Mission, Ethics and *The Ethical and Religious Directives for Catholic Health Care Services*

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Overview

- **Ethics and the Mission Leader**
  - Ethics and Catholic health care
  - The role of the mission leader in ethics
  - Ethicist competencies & hiring an ethicist

- **The ERDs: A Brief Overview**
Ethics and the Mission Leader

Ethics and Catholic Health Care

• No ‘ethics free zones’
  – Virtually everything we do has an ethical dimension.
  – Whenever decisions are made or actions performed that affect human dignity and well-being, ethics plays a role.
  – Ethics is an ever-present reality in the day-to-day operations of Catholic health care.
    • At the bedside (clinical ethics)
    • Throughout the facility (organizational ethics)
Ethics and Catholic Health Care

• In the most general way, ethics has to do …
  – With character and action
    ▪ With who we claim to be (identity)
    ▪ With what we do in light of that (integrity)

• Ethics is central to maintaining the identity and integrity of a ministry of an organization.

The Role of the Mission Leader in Ethics

• Competencies for Mission Leaders … the fifth is “health care ethics.”

• “Mission leaders are effective in promoting the development of ethical decision-making behaviors throughout the organization in three areas within the context of the Catholic moral tradition.”

• The three areas are: organizational ethics, justice, clinical ethics.
The Role of the Mission Leader in Ethics

- **Organizational ethics**
  - Helps shape work culture rooted in Gospel values
  - Informs and promotes dialogue around ERDs
  - Facilitates corporate discernment and mission-based decision making
  - Understands and applies values and principles to the business of health care
  - Articulates moral assumptions of organization
  - Helps shape a just working environment

- **Justice**
  - Understands and applies the church’s social justice tradition
  - Advocates for the marginalized and under-represented
  - Promotes right relationships
  - Integrates environmental-ecological justice principles within organization
The Role of the Mission Leader in Ethics

• **Clinical ethics**
  – Assists in *interpreting the ERDs* in relation to clinical issues
  – Works with health care professionals in *identifying values and principles that guide* ethical decision making in clinical matters
  – Develops and monitors appropriate policies and their implementation
  – Knowledge of the nature and purpose of ethics committees.
  – Knowledge of the process of ethics consultation.

• **Degree of competency** will depend on specific responsibilities.
  – Oversight of ethics
  – Direct responsibility for doing ethics
  – Whether the organization has an ethicist

• The mission leader with responsibility for **doing ethics** …
  – Importance of adequate preparation
  – Certificate and master’s programs
    ▪ Face-to-face and online
    ▪ Not all programs are created equal
    ▪ Educational program in ethics for mission leaders
The Role of the Mission Leader in Ethics

- The mission leader with **oversight**
  - Goal: to create an ethical culture
  - Advocate for ethics and hold ethics committee accountable—for competency and for outcomes
  - *Striving for Excellence in Ethics*

Hiring an Ethicist

- The mission leader who has supervisory responsibility for ethics may be in the position of hiring an ethicist.

- CHA has developed (in conjunction with ministry ethicists) qualifications and competencies for system and facility ethicists (cf. brochure).

- Some things to keep in mind when hiring …
  - Someone who is competent.
  - Someone who knows the Catholic moral and social justice traditions.
  - Someone with key character traits: prudent, good with people, has integrity and discretion, good communicator.
Why Look at the Directives?

- What Catholic health care is about
  - Purpose and fundamental value commitments
- How Catholic health care should be delivered
  - Sets some basic parameters
- Document to which all in Catholic health care are accountable
- Mission leaders
  - Have responsibility for educating about the directives
  - Might be asked to interpret and apply
  - Should be able to direct others to appropriate sections of ERDs
What Are the Directives?

- A limited attempt to answer two questions:
  - Who are we? Who should we be? (Identity)
  - What should we do in light of this? (Integrity)

- And … to provide guidance on ethical issues in health care delivery.

