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## Ethical and Religious Directives for Catholic Health Facilities

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# ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH FACILITIES

*At the annual meeting of the National Conference of Catholic Bishops, United States Catholic Conference, November 1971, the Ethical and Religious Directives for Catholic Health Facilities were approved as the national code, subject to the approval of the bishop for use in the diocese.*

## — PREAMBLE —

Catholic health facilities witness to the saving presence of Christ and His Church in a variety of ways: by testifying to transcendent spiritual beliefs concerning life, suffering and death; by humble service to humanity and especially to the poor; by medical com-

petence and leadership; and by fidelity to the Church's teachings while ministering to the good of the whole person.

The total good of the patient, which includes his higher spiritual as well as his bodily welfare, is the primary concern of those entrusted with the management of a Catholic health facility. So important is this, in fact, that if an institution could not fulfill its basic mission in this regard, it would have no justification for continuing its existence as a Catholic health facility. Trustees and administrators of Catholic health facilities should understand that this responsibility affects their relationship with every patient, regardless of religion, and is seriously binding in conscience.

EMERGENCY

ST. ANNE HOSPITAL



A Catholic sponsored health facility, its board of trustees and administration face today a serious difficulty as, with community support, the Catholic health facility exists side by side with other medical facilities not committed to the same moral code, or stands alone as the one facility serving the community. However, the health facility identified as Catholic exists today and serves the community in a large part because of the past dedication and sacrifice of countless individuals whose lives have been inspired by the Gospel and the teachings of the Catholic Church.

And just as it bears responsibility to the past, so does the Catholic health facility carry special responsibility for the present and future. Any facility identified as Catholic assumes with this identification the responsibility to reflect in its policies and practices the moral teachings of the Church, under the guidance of the local bishop. Within the community the Catholic health facility is needed as a courageous witness to the highest ethical and moral principles in its pursuit of excellence.

The Catholic sponsored health facility and its board of trustees, acting through its chief executive officer, further, carry an overriding responsibility in conscience to prohibit those procedures which are morally and spiritually harmful. The basic norms delineating this moral responsibility are listed in these Ethical and Religious Directives for Catholic Health Facilities. It should be understood that patients and those who accept board membership, staff appointment or privileges, or employment in a Catholic health facility will respect and agree to abide by its policies and these directives. Any attempt to use a Catholic health facility for procedures

contrary to these norms would indeed compromise the board and administration in its responsibility to seek and protect the total good of its patients, under the guidance of the Church.

These directives prohibit those procedures which, according to present knowledge, are recognized as clearly wrong. The basic moral absolutes which underlie these directives are not subject to change, although particular applications might be modified as scientific investigation and theological development open up new problems or cast new light on old ones.

In addition to consultations among theologians, physicians, and other medical and scientific personnel in local areas, the Committee on Health Affairs of the United States Catholic Conference, with the widest consultation possible, should regularly receive suggestions and recommendations from the field, and should periodically discuss any possible need for an updated revision of these directives.

The moral evaluation of new scientific developments and legitimately debated questions must be finally submitted to the teaching authority of the Church in the person of the local Bishop, who has the ultimate responsibility for teaching Catholic doctrine.

## **Section I: ETHICAL AND RELIGIOUS DIRECTIVES**

### **I. General**

#### **Directive**

1. The procedures listed in these directives as permissible require the consent, at least implied or reasonably presumed, of the patient or his guardians. This condition is to be understood in all cases.

