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Ethics and Religious Directives
Advanced Directives

Ethics

- The ethics code followed by CMC and all Catholic hospitals and health care institutions is called the *Ethical and Religious Directives for Catholic Health Care Services* ("ERDs"). All employees, volunteers, and board members of CMC and others providing services at CMC must adhere to the ERDs.

- The ERDs contain 72 directives pertaining to the social responsibilities of the organization, pastoral care, the professional-patient relationship, beginning of life issues, end of life issues, and partnerships with other health care organizations and providers.

Ethical and Religious Directives of Catholic Health Care Services
Social Responsibility of Catholic Health Care

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5 Normative Social Principles of Catholic Health Care

1. Commitment to promote and defend human dignity
2. Health care for the poor, the uninsured and the underinsured
3. Contribution to the common good
4. Responsible stewardship of available health care resources
5. Catholic health care does not offend the rights of the individual conscience by refusing to provide or permit medical procedures that are judged morally wrong by the teaching authority of the Church.

ERDs
Pastoral and Spiritual Care

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- The care offered is not limited to the treatment of a disease or bodily ailment. It embraces the four aspects of the human person:
  - Physical
  - Psychological
  - Social
  - Spiritual Dimension

- Roman Catholic Priest are available 24 hours a day, 7 days a week to offer the Sacrament of the Anointing of the Sick.

- Through the Pastoral Care office, chaplains are available to meet the spiritual needs of CMC patients.

ERDs
Beginning of Life Issues

- Abortion, that is, the directly intended termination of a pregnancy before viability or the directly intended destruction of a viable fetus is never permitted, nor are referrals for an abortion (ERD 45).

- Direct sterilization (ERD 53), In Vitro Fertilization, IVF based procedures (ERD 40, 41) are not permitted in Catholic Health Care Institutions nor are referrals for such services.

- Catholic health institutions may not promote or condone contraceptive practices" (ERD 52).

ERDs
Beginning of Life Issues

- A referral is an action that directs a patient to a specific health professional for a specific purpose based on the professional judgment of the referring agent. A referral is to be distinguished from the provision of general information that is accessible in the public domain and is provided on the basis of legal requirements.

- Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child (ERD 47).

ERDs
End of Life Care

One should avoid two extremes:

1. Insistence on useless and burdensome technology when a patient legitimately wishes to forego it and feels it do not offer a reasonable hope of benefit, entails an excessive burden or impose excessive expense on the family or the community (Ethically disproportionate care) (ERD 57).

2. Withdrawal of technology that has a reasonable hope of benefit (Ethically proportionate care) (ERD 56).

ERDs
End of Life Care
Artificial Nutrition and Hydration

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- "In principle, there is an obligation to provide patients with food and water including medically assisted nutrition and hydration for those who cannot take food orally… medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be "excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed." (ERD 58)

ERDs
Partnerships with Other Health Care Providers

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- "Decisions that may lead to serious consequences for the identity or reputation of Catholic health care services, or entail the high risk of scandal, should be made in consultation with the diocesan bishop." (ERD 67)

- "Any partnership that will affect the mission or religious and ethical identity of Catholic health care institutional services must respect church teaching and discipline." (ERD 68)

Clinical Ethics Services

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- The ERDs make clear that "ethics consultation should be available to assist by advising on particular ethical situation." (#37)

- Any patient, family member, or care team member may request an ethics consultation at CMC by dialing O to make the request.

- Ethics consultation involving the Director of OCI and/or ethicist consultant, and/or the CMC Ethics Committee is available in four ways:
  (1) Impromptu Ethics Advisory
  (2) Care team meetings,
  (3) Family/ care team meetings,
  (4) CMC Ethics Committee consultation a simple informational question to a full review.

Advance Directives

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- Catholic Medical Center is required by Law as well as the *Ethical and Religious Directives for Catholic Health Care Services* to ask all individuals being admitted if they have Advance Directives. For Catholics the *Three Beliefs*, A Catholic Guide on Durable Power Attorney for Health Care in New Hampshire, *is* available through the Office of Catholic Identity.

- <u>What is an Advance Directive</u>? An advance directive is a legal document written in advance of an incapacitating illness, which allows patients to state their preferences about medical care.

- <u>What is a Living Will</u>? A Living Will is a set of written instructions by a patient for the physician which state that life-sustaining treatment should not be administered if the patient is in a terminal condition and near death or is permanently unconscious. The Living Will also gives instructions on the use of medically administered nutrition and hydration ("MANH").

Advance Directives

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- What is a Durable Power of Attorney for Health Care ("DPOAH")? Durable Power of Attorney for Health Care is a document in which a patient names another person to act as a Health Care Agent to make medical decisions should the patient become incapacitated. It also includes the patient's instructions about life-sustaining treatment and MANH. *According to the Three Beliefs this is the preferred option for Catholics.*

- Can a Health Care Agent override a patient's decisions to forgo or continue life-sustaining treatment and MANH? Yes. An agent can override these decisions as long as the DPOAH document specifically provides the Agent with the authority to make decisions about these options in the appropriate sections of the document.

Organ Donation

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- Organ donation is encouraged in the ERDs and in Catholic teaching: "Organ donation after death is a noble and meritorious act and is to be encouraged as an expression of generous solidarity" (*Catechism of the Catholic Church*, n. 2296).

- CMC policy is to inform the New England Organ Bank (NEOB) of all deaths, including impending deaths determined neurologically, and to invite every potential donor family to authorize an organ donation in accordance with CMC policy.

Organ Donation

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- The high respect that CMC has for the religious beliefs and cultural values of its patients extends to the issue of organ donation. Patients and families may have religious beliefs that place restrictions on organ donation, or they may have cultural apprehensions about donation.

- In their communication with patients and families, CMC staff must show sensitivity for particular religious and cultural beliefs and attitudes regarding organ donation. When appropriate, family clergy and/or the Director of the Office of Catholic Identity should be included.