“The Role of Catholic Medical Ethics in Today’s World”

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DICASTERY FOR INTEGRAL HUMAN DEVELOPMENT
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Catholic Medical Ethics and Health Care

I. Fundamental Concepts of the New Charter

II. Case Studies

A. Procreating and the Challenge of Infertility
B. Living and the Responsibility for Prevention of Disease
C. Dying and the Determination of Ordinary/Extraordinary Means

Catholic Healthcare & the Parable of the Good Samaritan

"But a Samaritan . . . when he saw him, he had compassion, and went and bound up his wounds, pouring on oil and wine; then he set him on his own beast and brought him to an inn, and took care of him." **—Luke 10:33-34**

- **St. Augustine:** Fallen humanity, and the Good Samaritan is Christ

"The health care worker is a reflection of the Good Samaritan in the parable, who stops for the injured man, becoming his 'neighbour' in charity."

—New Charter, # 8

Human Life and Dignity—Centered on Jesus Christ

"This dignity, which all human beings can recognize by reason, is ***elevated*** to a further level of life, that of God's own life, inasmuch as the Son, in becoming one of us, makes it possible for human beings to become 'children of God' (John 1:12), 'partakers of the divine nature' (2 Peter 1:4). "

—***New Charter***, Intro.

- ***Caro salutis est cardo*** (Tertullian)

" The flesh is the hinge of salvation"

HEALTH CARE, Integrally Defined

"Everything pertaining to prevention, diagnosis, treatment and rehabilitation for the better **physical, psychological, social, and spiritual** balance and well-being of the person." —New Charter, # 3

- Spiritual dimension (W.H.O. includes only Physical, Mental, Social)

Institutions are essential, but ***"no institution can by itself replace the human heart or human compassion."***

Foundation of Faith & Reason

"Faith and reason are like two wings on which the human spirit rises to the contemplation of truth"
—St- John Paul II

"The Church, in proposing moral principles and evaluations for biomedical science, draws on **the light of both *reason* and *faith***, developing an integral vision of the human person and his vocation that is capable of accepting everything good that emerges from human works from various cultural and religious traditions."

