Catholic Health Care Ethics: Clinical Ethics
ERDs Parts 2, 3, 4 and 5

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

The Parts

- General Introduction
- Part One: Social Responsibility
- Part Two: Pastoral Responsibility
- Part Three: Professional – Patient Relationship
- Part Four: Beginning of Life
- Part Five: Care for the Seriously Ill and Dying
- Part Six: Forming New Partnerships
Three Realms of Ethics

Individual

Institution

Society

Jack Glaser, Ph.D.

The Person
Part Two: Pastoral and Spiritual Care

- Pastoral care is an integral part of Catholic health care
- Pastoral care encompasses full range of spiritual services
- Catholic health care should ensure that there are good relationships between pastoral care and parish clergy and other ministers of care
Part Two: Pastoral and Spiritual Care

Key Directives

- **#10**: Maintains appropriate professional preparation and credentials for staff
- **#15**: Addresses the holistic needs of persons
- **#10-14, #20-22**: Respects proper authorities in each religion or Christian denomination regarding appointments

- **#10**: Addresses the particular religious needs of patients
- **#11, #22**: Maintains an ecumenical staff or makes appropriate referrals
- **#10, #12-20**: Addresses the sacramental needs of Catholics
Part Three: The Patient-Professional Relationship
Part Three: Professional-Patient Relationship
Introduction (pp. 15-16/8)

- Grounded in respect for human dignity
- Requires mutual respect, trust, honesty and appropriate confidentiality
- Is participatory and collaborative
- Acknowledges that both parties have responsibilities

Part Three: Professional-Patient Relationship
Key Directives

#23: Inherent dignity of human person must be respected and protected

- Honor patients’ rights to make treatment decisions (nos. 28 and 27)
- Respect informed consent (nos. 28 and 27)
- Encourage and respect advance directives (#24)
- Keep decision as close to the patient as possible
Part Three: Professional-Patient Relationship

- Respect choices of **surrogate decision makers** (#25)
- Respect **privacy** and **confidentiality** (#34)
- Consider **whole person** when deciding about therapeutic interventions (#33)
Respect Decisions to Forgo Treatment (#32)

- Distinction between ordinary or proportionate means (morally obligatory) and extraordinary or disproportionate means (morally optional)
- Based on calculation of burdens and benefits
- This calculation may change

Part Three: Professional-Patient Relationship

# 36: Provide compassionate and appropriate care to victims of sexual assault

- Cooperate with law enforcement officials
- Offer psychological and spiritual support and “accurate medical information”
- Provide treatment to prevent conception
  - Pregnancy approach: “Plan B” - levenorgestrel
Part Four: Care for the Beginning of Life
Part Four: Care for the Beginning of Life

Introduction

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

Part Four: Care for the Beginning of Life

- Profound regard for the covenant of marriage and for the family
- Respect unity of the person: Cannot do anything that separates the unitive and procreative aspects of conjugal act
- Reproductive technologies that substitute for marriage act inconsistent with human dignity
### Sanctity of Life

**Not Allowed:**
- #45: Direct abortions
- Related areas:
  - “Spare” embryos in IVF procedures
  - Stem cell research

**Allowed:**
- #47: Indirect abortions (sole purpose is to save mother’s life, the death of embryo or fetus is foreseen but unavoidable)

### Respect for Integrity of Intercourse

**Not Allowed:**
- #53: Direct sterilization
- #52: Contraceptive practices
- #41: Homologous fertilization (AIH), IVF
- #40: Heterologous fertilization (AID)

**Allowed:**
- #53: Indirect sterilizations
- #43: Some infertility treatments
Appropriate Use of Technology

Allowed:

- **#50**: Prenatal diagnosis
- **#54**: Some forms of genetic screening and counseling
Part Five: Care for the Seriously Ill and Dying

Introduction

- We face death with the confidence of faith (in eternal life); it is the basis for our hope.
- For us, death is not the end, but the culmination of a journey back into the life of God.
- We must treat our patients as if we believe that.
Part Five: Care for the Seriously Ill and Dying

- **#55**: Should provide *opportunities to prepare for death* … hope for “the happy death”
- **#56**: Moral obligation to *use proportionate means* of preserving life
- **#57**: *No moral obligation* to employ *disproportionate* or too burdensome treatments

Avoid two extremes

- Employing useless or burdensome means
- Withdrawing technology expressly to cause death
- “Ordinary” and “Extraordinary”
Part Five: Care for the Seriously Ill and Dying

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

Part Five: Care for the Seriously Ill and Dying

Stewardship of and duty to preserve life

- This is a limited duty (why?)
- Human life is sacred and of great value, but not absolute
- “Why did God make me?”
Hospice and Palliative Care

Hospice and palliative care are key parts of our response to euthanasia and assisted suicide.

Nutrition and Hydration (#58)

#58: Presumption in favor of nutrition and hydration as long as it is of sufficient benefit to outweigh 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 are extraordinary means (morally optional) when they cannot be reasonably expected to prolong life or when they would be excessively burdensome
Conclusion

- The ERDs are a valuable document for understanding better **who we ought to be** (identity)
- They also help us to understand **what we ought to do** (integrity) in light of our identity
- Ultimately, they call upon us to “walk our talk”
Catholic Health Care Ethics: Clinical Ethics
ERDs Parts 2, 3, 4 and 5

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