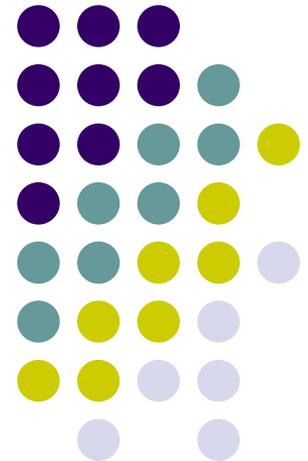
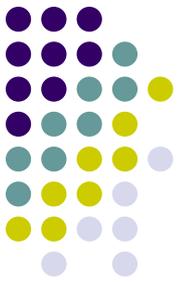


The Code of Ethical Standards for Catholic Health and Aged Care Services in Australia

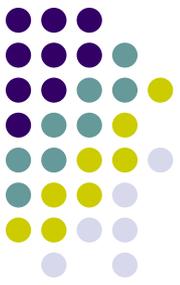
Fr Kevin McGovern,
Caroline Chisholm Centre for Health Ethics:
St Vincent's Hospital Leadership Team,
16 October 2014





Outline

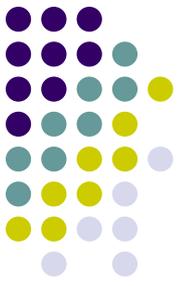
- 1. Why Catholic Ethics?**
- 2. Context of the *Code***
- 3. Overview of the *Code***
- 4. Catholic Distinctiveness**
- 5. Using the *Code***



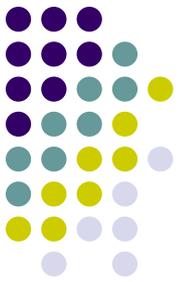
1. Why Catholic ethics?

- **Why is Catholic ethics different from secular ethics?**
- Both Catholic ethics and secular ethics are developing ethical traditions. They *are* different traditions.
- Catholic ethics is by far the most ancient tradition. Its dual basis is Greco-Roman philosophy and Judeo-Christian revelation. For most of history, this ethic has been at the heart of Western civilisation.
- On the other hand, secular ethics begins in the Enlightenment of the late C17.

1. Why Catholic ethics? (cont'd)



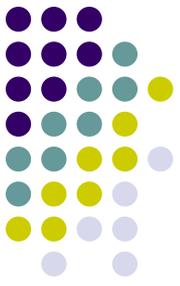
- Catholic ethicists hold that Catholic ethics has significant advantages over secular ethics:
 - better anthropology or understanding of the human person
 - stronger basis for recognising and upholding human dignity
 - greater practical concern for the most disadvantaged ('option for the poor')
- For all that, it is good that secular ethics challenges Catholic ethics – and that Catholic ethics challenges secular ethics. This keeps us all honest, and improves both ethical traditions.



2. Context of the Code

- **Issues Arise**
- **Comment and Debate**
- **Official Church Teaching**

Official Church Teaching



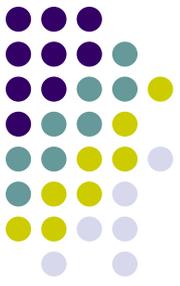
- **Ecumenical Councils**

- Second Vatican Council's *Pastoral Constitution on the Church in the Modern World (Gaudium et Spes)* (1965)

- **Popes**

- Encyclicals: Paul VI's *Humanae Vitae* (1968), John Paul II's *Evangelium Vitae* (1995), Benedict XVI's *Deus Caritas Est* (2005)
- Addresses: Pius XII to Congress on Psychotherapy & Clinical Psychology (1953), Pius XII to Congress of Anaesthesiologists (1957), John Paul II to World Medical Association (1983), John Paul II to 18th International Congress of the Transplantation Society (2000), John Paul II to Congress on Vegetative State (2004)

Official Church Teaching

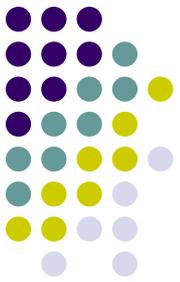


- **The Vatican**

- Congregation for the Doctrine of the Faith: *Declaration on Procured Abortion* (1974), *Sterilization in Catholic Hospitals* (1975), *Declaration on Euthanasia* (1980), *Donum Vitae* (1987), *Dignitas Personae* (2008)
- Pontifical Council for Health Pastoral Care: *Charter for Health Care Workers* (1995)

- **Bishops' Conferences**

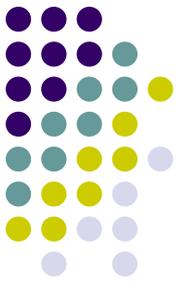
- United States Conference of Catholic Bishops: *Ethical and Religious Directives for Catholic Health Care Services* (2009)
- Australian Catholic Bishops' Conference: *Catholic Hospitals* (1992), *On the Obligation to Provide Nutrition and Hydration* (2004)



3. Overview of the Code

- Part I is about Basic Principles/ Values/ Guiding Beliefs;
- Part II is about Specific Issues/ Guidelines/ Daily Practices:
 - Guidelines without values are blind;
 - values without guidelines are lame.

