols

From last week . . . Other comments?

- 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 (more than Parts Four and Five)
- Values that the Directives try to embody

- May need assistance in interpreting the directives
- Different conclusions are possible

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

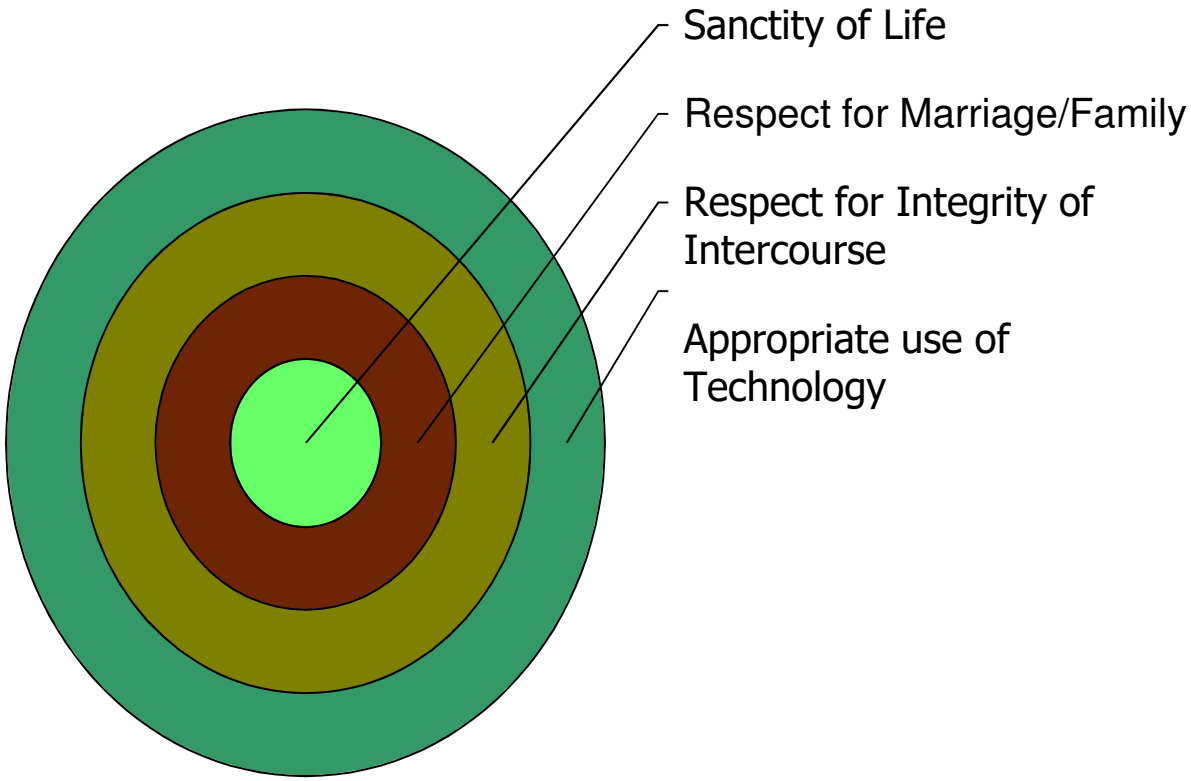
Part Four: Care for the Beginning of Life

- 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
  - "Spare" embryos in IVF procedures
  - 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)

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 Dying

- Decisions about **use of technology** made in light of
  - **Human dignity**
  - **Christian meaning of life, suffering and death**
- **Avoid <u>two</u> extremes**
  - Withdrawing technology with intention to cause death (euthanasia)
  - Employing useless or burdensome means (vitalism)

PART FIVE:
Care for the 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.

End of Life Issues: How do we decide?

- Catholic Point of View
  - Care
- U.S. Point of View
  - Autonomy

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)

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

Nutrition and Hydration (#58)

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

- This directive will likely be changed at the November meeting of the USCCB

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

- **Essential conditions** with regard to partnership would include ownership, governance, management, financial benefit, material, and personnel support
- Earlier edition of ERDs permitted immediate material cooperation under situations of **duress**; later understanding articulates that institutions are not subject of duress

Part Six: The Principle of Cooperation

Key directives

- #70: **Forbids** Catholic health care institutions from engaging in **immediate material cooperation** in intrinsically evil actions (e.g. sterilization)

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