2. No person may be obliged to take part in a medical or surgical procedure which he judges in conscience to be immoral; nor may a health facility or any of its staff be obliged to provide a medical or surgical procedure which violates their conscience or these directives.
3. Every patient, regardless of the extent of his physical or psychic disability, has a right to be treated with respect consonant with his dignity as a person.
4. Man has the right and the duty to protect the integrity of his body together with all of its bodily functions.
5. Any procedure potentially harmful to the patient is morally justified only insofar as it is designed to produce a proportionate good.
6. Ordinarily the proportionate good that justifies a medical or surgical procedure should be the total good of the patient himself.
7. Adequate consultation is recommended, not only when there is doubt concerning the morality of some procedure, but also with regard to all procedures involving serious consequences, even though such procedures are listed here as permissible. The health facility has the right to insist on such consultations.
8. Everyone has the right and the duty to prepare for the solemn moment of death. Unless it is clear, therefore, that a dying patient is already well prepared for death as regards both spiritual and temporal affairs, it is the physician's duty to inform him of his critical condition or to have some other responsible person impart this information.
9. The obligation of professional secrecy must be carefully fulfilled not only as regards the information on the patients' charts and records but also as regards confidential matters learned in the exercise of professional duties. Moreover, the charts and records must be duly safeguarded against inspection by those who have no right to see them.
10. The directly intended termination of any patient's life, even at his own request, is always morally wrong.
11. From the moment of conception, life must be guarded with the greatest care. Any deliberate medical procedure, the *purpose* of which is to deprive a fetus or an embryo of its life, is immoral.
12. Abortion, that is, the directly intended termination of pregnancy before viability, is never permitted nor is the directly intended destruction of a viable fetus. Every procedure whose sole immediate effect is the termination of pregnancy before viability is an abortion, which in its moral context, includes the interval between conception and implantation of the embryo.
13. Operations, treatments and medications, which do not directly intend termination of pregnancy but which have as their purpose the cure of a proportionately serious pathological condition of the mother, are permitted when they cannot be safely postponed until the fetus is viable, even though they may or will result in the death of the fetus. If the fetus is not certainly dead, it should be baptized.
14. Regarding the treatment of hemorrhage during pregnancy and before the fetus is viable: Procedures that are designed to empty the uterus of a living fetus still effectively attached to the mother are not permitted; procedures designed to stop hemorrhage (as distinguished from those designed precisely to expel the living and attached fetus) are permitted insofar as necessary, even if fetal death is inevitably a side effect.
15. Cesarean section for the removal of a viable fetus is permitted, even with risk to the life of the mother, when necessary for successful delivery. It is likewise permitted, even with risk for the child, when necessary for the safety of the mother.
16. In extrauterine pregnancy the dangerously affected part of the mother (e.g., cervix, ovary or fallopian tube) may be removed, even though fetal death is foreseen, provided that (a) the affected part is presumed already to be so damaged and dangerously affected as to warrant its removal, and that (b) the operation is not just a separation of the embryo or fetus from its site within the part (which would be a direct abortion from a uterine appendage); and that (c) the operation cannot be postponed without notably increasing the danger to the mother.
17. Hysterectomy, in the presence of pregnancy and even before viability, is permitted when directed to the removal of a dangerous pathological condition of the uterus of such serious nature that the operation cannot be safely postponed until the fetus is viable.

## II. Procedures Involving Reproductive Organs and Functions

18. Sterilization, whether permanent or temporary, for men or for women, may not be used as a means of contraception.
19. Similarly excluded is every action which, either in anticipation of the conjugal act, or in its accomplishment, or in the development of its natural consequences, proposes, whether as an end or as a means, to render procreation impossible.
20. Procedures that induce sterility, whether permanent or temporary, are permitted when: (a) they are immediately directed to the cure, diminution or prevention of a serious pathological condition and are not directly contraceptive (that is, contraception is not the purpose), and (b) a simpler treatment is not reasonably available. Hence, for example, oophorectomy or irradiation of the ovaries may be allowed in treating carcinoma of the breast and metastasis therefrom; and orchidectomy is permitted in the treatment of carcinoma of the prostate.
21. Because the ultimate personal expression of conjugal love in the marital act is viewed as the only fitting context for the human sharing of the divine act of creation, donor insemination and insemination that is totally artificial are morally objectionable. However, help may be given to a normally performed conjugal act to attain its purpose. The use of the sex faculty outside the legitimate use by married partners is never permitted even for medical or other laudable purpose, e.g., masturbation as a means of obtaining seminal specimens.
22. Hysterectomy is permitted when it is sincerely judged to be a necessary means of removing some serious uterine pathological condition. In these cases, the pathological condition of each patient must be considered individually and care must be taken that a hysterectomy is not performed merely as a contraceptive measure, or as a routine procedure after any definite number of Cesarean sections.
23. For a proportionate reason, labor may be induced after the fetus is viable.
24. In all cases in which the presence of pregnancy would render some procedure illicit (e.g. curettage), the physician must make use of such pregnancy tests and consultation as may be

needed in order to be reasonably certain that the patient is not pregnant. It is to be noted that curettage of the endometrium after rape to prevent implantation of a possible embryo is morally equivalent to abortion.

