Executive Summary of the Ethical and Religious Directives for Catholic Health Care Services

Catholic Health is a ministry of the Church. Through the Ethical and Religious Directives for Catholic Health Care Services (ERDs), the Church reaffirms its commitment to the ministry of health care and the distinctive Catholic identity of the Church’s institutional health care services.

The purpose of the ERDs are as follows:

- To affirm the ethical standards that flow from the Church’s teaching about human dignity.
- To provide authoritative guidance on some specific moral issues facing Catholic health care.
- To provide professionals, patients and families with principles and guides for making decisions.

These directives set some basic parameters as to how Catholic healthcare should be delivered and to which all are accountable.

Part I: The social responsibility of Catholic health care services

- Catholic health care is guided by the following normative principles:
  - a commitment to promote human dignity, to care for the poor, to contribute to the common good, to be responsible stewards of available resources, and
  - to act in communion with the Church.

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.
- #3: We distinguish ourselves by service to and advocacy for the marginalized and vulnerable.
- #6: We are to use healthcare resources responsibly.
- #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).

Part II: The pastoral and spiritual responsibilities of Catholic health care

- Catholic health care has the responsibility to treat those in need in a way that respects the human dignity and eternal destiny of all.
- Since a Catholic health care institution is a community of healing and compassion, care is not limited to the physical; it also embraces the psychological, social, and spiritual dimensions of the person.
- Hence, pastoral care is an integral part of Catholic health care.

Key Directives:

- #15: We address the holistic needs of persons.
- #10: We ensure professional preparation and credentials for staff; address the particular religious needs of patients.
- #10-14, #20-22: We respect proper authorities in each religion or Christian denomination regarding appointments.
- #11, #22: We maintain an ecumenical staff or make appropriate referrals.
- #10, 12-20: We address the sacramental needs of Catholics.

Part III: The professional-patient relationship

- Mutual respect, trust, honesty, and confidentiality mark this relationship.
- Personal nature of care must not be lost even when a team of caregivers is involved in care.
  - The dignity of the person is respected regardless of health problem or social status, (e.g., race, creed, color, national origin, ancestry, religion, sex, sexual orientation, marital status, age, newborn status, handicap, or source of payment).

Key Directives

- #23: We respect and protect the inherent dignity of human person.
- #24: We encourage and respect advance directives.
- #25: We respect choices of surrogate decision makers.
- #26, #27: We honor patients’ right to make treatment decisions; we respect informed consent.
- #32: We respect decisions to forego treatment; distinction between ordinary or proportionate means (morally obligatory) and extraordinary or disproportionate means (morally optional).
- #33: We consider whole person when deciding about therapeutic interventions.
- #34: We respect privacy and confidentiality.
- #36: We provide compassionate and appropriate care to victims of sexual assault. We cooperate with law enforcement officials; offer psychological and spiritual support; we offer “accurate medical information;” we provide treatment to prevent conception: pregnancy approach; ovulation approach.
- #37: We are required to have an ethics committee or ensure some alternate form of ethical consultation is available.
### Part IV: Issues in care for the beginning of life

- The Church’s commitment to human dignity inspires an abiding concern for the sanctity of human life from its very beginning, and to the dignity of marriage and of the marriage act by which human life is transmitted.
- The Church’s defense of life encompasses the unborn and the care of women and their children during and after pregnancy.
- The unitive and procreative meanings of sexual intercourse must not be separated. Procreation is joined naturally to the marriage act. Any technique used to achieve conception by the use of gametes coming from at least one donor other than the spouses is prohibited.

**Key Directives:**

- **#40, #41, #52, #53:** *We do not perform heterologous fertilization (AID), gestational surrogacy; homologous fertilization (AIH), IVF; contraceptive practices, direct sterilization.*
- **#43:** *We do provide some infertility treatments.*
- **#45:** *We do not provide abortions but provide compassionate care* to those who have had an abortion.
- **#47:** *We perform (indirect abortions) procedures whose sole immediate purpose is to save the mother’s life, where the death of embryo or fetus is foreseen but unavoidable.*
- **#50:** *We conduct prenatal diagnosis.*
- **#53:** *We perform (indirect sterilizations) procedures that induce sterility when their direct effect is the cure or alleviation of a present and serious pathological and a simpler treatment is not available.*
- **#54:** *We offer prenatal diagnosis and genetic counseling* in order to promote preventive care and responsible parenthood.

### Part V: Issues in the care of the dying

- Catholic health care ministry faces death with the confidence of faith; it witnesses to the belief that God has created each person for eternal life.
- A Catholic health care institution will be a community of respect, love, and support to patients and their families as they face death.
- Effective pain management is critical in the appropriate care of the dying.
- We have a duty to preserve our lives, but that duty is not absolute.
- The use of medical technologies is judged in light of the Christian meaning of life, suffering, and death.

**Key Directives:**

- **#55:** *We help patients prepare for death:* provide necessary information for decision-making;
- **#56-57:** *We understand that a person may forgo extraordinary or disproportionate means of preserving life; no moral obligation to employ disproportionate or too burdensome treatments.*
- **#58:** *We understand that there should be a presumption in favor of providing nutrition and hydration, including medically assisted, as long as the benefits it provides outweigh the burdens.*
- **#59:** *We respect the free and informed judgment of competent patients to accept or refuse life-sustaining treatment;*
- **#60:** *We do not provide euthanasia and physician-assisted suicide.*
- **#61:** *We assure appropriateness of good pain management,* even when death may be indirectly hastened through use of analgesics.
- **#63-66:** *We encourage appropriate use of tissue and organ donation.*

### Part VI: Forming new partnerships with health care organizations and providers

- New partnerships can be viewed as opportunities for Catholic health care institutions and services to witness to their religious and ethical commitments and so influence the healing profession.
- New partnerships can pose serious challenges to the identity of Catholic health care institutions and services.
- Scandal can result when partnerships are not built on common values and moral principles.
  - **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.

**Key Directives:**

- **#67, #68:** *We consult with diocesan bishop* or liaison if partnership could have serious impact on the Catholic identity or reputation of the organization, or cause scandal. *We seek proper authorization.*
- **#70:** *We are forbidden from engaging in immediate material cooperation* in intrinsically evil actions (e.g., IVF, direct sterilization).
- **Immediate material cooperation** with regard to partnerships would include ownership, governance, management, financial benefit, material and personnel support.
- **#71:** *We are required to consider “scandal” when applying the principle (means “leading others into sin” and not causing shock or discomfort; scandal may often be avoided by good explanation).*
  - **May foreclose cooperation even if licit.**
  - The bishop has final responsibility for assessing and addressing scandal.
- **#72:** *We are required to periodically assess* whether the agreement is being properly observed and implemented.

Note: This summary does not substitute for a careful and complete reading of the *Ethical and Religious Directives for Catholic Health Care Services*, Fifth Edition, written by the United States Conference of Catholic Bishops. For more information visit: [www.usccb.org](http://www.usccb.org). (April, 2014)