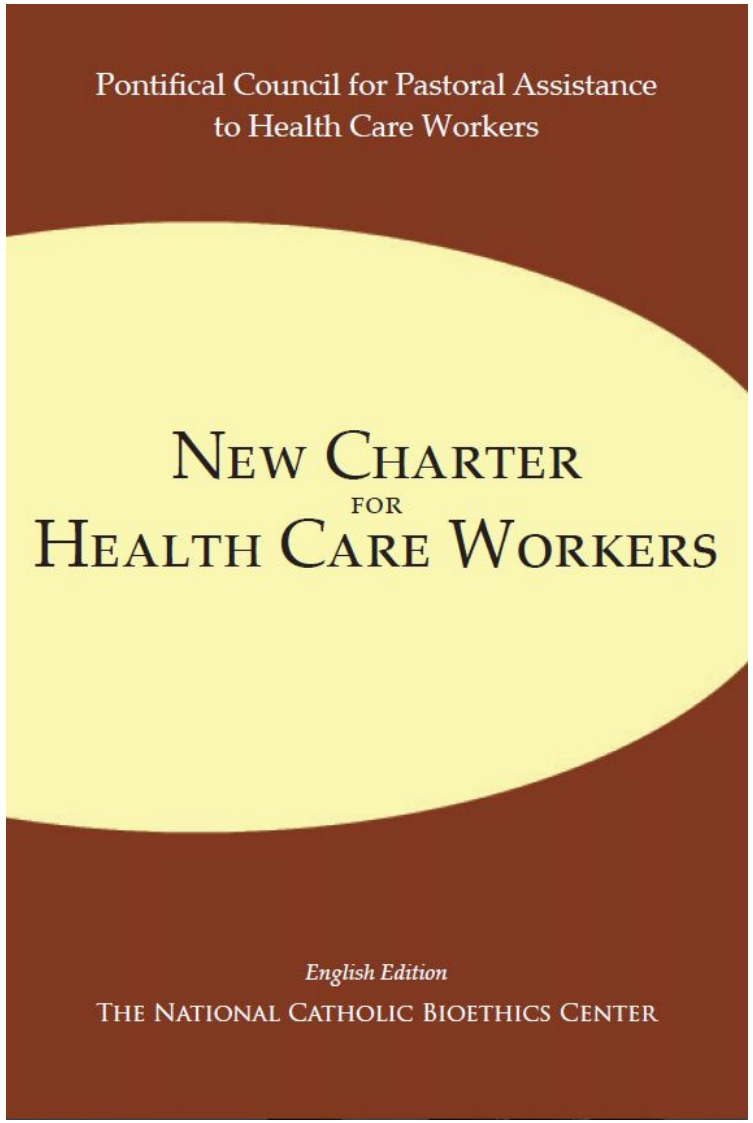
—New Charter, # 6

Human Dignity in the Moral Law

"Service to life is performed only in fidelity to the moral law, which expresses its values and duties."

- Necessary openness to receiving from the Church the **principles** and **norms** of behaviour that help enlighten the conscience, orient it.
- Through fidelity to the moral norm, the health care worker lives out fidelity to patient and to God

—New Charter, # 5



The New Charter for Health Care Workers

PART I:
PROCREATING

PART II:
LIVING

PART III:
DYING

Part I- PROCREATING

"Health care workers fulfil this service in this very delicate area by:

1. Helping parents ***to procreate responsibly*** (openness, self-gift)
2. Working ***to prevent and treat pathologies*** that interfere with fertility
3. ***Protecting*** sterile couples from an invasive and excessively technologically-focused approach that is unworthy of human procreation."

Case Study—*Jacob and Rachel*

Jacob and Rachel, a young married couple, have recently discovered from Rachel's doctor that she is experiencing difficulties in ovulation that have resulted in infertility. Her physician mentions that an ovulatory drug could possibly correct the situation, but that *in vitro* fertilization (IVF) might make a possible pregnancy more certain.

Being Catholic, they decide to discuss their situation with their parish priest. They have heard that IVF is not morally acceptable according to the teachings of their faith, but they are also unsure about whether or not to take ovulatory drugs. They wonder if their current infertility might be a sign from God that they should not have children. What should they do?

Infertility and Reproductive Technology

Infertility affects:

- 1 in 5 couples (20%)
- 33% women 35 years or older
- 35% of infertility is related to sperm disorders in men
- 20% is related to ovulatory dysfunction (case of Jacob & Rachel)

Responding to the crisis of infertility:

The Catholic Church supports ***assistive reproductive*** technologies, but not **artificial reproductive** methods

Fertility Technologies

√ Assistive Reproductive

- ***Assistive hormonal***: Regularization of woman's reproductive system or boosting male sperm production
- ***Assistive surgical***: Correcting difficulties with endometriosis or fallopian tubes
- ***Assistive "in vivo",*** facilitative but not substitutive

X Artificial Reproductive (IVF)

- Procedures bypassing intercourse
- "Super ovulation"-hormonal drugs
- 12-14 ova obtained
- Fertilized ovum→ Zygote, which is an individual human being
- Selective-reduction abortion (80%)

Part II- LIVING

Prevention and Health Care

"The prevention proper to health care, which includes administering particular pharmaceuticals, vaccinating, conducting tests or screenings to ascertain predispositions, and prescribing behaviors and habits aimed at avoiding outbreak, spread or worsening of diseases are essentially the competency of health care workers."

—***New Charter, # 68***

Case Study—*Liam and Emma*

Liam and Emma celebrated the birth of their newborn baby girl, Tory. They return from their first visit to the pediatrician, where the doctor recommended that Tory receive a series of vaccinations, including one for Rubella or "German Measles." The vaccination would likely be given around the time of Tory's first birthday.

Once back home, Liam remembers reading something about the Rubella vaccine a few years ago in a science journal. He looks up the article and realizes that the vaccine was developed from a cell line derived from aborted human fetuses. The article further explains the horrible defects and other grave consequences of Rubella in infants, all of which are easily avoided by the vaccine.

Liam and Emma are Catholic and have always supported the inviolable dignity of the unborn child. They wonder if using the vaccine would be lending approval to the gravely immoral practice of abortion.

Vaccinations and Moral Cooperation

- That there is an obligation and urgency to stop the spread of the lethal disease of Rubella (and illnesses like it)
- That we should avoid any cooperation with the practice of abortion.