Part I: Values



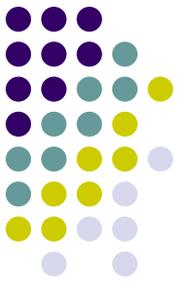
1) **Respect for persons within a culture of life**

- The foundation of our moral vision is the inherent dignity of each and every human person. We learn this through both revelation and reason.

2) **Health care and the mission of the Church**

- As a sign of the coming of God's kingdom, Jesus healed the sick. The Church continues this mission.
- "Health care is integral to the mission of the Church." (*Code*, p. 2)
- "The Church's deepest nature is expressed in her three-fold responsibility: of proclaiming the word of God, celebrating the sacraments, and exercising the ministry of charity... For the Church, charity... is a part of her nature, an indispensable expression of her very being." – Benedict XVI's *Deus Caritas Est*, #25a.

Part I: Values (cont'd)



3) The goals of health care

= maintaining good health, curing illness, relieving suffering, accepting death.

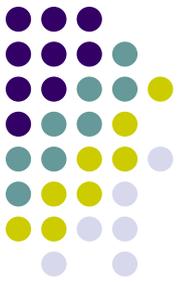
4) Justice in health care

- “Everyone has the right to receive essential health and aged care services.” (*Code*, p. 6)
- “Catholic health care should be distinguished by its willingness to work for justice in health care. We seek to serve and be advocates for those at the margins of society...” (*Code*, p. 6)

5) Collaboration in health and aged care

- “Health and aged care depends upon trusting collaboration between patients, residents, practitioners and carers.” (*Code*, p. 7)

Part I: Values (cont'd)

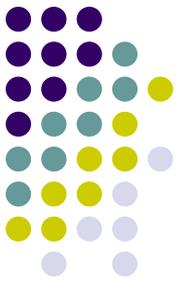


6) **Respect for personal embodiment**

- “In Catholic teaching the human person is a unity of body and spirit, in which the body... is the embodiment of a human person...” (*Code*, p. 8)

7) **Solidarity and the mystery of suffering and death**

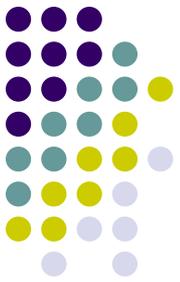
- “Suffering and death... can... acquire a positive, life-giving and redemptive value, especially from the perspective of religious faith.” (*Code*, p. 9)
- “Catholic health and aged care services should be marked by a material and spiritual solidarity with people who are sick, disabled, frail, elderly or dying...” (*Code*, p. 9)



Part II: Guidelines

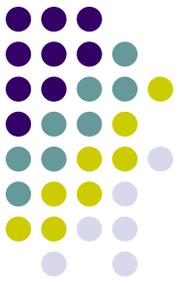
1. Decision Making in Health Care
2. Human Sexuality, Procreation & the Beginning of Life
3. Respect for Bodily Integrity
4. Older Persons and Those with Special Needs
5. End of Life
6. Research
7. Healthcare Institutions
8. Cooperation with Others

II.1 Decision Making in Health Care



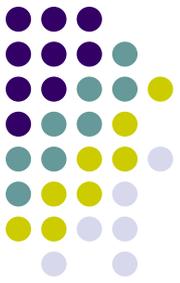
- Responsibility
- Truth-Telling
- Privacy & Confidentiality
- Futile & Overly Burdensome Treatment
- Unreasonable Requests
- Non-Therapeutic Interventions
- Self-Medication
- Tests

II.2 Human Sexuality, Procreation and the Beginning of Life



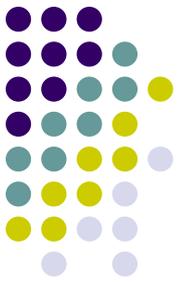
- Responsible Parenthood
- Contraception & Sterilisation
- Infertility
- Human Embryos
- Pregnancy
- Prenatal Testing & Genetic Counselling
- Abortion
- Fetal Surgery
- Neonatal Care

