Catholic Ethical and Healthcare Directives for India

Adapted from

The United States Conference of Catholic Bishops: Ethical and Religious Directives for Catholic Healthcare Services

Office for Healthcare
Catholic Bishops Conference of India
2019

CONTENTS

Foreword....... 5

General Introduction 7

Part One

Catholic Identity, Social Responsibility and
Governance of Catholic Healthcare Institutions....... 9

Part Two

Pastoral Health care 19

Part Three

Healthcare Worker -Patient Relationship 23

Part Four

Issues in Care for the Beginning of Life 37

Part Five

Issues in Care for the Seriously Ill and Dying 47

Part Six

Forming New Partnerships with
Healthcare Organizations and Healthcare Providers 57

Some Ethical Principles / Positions of the Catholic Church..... 66

FOREWORD

Health Care Mission of the Church is entrusted to us by Christ and is implemented by Dioceses and Religious Congregations through various institutions and activities. Besides, thousands of Catholic health care professionals continue to live this mission today through their services. Health care is always integrated as one of the foundational aspects of the ministry of the Church through its various functional bodies and modalities.

The Bioethics Forum of the Archdiocese of Bangalore was approached by the Office for Health Care, CBCI to undertake this.

These *Directives* have been written as a moral compass for Catholic healthcare institutions in order to place before healthcare institutions the ethical implications of Catholic teaching in a constantly changing environment of clinical practice due to technological advances and the development of new skills. The *Directives* draw heavily from the *Ethical and Religious Directives for Catholic Health Care Services,*[1] Sixth Edition, United States Conference of Catholic Bishops,, after obtaining requisite permissions. In generating these *Directives,* the *New Charter for Healthcare Workers,* 2016 was also extensively studied.

Service to life is performed only in fidelity to moral law.[2] The Church in proposing moral principles and evaluations draws on the light of both reason and faith.[3] For Catholic healthcare workers, healthcare is more than a purely human level of service to the suffering person. It takes on the character of Christian witness, and therefore of mission and vocation.[4]

---

1 United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services,* Sixth Edition, (2009), Digital Edition (Washington: DC: USCCB, 2018).

2 Pontifical Council for Pastoral Assistance to Health Care Workers, *New Charter for Health Care Workers* (2016) trans. The National Catholic Bioethics Centre (Bengaluru: Office of Health Care, Catholic Bishops' Conference of India, 2019), 1.

3 Ibid, 6

4 Ibid, 8

A significant innovation of these *Directives* is that they have accompanying 'Actualizing points', so as to provide to the reader a practical guide on how to implement the *Directives* in India. These are not exhaustive or meant to be strictly instructive but are indicative of the types of actions that healthcare institutions can take.

These Directives begin with a general introduction that presents a theological basis for the Catholic health care ministry. Each of the six parts that follow is divided into three sections. The first section is in expository form; it serves as an introduction and provides the context in which concrete issues can be discussed from the perspective of the Catholic faith. e second section is in prescriptive form; the directives promote and protect the truths of the Catholic faith as those truths are brought to bear on concrete issues in health care. e third section is the "Actualizing points". e aim of these is to provide to the reader a practical guide on how to implement the Directives in India. These are not exhaustive or meant to be strictly instructive but are indicative of the types of actions that healthcare institutions can take.

We are aware that Catholic healthcare institutions in India are extremely diverse in terms of their size, the services they offer, the populations they serve, their access to referral healthcare services and to moral theologians/ethicists who can help them in the ethical dilemmas they face. We are hopeful that these directives will help spur the formation of Catholic Ethics Resource Units at a national, diocesan or regional level that can help small, peripheral institutions with limited resources.

Medical science is expanding at a rapid pace and experimental research of today might well become therapies for the future. These new technologies and therapies require a considered ethical response and it will be the endeavour of the Church in India to provide periodical updates on issues as they emerge, to better inform Catholic healthcare institutions of the ethical ramifications of new developments in the field and their own response.

Most Rev. Prakash Mallavarapu
Chairman, CBCI Office of Healthcare

Fr. Mathew Perumpil, MI
Secretary, CBCI Office of Healthcare

GENERAL INTRODUCTION

Since its beginnings, the Catholic faith has understood that care for the sick and the dying is an essential part of its identity. The roots of our healing mission lie in the life and ministry of our Lord and Saviour, Jesus Christ. In proclaiming the kingdom of God, Jesus had a special place in his heart for those who were overwhelmed by sickness, disfigured by disease or threatened with death. In the Gospels we see numerous instances of Jesus' acts of compassion for the sick, healing and curing them throughout his ministry. The Gospel of Matthew recounts the prophecy of Isaiah being fulfilled in Jesus of Nazareth, "He took away our infirmities and bore our diseases" (Matt. 8:17; cf. Is 53:4).

There are three aspects to Jesus' own healing ministry to the sick and the dying. Firstly, Jesus acknowledges the vulnerability of the sick and the dying and their need for care. Jesus' radical approach reaches out and touches these people, physically and spiritually. He touches the leper (Mark 1:14), lays hands on the blind man (Mark 8:22), takes the hand of the daughter of Jairus, and touches the bier of the widow's dead son at Nain (Luke 7:14). Secondly, Jesus challenges the notion that sickness is the result of sin. The sick were outcast according to the culture of that time. Jesus restores the "outcast" into human society through his healing word and action. When his disciples asked, "Lord, who sinned, this man or his parents, for him to be born blind?" (John 9:2). Jesus replied, "Neither he nor his parents sinned." Finally, intricately embedded in Jesus' healing ministry of the sick is the affirmation of spiritual healing. The paralytic lowered through the roof is first healed of his sins (Mark 2:5).

The Catholic Church in India considers care for the sick to be one of the signs of the kingdom of God. In the parable of the Good Samaritan we find a reminder of our duty to our neighbour (Luke 10:30-37). The Good Samaritan invests his resources in the one who is vulnerable and in need. The Church in India has responded generously and compassionately, making Christ present for others through her healing ministry. Following the example of Jesus' own actions, the Christian community strives to break down the barriers of isolation felt by those who are sick or dying, to

include them as full members of the human community, and to provide hope of an ultimate healing from sin and death.

In the contemporary scientific temperament, rapid technological advancements, medical discoveries and social change impact lives profoundly. These could either be opportunities for a genuine improvement of the human condition, or contrary to the true dignity and vocation of the human person. In consultation with medical professionals, Church leaders review these developments, judge them against the principals of reason and the ultimate standard of revealed truth, and offer authoritative teaching and guidance about the moral and pastoral responsibilities entailed by Christian faith.[5] While the Church cannot furnish a ready answer to every moral dilemma, there are many questions about which she provides normative guidance and direction. In the absence of a determination by the magisterium, but never contrary to church teaching, the guidance of approved authors can offer appropriate direction for ethical decision making.

Created in God's image and likeness, the human family shares in the dominion that Christ manifested in his healing ministry. This sharing involves a stewardship over all material creation (Gen 1:26) that should neither abuse nor squander nature's resources. Through science the human race comes to understand God's wonderful work; and through technology it must conserve, protect, and perfect nature in harmony with God's purposes. Health care professionals have a special vocation to share in carrying forward God's life-giving and healing work.

The dialogue between medical science and Christian faith has for its primary purpose the common good of all human persons. It presupposes that science and faith do not contradict each other. Both are grounded in respect for truth and freedom. As new knowledge and new technologies expand, each person must form a correct conscience based on the moral norms for proper health care.

---

[5] C.f. Congregation for the Doctrine of the Faith, *Declaration on Procured Abortion* (1974); Congregation for the Doctrine of the Faith, *Declaration on Euthanasia* (1980); Congregation for the Doctrine of the Faith, *Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation: Replies to Certain Questions of the Day,* (1987).

