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

National Association of Catholic Chaplains Audioconference

Tom Nairn, O.F.M.
Senior Director, Ethics, CHA

July 8, 2009
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 *covenaunt 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

<table>
<thead>
<tr>
<th>VALUE</th>
<th>THEOLOGICAL REFLECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanctity of life</td>
<td>The Church’s commitment to human dignity inspires a concern for the sanctity of human life from conception until natural death</td>
</tr>
<tr>
<td>Respect for Marriage and Family</td>
<td>The Church cannot approve practices that undermine the biological, psychological and moral bonds of marriage and family.</td>
</tr>
<tr>
<td>Respect for the Procreative Act</td>
<td>The Church cannot approve interventions that have the direct purpose of rendering procreation impossible, or separating procreation from intercourse.</td>
</tr>
<tr>
<td>Appropriate Use of Technology</td>
<td>What is technologically possible is not always moral. Reproductive technologies that substitute for the marriage act are not consistent with human dignity.</td>
</tr>
</tbody>
</table>
Relation of Values

Sanctity of Life

Respect for Marriage/Family

Respect for Integrity of Intercourse

Appropriate use of Technology
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 two extremes
  - Withdrawing technology with intention to cause death (euthanasia)
  - Employing useless or burdensome means (vitalism)
PART FIVE: Care for the Dying

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

<table>
<thead>
<tr>
<th>VALUE</th>
<th>THEOLOGICAL REFLECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value-based Collaboration</td>
<td>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.</td>
</tr>
<tr>
<td>Ethical Challenges</td>
<td>New partnerships can pose serious challenges to the viability of the identity of Catholic health care institutions and services.</td>
</tr>
<tr>
<td>Importance of Moral Analysis</td>
<td>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.</td>
</tr>
<tr>
<td>Formal and Material Cooperation</td>
<td>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.</td>
</tr>
</tbody>
</table>
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