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The Role of the Hospital Medico/Moral Committee in Today's Crisis

James V. McNulty, M.D.

There are many challenges to those who would dedicate their lives to the sometimes thankless task of leading and working in Hospitals today. These challenges are even greater in Catholic hospitals which make an open and loyal commitment to Christianity, its teaching and moral standards as they come to us through the Church. I am convinced that the Catholic Hospitals of America have and continue to make a unique impact on our society. Further, I am convinced that they can make even more of an impact precisely as Catholic, influencing society for the better.

The Bishop is the only final, authentic teacher of faith and

This report on the Los Angeles Archdiocesan Department of Health and Hospitals examines a cooperative venture on the part of the religious and health care facilities in order to comply with the Ethical and Religious Directives.

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morals in a diocese. The Director of the Department of Health and Hospitals keeps in regular contact with the Bishop on matters of moral theology and the official interpretation of the "ethical and religious directives".

L.A.B. is the purposeful acronym for Liaison Advisory Board. This Board—composed of administrative level representatives of each of our hospitals together with chaplains, doctors, theologians and others—meets regularly with the Director.

"Medico/Moral Committee" means one of two things in this Archdiocese. There is an Archdiocesan committee in close contact with the Director of Health and Hospitals, and he is in communication with the Bishop. There are twenty-two hospitals in the four counties of this Diocese. There are Medico/Moral Committees in each Catholic Hospital (or in the process of formation). These committees tie in with the main Archdiocesan Committee.

To the best of my knowledge and experience these are working committees—minutes are kept and *there is no rubber stamping.*

This Board (L.A.B.) is composed of administrative level representatives of each hospital together with chaplains, doctors, theologians and others who meet regularly with the Director. A hospital is defined as "Catholic", if it is accepted as such by the Bishop and thereby is listed in Kenedy's "National Catholic Directory". The institution will be "accepted as such", if (a) the sponsoring group and Board are firmly committed to a Catholic philosophy of health care, (b) the "ethical and religious directives" are firmly accepted and adhered to—as interpreted by the Department of Health and Hospitals and (c) there exists a relationship of cooperation between the health care facility and the Bishop's office (as represented by the Department of Health and Hospitals.)

In a word, a Catholic Hospital today is a cooperative venture of men and women, dedicated members of religious communities, Catholic lay people, and non-Catholics who are dedicated to our principles and our commitment to moral values and to religion.

Medico/Moral Committee

There are two kinds of medico/moral committees: (1) The Archdiocesan Medico/Moral Committee is composed of doctors, hospital administrators, chaplains, nurses, laymen and theologians, appointed by the Director of Health and Hospitals who chairs the committee. (2) The Hospital-based Medico/Moral Committee should be composed of doctors, nurses, administrative level personnel, the chap-

lain and others. It should function mainly as an educative vehicle for all personnel and as a liaison with the Archdiocesan Medico/Moral Committee. The chairman of this committee should be a member of the Archdiocesan Medico/Moral Committee.

The purpose of the Archdiocesan Medico/Moral Committee is to review the "Ethical and Religious Directives", to understand these fully, to make recommendations for their interpretation and implementation, and eventually to recommend changes in them. The recommendations by the Committee are presented to the Bishop for his approval before any promulgation. (Usually LAB reviews and approves these recommendations before they are forwarded to the Bishop.)

Appointment to the hospital based Medico/Moral Committee is made by the Administrator. Why? Because the very function of the committee has to do with the heart and soul of what a Catholic hospital is all about. Nothing should be of greater concern to a Catholic hospital.

The Medico/Moral Committee is primarily educative. Its teaching function is to:

- (a) Hold meetings to become familiar with the "Ethical and Religious Directives".
- (b) Arrange through the Director of Health and Hospitals to have a member of the Archdiocesan Medico/Moral Committee confer with them.
- (c) Arrange programs of interpretation of the "Ethical and Religious Directives" and of Catho-

lic Moral Theology, on a regular basis for orientation courses for new personnel and ongoing courses for doctors, nurses, and others on the hospital staff.