PART ONE

CATHOLIC IDENTITY, SOCIAL RESPONSIBILITY AND GOVERNANCE OF CATHOLIC HEALTHCARE INSTITUTIONS

Catholic healthcare institutions include all Catholic clinical establishments; hospitals, clinics, centres which offer services related to health, and associations involved in healthcare. In this context healthcare refers to everything pertaining to prevention, diagnosis, treatment and rehabilitation for the better physical, psychological, social and spiritual balance and well-being of the person.[6] Part one of the Directives addresses three primary issues; Christian identity, social responsibility and governance of Catholic healthcare institutions.

Christian identity is at the core of who we are: Catholic healthcare is inspired by the Word of God and is animated by the Holy Spirit. While we are called to love our neighbours as ourselves (Mk 12:31), this commandment is contingent on our duty to love our God with all our heart, soul, mind and strength (Mk 12:30). The healing ministry is a response to Christ's invitation to love one another, (Jn 13:34) exemplified in the 'Good Samaritan' (Luke 10: 35-37).

The social responsibility of Catholic healthcare is guided by the precepts of Catholic Social Teaching, which calls for a response to the needs of the sick, particularly those who are vulnerable and most in need, with a preferential option for the poor (Mt 5:5, Mt 25:40). In keeping with this, the Second Vatican Council gave a renewed call for solidarity[7] particularly with the marginalized.[8] Catholic institutions are called to uphold the principle of subsidiarity which seeks to protect and empower smaller groups within the community.[9]

The social responsibility of Catholic healthcare institutions is rooted in the Church's teaching of the Common Good and in - human dignity. This

6 Pontifical Council for Pastoral Assistance to Health Care Workers, New Charter for Health Care Workers (2016), trans. The National Catholic Bioethics Centre (Bengaluru: Office of Health Care, Catholic Bishops' Conference of India, 2019), 3.

7 Pope John Paul II, *Sollicitudo Rei Socialis*: On Social Concern, Encyclical Letter on the Occasion of the Twentieth Anniversary of "*Populorum Progressio*" Enclyclical Letter, *Acta Apostolicae Sedis* 80. (1998), no. 43.

8 Second Vatican Council, *Gaudium et spes*, Pastoral Constitution on the Church in the Modern World (7 December 1965) *Acta Apostolicae Sedis* 58 (1966): no. 3.

9 Pius XI, *Quadragesimo Anno*: *On Reconstruction of Social Order*, Encyclical Letter, AAS 23 (1931), 203; John Paul II, Encyclical Letter Centesimus Annus, 48: AAS 83 (1991), 852-854; Catechism of the Catholic Church, 1883.

dignity is conferred by God, created as we are in His image and likeness (Gen 1:27). Human beings are capable of knowing and loving God, who has created them for a special relationship with Himself. Thus, human beings have intrinsic worth that is not conferred either by individuals or society for this reason. Catholic Healthcare institutions will not exclude any person in need of healthcare.

A central theme in Catholic Social Teaching is social justice - a state of social harmony in which each individual's actions serves the common good. Catholic healthcare institutions must be aware of social injustices and redress inequalities including social determinants of health in the pursuit of a just and healthy society.

In the face of climate change and environmental degradation due to unbridled consumerism and irresponsible development, Pope Francis has brought ecological concerns and the care of God's creation to the centre of Catholic Social Teaching. [10] Catholic healthcare institutions are called to be models of ecological sensitivity.

Working towards a just society, Catholic Healthcare institutions should promote justice through health care, transparent governance, respectful treatment of employees, and an open participatory approach as witnesses to Christ's teachings.

1. **A Catholic Healthcare institution is a community that promotes and fosters healthy living and provides healthcare to those in need of it. This service must be animated by the Gospel of Jesus Christ and guided by the moral tradition of the Church.**

Actualizing Directive 1

- Draft the Mission of the institution after careful review and reflection, ensuring that it is 'Christ-centred'. This mission statement should be known to the employees and displayed in the institution and on its website.

10 Francis, *Laudato Si: On Care of Our Common Home*. Encyclical Letter (24 May 2015) *Acta Apostolicae Sedis* 9 (2015): 19.

- Organise periodic reflections on the workings of the institution to ensure that it is in line with the stated mission.
- Locate the Chapel in a prominent place open to staff, patients and the public.
- Encourage prayer as an integral part of life within the institution. Establish a pastoral healthcare service.
- Institute an orientation programme for newly inducted employees on the vision and mission of the institution
- Schedule yearly renewals / retreats that connect Staff members with the core of the mission
- In larger institutions, appoint a designated 'mission-officer' to ensure that the day–to-day running of the institution and its decisions are in keeping with its stated mission.

2. Catholic healthcare should be marked by a spirit of mutual respect among caregivers that disposes them to deal with those it serves, their families, and their community, with the compassion of Christ, sensitive to their vulnerability, and responsive to their special needs.

Actualizing Directive 2

- Cultivate an understanding of 'team work', common purpose and dignity of labour in Staff members, in the context of the Christ-centered mission of the institution.
- Ensure inclusion of all health professionals (like nurses, physiotherapists, pharmacists) and administrative Staff in decision making and framing of institution policy.
- Promote team building programs, including introductions of newly appointed faculty, and observances of Christian feasts.
- Conduct regular review of patient feedback, not only on processes but also on the institution and its Staff
- Organise 'outreach' activities in the neighbourhood that caters to house bound patients e.g. elderly, terminally ill

3. **In line with its mission, Catholic healthcare 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; including the poor, the uneducated, children and the unborn, single parents, the elderly, those with incurable diseases or chemical dependencies, tribals, dalits, sex workers, those of different sexual orientation or sexual identity and the person with mental or physical disabilities. Every person must be treated as unique and of incomparable worth, with the same right to life and healthcare as others .**

Actualizing Directive 3

- Sensitise healthcare providers regarding vulnerable groups.
- Ensure that professional, physical or monetary barriers to accessing health services are minimised
- Advocate with the wider community (including NGOs and like-minded institutions)for the needs of the vulnerable, disabled and those with special needs.
- Assist patients to access government health benefits and schemes for weaker sections
- Regularly review the quantum of subsidies offered by the institution for the poor and disadvantaged

4. Catholic healthcare institutions will promote research consistent with its mission of providing healthcare and with concern for the responsible stewardship of healthcare resources. Such research must adhere to Catholic moral principles and should be in accordance with Indian laws and ethical guidelines. In particular research should respect the dignity of the human person from conception to natural death, promote human well-being, ensure complete and understood consent of the participant, and minimize risk in consonance with the principle of proportionate risk[11] while ensuring that the substantial integrity of the participant is safeguarded.

Actualizing Directive 4

- Familiarize researchers with Catholic moral principles on human research. Encourage medical research by faculty and students in all disciplines, by providing training and resource where needed.
- Familiarize researchers with the current guidelines and laws that govern research.[12]
- Appoint an Institutional ethics committee (IEC) that will review research proposals in line with the existing guidelines. Support the IEC with adequate training.
- Empower and support the IEC to monitor research in the institution.
- Develop an institution policy regarding protection of participants in research
- Smaller Catholic institutions are encouraged to access IECs within large Catholic institutions.

---

[11] Disproportionate risk would be where the burdens or risks are disproportionate to or outweigh the expected benefits

[12] These among others include: National Ethical Guidelines for Biomedical and Health Research involving Human Participants – 2017. Indian Council of Medical Research; Schedule Y – Central Drugs Standard Control Organization. However as regulations change from time to time institutions must keep abreast of current developments.

