

ASSEMBLY 2018



What Trustees Should Know About Clinical Ethics: Parts III, IV, V of the ERDs

**Foundational Seminar for Catholic Health Governance
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FR. CHARLIE BOUCHARD, O.P., S.T.D.
Senior Director, Theology and Ethics
Catholic Health Association

NATHANIEL BLANTON HIBNER, PH.D.(C)
Director, Ethics
Catholic Health Association

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2. Organization as Provider and the role of the Board of Trustees
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4. ERDs, Part IV: Ethical Issues in Care for the Beginning of Life
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Ethical and Religious Directives for Catholic Health Care Services

Fifth Edition

UNITED STATES CONFERENCE OF CATHOLIC BISHOPS

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Preamble

Health care in the United States is marked by extraordinary change. Not only is there continuing change in clinical practice due to technological advances, but the health care system in the United States is being challenged by both institutional and social factors as well. At the same time, there are a number of developments within the Catholic Church affecting the ecclesial mission of health care. Among these are significant changes in religious orders and congregations, the increased involvement of lay men and women, a heightened awareness of the Church's social role in the world, and developments in moral theology since the Second Vatican Council. A contemporary understanding of the Catholic health care ministry must take into account the new challenges presented by transitions both in the Church and in American society.

Throughout the centuries, with the aid of other sciences, a body of moral principles has emerged that expresses the Church's teaching on medical and moral matters and has proven to be pertinent and applicable to the ever-changing circumstances of health care and its delivery. In response to today's challenges, these same moral principles of Catholic teaching provide the rationale and direction for this revision of the *Ethical and Religious Directives for Catholic Health Care Services*.

Three Realms of Ethics



Three Realms of Ethics: Organization as Provider

Virtuous Individual ↔ Clinical Ethics

Virtuous Institution ↔ Organizational Ethics

Virtuous Society ↔ Social Ethics

Organization as *Provider*

- Catholic health care institution
 - Responsibilities outlined in ERDs
 - Community that provides care to those in need of it (Directive #1)
 - Distinguished by service to and advocacy for marginalized and vulnerable (Directive #3)

A photograph showing a male doctor in a white lab coat and stethoscope on the left, smiling and looking towards an elderly male patient on the right. The patient is wearing a light blue shirt and a blue vest. They are in a clinical setting, possibly a doctor's office. The doctor is holding a piece of paper. The background is slightly blurred, showing a desk and a chair.

Part III Patient – Professional Relationship

Organization as Provider: Integrity and Part III of ERDs

Introduction

- Human dignity
- Mutual respect, trust, honesty and appropriate confidentiality
- Collaboration
- Interdependence between professionals and patients



Key Directives

- #23: Inherent **dignity** of human person must be **respected and protected**
 - Honor patients' right to **make treatment decisions** (Nos. 26 and 27)
 - Respect **informed consent** (Nos. 26 and 27)
 - Encourage and respect **advance directives** (#24)

- Respect choices of surrogate decision makers (#25)
- Respect privacy and confidentiality (#34)
- Consider 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)

- # 36: Provide compassionate and appropriate care to victims of sexual assault
 - Cooperate with law enforcement officials
 - Offer psychological and spiritual support
 - Offer accurate medical information
 - Provide treatment to prevent conception