25. Radiation therapy of the mother's reproductive organs is permitted during pregnancy only when necessary to suppress a dangerous pathological condition.

## III. Other Procedures

26. Therapeutic procedures which are likely to be dangerous are morally justifiable for proportionate reasons.
27. Experimentation on patients without due consent is morally objectionable, and even the moral right of the patient to consent is limited by his duties of stewardship.
28. Euthanasia ("mercy killing") in all its forms is forbidden. The failure to supply the ordinary means of preserving life is equivalent to euthanasia. However, neither the physician nor the patient is obliged to the use of extraordinary means.
29. It is not euthanasia to give a dying person sedatives and analgesics for the alleviation of pain, when such a measure is judged necessary, even though they may deprive the patient of the use of reason, or shorten his life.
30. The transplantation of organs from living donors is morally permissible when the anticipated benefit to the recipient is proportionate to the harm done to the donor, provided that the loss of such organ(s) does not deprive the donor of life itself nor of the functional integrity of his body.
31. Post-mortem examinations must not be begun until death is morally certain. Vital organs, that is, organs necessary to sustain life, may not be removed until death has taken place. The determination of the time of death must be made in accordance with responsible and commonly accepted scientific criteria. In accordance with current medical practice, to prevent any conflict of interest, the dying patient's doctor or doctors should ordinarily be distinct from the transplant team.
32. Ghost surgery, which implies the calculated deception of the patient as to the identity of the operating surgeon, is morally objectionable.
33. Unnecessary procedures, whether diagnostic or therapeutic, are morally ob-

jectionable. A procedure is unnecessary when no proportionate reason justifies it. *A fortiori*, any procedure that is contra-indicated by sound medical standards is unnecessary.

## Section II: THE RELIGIOUS CARE OF PATIENTS

34. The administration should be certain that patients in a health facility receive appropriate spiritual care.
35. Except in cases of emergency (i.e., danger of death), all requests for baptism made by adults or for infants should be referred to the chaplain of the health facility.
36. If a priest is not available, anyone having the use of reason and proper intention can baptize. The ordinary method of conferring emergency baptism is as follows: the person baptizing pours water on the head in such a way that it will flow on the skin, and while the water is being poured must pronounce these words audibly: **I baptize you in the name of the Father, and of the Son, and of the Holy Spirit.** The same person who pours the water must pronounce the words.
37. When emergency baptism is conferred, the chaplain should be notified.
38. It is the mind of the Church that the sick should have the widest possible liberty to receive the sacraments frequently. The generous cooperation of the entire staff and personnel is requested for this purpose.
39. While providing the sick abundant opportunity to receive Holy Communion, there should be no interference with the freedom of the faithful to communicate or not to communicate.
40. In wards and semi-private rooms, every effort should be made to provide sufficient privacy for confession.
41. When possible, one who is seriously ill should be given the opportunity to receive the Sacraments of the Sick, while in full possession of his rational faculties. The chaplain must, therefore, be notified as soon as an illness is diagnosed as being so serious that some probability of death is recognized.
42. Personnel of a Catholic health facility should make every effort to satisfy the spiritual needs and desires of non-Catholics. Therefore, in hospitals and similar institutions conducted by Catholics, the authorities in charge should,

with the consent of the patient, promptly advise ministers of other communions of the presence of their communicants and afford them every facility for visiting the sick and giving them spiritual and sacramental ministrations.

43. If there is a reasonable cause present for not burying a fetus or member of the human body, these may be cremated in a manner consonant with the dignity of the deceased human body.

### Sources:

Final paragraph of Preamble — Vatican II: **Constitution on the Church, #27**

### Directive

- 3 *Pacem in Terris*, #11
- 11 Vatican II: *The Church Today*, 51
- 18 *Humanae Vitae*, #14
- 19 *Humanae Vitae*, #14
- 20 *Humanae Vitae*, #15
- 28 Vatican II: *The Church Today*, #27
- 42 Directory for the Application of the Decisions of the Second Ecumenical Council of the Vatican Concerning Ecumenical Matters, #63
- 43 *Canon Law Digest*, Vol. 6, Page 669