5. A Catholic healthcare institution should be a responsible steward of available resources, -ensuring just allocation of these resources. Responsible stewardship includes, best ethical practices in hiring of personnel, financial transparency, acquisition of medical supplies, -, maintenance of resources, transparency in governance, ecological sensitivity, cultural sensitivity and adherence to the laws of the land.

Actualizing Directive 5

- Establish transparent processes for hiring, promotions, remuneration, acquisition of medical supplies etc.
- Ensure financial transparency – audited financial accounts should be part of annual reports in order to promote public trust.
- The formal governance structures of the institution should be inclusive as far as possible.
- Encourage periodic external reviews. Comply with laws that govern healthcare institutions.
- Promote environmental sensitivity by including recycling, minimizing and appropriate waste management. Exemplify corruption-free healthcare – with a zero tolerance policy. Mechanisms should be in place to receive complaints and protect whistle blowers.
- Endeavour to reduce the costs of healthcare towards the Catholic commitment for preferential option for the poor.

6. A Catholic healthcare institution must treat its employees respectfully and justly. This responsibility includes equal employment opportunities for anyone qualified for the task, irrespective of a person's race, caste, belief systems, sex, age, origin, disability, sexual orientation / identity. Preference may be given to Catholics and to those who are attuned to the idea of the Catholic ethos, and mission of the institution. It also includes a workplace that promotes employee participation in realizing institutional mission and in promoting transparent and fair governance; a work environment that ensures employee safety and well-being; just pay, compensation and benefits; and recognition of the rights of employees to organize and bargain collectively in a spirit of openness, without retribution and without prejudice to the common good.

Actualizing Directive 6

- Evolve transparent policies and processes for hiring, promotion, and benefits for employees of the institution and the same should be known to all members involved in the administration.
- Develop and update a 'terms of service' booklet for all employees and give individuals a copy at the time of recruitment.
- Ensure that the voice of the employees and their concerns are heard in the governance of the institution
- Set up a grievance cell to address any legitimate concerns of employees
- Ensure a gender sensitive environment. Establish a Sexual Harassment Committee in keeping with the law of the land.[13]
- Compliance with labour and other laws applicable to the institution.[14]

---

[13] Prevention of sexual harassment of women at the workplace act 2016.

[14] Institutions must be aware of the laws of the land. These include Clinical Establishments Act, Labour Laws.

7. In recognition of the inalienable nature of Catholic identity and the Social Doctrine of the Church, institutions should seek ways in which they can engage with the communities they serve to promote health and prevent disease recognizing that Communitization (community led action for health) is key to fullfilling its mission.

Actualizing Directive 7

- Promote outreach programmes in the community which are in keeping with the mission of the institution.
- Encourage discussion in the community on Bills introduced in Parliament that are related to healthcare and public welfare (prior to enactment as Law) Create a Community Advisory Board that can act as a link between the institution and community
- Identify Non Government Organizations in the community who can extend the reach of the institution to the most vulnerable in the community
- Facilitate government assistance to patients and the community for the benefit of those most in need.

8. Catholic healthcare services should adopt these Directives as policy and provide appropriate instruction regarding the Directives for all staff (administrative, medical, nursing, and other personnel). All employees of a Catholic healthcare institution must respect and uphold the religious mission of the institution in healthcare and follow these Directives. They must maintain professional standards, work with compassion and promote the institution's commitment to human dignity and the common good.

Actualizing Directives 8

- New employees should be familiar with these new directives as part of their orientation at induction

- Ensure the availability of this document to all staff either as a physical copy in specific locations or on the website.
- At staff meetings review any specific issues / problems relating to implementation of these directives. Final decisions taken at these Staff meetings should be ratified by the Head of the institutions.
- Promote Professional Development Programmes for employees linked to the mission of the Institution and the Church.

PART TWO

PASTORAL HEALTH CARE

Care of the Sick is a central mission through which the Church witnesses the love of Christ. The Words of Christ provide inspiration for Catholic health care: "I was sick and you cared for me" (Mt 25:36). Through these words Christ is recognized in the sick and suffering - "Heal the Sick" (Mt 10:8) was a clear command given to the disciples to whom He promised divine authority: "In my name they will cast out demons; ... they will lay their hands on the sick, and they will recover" (Mk 16: 1-18).

Jesus healed holistically recognizing the indivisibility of the body and spirit. Catholic healthcare seeks a total healing of the person in order that they may have "life and life In its fullness" (Jn10:10)-

Pastoral Care is integral to healthcare in the Church. It includes both spiritual services, and a listening presence; helping patients to deal with pain, distress and alienation. It is the responsibility of Catholic healthcare institutions to integrate pastoral care in the healing ministry.

The pastoral care giver brings comfort to the sick, the grieving, the aged, the stigmatized and the dying by accompanying them, reflecting on the Word of God, praying and celebrating the Sacraments. In this way the pastoral care giver promotes and defends human dignity, despite the devastation of the illness and suffering.

Pastoral care of the sick is provided by priests, deacons, religious and laity in their diverse but complementary roles. It should be recognized that every patient is also in need of support and comfort, in addition to medical treatment.[15]

Priests and laity involved in pastoral care of the sick need to be specially trained in light of the complexity of medical care today; that is technology-driven and commercialized and less patient centred Volunteers from the Parish community may join the clergy and the religious in this pastoral mission extending this care to the homebound, the elderly and chronically ill persons in the parish community.[16]

---

15 John Paul II, Address to participants in the Second Plenary Assembly of the Pontifical Council for Pastoral Assistance to Health Care Workers (Feb 11, 1992), n. 7: *AAS* (1993), 264.

16 *Catechism of the Catholic Church*, n. 1503.

9. **A Catholic Healthcare Facility should provide pastoral care to meet the spiritual needs of all those it serves. There should be appropriate training and professional preparation of all pastoral care personnel including an understanding of these directives.**

Actualizing Directive 9

- Establish functional Pastoral care department in large healthcare facilities have adequate resources.
- Small healthcare facilities should designate at least one full time pastoral care worker for this purpose.
- Ensure access to short-term, certified, training programs for professional preparation of personnel involved in pastoral care. This should be available to clergy, religious and laity.
- Pastoral care personnel should work closely with the healthcare team to better understand the patient's needs.

10. **Pastoral care personnel should work in close collaboration with local parishes community and clergy.**

Actualizing Directive 10

- Pastoral care workers should communicate with local parish communities and clergy to facilitate care of the patient on the patient's return to the community.
- Pastoral care workers should ensure follow-up home visits are made to patients discharged from the hospital.

11. **For Catholic patients administering the sacraments is an integral part of Catholic healthcare ministry. Priests should be assigned to hospitals and healthcare institutions to celebrate the Eucharist and offer the Sacraments of healing for patients and healthcare workers.**

Actualizing Directive 11

- Ensure availability of a Hospital Chaplain or a priest-on-call in every health care institution.

- Designate a worship space for regular Eucharistic Celebrations.
- Provide opportunities for patients to receive the Sacraments of Healing (Anointing of the Sick and Reconciliation).

12. A record of the conferral of Baptism should be sent to the parish in which the healthcare institution is located.

Actualizing Directive 12

- Record baptisms of infants in danger of death in a single register in the healthcare institution and communicate these records at regular intervals to the local parish priest.

13. For the administration of sacraments in healthcare institutions, the universal law of the Church should be followed in accordance with the directives of the local episcopal conference[17] and the discretion of the local Bishop.

Actualizing Directive 13

- Seek the pastoral guidance of the local Bishop in the administering of sacraments in problematic matters.

14. The appointment of the Pastoral Care Staff should be done in consultation with the Local Bishop. Priests and deacons appointed in a healthcare institution must have the approval of the Local Bishop.

