The Health Ethics Guide: Progress, Lessons and Cautions for Catholic Health Care

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THE REVIEW & REVISION PROCESS

PROGRESS AND ISSUES

LESSONS

CAUTIONS
Review & Revision Process

- Review Process: Jan-Sept. 2007
  (45 ethicists and moral theologians in Canada, USA, Britain, Australia…)

- Revision Process: Nov 2007- Summer 2010
  (Chapter subcommittees with more than 60 participants – ethicists, CEOs, sponsors, canon lawyers, ethics committee members…)

- Submission of Draft Revision to CCCB

- Receipt of Comments and Questions from the Doctrinal Committee of the CCCB: Dec 2010

- Incorporation of Comments by Editorial Team: Jan- May 2011

- Submit Revision to the CCCB June 2011
Assessing the Adequacy of the CHAC Health Ethics Guide

Final Report of the Health Ethics Guide Steering Committee

Presented to the CHAC Board of Directors
September 2007

This report was written and designed by James Roche.
Review Steering Committee

Appendix 2: Steering Committee Members

**Fr. Michael Prieur**
(Steering Committee Chair)
who graduated from St. Peter’s Seminary, London, Ontario, in 1965, obtained his Doctorate in Theology from the Pontificio Ateneo di S. Anselmo in Rome in 1969. As a professor of Moral and Sacramental Theology at St. Peter’s Seminary for over thirty-five years, he has specialized in Bioethics, the Sacrament of Marriage, and the Art of the Confessor. He has published books, articles and position papers, and is widely consulted. Presently, he is Coordinator of the Permanent Deacon Program for the Diocese of London. Fr. Prieur was a member of the Advisory Committees responsible for the development of the 1991 *Health Care Ethics Guide* and the 2000 *Health Ethics Guide*.

**Dr. Moira McQuee**
graduated in law from the University of Glasgow, Scotland and worked as a lawyer for several years, specializing in family law and juvenile court. After obtaining her Master of Divinity Degree from the Faculty of Theology, University of St. Michael’s College and the Toronto School of Theology, she earned a PhD in moral theology, also from St. Michael’s. She has been teaching moral theology at the Faculty of Theology since 1994. Moira was appointed Director of the Canadian Catholic Bioethics Institute (CCBI) in July 2004.

**In May 1993, Pat Murphy**
established the Health Ethics Service at St. Boniface General Hospital in Winnipeg, Manitoba. The Service provides a comprehensive ethics program to the ten member facilities of the Catholic Health Corporation of Manitoba (CHCM). Pat’s work includes clinical, organizational and research ethics consultation that is available to patients, residents, families, health care professionals, students, administrative and governance personnel associated with the CHCM, as well as members of the general public. Pat also has a university appointment with the Department of Family Medicine, University of Manitoba, where her teaching commitments focus on ethics.

**James Roche** was first employed by the Catholic Health Association of Canada (CHAC) in 1994 as a researcher/writer. He is the author of several books for the CHAC including *Integrating Health and Values, Spirituality and Health, and Facing Death, Discovering Life*. In 1999 he assumed responsibility for the advocacy activities of the association, and is currently Vice-President, Ethics, Advocacy and Public Policy. He was also a member of the working group responsible for the development of the 2000 *Health Ethics Guide*.

**Gordon Self** is Vice President, Mission, Ethics and Spirituality with Caritas Health Group (Edmonton). Gordon is executive lead for clinical and organizational ethics, mission integration, diversity and spiritual care at Caritas. He is the co-facilitator of the Caritas Leadership Program, helping develop leaders in values-based decision making and ethical reflection, making extensive use of the Health Ethics Guide in his teaching, clinical and administrative roles. A former chaplain at St. Boniface General Hospital in Winnipeg, Gordon is currently working part-time on his Doctor of Ministry degree with a focus on organizational decision making and discernment.