Purpose of the Directives (Preamble, p. 1)

- To affirm ethical standards and norms
- To provide authoritative guidance
- To help professionals, patients and families by giving principles and guides for making decisions
For Whom Are the ERDs Intended? (Preamble, p. 2)

• Those entrusted with identity and integrity of the ministry and the organization (sponsors and trustees; CEOs)
• Those embodying the mission in day-to-day operations (administrators, health care professionals, spiritual caregivers, etc.)
• Recipients of health care (patients, residents, families, and surrogates)

General Format

• Six parts covering six major areas of concern in Catholic health care
• Each part divided into two sections:
  – Narrative Introduction providing a biblical and theological context
  – Individually numbered directives addressing specific issues
The Parts

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

Approaching the ERDs

- Not an answer book—usually requires **interpretation** and **application** to concrete situations
- Not exhaustive either of …
  - The church’s moral teaching
  - Issues in health care ethics
- One may need assistance in understanding and interpreting
- **Different concrete conclusions** are possible
General Introduction: Who Should We Be?

The reason for Catholic health care:

• Continuing God’s life-giving and healing work (p. 4/3)
  – By imitating Jesus’ service to the sick, suffering, and dying (p. 4/3)
  – By responding to Jesus’ challenge to “Go and do likewise” (p. 33/16)
  – By carrying on Jesus’ radical healing (p. 4/3)

• We ought to be Christ’s healing compassion in the world (p. 33/16).

• We ought to restore and preserve health and serve as a sign of final healing (p. 33/16).

• We are a ministry of the church (p. 4/3).
Part One: Social Responsibility

### Key Directives

- **#1**: We are a community of care animated by the Gospel and respectful of the church’s moral tradition.

- **#2**: We act in a manner characterized by mutual respect among caregivers and serving with compassion of Christ.

- **#6**: We are to use health care resources responsibly.
Part One: Social Responsibility

• **#7:** We treat employees respectfully and justly.
  – Non-discrimination in hiring
  – Employee participation in decision-making
  – A workplace that ensures safety and well-being
  – Just compensation and benefits
  – Recognition of the right to organize

• **#3:** A Catholic health care organization should distinguish itself by service to and *advocacy for the marginalized and vulnerable.*
Part Two: Pastoral and Spiritual Care

Introduction (pp. 12-13/6-7)

- Catholic health care must treat all in a manner that respects human dignity and their eternal destiny; it should help others experience their own dignity and value.
- The care offered must embrace the whole person: physical, psychological, social, spiritual.

Part Two: Pastoral and Spiritual Care

- Pastoral care is an integral part of Catholic health care.
- Pastoral care encompasses full range of spiritual services:
  - Listening presence
  - Help in dealing with powerlessness, pain, etc.
  - Assistance in responding to God’s will
- 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

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<thead>
<tr>
<th>VALUE</th>
<th>THEOLOGICAL REFLECTION</th>
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<tbody>
<tr>
<td>Human Dignity</td>
<td>Catholic health care has the responsibility to treat those in need in a way that respects the human dignity and eternal destiny of all.</td>
</tr>
<tr>
<td>Holistic Care</td>
<td>Catholic health care institutions are communities of healing that embrace treatment of the physical, psychological, social and spiritual dimensions of the person.</td>
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<tr>
<td>Healing Presence</td>
<td>Catholic health care combines medical expertise with other forms of care to promote health and relieve human suffering.</td>
</tr>
<tr>
<td>Diverse Roles and Collaboration</td>
<td>Within the health care institution, clergy, religious and laity exercise diverse but complementary roles in pastoral care. Also, more frequently, the local parish assumes greater involvement in pastoral care both before and after hospitalization.</td>
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Key Directives

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

• #10: Addresses the particular *religious needs* of patients.
  • #11, #22: Maintain an *ecumenical staff* or make appropriate referrals.
  • #10, #12-20: Address the *sacramental needs* of Catholics.

