

# *Maintaining our Ethical Culture*

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## **4 The Code of Ethical Standards**



**ST JOHN OF GOD**  
Health Care

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# Programme

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1. Revision: End of Life Decision-Making
2. *Code of Ethical Standards*
3. Framework 3: DECIDE
4. Case Studies



# 1. Revision: End of Life

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- A. Facing the Truth
- B. Refusing Treatment
- C. Pain Control
- D. Tube Feeding
- E. Advance Care Planning



## 2. *Code of Ethical Standards:* Context

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- Issues Arise
- Comment and Debate
- Official Church Teaching



# Official Church Teaching

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- 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), Francis's *Laudato Si'* (2015)
  - 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 18<sup>th</sup> International Congress of the Transplantation Society (2000), John Paul II to Congress on Vegetative State (2004)



# Official Church Teaching (cont'd)

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- 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)



# *Code of Ethical Standards*

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- 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: Principles

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## 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: Principles (cont'd)

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## 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: Principles (cont'd)

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## 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

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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

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- 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

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



## II.3 Respect for Bodily Integrity

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



# II.4 Older Persons & Others with Special Needs

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- 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

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- 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

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



# II.7 Healthcare Institutions

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- 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

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



# Catholic Distinctiveness

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



# A. Procreation

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- **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 meaning of the conjugal act: the unitive meaning and the procreative meaning.” (*Humanae Vitae*, #12)



# B. Beginning of Life

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- **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

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- **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 right to refuse extraordinary or disproportionate treatments which are futile or too burdensome



# D. Cooperation with Wrongdoing

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- **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)





# Material Cooperation (cont'd)

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- 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

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- “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?

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- *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia*
- *Advance Care Plan*
- *A Guide for People Considering Their Future Health Care*
- *A Guide for Health Care Professionals Implementing a Future Health Care Plan*
  - Download them all for free from **Catholic Health Australia** website:  
<http://www.cha.org.au/publications.html>



# 3. Framework 3: DECIDE

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- 1) The Grid
- 2) Values-based Framework
- 3) DECIDE



# Framework 1 : The Grid

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Problem		Ethical Principle	Legal Position
1	What problem do we see ?	What does CHA Code say about this ?	What does the law say ?



# Framework 2: Values-Based

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- What are the **facts** of the case?
- What are the **values** at stake?
- Are there any **guiding ethical principles**?
- **Who** should be involved in deciding?
- Can the decision be **reviewed**?



# Framework 3: DECIDE Model

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|------------------------------|--|
| <b>D</b> efine the problem   | <i>what facts? ethical issues?</i>     |
| <b>E</b> thical review       | <i>values? principles? priorities?</i> |
| <b>C</b> onsider options     | <i>what is reasonable to do?</i>       |
| <b>I</b> nvestigate outcomes | <i>costs/benefits, outcomes</i>        |
| <b>D</b> ecide on action     | <i>agreed action plan</i>              |
| <b>E</b> valuate results     | <i>criteria for assessment?</i>        |



# 4. Case Studies

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- What are the facts of the case?
- What does the *Code* say?
  - Use the *Code* often, especially at first
- What does the *Grid* say?
  - Use the *Grid* often, especially at first
- Are either of the other frameworks useful?
- What do you conclude? How certain are you?
- When should the decision be reviewed?

