

Book Reviews

Partners in Caring and Community: A Team Approach to Service-Learning in Nursing Education

Tristan Seifer, ed.

Community-Campus Partnerships for Health, San Francisco, 2001, 98 pp., \$15 (members), \$25 (nonmembers)

THE FIRST PARAGRAPH OF THIS PRACTICAL guide to "service learning" (SL) summarizes the contents of the publication: representatives of nine SL partnerships in nursing education tell their partnerships' stories. These reports are forthright expressions of both successful and unsuccessful experiences of teams composed, in each case, of a nursing faculty member, a nursing student, and a community agency partner.

The editor has provided a rationale for SL in nursing education, which serves as the backdrop for the nine SL stories. Of particular importance is the definition of SL itself. Acknowledging that hundreds of such definitions exist, the editor not only defines SL but also identifies six ways in which it differs from traditional clinical nursing education. By doing so, he aids the reader unfamiliar with the SL concept to understand the subtle differences involved in it.

For example, one difference is the emphasis on reflective practice. "Clinical education emphasizes observing and doing but does not typically emphasize or include opportunities for reflection," the editor writes. "Reflection is a critical component of SL and facilitates the students' connection between their service experience and their learning. Opportunities for reflection, through dialogue, journals, stories and other means, encourage students to consider the contexts of the community concerns being addressed by SL" (p. 3).

Community-Campus Partnerships for Health (CCPH) is a not-for-profit "membership organization committed to

fostering health promoting partnerships between communities and health professional schools" (p. 1). CCPH developed this publication with a grant from the Helene Fuld Health Trust (long a generous financial supporter of nursing education). Its goals include the integration of SL into the curricula of all levels of nursing education; the enlightenment of the nursing world about SL, thereby gaining support for it; and the discovery and dissemination of new knowledge about SL and nursing education.

In a competitive process, nine teams were awarded grants to develop partnerships for SL. The nine teams and their programs are:

- Bethel College and Rice Creek Covenant Church, both in St. Paul, MN, which have developed a parish nursing program as part of a graduate course on Christian health care leadership

- Indian Hills Community College, Ottumwa, IA, and Jefferson County Hospital, Fairfield, IA, which provide wellness care for the rural elderly and SL opportunities in an advanced nursing program

- Kapi'olani Community College and the American Red Cross, both in Honolulu, which provide HIV prevention education to the community as part of an associate level adult health nursing course

- Millikin University and the Community Health Improvement Center, both in Decatur, IL, which provide care to the medically indigent as part of an undergraduate community health nursing leadership course

- Nebraska Methodist College of Nursing and Allied Health and Catholic Charities of the Archdiocese of Omaha, both in Omaha, which provide mental health services in conjunction with an undergraduate mental health nursing course

- Stephen F. Austin State University and East Texas Community Health Services, both in Nacogdoches, TX, which provide health services to the elderly and other medically underserved groups in conjunction with an undergraduate nursing leadership course

- The University of Colorado Health

Sciences Center and La Clinica Tepeyac, both in Denver, which provide care to Latino and Asian immigrants as part of the School of Nursing's capstone nursing seminar for undergraduate and graduate nursing students

- The University of Massachusetts and Company HealthLink's Homeless Outreach Advocacy Program, both in Worcester, MA, which involve graduate nursing students in the care of the homeless

- The University of Missouri, Columbia, MO, and Hope House, Inc., Independence, MO, which provide services to survivors of domestic violence in conjunction with the graduate nurse-midwifery program at the university's Sinclair School of Nursing

In addition to the definitions, goals, and purposes of SL, the editor has provided suggestions for use of the publication. If he had expanded these suggestions, he would have strengthened this section of the publication.

The team reports are the most interesting section. In them, each of the nine teams describes its project and provides an overview of it; the partners' goals and their definition of SL; the project's achievements and sustainability; as well as reflections on the project and lessons learned from it.

The team faculties and students describe their experiences by responding to a series of questions:

- What are you most proud of?
- What would you like other people to say about your program?
- What is the mistake from which you learned the most?
- How did you overcome it?

The answers are forthright and, in some cases, compelling. They should give the reader insight into the complexities of SL.

Course descriptions and syllabi, which are included, will be of assistance to those looking for models of SL. An annotated bibliography comprises 34 books and peer-reviewed publications.

This publication is a welcome addition to the literature on SL. It provides a framework for development, implementation, and evaluation of SL. I recom-

mend it as a primer for novices. Perhaps the most helpful parts are the candid answers of the faculty and students as they reflect on their experiences.

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Catholic Health Care Ethics: A Manual for Ethics Committees

Peter J. Cataldo, PhD, and Albert S. Moraczewski, OP, PhD, STM, eds.

The National Catholic Bioethics Center, Boston, 2002, 480 pp., \$39.95 (plus \$6 for shipping and handling)

THIS BOOK IS INTENDED AS A COMPREHENSIVE guide for ethics committees in Catholic health care facilities. The articles, commentaries, and source materials collected in it are an extension of the research of the National Catholic Bioethics Center (NCBC), Boston. Established in 1972 as the Pope John XXIII Medical-Moral Research and Education Center, the NCBC conducts ongoing, systematic study of new developments in the health care field from the perspective of the Catholic moral tradition. The *Ethical and Religious Directives for Catholic Health Care Services* are used effectively in the various topics analyzed.

The manual comes in a three-ring binder format to permit ready updating. It is organized into six parts: Foundational Principles, Process Topics, Beginning-of-Life Issues, End-of-Life Issues, Selected Clinical Issues, and Institutional Issues. Although several authors contributed to the volume, a sense of continuity pervades the manual from one chapter to the next because of the authors' shared theological commitments and the editorial summaries that follow each chapter. Appendices contain a selection of Magisterial and other offi-

cial Catholic Church documents and a general bibliography.

