Catholic Health

Executive Summary
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 to the distinctive Catholic identity of its ***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 health care 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:
  - commitment to promoting and defending human dignity (every person possesses as "inalienably grounded in his very being"), care for the poor, to contribute to the common good, 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 the compassion*** of Christ.
3: We ***distinguish ourselves by service*** to and ***advocacy for the marginalized and vulnerable***.
6: We are to ***use health care 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:

10: We ensure ***professional preparation*** and credentials for staff; we address the particular ***religious needs*** of patients.
15: We address the ***holistic needs*** of persons.
10-14, 20-22: We respect the ***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

- Technology, including AI, cannot replace the essential human connection between healthcare professionals and patients, as human beings are inherently relational. 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 a 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 the human person.
24: We encourage and respect ***advance directives***.
25: We respect the choices of ***surrogate decision makers***.
26, 27: We may not refer for interventions contrary to Catholic teaching, but should enable **safe, lawful transfers** requested by patients, **avoiding immoral cooperation**.
28-32: We respect body–soul unity; avoid interventions that alter the fundamental order of the human body. No surgical, hormonal, or genetic procedures aimed at changing sexual characteristics or non-therapeutic genetic engineering. Requires compassionate care for those experiencing gender dysphoria, using means that respect bodily integrity. Experimentation requires informed consent and minimal risk. Procedures altering body parts are allowed only for health with a proportionate benefit. Organ donation is permitted if essential functions remain intact and are freely chosen without payment.
33: We consider the ***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; offer "accurate medical information;" and provide treatment to prevent conception, pregnancy, and ovulation approaches.
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:

30. Explicit prohibition of cryopreservation of embryos and gametes for immoral purposes, post-mortem gamete retrieval prohibited.

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 restorative reproductive medicine. Encouraged as part of infertility treatment options***.

45: We do not perform abortions--the intentional ending of life from conception to birth--is never morally permissible, and Catholic health care must avoid any association that could cause scandal.

47: We perform ***(indirect abortions)*** procedures whose sole immediate purpose is to save the mother's life, where the death of the embryo or fetus is foreseen but unavoidable.

50; 53: We conduct a ***prenatal diagnosis***. We perform (indirect sterilization) procedures that induce sterility when their direct effect is the cure or alleviation of a present, serious pathological condition, 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; witnesses to the belief – 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 respect informed decisions regarding life-sustaining treatment when they are consistent with Catholic teaching. 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 patients diagnosed with unresponsive wakefulness syndrome (formerly, "persistent vegetative state"), ***as long as the benefits it provides outweigh the burdens***.

59: We respect the free and informed judgment of a competent patient to ***accept or refuse life-sustaining treatment***.

60-63: We do not support Voluntarily Stopping Eating and Drinking (VSED) and should dissuade patients while providing pain management, psychiatric care, and pastoral support. We offer **comprehensive palliative and end-of-life care**—physical, psychological, and spiritual—while, when possible, preserving consciousness for preparation and sacraments. **Sedation is allowed** with consent and proper planning, and **pain relief may be given even if it indirectly shortens life**, provided the **intent is not to hasten death**.

Part VI: Collaborative Arrangements with Other Health Care Organizations and Providers

- Preference for a Roman Catholic partner when possible. New partnerships can be viewed as opportunities to witness to their religious and ethical commitments; influence the healing profession.
- Collaboration with others can pose a challenge to the dignity of persons and the common good.
- Cannot form entities to do immoral procedures. 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)***.
- Bishops or liaisons do have discretion and the ultimate responsibility for interpreting and applying the Directives.

Key Directives:

67-69, 77: We ***consult with the diocesan bishop or liaison and seek approval or a nihil obstat for arrangements that affect Catholic identity or the ministry's reputation***.

70: We are ***forbidden*** from engaging in ***immediate material cooperation*** in intrinsically evil actions (e.g., IVF, abortion, euthanasia, assisted suicide, and direct sterilization). ***Immediate material cooperation*** with regard to partnerships would include ownership, governance, management, financial benefits, material support, and personnel support.

71: We are required to consider ***"scandal"*** when applying the principle (meaning ***"an attitude or behavior which leads another to do evil."*** The scandal may often be avoided by a good explanation). May foreclose cooperation even if licit.

72: We are ***required to periodically assess*** whether the agreement is being properly observed and implemented.

73: We will avoid illicit cooperation at all levels of organization – neither our administrators nor our employees will manage, carry out, assist in carrying out, make our facilities available for, make referrals for, or ***benefit from revenue generated by immoral procedures***.

74: We are required to be in full accord with the moral teaching and the ERDs for organizations ***under our control***.

75: We are prohibited from any involvement in the ***creation of another entity*** that would be involved in the performance of immoral procedures.

76: Our ***Catholic institution representatives on governing boards of non-Catholic organizations*** should make their opposition to immoral procedures known and not give their consent to any decisions proximately connected with such procedures.

Note: This summary does not substitute for a careful and complete reading of the Ethical and Religious Directives for Catholic Health Care Services, Seventh Edition, published by the United States Conference of Catholic Bishops. For more information, visit: www.usccb.org.

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