Actualizing Directive 14

- Review the background of all Pastoral Care Personnel who are appointed in the health care institution Appointments should follow due process of the Diocese.

---

[17] In India this is the Catholic Bishops Conference of India

PART THREE

HEALTHCARE WORKER - PATIENT RELATIONSHIP

The relationship of the healthcare worker to the patient is based on mutual respect, trust and integrity, central to good medical care. Doctors, nurses and other healthcare workers are called to imitate Jesus Christ, the Divine Physician in caring for the sick and suffering.[18] This model of compassionate care for the sick is at the core of the parable of the Good Samaritan; who gives his time and resources to a stranger, in an extraordinary display of neighbourly love (Lk 10: 29-37). The Catholic healthcare professional is in a unique position to bear 'witness to Christ' in the healing ministry. Serving the sick and suffering is central to the mission work of the Church. Through the care of the sick, the healthcare worker encounters the transcendent dimension of the healing ministry that raises a profession to a vocation. [19] Christian healing ministry is seen as a covenant of trust in which the physician acts primarily in the best interests of the patient even if that is at the cost of his own self interest." At the same time, the health professional serves Christ himself through service to those in need. (Mt 25:40).

Despite the intrinsic power imbalance in a healthcare worker -patient relationship, the health worker should strive for an egalitarian relationship rather that an authoritarian one; respecting the dignity of the patient. Particular care should be taken with vulnerable groups like the poor, socially marginalized, children, women, persons with stigmatizing illnesses like HIV, leprosy, the mentally ill and the elderly.

In view of the multidisciplinary nature of healthcare delivery, at the present time, the patient may receive healthcare from a team rather than an individual. This makes it all the more important to ensure that healthcare workers continue to be empathic towards patients, yet maintain professional boundaries so that there is no compromise of therapeutic efficacy and safety.

Advanced medical technologies and modern health delivery systems have changed the character of the healthcare worker-patient relationship.

---

[18] John Paul II, Apostolic Exhortation *Christifidelis laici,* On the Vocation and Mission of Lay People in the Church and the World (Dec 30, 1988), n.53: AAS 81 (1989), 500.

[19] John Paul II, To Representatives of the Italian Catholic Physicians (March 4, 19890, n. 2: *Insegnamenti* XII/I (1989), 480.

Recent instances of violence against healthcare workers are evidence of the trust deficit in the health profession. Christian healthcare workers are called to uphold and build patient trust through integrity and service following the example of Christ the Divine Healer; a relationship reflecting the covenantal love of Christ for his people, rather than a social contract.

An integral part of professionalism is development of expertise and competence in knowledge and skill. Catholic health care workers and healthcare institutions should also develop expertise in making ethical decisions.[20]

15. The inherent dignity of the human person must be respected and protected regardless of the nature of the person's illness or social status. Respect for human dignity extends to all persons who are served by Catholic health care.

Actualizing Directive 15

- Encourage healthcare workers to be sensitive to the needs of patients and respectful of their choices. In a pluralistic society cultural diversity should not become an impediment for patients to access healthcare.
- The charter of patients' rights should be disseminated throughout the institution.[21]

---

20 John Paul II, *Motu Proprio "Dolentium hominu"*, n.1: AAS 77 (1985), 457.

21 GOI – Charter of Patients Rights, MOHWF, 2018. This document highlights the Rights of Patients and links important Acts, Guidelines, Codes and Judgments in relation to these rights. The broad rights covered here include the Right to information, Right to records and reports, Right to emergency medical care, Right to informed consent, Right to confidentiality, human dignity and privacy, Right to transparency in rates, and care according to prescribed rates wherever relevant, Right to non-discrimination, Right to safety and quality care according to standards, Right to choose alternative treatment options if available, Right to choose source for obtaining medicines or tests, Right to proper referral and transfer, which is free from perverse commercial influences, Right to protection for patients involved in clinical trials, Right to protection of participants involved in biomedical and health research, Right to take discharge of patient, or receive body of deceased from hospital, Right to patient education, and, Right to be heard and seek redressal,

16. Catholic healthcare institutions will inform patients about their right to make an advance directive in accordance with the law. The institution will honour an advance directive that is consistent with Catholic teaching. If the advance directive conflicts with Catholic teaching, an explanation should be provided as to why the directive cannot be honoured.

Actualizing Directive 16

- Healthcare workers should be familiarised with regulations pertaining to advance directives in India, like the recent Supreme Court ruling on advance directives[22] and the Mental Healthcare Act, 2017.[23]
- Provide timely "standard of care" to the patients in the absence of advance directives.

17. Healthcare personnel must accept the role and decisions of the 'legal representative or guardian' of the patient where necessary as prescribed by law. Decisions by the designated surrogate should be faithful to Catholic moral principles and to the person's intentions and values, or if the person's intentions are unknown, to the person's best interests. In the event that an advance directive is not executed, those who are in a position to know best the patient's wishes—usually family members and loved ones—should participate in the treatment decisions for the person who has lost the capacity to make health care decisions.

Actualizing Directive 17:

- Inform and respect legal surrogate decision makers, so that the best interest of the patient is served.

---

[22] Supreme Court Ruling on The Execution Of Advance Directive (Living Will) For Passive Euthanasia in response to Writ Petition2 filed by the NGO3, Common Cause. 9th March, 2018

[23] For a Catholic perspective on the Supreme Court Ruling see "Supreme Court Verdict on Advance Directives and Passive Euthanasia" https://www.cbci.in/detail_Slide.aspx?id=588&type=1

- Attempt to resolve situations where the decision of the legal surrogate is not in the best interest of the patient, failing which the matter can be referred for mediation or to the appropriate authorities.

18. The free, informed, understood and documented consent of the person or the person's nominated representative/ legal guardian as per Indian Law[24] is required for medical treatments and procedures, except in an emergency situation when consent cannot be obtained and there is no indication that the patient would refuse consent to the treatment. Free and informed consent requires that the person or the person's nominated representative/ legal guardian receive all reasonable information about the illness, the essential nature of the proposed treatment and its benefits; its risks, side-effects, consequences, and cost; and any reasonable and morally legitimate alternatives, like referral or no treatment at all.[25]

Actualizing Directive 18

- Train health care workers to conduct a proper informed consent process, including an understanding of the circumstances where an implied consent would be acceptable.
- Where applicable, assent from children should be obtained in addition to parental / guardian consent
- Audit informed consent procedures regularly and take remedial measures wherever needed.

---

[24] Guardianship and Wards Act 1890

[25] Regulation 7.16 of Medical Council of India. Professional Conduct, Etiquette and Ethics (2002)

19. **Each person or the person's nominated representative/ legal guardian should have access to medical information and ethical counselling so as to be able to inform their conscience in decision making. The free and informed healthcare decision of the person or the person's legal representative is to be followed as long as it is in line with Catholic principles.**

Actualizing Directive 19

- Ensure that patients have access to professional and ethical counselling to resolve ethical dilemmas.
- Provide adequate time for patients to make decisions.

20. **All persons served by Catholic healthcare have the right and duty to protect and preserve their bodily and functional integrity. The functional integrity of the person may be sacrificed to maintain the health or life of the person when no other morally permissible means is available.**

Actualizing Directive 20

- Surgical interventions for the removal of a diseased organ or limb to save the patient's life are allowed.
- Excessive surgeries done purely for cosmetic enhancement and not for therapeutic purposes are unethical. as opposed to corrective interventions like cleft lip/palate correction, and plastic surgery for burns.