Part Three: Patient/Professional Relationship

**Introduction** (pp.17-18/8)

• 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: Patient/Professional Relationship

### Key Directives

- **#23**: Inherent **dignity** of human person must be **respected** and **protected**.
  - Honor patients’ right to **make treatment decisions** (#s 26 and 27).
  - Respect **informed consent** (#s 26 and 27).
  - Encourage and respect **advance directives** (#24).
Part Three: Patient/Professional 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 **forego treatment** (#32); distinction between ordinary or proportionate means (morally obligatory) and extraordinary or disproportionate means (morally optional)

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Part Three: Patient/Professional Relationship

- **#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
    - Pregnancy approach
    - Ovulation approach
Part Four: Care for the Beginning of Life

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<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>
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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* (2008): Embryo adoption
Respect for the 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**:

- Reproductive technologies that substitute for the marriage act.
- Interventions that intervene with separation between the two meanings of the conjugal act.

Directives **permit**:

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

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<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>
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- **Stewardship of and duty to preserve life.**
  - **Limited duty**
    - Human life is sacred and of great 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 Seriously Ill and Dying

**Key Directives**

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

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Part Five: Care for the Seriously Ill and 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 not permitted
- **#62-66**: Encourage appropriate use of tissue and organ donation
Directive #58

• Much discussion – and argument – about the revision of Directive #58 which reads …

In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally. This obligation extends to patients in chronic and presumably irreversible conditions (e.g., the “persistent vegetative state”) who can reasonably be expected to live indefinitely if given such care. Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be “excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed.” For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort.

Directive #58

• What distinctions does the Directive make?
  – Directive explains that there is a moral obligation to provide nutrition and hydration.
    • Obligation is not absolute
    • Assessed with regard to their benefits and burdens to the patient
  – With regard to dying patients, nutrition and hydration may be deemed to be excessively burdensome to the patient or may provide little or no benefit, in which case they become morally optional.
  – With regard to patients in a chronic condition, the obligation could also become morally optional if providing nutrition and hydration becomes excessively burdensome or causes significant physical discomfort (e.g., medical complications).
  – Catholic facilities cannot impose medically administered nutrition and hydration contrary to the wishes of a patient.
Part Six: Forming New Partnerships

Introduction (pp.29-31/14-15)
- Primarily concerned with “outside the family” (i.e., not Catholic) arrangements
- Concern: some potential partners may be engaged in wrongdoing
- How does Catholic party maintain integrity?

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<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>
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<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>
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<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>
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<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>
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</table>
Part Six: Forming New Partnerships

• Principle of cooperation
  – **Consult** reliable theological experts
  – Catholic health care organizations should **avoid cooperating** in wrongdoing as much as possible

![Diagram of cooperation types: Formal, Material, Immediate, Mediate, Proximate, Remote]

Part Six: Forming New Partnerships

• **#69**: Must limit partnership to what is in accord with the principles governing cooperation (POC), i.e.:
  – POC helps 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: Forming New Partnerships

• **Intention**: Intending, desiring or approving the wrongdoing is always morally wrong (formal cooperation).

• **Action**: Participating in the wrongdoing or providing conditions for the evil to occur (material cooperation).
  
  – Material cooperation can be immediate or mediate.
  
  – Mediate material cooperation can be proximate or remote.

• **#70: Forbids** Catholic health care institutions from engaging in immediate material cooperation in intrinsically evil actions (e.g., sterilization). Immediate material cooperation with regard to partnerships would include ownership, governance, management, financial benefit, material and personnel support.
Part Six: Forming New Partnerships

- Being present to the wrongdoing of another in a non-essential way (i.e., the cooperator’s act assists in the performance of the wrongdoing but is not itself essential) can be morally licit when there is a proportionately grave reason (mediate material cooperation).
  - Cooperator’s action should be as distant (in causal terms) as possible from wrongdoer’s.
  - The more proximate (in causal terms) the cooperation, the more serious the reason.

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.

- #68: Proper authorization should be sought.
  - Maintain respect for church teaching and authority of diocesan bishop.
Part Six: Forming New Partnerships

• **#71**: “Scandal” must be considered when applying the principle.
  – Means “leading others into sin” and not causing shock or discomfort
  – May foreclose cooperation even if licit
  – May often be avoided by good explanation
  – The bishop has 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. 33/16)

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.”