II.3 Respect for Bodily Integrity

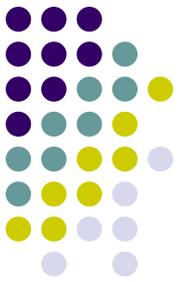


- Drug Rehabilitation
- Sexual Assault
- Body Image, Gender Reassignment
- Organ & Tissue Transplantation
- Determination of Death
- Xenotransplantation

II.4 Older Persons & Others with Special Needs

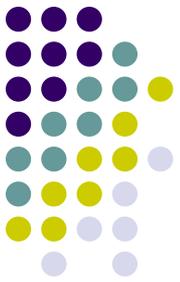


- Older Persons
- People with Chronic Illness/Physical Disabilities
- People with HIV/AIDS
- People with Intellectual Disability
- People with Mental Illness/Dementia
- Sick Children/Babies
- Abused Children
- Care of the Carers



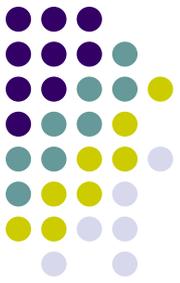
II.5 End of Life

- Care for the Whole Person
- Palliative Care
- Pastoral Care
- Withdrawal/Withholding Treatment
- Euthanasia
- Death & Clinical Markers of Death
- Respect for the Deceased, Post-Mortem Examination



II.6 Research

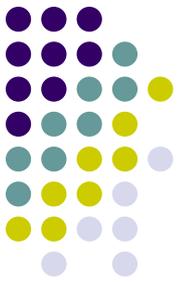
- Research Involving Humans
- Consent
- Vulnerable Participants
- Incompetent Participants
- Research Design & Methodology
- Donation of Body for Research / Teaching
- Research Involving Human Embryos & Fetuses
- Genetic Research
- Health Ethics Research
- Animal Research
- Research Ethics Committees



II.7 Healthcare Institutions

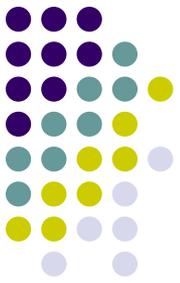
- Communities of Service
- The Australian Context
- Governance and Institutional Responsibility
- Collaborative Relationships
- Pastoral Care
- Care of Staff
- Financial Considerations
- Ethical Review & Formation

II.8 Cooperation with Others

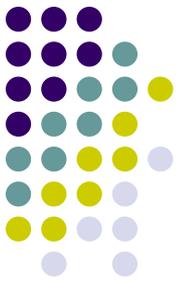


- Issues of Cooperation
- Formal Cooperation
- Material Cooperation
- Whether Material Cooperation is Justified
- Harmful Effects of Material Cooperation
- Scandal
- Case Study

Catholic Distinctiveness

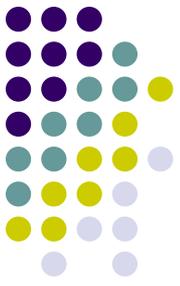


- A. Procreation
- B. Beginning of Life
- C. End of Life
- D. Cooperation with Wrongdoing



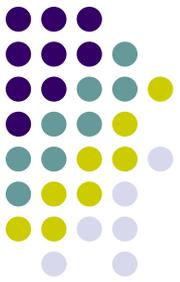
A. Procreation

- **Modern Secular Ethics:**
 - almost anything goes
- **Catholic Ethics:**
 - “Sexual union is only legitimate if a definitive community of life has been established between the man and the woman... through marriage.” (*Persona Humana*, #7)
 - The Church’s teaching about sex and procreation is “founded upon the inseparable connection, willed by God and unable to be broken by man on his own initiative, between the two meanings of the conjugal act: the unitive meaning and the procreative meaning.” (*Humanae Vitae*, #12)



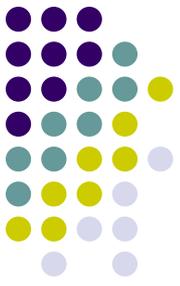
B. Beginning of Life

- **Modern Secular Ethics:**
 - 14 days? Birth?
- **Catholic Ethics:**
 - “The dignity of a human person must be recognised in every human being from conception to natural death.” (*Dignitatis Personae*, #1)



C. End of Life

- **Modern Secular Ethics:**
 - Unlimited choice to refuse treatment
 - Some want (unlimited) choice to receive lethal treatment (euthanasia or physician assisted suicide)
- **Catholic Ethics:**
 - Moral duty to use ordinary or proportionate means to preserve life
 - Moral freedom to refuse treatments which are futile or too burdensome