In one sentence, the primary function of the hospital-based Medico/Moral committee is to be a vehicle of ongoing Medico-Moral educational programs among the entire staff of the hospital.

Should each hospital have a Medico/Moral Committee? *Absolutely.* There is a saying in legal circles that "hard cases make bad laws".

Problem situations will be referred to the hospital-based Medico/Moral committee so that the "Ethical and Religious Directives" can be properly implemented in accordance with the guide-lines that have been presented by the Archdiocesan Medico/Moral Committee.

Exceptional Cases

It is 2:00 a.m. Monday morning—the swing shift. The OB has a problem. All committees are long gone. The OB has no consultation available. What to do? The OB does what he feels is indicated.

The Operating Room supervisor carefully oversees the problem, then writes a written report of the facts of the case. The OB then seeks consultation as soon as feasible. The facts are then presented to the Medico/Moral Committee. The committee (like a tissue committee) reviews the case in view of the Directives and reaches a conclusion. Minutes are kept. Action is taken and hopefully the problem is resolved now and for the future.

Major Concerns

Our position is that, as often it is necessary, we should firmly restate our pro-life stance. Our firmness should be expressed unequivocally through:

- (a) A resolution by the religious order reaffirming the anti-abortion, pro-life position.
- (b) A similar resolution by the Board of Trustees.
- (c) A regular emphasis upon this position in various publicity—(newsletters).
- (d) *An explicit statement in this regard to be included in the form that each doctor signs annually as he is readmitted to the staff.*
- (e) Special emphasis within the orientation program for all personnel—including administrative.
- (f) Outreach programs sponsored by the hospital for the general public to educate them on the whole subject of respect for life.
- (g) Promotion of "Alternative to Abortion" programs perhaps offering free maternity service, in needy cases, and natural family planning programs.

Euthanasia

We recognize the double meaning of the term euthanasia. A policy statement should be made concerning what is permitted and not permitted in regard to "ordinary and extraordinary" means, and presented by the local committee. Detailed guidelines are now necessary to be issued through the Archdiocesan Committee regarding "organ trans-

plant scientific criteria for the time of death and acceptable formats for dealing with Doctors, donors, and recipients in transplantations.

The major concern of Medico/Moral Committees is morality—truth—protection of innocent life—concern for society's most helpless beings—the unborn, the deformed—the aged. Legal questions need to be faced, but legality should not dictate morality. It is our position—not without competent legal backing—that the more firmly our Catholic position and integrity are reaffirmed, the stronger our case in court. In recent personal correspondence with Andre Hellegers, he felt that Medico/Moral Committees can help resolve *tough* cases within the directives but *not* within the civil legal system. "Ultimately you would be asked how you picked the jury."

Age of Ecumenism

Our hospitals have been first in establishing departments of pastoral care to bring in—as official, part-time chaplains—ministers and rabbis of the community to minister to their own parishioners. The Catholic hospital respects the conscience of every one.

Pluralism is a two-way street. As others who disagree with us go their way freely, we expect and demand the right to go ours.

So frequently, Pluralism is spoken to imply that we should abandon

our positions and join those with whom we are in fundamental disagreement.

This is not logical. This is not Democratic. However, let it not be said of us that we do not respect the conscience of others. We do. That is why we promote Departments of Pastoral Care and other interfaith programs. We respect the inviolability of the conscience of others. We demand the same freedom for our conscience.

Every hospital has a conscience. A hospital is not simply poured cement and automated equipment. The conscience resides in the sponsoring group and Board of Directors. As they are legally responsible for the quality of care and the protection of standards in the hospital, we believe that they are likewise responsible for the ethics and moral tone of the services provided.

Conclusion

Yes, we are in a battle, it is a new ball game, but we are in there fighting, confident and hopeful. We are restricted in many ways—but especially by our own cautiousness and fear of taking hard stands. If the Catholic Hospital vanishes from the American scene because of total secularization, it will be an irreparable loss. Despite the doom sayers from within and without the Church, we are indeed Catholic and society needs Catholic hospitals. We will not abandon the challenge!