21. The transplantation of organs from living donors is morally permissible when such donation will not sacrifice or seriously impair any essential bodily function of the donor, and the anticipated benefit to the recipient is proportionate to the harm done to the donor. Furthermore, the freedom of the prospective donor must be respected, and economic advantages should not accrue to the donor. Cadaver transplants should be encouraged by Catholic healthcare institutions. All procedures for transplants should be carried out in accordance with the law.[26]

Actualizing Directive 21

- Ensure that there is no commercial exploitation of persons through buying and selling of organs. Ensure that all donors, related or unrelated, are screened by the Hospital Transplant Committee, and hospital policy is formulated for transplantations.
- Encourage organ donation among patients, healthcare workers and visitors to the hospital.
- Train health care workers, particularly in the Intensive Care Unit setting, to handle communication regarding organ donation at end of life sensitively with family members.

---

[26] The Transplantation of Human Organs and Tissues Act 1994 and Transplantation of Human Organs Rules of 1995.

22. No one should be the subject of medical or genetic experimentation, even if it is therapeutic, unless the person or legal representative first has given free and informed consent. In instances of nontherapeutic experimentation, the legal representative can give this consent only if the experiment entails no significant risk to the person's well-being. Moreover, the greater the person's incompetency and vulnerability, the greater the reasons must be to perform any medical experimentation, especially nontherapeutic.[27]

Actualizing Directive 22

- Appoint an Institutional Ethics Committee to review and monitor research, and protection of research participants in compliance with national guidelines and laws, if the institution is involved with human research.[28]
- Ensure that Institutional Ethics committee members are conversant with Catholic ethical principles as well as scientific principles that impact medical research.
- Ensure that participation in research is not due to therapeutic misconception, where participants believe that it is part of their treatment or that they will derive therapeutic benefit.
- Ensure that human medical research should be scientifically and socially valid

[27] Catholic guidelines for clinical research offer a faith based perspective for researchers and healthcare institutions. For example see: The National Catholic Bioethics Center and the Catholic Medical Association.(2008) A Catholic Guide to Ethical Clinical Research, The Linacre Quarterly, 75:3, 181-224, DOI:10.1179/002436308803889521

[28] Indian Council of Medical Research guidelines (2017) for the protection of human volunteers in research are available on their website.

23. Every patient is obliged to use ordinary means to preserve his or her health and life. Healthcare workers should respect the patient's choice, made with a free and informed conscience. Patients should not be made to submit to any intervention that does not provide a reasonable hope of benefit without imposing excessive risk and burdens on the patient or excessive expense to the family or community.

Actualizing Directive 23

- Constitute a Hospital Ethics Committee to assist physicians and patients with decisions regarding treatment that is *futile or e*xcessively burdensome[29]
- Provide counselling and pastoral care for patient and family members to address caregiver burden.
- Explore existing avenues to assist the patient with government or other funding where the burden is financial.

24. The well-being of the whole person must be taken into account in deciding about any diagnostic, therapeutic intervention or use of technology. Therapeutic procedures that are likely to cause harm or undesirable side-effects can be justified only by a proportionate benefit to the patient.

Actualizing Directive 24

- Inform the patient fully about risks, side effects potential benefits and costs before consent and initiation of treatment. This applies to medication, interventions or procedures.
- The patient's decision to refuse to proceed with treatment should be respected, when the patient has the capacity to make such a decision.

---

[29] Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of 'over-zealous' treatment. Here one does not will to cause death; one's inability to impede it is merely accepted. CCC, 1997

- Take assent appropriately from children, even when informed consent is taken from parents or legal guardians.[30]

25. Healthcare providers are to respect each person's privacy and confidentiality regarding information related to the person's diagnosis, treatment and care. When confidentiality needs to be broken as per the requirements of law [31], patient safety, or the safety of others, the patient should be informed and prepared as far as possible. If there is a request for a medical certificate, the limits of confidentiality should be discussed beforehand. For notification of diseases, the law of the land should be followed. The healthcare professional should also be sensitive to the potential of stigmatization.

Actualizing Directive 25

- Promote awareness of healthcare workers of the importance and limits of confidentiality, including electronic and online data.
- Train healthcare workers of the patients right to confidentiality including the decision regarding with whom and to what extent any confidential information may be shared If the patient wishes that persons other than legal representatives need to be a part of shared decision making, that wish should be respected.
- Protect and ensure secure storage and access of medical records, including electronic data.
- Issuing false certificates even to protect the confidentiality of patient is unethical and should be forbidden.

---

[30] Consent and Assent In National ethical guidelines for biomedical research involving children, pp 19-24 (ICMR, 2017).

[31] General law relating to medical jurisprudence. Also: Physicians are obliged to protect the confidentiality of patients including their personal and domestic lives, unless the law requires their revelation, or if there is a serious and identified risk to a specific person and / or community or notifiable disease (Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002 (Code of Ethics Regulations, 2002). However, note that the IMC Regulations are not Law but delegated legislation.

26. Healthcare workers should be educated to recognize the symptoms of abuse and violence. They are obliged to report cases of abuse to the proper authorities in accordance with the law.

Actualizing Directive 26

- Recognise vulnerable groups who may be victims of abuse and violence like women,[32] children, the elderly, and those with mental illness and disability. All efforts should be made to address this issue safely.
- Liaise with the local special Juvenile Police Unit/ Child welfare Committee and social workers in cases of child sexual abuse. The situation with both with the child and the family needs to be handled sensitively and safely. Ensure compliance with existing Law in situations of Child Abuse.[33]
- Where existing laws mandate breach of confidentiality in specific cases, Catholic hospitals should follow these in letter and in spirit.

27. Compassionate and understanding care should be given to a person who is the victim of sexual assault. Healthcare providers should cooperate with law enforcement officials and offer the person psychological and spiritual support as well as accurate medical information.

Actualizing Directive 27

- Train health care workers to provide medical, emotional, psychological and legal support for victims of rape.
- Set up procedures to report incidents of rape to the local authorities for appropriate action.
- Healthcare workers should be aware that certain over the counter medications sold as contraceptives are in fact abortifacients.

---

[32] Chapter III – Sections 4 to 9 and 11, Domestic Violence Act, 2005

[33] Protection of children from sexual offences Act (POCSO), 2012

28. Every hospital should either have its own Hospital ethics committee or access to Catholic ethical expertise. The Hospital Ethics Committee should have at least one moral theologian or a person well versed with Catholic theology and these Catholic directives.

Actualizing Directive 28

- A Hospital Ethics Committee that deals with clinical decision making is distinct from the Institutional Ethics Committee (IEC) which reviews research protocols. Processes for referral to the Hospital Ethics Committee should be streamlined. Smaller hospitals may access the expertise of the Hospital Ethics Committee of larger institutions.

29. It is important to maintain an empathic physician-patient relationship. However, there is a need to maintain professional boundaries in this relationship. There should not be any exploitation of patients for personal, social, commercial or sexual gain.

Actualizing Directive 29

- Set up a Grievance cell/ mechanism where complaints from patients or personnel can be investigated.
- Ensure compliance with the Supreme Court ruling on prevention of sexual harassment of women in the work place [34] which requires anti-sexual harassment committee in every healthcare facility

---

[34] The Sexual Harassment of Women at workplace (Prevention, Protection and Redressal) Act 2013

30. Due to the increasing threat of violence in medical institutions, Catholic hospitals should make all efforts to provide security, legal advice and help to all healthcare workers.[35]

Actualizing Directive 30

- Create a policy to protect health professionals in the work place.
- Attempt to extend medical indemnity insurance coverage to all healthcare workers

31. Catholic hospitals should ensure that health care workers are competent and ethical in their practice. . In the event that an institution cannot provide a service, the patient should not be abandoned but counselled and appropriately referred .

