The Healing Relationship: Context of Ethical Reflection
The Social Nature of Care

Nuala P. Kenny, SC, OC, MD, FRCP(C)
- Professor Emeritus
  - Department of Bioethics, Dalhousie
- Ethics and Health Policy Advisor
  - Catholic Health Alliance of Canada
Catholic Health Alliance of Canada

The 2012 Revision of the

Health Ethics Guide
PRESENTATION OUTLINE

- THE REVISION of the 2000 HEG PROCESS
- GOALS & OUTLINE OF THE GUIDE
- THE NEW INTRODUCTION
- Ch 1 THE SOCIAL NATURE OF CARE
- Ch 2-7 Overview
Review & Revision Process

- 2006-2007 International Review
- 2007-2009 Chapter/Section Revision Subcommittees
- 2009-2010 Editorial Committee Revision
- Feb 2010 Revision submitted to the CCCB
- Dec 2010 Doctrinal Commission Comments received
- Jan 2011 – May, 2012 Editorial Committee revisions
- May 4, 2012 receipt of the nihil obstat from CCCB
GOALS OF THE GUIDE

1. to remind readers of the fundamental commitment within the Catholic tradition to the ministry of caring for those who are sick and suffering

2. to articulate the values and principles found within that tradition by providing guidelines for ethical decision making

3. to promote a pastoral understanding of how these principles and values can guide decision making in health & social services
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
- Appendix-making moral judgments
The New Introduction

- Loving compassion and the healing relationship are understood as the context of ethical reflection.
- Rooted in the healing and reconciling mission of Jesus Christ with particular attention to lessons for the whole continuum of care from *The Good Samaritan* * G. Arbuckle * Health Progress 2007*
The Good Samaritan
Fundamental Moral Values: Rooted in the Calls

- The call to respect dignity
- The call to foster trust
- The call to promote justice
Each of these calls is explored in the context of lessons from the story of The Good Samaritan
The call to respect dignity

- Respect for the dignity of every human person
- Respect for all human life
The call to respect dignity

“Who are the persons in need of urgent care today? What are the ways in which we, individually and collectively, are blind to or avoid the obvious need of some persons?”(p.3)
The call to foster trust

- The interconnectedness of every human being and all creation

- Stewardship and creativity
The call to foster trust in care

“As health systems are pressured to respond to issues of access and expectation, how do we model solidarity in our care for the sick? What price are we willing to pay as individuals and organizations to ensure just and compassionate care?” (p. 6)
The call to promote justice

- Understanding justice
- The common good
- Solidarity
The call to promote justice

“How attentive are we at every level of Catholic health care to issues in the full continuum of health care needs…? How do we promote and support individuals in understanding their responsibility for ‘prudent care’ of their own lives and health? How vigilant are we in assessing the justice implications of health system changes?” (p. 7)
The Call to Compassion and Ethical Reflection

- Acknowledges that the local bishop has the responsibility to provide leadership in fostering the mission

- Is guided by the long and strong Catholic moral tradition which requires ongoing prayerful dialogue and which provides some fundamental moral values to be taken into account in discernment and decision-making
Appendix I
Making Moral Judgments

- The importance of formation of conscience
- The assistance of classic Catholic interpretative moral principles:
  - Burden and benefit
  - Double effect reasoning
  - Totality and integrity
  - Subsidiarity
  - Cooperation
Chapter One: The Social Nature of Care

“The parable of the Good Samaritan demonstrates dramatically that the provision of health care requires responses from individuals, organizations and society as a whole. The Samaritan gave a courageous personal response, but he needed others to assist in the provision of all the care that the injured man needed. This is a challenging reminder that health care has intrinsically social and relational dimensions.” (pg 19)
The Catholic Vision of Health and Social Service

“...the Catholic tradition views health care as an essential social good, a service to persons in need and a component of the common good. Health care is not, and should not be treated as, a mere commodity exchanged for profit, to which access depends on an ability to pay”. (p21)
Health and Healing: 1-5

- No 1 HEG Crucially important beginning:
  - “Since life and health are gifts of God, we must take reasonable care of them, taking into account the needs of others and the common good.”
  - Quoting from Catechism of the Catholic Church no. 2288
Christian Healing Ministry and Mission: 6-10