Part IV
Care for the
Beginning of Life



Organization as Provider: Integrity and Part IV of ERDs

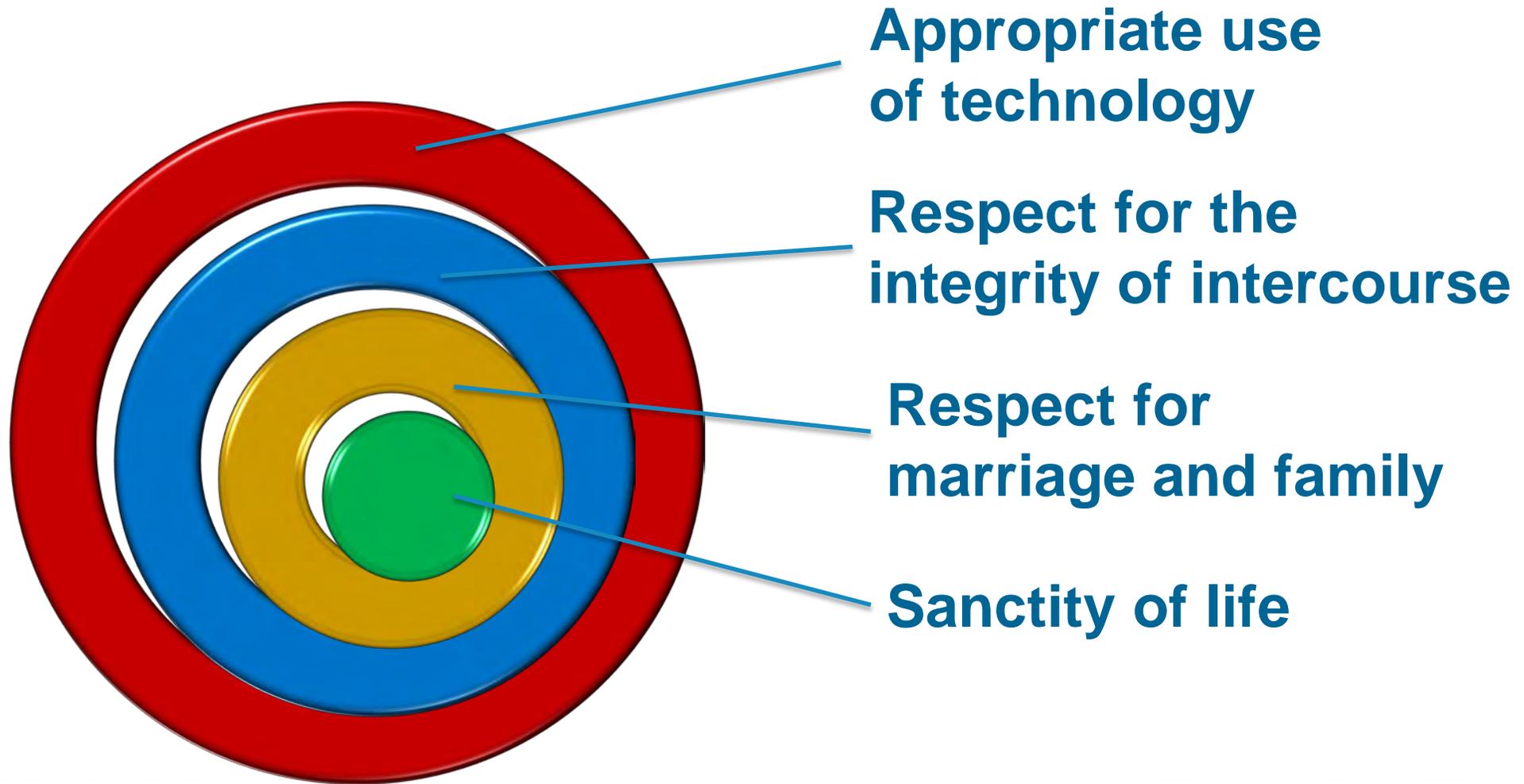
Introduction

Sanctity of human life “from the moment of conception until natural death”



Includes caring for women and children before, during and after pregnancy

Values of Part IV



Sanctity of Life

Key Directives

- #45: No direct abortions
- Related areas:
 - “Spare” embryos in IVF procedures
 - Human embryonic stem cell research
- #47: Indirect abortions permitted
 - Sole immediate purpose = save the mother’s life
 - Death of embryo or fetus is foreseen but unavoidable)



Respect for Marriage/Family

Key Directives

- #40: No donor gametes
- No gestational surrogacy



Respect for Integrity of Intercourse

Key Directives

- #53: No Direct sterilization
- #52: No Contraceptive practices
- #41: No artificial insemination, IVF

Directives **permit**:

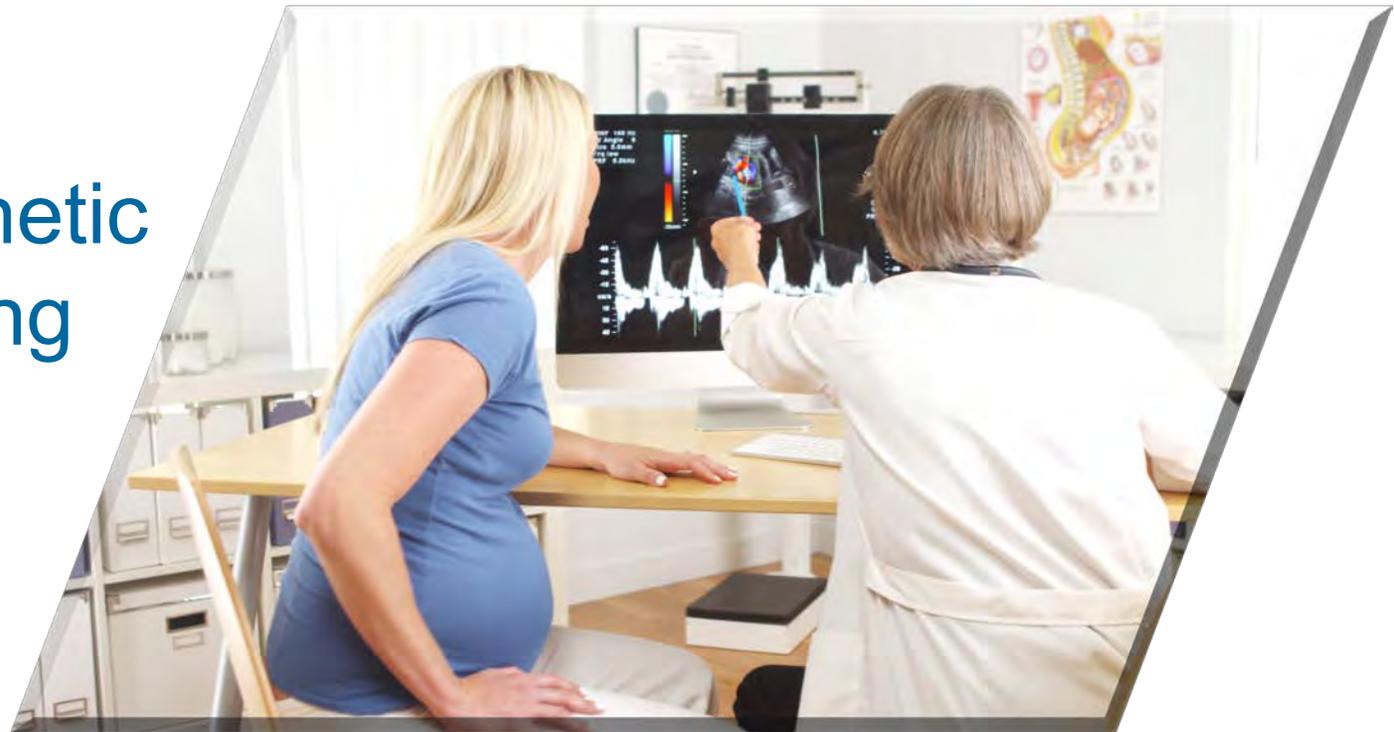
- #53: Indirect sterilizations
- #43: Some infertility treatments



Appropriate Use of Technology

Directives **permit**:

