

## Part Six: Forming new partnerships with health care organizations and providers

- New relationships may offer opportunities to influence the healing profession.
- New relationships may pose serious challenges to Catholic identity.
- Systematic and objective moral analysis is necessary when considering new relationships. Reliable theological experts are to be consulted when considering arrangements with other organizations.
- Partnerships that affect the mission or religious and ethical identity of the Catholic health care institution must respect Church teaching and discipline.
- Decisions leading to serious consequences for the identity or reputation of Catholic health care services are made in consultation with local church leadership.
- Implementation of arrangements with other organizations must be periodically reviewed to ensure alignment with Church teaching.

**Note:** This summary does not substitute for a careful reading of the *Ethical and Religious Directives for Catholic Health Care Services* (2009) in order to develop a more thorough understanding of its contents.



### Mission

Ascension WI is committed to living out the healing ministry of Jesus by providing exceptional and compassionate health care service that promotes the dignity and well being of the people we serve.

## ETHICAL AND RELIGIOUS DIRECTIVES

### Catholic health care services

This brochure is a summary of the *Ethical and Religious Directives for Catholic Health Care Services* (ERDs) as prepared by Wheaton Franciscan Healthcare. It is not an official summary from the United States Conference of Catholic Bishops and does not substitute for careful reading of the ERDs.



There are two aims of the Ethical and Religious Directives for Catholic Health Care Services (ERDs):

1. Reaffirm the ethical standards that flow from the Church's teaching about human dignity.
2. Provide authoritative guidance on some specific moral issues facing Catholic health care.

### **Part One: The social responsibility of Catholic health care services**

- Catholic health care is guided by four normative principles:
  1. a commitment to promote human dignity,
  2. to care for the poor,
  3. to contribute to the common good, and
  4. to be responsible stewards of available resources.
- Catholic health care is marked by respect among caregivers which leads to treating all with sensitivity and compassion.
- Catholic health care is distinguished by service and advocacy to the poor and vulnerable.
- Catholic health care institutions treat associates respectfully and justly.
- Associates and physicians respect and uphold the ERDs.

### **Part Two: The pastoral and spiritual responsibilities of Catholic health care**

- Catholic health care extends to and embraces all aspects of the person: physical, psychological, social, and spiritual.
- Pastoral/spiritual care staff minister to the religious and spiritual needs of all patients, residents, and families.
- Pastoral/spiritual care staff work collaboratively with community clergy.
- Sacramental ministry is available to Catholic patients and residents.
- Staff has appropriate professional preparation.



### **Part Three: The professional-patient relationship**

- Mutual respect, trust, honesty, and confidentiality mark this relationship.
- Personal nature of care must not be lost even when a team of caregivers is involved in care.
- The dignity of the person is respected regardless of health problem or social status, (e.g., race, creed, color, national origin, ancestry, religion, sex, sexual orientation, marital status, age, newborn status, handicap, or source of payment).
- Advance directives, consistent with moral teaching, are respected and honored.
- Informed consent of persons is required and includes information about benefits, risks, side effects, consequences, and cost of treatment alternatives.
- Organ donation is encouraged.
- Compassionate care is offered victims of sexual assault.
- Caregivers, especially physicians, understand and utilize the benefit/burden principle (ordinary/extraordinary means) in the analysis of treatment options for patients and residents.
- An ethics mechanism (e.g., ethics committee) is available to assist with case consultation, education, and policy review.

### **Part Four: Issues in care for the beginning of life**

- Catholic health care ministry honors the sanctity of life from conception until death.
- What is technically possible may not be morally appropriate.
- Some specific forms of procreative assistance are permissible.
- Surrogate parenting relationships are precluded.
- Abortion and elective sterilization are not allowed.
- Prenatal diagnosis and treatments must not threaten the life of the unborn child.
- Compassionate care is provided to those who have had an abortion.

### **Part Five: Issues in the care of the dying**

- A Catholic health care institution will be a community of respect, love, and support to patients and residents and their families as they face the reality of death.
- The task of medicine is to care even when it cannot cure.
- Catholic health care avoids the use of futile or burdensome technology that offers no reasonable benefit to patient or resident.
- Medical staff must not withdraw technology with the intention of causing death.
- Euthanasia and physician-assisted dying are not permitted.
- In principle there is the presumption for nutrition and hydration if the benefit outweighs the burden to the patient or resident.
- Patients and residents should be kept as free of pain as possible.
- Pain suppressing or alleviating medicine that may indirectly shorten a person's life is permitted so long as the intent is not to hasten death.