



A TIME OF SPECIAL NEED

BY SR. PATRICIA TALONE, RSM, PH.D.

Women and men who have been victims of sexual assault are particularly vulnerable, and the commitments that undergird Catholic health care demand that we treat these individuals with the utmost care. Reading Debra Holbrook's article, "Sexual Violence: A Medical Center Responds," which follows this introduction, took me back to my many years teaching in college. Not one year went by without at least one devastated student sharing the horror of a date rape or other sexual attack. This is not surprising. According to the U.S. Department of Justice's National Crime Victimization Survey, there were 248,300 reported sexual assaults in 2007, or about one every two minutes. Authorities believe such crimes are vastly underreported and many victims go untreated.

How then, should Catholic hospitals respond to victims who do come forth? The *Ethical and Religious Directives for Catholic Health Care Services* tell us we should always be "sensitive to [patients'] vulnerability in time of special need" (Directive 2), and "compassionate and understanding care should be given to a person who is the victim of sexual assault" (Directive 36).

Health Progress presents in this issue three articles that engage this vital topic. In the first, Debra S. Holbrook, RN, coordinator of forensic nursing at Mercy Medical Center in Baltimore, speaks as a compassionate and experienced clinician.

The second article addresses the discussion and even controversy over what Directive 36 means when it states that the victim "may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization." Of these medications, levonorgestrel — generally known as Plan B — is considered to be the most effective emergency contraceptive available, but misunderstanding persists about its mechanism

of action. Sandra Reznik, MD, Ph.D., an expert on the topic, reviews the studies and explains how levonorgestrel works.

Ron Hamel, Ph.D., CHA senior director of ethics, revisits this theme, discussing the importance of sound clinical research coupled with analysis of the church's moral tradition.

CHA hopes that these three articles will provide Catholic health care facilities with important scientific and ethical information as they evaluate their sexual assault policies and procedures.

For many persons, Catholic hospitals are the public face of the church in their communities. The tragedy of sexual assault demands that Catholic hospitals show the compassion of Christ and the church by promptly responding with clinically excellent treatment coupled with the tenderness Christ evidenced for all the sick and suffering.

SR. PATRICIA TALONE is vice president, mission services, Catholic Health Association, St. Louis. Write to her at ptalone@chausa.org

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS

Reprinted from *Health Progress*, January - February 2010
Copyright © 2010 by The Catholic Health Association of the United States