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





Part V
Caring for the
Seriously Ill
and Dying

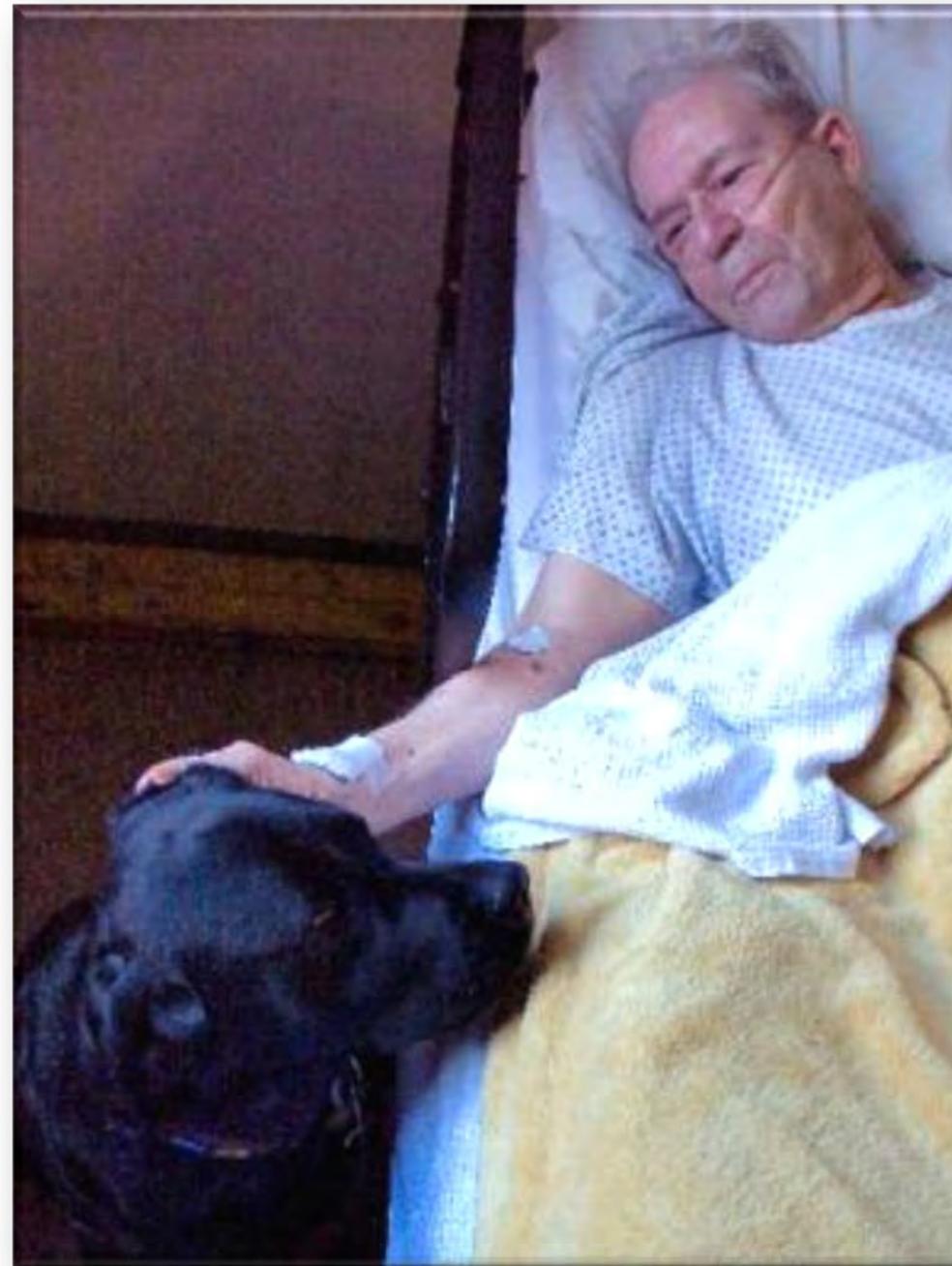
Organization as Provider: Integrity and Part V of ERDs

Introduction



- We face death with the confidence of faith in eternal life.
- Community of respect, love and support to patients and families
- Relief of pain and suffering are critical.
- Medicine must always care.

- Stewardship and duty to preserve life
 - Limited duty
 - Limited to what is beneficial and reasonable
 - “. . . taking into account the needs of others and the common good” (CCC #2288)



- Decisions about use of life-extending 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

Key Directives

- #55: Opportunities to prepare for death
- #56: Use proportionate means of preserving life
- #57 No moral obligation to use disproportionate or too burdensome treatments



- #59: Respect the free and informed decision of patient about forgoing treatment
- #61: Need for good pain management, even where death may be indirectly hastened
- #60: Euthanasia and physician-assisted suicide are not permitted
- #62-66: Encourage tissue and organ donation





- #58: Presumption in favor of nutrition and hydration as long as benefit outweighs 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 is 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.

Three Realms of Ethics



Interdependence

- Remember – the three realms are linked
- When we fail at one, we lose integrity
- Recognize where they connect and work to establish a strong ethical culture that builds greater bonds