D. Cooperation with Wrongdoing

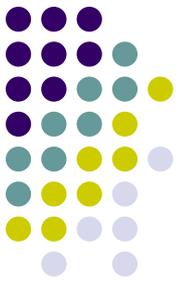
- **Modern Secular Ethics:**
 - Often, the ‘criterion of independence.’
- **Catholic Ethics:**
 - **Formal cooperation** is never morally permissible.” (*Code II, 8.9*)
 - “There must be serious reasons to justify **material cooperation** in someone else’s wrongdoing.” (*Code II, 8.11*)



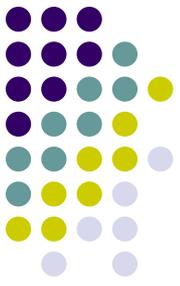
D. Material Cooperation

- Harmful Effects of Material Cooperation:
 - “It facilitates someone else’s wrongdoing.” (*Code II*, 8.14)
 - “There is a danger that one may become less sensitive to the wrongdoing.” (*Code II*, 8.15)
 - It “may also compromise one’s ability to witness to certain values or principles.” (*Code II*, 8.17)
- “The reasons which would justify cooperation by institutions sponsored by the Church are usually required to be more stringent than they need to be in the case of individuals...” (*Code II*, 8.17)

A Vision Statement



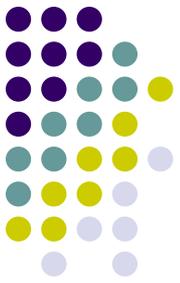
- “Lord, when was it that we saw you hungry and gave you food, or thirsty and gave you something to drink? And when was it that we saw you a stranger and welcomed you, or naked and gave you clothing? And when was it that we saw you sick or in prison and visited you?” And the Son of Man will answer them, “Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me.”
 - Matthew 25:35-40, quoted in the *Code*, p. 4.



Where Do You Get It?

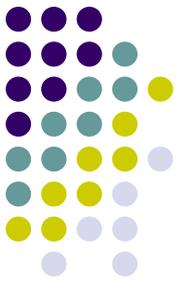
- *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia*
 - download for free
 - access the mobile version
 - buy a print copy for \$27
 - ✓ I am eligible for CHA member pricing
 - ✓ I am eligible for GST exemption
 - from **Catholic Health Australia** website:
<http://www.cha.org.au/publications.html>

5. Using the Code



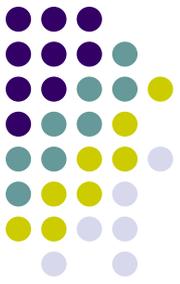
- A 32-year-old woman is receiving chemotherapy for lymphoma. She has been hospitalised after an adverse reaction to recent treatment. She tells her nurse that she is also taking alternative treatment for her cancer, and asks whether the hospital staff will give her this alternative treatment along with her prescribed medication.
 - *Code II.1.22*

5. Using the *Code* (cont'd)



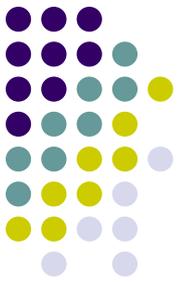
- Your hospital is developing programs to retrieve organs for transplantation. You are planning for both Donation after Brain Death (DBD) and Donation after Cardiac Death (DCD). What guidance does the *Code* offer for your programs?
 - *Code* II.5.21-23 on the determination of death
 - *Code* II.3.14-27

5. Using the *Code* (cont'd)



- A 64-year-old man has inoperable oesophageal cancer, with possible secondaries in the liver, bone (arm) and brain. He has advanced diabetes, and has been insulin dependent for 20 years. He asks for the insulin to be discontinued. “I’m ready to die,” he says.
 - *Code* II.1.13-14
 - *Code* II.5.9-12

5. Using the *Code* (cont'd)



- Your hospital has developed a cell line of human pancreatic islet cells. You receive a request from another institution. A researcher there is developing cell lines from aborted fetuses. He wants to use your cell line as a control in his experiments. Do you agree to do so?
 - *Code* II.8.8-9



5. Using the Code (cont'd)

- A week ago, one of the theatre nurses was involved in organ retrieval in a case of Donation after Brain Death (DCD). He has since read some of the peer-reviewed literature which questions whether brain death really is death. He reports to his line supervisor that he is no longer convinced that brain death really is death. He asks not to be involved in any more cases like this.
 - *Code II.5.21-23 and Code II.3.14-27*
 - *Code II.7.19*