Actualizing Directive 31

- Ensure all employments applications are scrutinized thoroughly including reference checks to ensure professional, clinical and ethical competence
- Ensure continuous audit of clinical and ethical practice of all health care workers.
- Circulate regular updates on Catholic Church teaching regarding health and ethical healthcare.
- Promote frequent Staff attendance at CMEs in order to build professional competence and high ethical standards.

---

[35] Different States have enacted laws such as the "Punjab Protection of Medicare Service Persons and Medicare Services Institutions (Prevention of Violence and Damage to Property) Act, 2008", the Tamil Nadu Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss to Property) Act, 2008, THE KARNATAKA PROHIBITION OF VIOLENCE AGAINST MEDICARE SERVICE PERSONNEL AND DAMAGE TO PROPERTY IN MEDICARE SERVICE INSTITUTIONS ACT, 2009. You will need to check what is operative in your state and what the provisions are.

PART FOUR:

ISSUES IN CARE FOR THE BEGINNING OF LIFE

A child is the fruit of a union, "becoming one in flesh of a man and woman"[36] as blessing and gift from God - 'be fruitful and multiply'.[37] Fecundity has its origin in the creative will of God, who created man and woman in His image and likeness constituting the intimate community of life and love. The biblical narrative that God alone is the Lord and giver of life, enshrines the dignity of personhood, and must be recognized in every human being from the very moment of conception.[38]

The procreation of a new human person must be "the fruit and sign of the mutual self-giving of the spouses".[39] The means by which a man and a woman give themselves to one another through the acts which are proper and exclusive to spouses, is by no means something purely biological, but concerns the innermost being of the human persons. "It is ethically unacceptable to dissociate procreation from the integrally personal context of the conjugal act: human procreation is a personal act of a husband and wife, which is not capable of substitution."[40] The acceptance of donor gametes, *in vitro* fertilizations, and surrogate mothers, vividly illustrates how the replacement of the conjugal act by a technical procedure reduces it to mere reproduction, weakening the respect owed to every human being.

"This inseparable connection is willed by God and unable to be broken by man on his own initiative, between the two meanings of the conjugal act: the unitive and the procreative meaning. Indeed, by its very intimate structure, the conjugal act while most closely uniting husband and wife, capacitates them for the generation of new lives, according to laws inscribed in the very being of man and woman. By safeguarding both these essential aspects, the unitive and the procreative, the conjugal act preserves in its fullness the sense of true mutual love in its ordination

---

36 *The Jerusalem Bible*, H. Wansbrough ed. (London: Darton, Longman and Todd, 1985), Genesis 2: 24. (Hereafter quoted in the footnotes from the same edition.)

37 Genesis 1: 27-28.

38 Congregation for the Doctrine of Faith, Instruction *Dignitas Personae*, on certain Bioethical Questions, no. 1, 8 September, 2008, AAS 100 (2008) 858-887.

39 Congregation for the Doctrine of the Faith, *Donum vitae*, II, A, 1.

40 *Dignitas Personae*, no. 16.

towards human's most high calling to parenthood".[41] Therefore, it is absolutely essential to offer the child a dignified birth according to his status as a human person which is manifest in his being conceived in the incarnate concept of his parent's spousal and bodily knowledge of each other through the conjugal act. Responsible parenthood entails being open to children and for a serious reason, to practice natural family planning with due respect to moral precepts.

Thus procreation of children is an active participation in God's continuing work of creation. Sanctity of life must include the care of the unborn child, pregnant women and infants; particularly in the light of the high maternal and infant mortality in India. Although, the Medical Termination of Pregnancy Act 1972 allows abortions for a wide range of reasons, even failure of contraception; Catholic institutions are called to defend the dignity and right to life of every unborn child. The inviolability of the human person from the moment of conception forbids abortion, which is a grave moral disorder since it is the deliberate killing of an innocent human being.[42]

Assisted Reproductive technologies (ART) applied to overcome infertility, need to be evaluated in the light of Church teaching that upholds the unitive and procreative meaning of the conjugal act. Any intervention that substitutes the conjugal act undermines the dignity of human procreation. There are ethical concerns about frozen embryos, and embryo reduction; as also problematic issues with prenatal diagnosis, ectopic pregnancies, unwanted pregnancies and foetal abnormalities.

The right to life is the right to live with human dignity[43] and should be guaranteed as a fundamental, original and inalienable good, which is the root and prerequisite for every other right of the human person.[44]

---

41 Pope Paul VI, Encyclical Letter *Humanae Vitae* (25 July 1968), no. 11: AAS 60 (1968), 485-486, 12.

42 Pope John Paul II, Encyclical Letter *Evangelium vitae* On the value and inviolability of human life, (25 March 1995): AAS 87 (1995), 401-522, no 60.

43 Pope John Paul II, *Address to the Association of the Italian Catholic Physicians* (December 28, 1978), in *Insegnamenti* I (1978): 438.

44 Congregation for the doctrine of the Faith, *Declaration on Euthanasia* (May 5, 1980) I: *AAS* 72 (1980): 544-545.

32. In cases of infertility, assistance that does not separate the unitive and procreative ends of the marital act, or substitute for it, may be used to help married couples conceive.

Actualizing Directive 32

- Encourage treatment of individual spouse to improve fertility as a couple through natural conception [45]

33. Only techniques that do not separate the unitive and procreative meanings of sexual intercourse nor involve the extra corporeal generation or destruction of human embryos may be used as therapies for infertility[46]

Actualizing Directive 33

- In-vitro fertilization, surrogacy, and storage of gametes or embryos are contrary to this directive

---

45 C.f. *New Charter for Health Care Workers*, no. 27. Morally Acceptable Technologies for Assessing and Addressing Fertility Problems within Marriage include: • Hormonal modulation of menstrual cycle irregularities • Determination of cervical, uterine, and fallopian tube structural competence by imaging techniques (e.g., ultrasound, hysterosalpingogram) • Surgical correction of tubal damage or occlusions • Resolution of endometriosis • Use of fertility drugs to address anovulation • Use of Viagra or other agents or approaches to address erectile dysfunction • Techniques to boost male sperm production in the testis • Techniques to correct hypospadias or address premature ejaculation • NFP (natural family planning) to observe naturally occurring signs of fertility during the woman's cycle so as to time intercourse for family building • LTOT (low tubal ovum transfer), in which eggs are retrieved and transplanted into the uterus or fallopian tube at a point likely to increase the probability of fertilization following marital relations • Other NaPro (natural procreative) Technologies. https://www.ncbcenter.org/files/2314/4916/3482/NCBCsummFAQ_InfertilityTreatments.pdf

46 C.f. Ibid. In vitro fertilization has many ethical drawbacks: 1) they replace the conjugal act which is unitive and procreative 2) they run counter to the intrinsic dignity of the human person 3) there are issues of embryo wastage 4) they can result in the commodification and eugenic selection of embryos. NCHCW 24-32. Note that "The desire for a child does not give any right to a child. A child is a person, with the dignity of a "subject." As such he cannot be willed as an "object" of a right. Rather, the child is the subject of rights: it is the child's right to be conceived with full respect for the fact that he is a person."

34. Heterologous fertilization (use of donor gametes for conception) is prohibited because it is contrary to the covenant of marriage, the unity of the spouses, and the dignity proper to parents and the child.

Actualizing Directive 34

- It is unacceptable to use donated gametes (sperm or ovum), or to donate gametes for other infertile couples

35. Homologous artificial fertilization (use of spouse gametes) is prohibited when it separates procreation from the marital act in its unitive significance.