**Ashley Carlson** participated in the work of the Steering Committee in June and August. Ashley is a Masters of Public Health student, specializing in Health Policy and Management, at the University of Alberta. She is currently completing an internship with the Caritas Health Group where she is working with Gordon Self, VP of Ethics, Mission and Spirituality as well as another senior executive. Ashley has previously worked for PHEN, the Provincial Health Ethics Network of Alberta, as the Programming Assistant and continues to do so part time.
SOME OF THE CANADIAN REVIEWERS

Margaret Somerville

Anne Anderson, CSJ

Mark Miller, CSsR

George Webster

John Dossetor

Hazel Markwell

Frank Morrisey, OMI
EDITORIAL TEAM: 2011

Michael Coughlin
Editor

Sr. Nuala Kenny

Fr. Michael Prieur

Fr. Jack Gallagher, CSB

James Roche
OUTLINE OF THE HEG

- Introduction
- The Social Nature of Care
- Dignity of the Human Person
- Care at the Beginning of Life
- Care at the End of Life
- Organ Donation
- Research Involving Humans
- Governance and Administration
- Appendices
  - Ethical Discernment
  - Formation of Conscience
  - The Principle of Legitimate Cooperation
HEG divided into Chapters and Appendices

Each Chapter or Appendix had a subcommittee of revisers led by a Core Group member

A total of more than 60 persons assisted in the revision process

Chapters were then submitted to the Core Group for the final drafting
General concerns re:

- "tone…conditional rather than imperative”

- “the lack of privileged place for Church teaching and authority among the sources of moral reflection”

- “repeated use of phrases like ‘in the Roman Catholic tradition’

- “statements which could mislead..” e.g., “The Catholic tradition is not always clear or unanimous concerning all moral issues”
Our General Responses

- Importance of the 3 goals of the HEG
  - Fostering commitment to the continuation of the compassionate, healing ministry of Jesus Christ
  - Articulation of Catholic values and moral principles
  - Promotion of pastoral application of these values and principles in the real world of health care

- The difference between ERD’s and the HEG

- Recognizing our post-Christendom context
  - Most staff, employees, patients are not Catholic
  - Governance issues have become very complex
Specific issues re:

- Conscience (criticism re our Appendix)
- Importance of *Catholic* spiritual care
- Comments re “soft” articulation on life issues; unitive & procreative; contraception and reproductive technologies
- Medically Assisted Nutrition and Hydration
- Governance
The biologic life of individuals, especially at the beginning and the end of life, dominates ethics.

BUT

- If morality requires respect for the life of the body, it does not make it an absolute value.
  
  Catechism #2289

- “Life and physical health are precious gifts entrusted to us by God. We must take reasonable care of them, taking into account the needs of others and the common good.”
  
  Catechism #2288
There is general inattention to the social nature of care and the good of health care in Catholic health ethics.

BUT the HEG tries to situate our concern for the health of individuals with our social teaching.

Pope Benedict XVI
- Challenge of re-capturing and truly integrating Catholic "social teaching with life ethics"
  - (Caritas in Veritatae)
SOME LESSONS

The dominance of sexual & reproductive ethics and end of life issues means a failure to focus on some major medical advances with moral significance:

- Genetics, enhancements and the notion of the normal
- Technology and the natural
- Brain science and the moral
- Individualized medicine and the limits of the market
CHALLENGING FOUNDATIONAL NOTIONS

- Technology and the Natural/Normal
- Brain Science and the Moral
SOME LESSONS

- Catholic Health Care is provided in the Post-Christendom public space
  - Formation of Catholic conscience is crucial
  - But care is not provided in a Catholic ‘ghetto’
  - Most patients and staff are not Catholic
  - General values and practices are not necessarily coherent with Catholic thought

- Governance is complex
  - Bishops, sponsors, governments, accreditation bodies etc.
The future of Catholic health care is uncertain:

- It is bound up with concerns re “Catholic identity”
  - Determined by manifesting the compassion of Christ?
  - Determined by our moral theology?

- It is dependent, in large part, on our moral theology
  - How understood?
  - The importance of application (and ethicists)

- Potentially limited because of our morality
Failure to integrate our social ethics with our life ethics:
  • promotes rampant individualism and vitalism in the name of life.
  • inhibits the development of the common good
    ○ and the socio-economic determinants of health
  • makes us complicit in technological and commodified notions of care
We need urgently to re-vitalize principles for legitimate cooperation in the post-Christendom world of health care:

- Principles of “legitimate cooperation”
- “Lesser of two evils”
  - Disease prevention
  - Harm reduction
  - Other
Our primary concern must be the continuation of the compassionate, healing and reconciling ministry of Jesus in the complex circumstances of modern health care.

We must be attentive to all aspects of Jesus’ cures:
- Responds to physical and emotional suffering
- Restores to persons integrity and sense of dignity
- Restores persons to the community