Pontifical Academy for Life (2017):

That the vaccines most commonly used in childhood do not involve a ***"morally relevant cooperation between those who use these vaccines today and the practice of voluntary abortion"***

- Remaining commitment to ensuring every future vaccine is free from any connection to abortion

Part III- DYING

"Preserving the dignity of dying means respecting the sick person in the final stage of his life, refusing both to hasten death (euthanasia) and to prolong it through *therapeutic obstinacy*."

—New Charter, # 149

Treatments and Rehabilitation

- Obligation to provide "***ordinary and proportionate care***"
- ***Extraordinary means*** optional
- "***Due proportion***" of the means employed, therapeutic effectiveness
- Benefits and burdens, in the circumstances they are facing

    - Nutrition and hydration as medical treatment ***and*** basic care

    - Analgesics and pain medication

Taiwan Patient Autonomy Act

- **Art. 1-** Right of patient to a good and natural death and promotion of a harmonious physician-patient relationship
- **Art. 4-** That patient's spouse, relatives, health care agent . . . may not prevent the medical institution/physician from acting on patient's decision
- **Art. 14-** Should a patient, who has established an advance decision, meet any one of the following clinical conditions, the medical institution or physician may, in accordance with the advance decision, partially or fully terminate, withdraw, or withhold LST, ANH: ***terminally ill; irreversible coma; PVS; severe dementia; intolerable conditions***
- **Art. 14-** Institution/physician unable to implement→ Right to refuse dir.

Case *Study—Jessica*

Jessica is 31-years-old and has been diagnosed with a rare form of liver disease that has advanced more rapidly than her doctors had expected. They have told her that, with the progress of this illness, she may only live for another 3 months. There is an experimental treatment, however, that may slow the illness and allow her to live for another 12-18 months, but there is also a 50% chance that she will not survive that treatment.

Isabelle, the daughter of Jessica, has just turned 8. She is scheduled to make her First Communion in 9 months and asks Jessica one day, "Mommy, will you be there when I make my First Communion?"

What should Jessica do?

Case Study—*Gianfranco*

Gianfranco is 46-years-old and was diagnosed last year with lung cancer. The cancer has spread significantly, and for the past three weeks he has been in a specialized center in the local hospital. He soon experienced depression and had difficulty swallowing, but agreed to have a PEG tube inserted to provide him with nutrition and hydration. Since then, his physical strength and psychological situation has greatly improved but the cancer has worsened.

His only remaining family, two sisters, meet with the physician, asking for a realistic prognosis. They are told Gianfranco will likely only live for two or three more months. The sisters discuss his situation together and conclude that they are worried about the possibility of seeing him suffer. They wonder if it would be better to convince Gianfranco to ask the doctors to remove his feeding tube, give him medication to make him comfortable, and let him die sooner rather than in a month or more.

Case Study—*Paolo*

Paolo is 21-years-old and an outstanding athlete. He has just been chosen to represent his country's Olympic soccer team. Tragically, he experiences a fall from a ladder one day while working on the roof of his family's house. He wakes up in intensive care at the hospital, and requires a ventilator in order to breathe.

The medical team meets with his parents to discuss his situation. Paolo will live, and even begin to breathe well on his own again in a month or two, but there is a 50% chance that he will never walk again. When his parents relate the news to him he is devastated. He tells the doctor that life without the things he once enjoyed would not be worth living. He tells them to remove the ventilator and allow him to die.

Case Study—*Ingrid*

Ingrid is a single woman, 55-years-old, who has inoperable brain cancer. She has led a cancer support group for the last year in her home in Los Angeles, California. While this experience of gathering with other persons struggling with cancer has given her life meaning, she becomes sad and fearful as her situation worsens. Ingrid's oncologist, Robyn, has indicated that the chemotherapy is no longer having a positive effect, and that she believes Ingrid will not survive more than 6 months.

After several weeks of soul searching, Ingrid comes to the conclusion that she is concerned that she may lose consciousness when death approaches, that in the last weeks she might not be able to enjoy the friendships that have given her such happiness, and that she will not die in a dignified way. She decides to approach Robyn about formalizing a request for physician-assisted suicide (legal in the State of California as of June 2016).


Thanks!