The ERDs, Part IV: Select Issues and Opportunities for Pastoral Care

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Objectives

Participants will be better prepared to:

1. Discuss why Catholic hospitals do not permit certain procedures;

2. Apply Part IV of the ERDs to assess the moral status of particular procedures;

3. Identify opportunities to provide pastoral and spiritual support to patients
Outline

- Cases for Context
- Concepts
- Principles
- Selected ERDs: Part IV
- Conclusion
Cases for Context

- 42 y/o, uninsured female, 15 wks g/a
- Tri-panel screen and ultrasound reveal anencephaly
- OB recommends D&E to end “futile pregnancy,” avoid psychological distress
- Gives woman a couple days to think about it, while Dr. makes arrangements
Cases for Context

- 36 y/o female, gravida III, 30 wks g/a
- C-section scheduled due to cardiomyopathy
- Future pregnancy contraindicated
- OB/GYN wants intraoperative tubal ligation
Imago Dei

Then God said, “let us make man in our image, in our likeness, and let them rule over the fish of the sea and the birds of the air, over the livestock, over all the earth, and over all the creatures that move along the ground.” So God created man in his own image, in the image of God he created him; male and female he created them. ~ Gen. 1:26-27 NIV
Understanding Imago Dei

- Biblical: The image of God resides in each of us insofar as we are all God’s children
- Philosophical: We are created co-creators insofar as we are free, rational, embodied beings
- Theological: We are always in relationship with God insofar as God is manifest in us
Imago Dei: Practical Implications

- Every human life is inherently valuable and deserving of respect insofar as all life is a gift from a loving God.

- The human person is integrally physical and material, spiritual and creative, social and relational, free and morally responsible.

- Humans have a limited authority over life and all the gifts of creation.
Objectively Immoral (intrinsic evil)

- An act that in Catholic moral teaching is considered unjustifiable, regardless of how good the (secondary) intentions of the agent or the consequences of the act.

Direct Intention

- An effect that is willed as an end for its own sake or as a means to some other end.

Indirect Intention

- An effect that is foreseen but merely tolerated.
Subjective Culpability

- The moral responsibility or blameworthiness that an individual bears (or doesn’t bear) for the commission of a morally wrong act

Duress

- Limitations on individual choice arising from threatening circumstances such that one’s moral culpability for wrongdoing is diminished or eliminated
Four Realms of Ethics

A Symbiotic Relationship

Individual
Organizational
Social
Global

Concepts
Principles

Human Dignity

- Inherent worth and value of every human life
- Right to life is the fundamental right
  - Positive obligation to preserve life must take account of concrete circumstances of the patient, holistically considered
  - Absolute negative obligation never to directly intend to kill human life
Principles

Double Effect

An action that has both a good and a bad effect is justified, if:

- Action itself is not *intrinsically immoral*
- Direct intention is for the good effect
- Good effect is proportionate to bad effect
- Bad effect does not cause the good effect
- Bad effect does not precede good effect
Double Effect (Medical Context)

A treatment that offers a benefit but also has a foreseen harmful effect is justified if:

- The treatment is immediately therapeutic
- The harm is only a foreseen “side-effect”
- Benefit is equal to or greater than harm
  - A less harmful treatment is not available
- The harmful effect is not the means used to achieve the intended benefit
Principles

Stewardship

- Nature understood as “teleological”
- Stewardship consists in helping “things” advance toward their inherent purpose
- In creating us free and intelligent, God gave us a share in his dominion (i.e., authority)
- Human beings are morally obliged to use the gifts of the created world, including their own bodies, in accordance with their inherent teleology
Principles

Integrity and Totality

- Integrity: the duty to preserve a view of the whole person in which the values of intellect, will and conscience are pre-eminent

- Totality: the duty to preserve intact the physical integrity of the body, whereby every part exists for the sake of the whole

- Procedures that cause harm can only be justified by a proportionate benefit to the whole person
Principles

Patient Autonomy

- The ability to advance one’s spiritual and physical welfare through participating in decision-making
- Autonomy and its corresponding rights are not absolute
- Human Dignity, Common Good & Stewardship
- No right to demand treatment
- Basis for informed consent and legal right to refuse treatment
ERDs Section IV: Introduction

“The Church’s commitment to human dignity inspires an abiding concern for the sanctity of human life from its very beginning, and with the dignity of marriage and of the marriage act by which life is transmitted.”

“Catholic health care ministry witnesses to the sanctity of life ‘from the moment of conception until death’.”

“The Church’s defense of life encompasses the unborn and the care of women and their children during and after pregnancy.”
“The Church cannot approve contraceptive interventions that . . . have the purpose, whether as an end or as a means, to render procreation impossible.”

Such interventions violate “the inseparable connection willed by God . . . between the two meanings of the conjugal act: the unitive & procreative.”

“For legitimate reasons of responsible parenthood, married couples may limit the number of their children by natural means.”
Section IV: Directives

No. 45: Any procedure whose sole immediate effect is the termination of pregnancy before viability, or whose directly intended effect is the destruction of a viable fetus, is a direct abortion, and is never permitted; includes interval between conception and implantation.

No. 46: Care for persons who have suffered the trauma of abortion.
Section IV: Directives

No. 47: Procedures whose direct purpose/effect is to save the life of a pregnant woman are permitted, even if they will result in fetal death, when they cannot be safely postponed.

No. 48: “In case of extrauterine pregnancy, no intervention is morally licit which constitutes a direct abortion.”

No. 49: “For a proportionate reason, labor may be induced after the fetus is viable.”
Section IV: Directives

No. 50: Prenatal Diagnosis permitted, except when undertaken with intent of abortion

No. 53: “Direct sterilizations of either men or women, whether permanent or temporary, is not permitted in a Catholic health care institution. Procedures that induce sterility are permitted when their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available.”
“Decisions that go against life sometimes arise from difficult or even tragic situations of profound suffering . . . . Such circumstances can mitigate even to a notable degree subjective responsibility and the consequent culpability of those who make these choices.”

~JP II, Evangelium Vitae, no. 18
“The distinction between objective morality (i.e., what is helpful or harmful to the human person by reason of the moral object) and subjective culpability (i.e., a person’s own understanding and responsibility for good or ill) is fundamental to pastoral care, which is directed toward helping people overcome the gap that often exists between moral truth and moral sensitivity . . . .
The wisdom of pastoral counseling recognizes that the acceptance of moral truth and the development of moral sensitivity are gradual processes. The reform and renewal of morality are not accomplished through condemnation, but through patience and compassion . . . . Pastoral considerations seek to help people follow the norms of sexual morality so that they will grow as persons . . . .”

~Frs. B. Ashley & K. O’Rourke, *Ethics of Healthcare*, pp. 138—139
Discussion & Questions

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