As Fr. Dennis A. Brodeur, PhD, observes in Chapter 5B, Catholic health care ethics committees draw appreciable strength from Catholic philosophical anthropology, the mission commitment to service, and extensive study of values and morality within the Catholic tradition. Issues in the beginning of life and at the end of life have received special attention here. The manual reflects these traditional commitments, both in its organization and in the number of chapters and pages devoted to particular topics. Part One concerns foundational principles, including the nature of the human person, the definition of moral action, totality, the distinction between ordinary and extraordinary means, double effect, the common good, conscience, virtue, and natural law. Clearly, an ethics committee seeking to deepen its understanding of foundational principles in Catholic ethics could usefully select one or more of these chapters for review and discussion during meetings.

Part Two focuses on "process topics." The chapters give excellent practical advice on how to establish ethics committees in various health care settings, as well as how to lead meetings effectively. Overall, the section is a fine beginning, but it is all too brief. Ethics committees will need to supplement the information provided in it with further guidance on ethics consultation, policy review/development, and education. They will, for example, need to establish a process for conducting, evaluating, and maintaining records of ethics consultations. Along with consulting the references listed here, ethics committees may wish to network with bioethics organizations at state and national levels, including the Catholic Health Association and the American Society for Bioethics and Humanities (ASBH). Ethics committees should be aware that the ASBH has published proposed standards, *Core Competencies for Health Care Ethics Consultation*,¹ that describe the knowledge and skills needed for conducting ethics consultation, whether done by individual consultants, subcommittees, or the full committee.

Clinical ethics guidebooks, in particular *Clinical Ethics* by Albert R. Jonsen and his colleagues,² offer practical advice in a format appreciated by clinicians of many backgrounds.

Self-evaluation, education, and policy review are other expanding areas of ethics committee responsibility. Some committees find that setting yearly goals is a way to provide focus and to document progress at the end of the year. Committees may conduct surveys of health care professionals' knowledge about the committee, and, after that, develop education and services to meet identified needs. Ethics committees play an essential role in interpreting the *Ethical and Religious Directives* and in meeting the requirements of national accrediting organizations, such as the Joint Committee on Accreditation of Healthcare Organizations. Ethics committees increasingly help develop new services, such as palliative care, and may offer advice on the ethics of business decisions. Collaboration with other community organizations, whether Catholic or non-Catholic, around mutually held goals—wider education about advance directives, for example—improves health care for all in the community.³ Ethics committees in Catholic health care should seek to engage the wisdom of other cultures' perspectives on ethics, thus drawing from the field of bioethics as a whole.

Part Three of the manual concentrates on beginning-of-life issues. Along with Magisterial teachings on specific issues—abortion, sterilization, and contraception—these chapters acknowledge and describe the basis for differences of opinion about the use of methotrexate to treat ectopic pregnancies.

Part Four is concerned with issues at the end of life. Catholic health care ethics has had a major influence on bioethics as a whole, and nowhere is this more evident than in the ethics of care at the end of life. The distinction between ordinary and extraordinary means of treatment set forth by Pope Pius XII in *The Prolongation of Life: An Address to an International Congress of Anesthesi-*

Continued on page 64

BOOK REVIEWS

Continued from page 63

ologists (Appendix I) underlies the President's Commission study *Deciding to Forgo Life-Sustaining Treatment*.⁴ Specific chapters in Part Four of the manual discuss advance directives, do-not-resuscitate orders, and pain management. The chapter on medically administered nutrition and hydration acknowledges different opinions about the use of this treatment modality. Some further background on the history and development of ethical-legal cases would be useful in this section.⁵

The chapters in Parts Five and Six are concerned with selected clinical and institutional issues, including organizational ethics.

Overall, this volume is an excellent resource in the foundations and application of Catholic health care ethics. It will be useful for ethics committees to supplement the material provided here with other resources, according to their needs and interests.

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NOTES

1. Society for Health and Human Values—Society for Bioethics Consultation Task Force on Standards for Bioethics Consultation, *Core Competencies for Health Care Ethics Consultation*, American Society for Bioethics and the Humanities, Glenview, IL, 1998.
2. Albert R. Jonsen, Mark Siegler, and William J. Winslade, *Clinical Ethics*, 4th ed., McGraw-Hill, New York City, 1998.
3. Bernard J. Hammes and Brenda L. Rooney, "Death and End-of-Life Planning in One Midwestern Community," *Archives of Internal Medicine*, February 23, 1998, pp. 383-390.
4. President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, *Deciding to Forgo Life-Sustaining Treatment*, Washington, DC, 1983.
5. See, for example, Daniel O'Brien, *Ethics in Health Care: Ingredients for Effective Committees*, Sisters of St. Joseph Health System, Ann Arbor, MI, 1995, and Gregory E. Pence, *Classic Cases in Medical Ethics*, McGraw-Hill, New York City, 1999.

CATHOLIC HEALTH CARE ETHICS

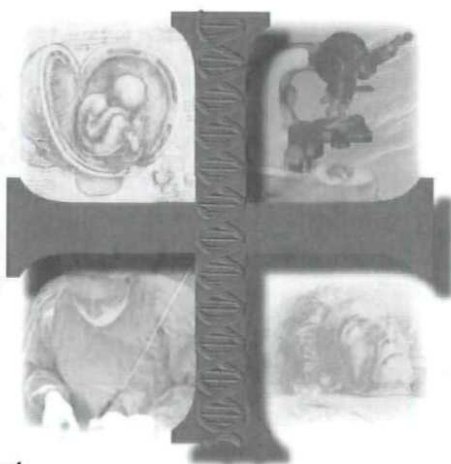
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