

# ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES



FROM THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS

## ***ABOUT THE ERDS***

The purpose of the Ethical and Religious Directives is twofold: first, to reaffirm the ethical standards of behavior in health care that flow from the Church's teaching about the dignity of the human person; second, to provide authoritative guidance on certain moral issues that face Catholic health care today.

## ***SIX PARTS***

- ✔ Social Responsibility
- ✔ Pastoral Responsibility
- ✔ Professional-Patient Relationship
- ✔ Beginning of Life
- ✔ Care for the Seriously Ill and Dying
- ✔ Forming New Partnerships

## ***THESE DIRECTIVES***

- ✔ Are binding for Catholic health care
- ✔ Evolve with science and medicine
- ✔ Flow from the natural law
- ✔ Do not cover all complex moral issues

FOR MORE INFO, VISIT:

[https://www.usccb.org/resources/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06\\_0.pdf](https://www.usccb.org/resources/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06_0.pdf)

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## **PART I: SOCIAL RESPONSIBILITY**

Rooted in a commitment to promote and defend human dignity, Catholic health care (CHC) will give particular attention to providing adequate health care to the poor, contribute to the common good, exercise excellent stewardship of available resources and refuse to permit medical procedures that conflict with Catholic teaching. CHC providers must adopt these directives as policy (5), treat employees respectfully and justly (7) and ensure that all employees uphold the mission of the institution (9).

## **PART II: PASTORAL AND SPIRITUAL RESPONSIBILITIES**

CHC embraces the physical, psychological, social and spiritual dimensions of the human person, deploying every asset available to relieve human suffering. For this reason, CHC extends to the spiritual nature of the person. Pastoral Care plays a vital role of CHC (10) and is available to all patients, in keeping with their religious beliefs or affiliation (11). Provision of the sacraments is an especially important part of CHC (12).

## **PART III: THE PROFESSIONAL-PATIENT RELATIONSHIP**

The relationship between patient and provider is founded on the dignity of the human person (23). The completion of advance directives are encouraged, however CHC will not honor an advance directive that is contrary to Church teaching (24). Patients and their surrogates will have access to all pertinent information regarding medical care options, including ethical factors (28). All patients have the right and duty to preserve bodily and functional integrity (29). CHC honors the distinction between ordinary (morally obligatory) and extraordinary (morally optional) means of preserving one's life. No patient is obligated to submit to care that places disproportionate burden on self or others (32). An ethics committee should be established for consultation on particular ethical situations (37).

## **PART IV: ISSUES IN CARE FOR THE BEGINNING OF LIFE**

The Church understands that sexual intercourse is a gift given reciprocally between spouses to draw them ever closer into personal relationship and bring about the gift of children. Therefore, the Church cannot approve medical practices that undermine the biological, psychological and moral bonds on which the strength of marriage and the family depends. Some infertility treatments are permitted, provided they neither separate the unitive and procreative ends of sexual intercourse nor involve the destruction of human embryos (38-39). CHC will not perform heterologous fertilization (AID) or permit the practice of gestational surrogacy (42). CHC will not perform abortions but will provide compassionate care to those who have had an abortion (45). Procedures whose sole immediate purpose is to save the mother's life, where the death of the unborn child is foreseen but unavoidable, are permitted (47). Direct sterilization and artificial means of contraception are not condoned (52-53).

## **PART V: ISSUES IN THE CARE OF THE DYING**

CHC faces death with the confidence of faith and witnesses to the belief that God has created each person for eternal life. Effective pain management is critical in the appropriate care of the dying. *In principle*, there is an obligation to provide patients with nutrition and hydration. This ordinary care becomes optional when it cannot be expected to prolong life or when it becomes excessively burdensome for the patient (58). Euthanasia is never permitted in CHC (60). CHC institutions should not make use of human tissue obtained by direct abortions, even for research purposes (66).

## **PART VI: COLLABORATIVE ARRANGEMENTS WITH OTHER ORGANIZATIONS**

When CHC entities form new collaborations, the diocesan bishop is consulted (67). CHC organizations should periodically review binding agreements and assess potential grievances against the moral law (72). No CHC organization is permitted to engage in immediate material cooperation in intrinsically immoral actions (abortion, euthanasia, assisted suicide, etc) and cannot be in partnership with or manage other service lines that would perform immoral procedures (70 and 75). Every care should be taken in such collaborations to protect the witness of the Church and avoid scandal (76).

QUESTIONS? CONTACT PASTORAL CARE AT 440-827-5031