Actualizing Directive 35

- Artificial insemination using semen from the husband (Artificial insemination husband - AIH) is ethically unacceptable. This includes collection and storage of semen of patients undergoing chemotherapy and radiation for later insemination or IVF-ET (in-vitro fertilization – embryo transfer) and "Post-mortem" insemination of the spouse with the semen of the deceased husband (collected before death)

36. Because of the dignity of the child and of marriage, and because of the uniqueness of the mother-child relationship, participation in contracts or arrangements for surrogate motherhood is not permitted. Moreover, the commercialization of such surrogacy denigrates the dignity of women, especially the poor [47]

Actualizing Directive 36

- While current law allow altruistic surrogacy in India, surrogate arrangements involve IVF-ET and are against the sanctity of

[47] C.f. Ibid., no. 31-32. Surrogacy fragments motherhood, reducing gestation to a process of incubation that shows no respect for the child's dignity and "right to be conceived, carried in the womb, brought into the world and brought up within marriage. Although it is not possible to approve the method by which fertilization is brought about, "every child which comes into the world must be accepted as a living gift of the divine Goodness and must be brought up with love."

marriage, and the dignity of the personhood of the mother and child).

- Mothers pregnant with a surrogate child, and surrogate babies, who arrive at the hospital for care, should not be denied treatment. Their dignity should be respected and they should receive compassionate care.

37. A Catholic healthcare institution that provides treatment for infertility should offer not only technical assistance to infertile couples but also should help couples pursue other solutions (e.g., counselling, adoption[48]).

Actualizing Directive 37

- Offer counselling services so that patients diagnosed with untreatable infertility are assisted to come to terms with this condition and directed to suitable options
- Ensure awareness and compliance with adoption laws[49] in India.

---

48 C.f. John Paul II, "*Address of the Holy Father John Paul II to the Meeting of the Adoptive Families Organised by the Missionaries of Charity*," (September 5, 2000), http://www.vatican.va/content/john-paul-ii/en/speeches/2000/jul-sep.index.2html. "To adopt a child is a great work of love. When it is done, much is given, but much is also received. It is a true exchange of gifts... Adopting children, regarding and treating them as one's own children, means recognizing that the relationship between parents and children is not measured only by genetic standards. Procreative love is first and foremost a gift of self. There is a form of 'procreation' which occurs through acceptance, concern, and devotion. The resulting relationship is so intimate and enduring that it is in no way inferior to one based on a biological connection. When this is also juridically protected, as it is in adoption, in a family united by the stable bond of marriage, it assures the child that peaceful atmosphere and that paternal and maternal love which he needs for his full human development."

49 *In India, adoption falls under the ambit of personal laws. Muslims, Christians, Parsis and Jews are governed by the Guardians and Wards Act, 1890. Hindus, Sikhs, Buddhists and Jains follow the Hindu Adoption and Maintenance Act, 1956.* Central Adoption Resource Authority (CARA) is a statutory body of Ministry of Women & Child Development, Government of India. It functions as the nodal body for adoption of Indian children and is mandated to monitor and regulate in-country and inter-country adoptions. CARA is designated as the Central Authority to deal with inter-country adoptions in accordance with the provisions of the Hague Convention on Inter-country Adoption, 1993, ratified by Government of India in 2003.

38. A Catholic healthcare institution should provide prenatal, obstetric, and postnatal services for mothers and their children, as a right to maternal and child health care, in a manner consonant with its mission.

Caesarian section deliveries that are not strictly for medical indications should be discouraged.

Actualizing Directive 38

- Promote medical services that include obstetric, neonatal and paediatric care in order to overcome perinatal mortality rates. Counsel patients who demand caesarean sections or ~~and~~ induction of labour for delivery for cultural reasons or convenience that are inconsistent with best practices, so that they understand the associated risks of such decisions.
- Educate parents who refuse recommended vaccinations, about the risk to the child and community.
- Provide counselling and mediation to parents who refuse lifesaving procedures for neonates, infants or children. Decisions for intervention on neonates and infants should be taken in the best interest of the child with parental consent.

39. Abortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable foetus) is never permitted. Every procedure whose sole immediate effect is the termination of pregnancy before viability is an abortion, which, in its moral context, includes the interval between conception and implantation of the embryo. Catholic healthcare institutions are not to provide abortion services, even based upon the principle of material cooperation. In this context, Catholic healthcare institutions need to be concerned about the danger of scandal in any association with abortion providers.

Actualization of Directive 39

- Catholic Healthcare institutions and Healthcare workers should conscientious object to pro-abortion legislation.

- Promote awareness about new abortifacients that are advertised as contraceptives.
- Ensure that collaborating institutions have procedures and policies that are consistent with Catholic principles.

40. Catholic healthcare providers should be ready to offer compassionate physical, psychological, moral, and spiritual care to those persons who have suffered from the trauma of abortion.

Actualizing Directive 40

- Provide counselling services at the hospital and access to pastoral care for mothers who have undergone miscarriage or abortion.
- Such persons should be cared for with utmost respect and dignity.

41. Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child.

In case of extrauterine pregnancy, no intervention is morally licit which constitutes a directly intended abortion.

Actualizing Directive 41

- Lifesaving surgeries or chemotherapy for the pregnant mother may be allowed even when the foetus may be affected, provided the principle of the 'double effect' is adhered.[50]

---

[50] This requires compliance to all the following four conditions:

1. The primary action is good in itself or at least indifferent
2. The primary good must not be attained by the secondary bad effect
3. The secondary bad effect though foreseeable must not be intended
4. There must exist sufficiently serious reason for permitting the secondary bad effect.

- In extra-uterine pregnancies, procedures should not be directed at devitalizing the foetus but should be aimed at saving the life of the mother e.g. Tubectomy in tubal pregnancy

42. For a proportionate reason, labour may be induced after the foetus is viable.

Actualizing Directive 42

- In obstetric conditions that put the mother's life in danger if the pregnancy is continued, e.g. Pre-eclampsia, labour may be induced as early as will allow for viability of the fetus.

43. Prenatal diagnosis is permitted when the procedure does not threaten the life or physical integrity of the unborn child or the mother and does not subject them to disproportionate risks; when the diagnosis can provide information to guide preventative care for the mother or pre- or postnatal care for the child; and when the parents, or at least the mother, gives free and informed consent.

Prenatal diagnosis and screening is not permitted when undertaken with the intention of aborting an unborn child.

Actualizing Directive 43

- Mothers undergoing prenatal diagnosis should be counselled so that they ensuring they understand the interpretation of these tests and position of the doctor and hospital regarding termination of pregnancy.
- Avoid diagnostic and therapeutic procedures of disproportionate risk that may jeopardize the safety of mother and child.

44. Nontherapeutic experiments on a living embryo or foetus are not permitted, even with the consent of the parents. Therapeutic experiments are permitted for a proportionate reason with the free and informed consent of the parents or, at least the mother. Medical research that will not harm the life or physical integrity of an unborn child is permitted with parental consent

Actualizing Directive 44

- The living embryo or foetus may never be experimented upon as this would imply using human life as a means to an end.
- Protect the integrity of the foetus at all times. Only if the research on the embryo offers possible therapeutic benefit, it be allowed with consent of the parents, after full explanation of the risks involved.

45. While Catholic healthcare institutions do not promote or condone contraceptive practices, they should provide instruction about the Church's teaching on responsible parenthood[51] and natural family planning., to married couples and the medical staff who counsel them.

Actualizing Directive 45

- Educate health professionals about responsible parenthood and natural family planning.
- Train hospital staff involved with maternal health so that they are conversant with natural family planning methods, and are aware of Church teaching in this regard.