- “Healing is more than simply curing a disease. Healing takes into account the wholeness of the person, recognizing the interrelationship of body, mind and spirit. Healing involves the restoration of balance and acknowledges the role that spirituality and/or religious belief can play in the healing process”. (no. 6)
Christian Healing Ministry and Mission: 6-10

“The mission and religious identity of every Catholic organization is rooted in the moral values, principles and teachings of the Catholic tradition. The organization’s mission should be articulated clearly in a mission statement…”(no. 8)
Social Responsibility: 11-15

- “Health care is a fundamental human good that is necessary for human flourishing…” (no. 11)
- “In accord with social justice teaching, Catholic health and social service should distinguish itself by service to and advocacy for those people whose social condition puts them at the margins of our society and makes them particularly vulnerable to discrimination. (no. 12)
Commitment to Education and Research

“Catholic health and social service organizations recognize the importance of education as part of their mandate…” (no. 14)

“Catholic health and social service organizations are part of a tradition that encourages the use of wisdom and compassion in the pursuit of research into new methods and treatments for bringing healing to those in need”. (no. 15)
Chapter Two
The Dignity of the Human Person

#16 All persons have equal dignity and are to be treated with equal respect, especially when they are weak, vulnerable or sick. The Church’s social teaching recognizes that this respect for persons requires that they be provided with the health care they need “…for the proper development of life.” This duty is, nevertheless, limited by what can fairly be provided given the mission of the health care organization and the overall common good.”
Chapter Two
The Dignity of the Human Person

#17-21 The role of the person receiving care, informed decision-making & privacy and confidentiality

#22-31 The importance of family bonds, spiritual & religious care, respect for culture, conscientious objection, discharge planning, mental health & dignity regarding sexuality of those receiving care and use of restraints
Chapter Two
The Dignity of the Human Person

- #32 Care of those assaulted
  - NB this article is in the chapter on dignity not care at the beginning of life
  - Traditional moral justification is from morality of responding to an unjust aggressor
  - Demonstrates that a guide cannot be too specific e.g., in specifying what tests are required
  - Identifies that each Bishop may require a more stringent standard for his diocese
- #36 Gender reassignment
- #37 Sexuality & public health
Chapter Five
Organ Donation

#92-99 Respect for donor and recipient
and #107

#100- 102 Donation after cardiac death

#103-S106 and #108-110 Specific issues regarding transplantation:

- Transplantation teams, monetary remuneration, donation from aborted fetuses, brain cell transplantation, use of animals
Chapter Three
Care at The Beginning of Life

#38 Health issues unique to women

#39-44 Responsible parenthood, regulation of conception & sterilization

#62 Care of parents, family members and staff in distress

#63 Care of human remains
Chapter Three
Care at The Beginning of Life

Specific issues # 45-61:
- Means to aid fertilization, reproductive surrogacy, respect for embryos and fetuses, medical treatment of a pregnant woman, early induction after viability, cryopreservation, genetic screening, pre-implantation diagnosis and prenatal diagnosis and treatment
Chapter Four
Care at The End of Life

- #65-69 End of life & palliative care
- #70-82 Decision making & the dying person; #90-91 advance care plans
- #77-79 Refusing & stopping Rx
- #83-85 Assisted nutrition & hydration
- #86 Cardiopulmonary resuscitation
- #87-89 Suicide & euthanasia
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. This obligation extends to patients in chronic and presumably irreversible conditions who can reasonably be expected to live indefinitely if given such care...
...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...
...For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort.
The criteria on which to base any decision to withhold or discontinue medically assisted nutrition or hydration are to respect the needs, values and wishes of the person receiving care. The intent must never be to hasten death.”
Chapter Six
Research Involving Humans

- #111-122 Criteria for Research Studies
- #123 Consent, Capacity and Informed Decision Making
- #126-127 Protection of Personal Health Information
- #128-Specific Issues:
  - Conflict of interest, research on gametes, embryos and fetuses, stem cell research, reproductive cloning, genetic research, gene patenting, research on animals
Chapter Seven
Governance and Administration

- #141-149 Governance and Administration
- #150 Collaborative Relationships
  - “the principle of cooperation...should form the ethical context for such partnerships” p117-119
- #151-153 Allocation and Rationing Resources
- #154-155 Spiritual and Religious Care
Some specific issues:

- Organizational response to conscientious objection, duty to care, employer/employee relationships, conflict of interest, alternative sources of revenue, abuse of care providers, dealing with complaints, disclosure of adverse events or possible scandal,