---

[51] Paul VI, *Humane vitae,* no. 10. "Responsible parenthood is exercised by those who prudently and generously decide to have more children, and by those who, for serious reasons and with due respect to moral precepts, decide not to have additional children for either a certain or an indefinite period of time." also c.f. *New Charter for Health Care Workers,* no. 14.

46. Direct sterilization of either men or women, whether permanent or temporary, is not permitted in a Catholic healthcare 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

Actualizing Directive 46

- Temporary sterilization as a means of family planning, or permanent sterilization when the couple has completed their family are not permitted in Catholic healthcare institutions.

If sterility occurs as a side effect due to treatment of another serious ailment, this is ethically permissable.

47. Genetic counselling may be provided in order to promote responsible parenthood and to prepare for the proper treatment and care of children with genetic defects, in accordance with Catholic moral teaching and the intrinsic rights and obligations of married couples regarding the transmission of life

Actualizing Directive 47

- Counsel and assist parents who have children with genetic defects.
- Ensure that the decision by such couples not to have other children follows an understanding of their responsibilities, faith and parental obligations

48. If either spouse is infected with a life -threatening disease which is sexually transmitted, they should be counselled on how to contain the infection.

Actualizing Directive 48

- Counsel couples and mothers with HIV infection with a view to prevention of transmission either to the foetus or each other.

PART FIVE

ISSUES IN CARE FOR THE SERIOUSLY ILL AND DYING

Life is a gift from the Creator, who made the human person in the image of God.[52] Revelation in Jesus Christ confirms and completes all that human reason can grasp concerning the value of human life. Precious and fragile, full of promises and threatened by suffering and death, human life bears within itself the seed of immortality planted in the human heart.[53] We are destined for eternal life, which is the very life of God, now shared with man and woman. [54]

This defines the uniqueness of human life not only bearing the *imago Dei*, but also capable of a relationship with the divine. This relationship which we bear with one another as persons is not compromised when one's quality of life is lost, even if the person becomes incapable of consciousness, rationality or physical ability. The exaltation of the human person and his or her dignity is reaffirmed when God himself chose to become human.

Religion and medicine are both concerned with the existential centre of the human person, faced with sickness, sin, death and salvation. These questions about what it means to be human are inevitable, and healthcare ethics will have to address them. Healthcare workers have an understanding about the patients' illness, its progression and life-and-death context of clinical care; vulnerable patients are dependent on the healthcare workers in discerning ethical choices. . One's attitude toward the sick person with a terminal illness is a test of ethical responsibilities and professionalism of healthcare workers.

Care for the sick person in the terminal stage of life includes psychological and spiritual support, appropriate remedies for pain and other symptoms including palliative care, and enabling the presence of family so that the terminally ill person is not abandoned, but accompanied in a human and Christian way. .[55]

While alleviation of suffering is an important concern for healthcare workers, it should not be medicalized. Relief from suffering is not received

---

52 Genesis 1: 27, 2:7

53 "The Vatican's Summary of *Evangelium Vitae*" Origins 24, no. 42 (1995): 728-730, at 729

54 *Evangelium vitae*, no. 52

55 *New Charter for Health Care Workers* (NCHCW), No. 147

through medical solutions alone, but also through other professional services and affirmative family relationships. Holistic care of the patient nurtured in strong bonds of relationship, solidarity and social support would include a medical, psychological, social and pastoral approach, working interdependently - to support the patient's needs.

The Christian dignity of the dying person in the final stages of life is compromised when death is hastened through an action or omission that seeks to end the person's life, in order to end suffering. On the other hand, therapeutic obstinacy which is capable of artificially postponing death is unethical. As stewards of human life, healthcare workers must be discerning in end of life decisions, especially concerning withdrawal of ordinary and proportional means of care. They may also respect advance directives provided these are is not contrary to Catholic moral principles.

49. Catholic healthcare institutions should provide persons in danger of death appropriate opportunities to prepare for death. Even when incurable, the dying person is entitled to "ordinary" care and comfort. Healthcare workers engaged with such patients should interact with chaplains, relatives and friends, to help the dying person to accept and live meaningfully through the dying process. Patients should receive all appropriate and necessary medical information in order to make morally legitimate choices. They should be provided spiritual accompaniment as well as the opportunity to receive the sacraments of healing in order to prepare well for death.

Actualizing Directive 49

- Train healthcare professionals to communicate the truth sensitively to terminally ill patients regarding diagnosis, treatment and prognosis, so that they can prepare and make decisions accordingly.
- Provide trained chaplains and social workers, who can assist patients through their illness, allowing the dying person to live with dignity until natural death.
- Provide facilities for pain management and palliative care.

- Ensure dying patients are allowed access to family to overcome isolation, fear and anxiety.
- Provide the opportunity to celebrate the sacraments of healing, including the viaticum[56] to Catholic patients.

50. A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient / legal representative offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community.

Actualizing Directive 50

- Promote awareness of the Church's teaching on "Ordinary and Proportionate" means of preserving life, that may never be withheld or withdrawn.
- Provide adequate counselling when death is imminent, so that the patient can refuse/withhold treatments that are futile and burdensome in accordance with law.

51. A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient's judgment/Legal representative's judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community.

Actualizing Directive 51

- Empower the terminally ill patient to make treatment choices, including refusal of those treatments that are futile or result in a painful prolongation of life.[57]

---

56 Holy Communion given to those in danger of death. C.f. The Catechism of the Council of Trent says: "Sacred writers call it the Viaticum as well because it is the spiritual food by which we are supported in our mortal pilgrimage, as also because it prepares for us a passage to eternal glory and happiness".

57 Supreme Court Ruling on The Execution Of Advance Directive (Living Will) For Passive Euthanasia in response to Writ Petition2 filed by the NGO3, Common Cause. 9th March, 2018

- Educate healthcare professionals about the implications of "burdensome" treatment – for the patient as well as the family/ community.

52. In principle, there is an obligation to provide medically assisted nutrition and hydration for those who cannot take food orally. Nonetheless, such an intervention becomes morally optional when it 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".[58]

Actualizing Directive 52

- Inform patients and relatives regarding artificial hydration and nutrition, including an understanding of burdensome treatments and the morally legitmate conditions for discontinuation of the same.[59]
- Educate the patient and family that respectful and responsible care for the dying does not mean recourse to every means.
- Accompany Catholic patients on the Christian journey of acceptance of death and hope of eternal life.

---

[58] Cf. Pope John Paul II, *Address to the Participants in the International Congress on* "Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas" (March 20, 2004), no. 4, where he emphasized that "the administration of water and food, even when provided by artificial means, always represents a natural means of preserving life, not a medical act." Cf. also Congregation for the Doctrine of the Faith, "Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration" (August 1, 2007).

[59] Firstly, "It is also permitted, with the patient's consent, to interrupt these means, where the results fall short of expectations"; secondly, the healthcare workers in particular may judge that the investment in instruments and personnel is disproportionate to the results foreseen and they may also judge that the techniques applied impose on the patient strain or suffering out of proportion to the benefits which the patient may gain from such techniques; finally, "to avoid the application of a medical procedure disproportionate to the results that can be expected."

53. The free and informed judgment made by a competent adult patient concerning the use or withdrawal of life-sustaining procedures should always be respected and normally complied with, unless it is contrary to Catholic moral teaching.

Actualizing Directive 53

- Ensure that no treatment shall be given to or withdrawn from the patient without the patient's / legal representative's (LR) consent
- Educate staff and patients and their relatives that even life sustaining treatments may be withdrawn, if these do not offer a reasonable hope of benefit, or are burdensome to the patient or family /community.

Create hospital policy that facilitates decision making at the end of life in accordance with the law using Hospital Ethics Committee when required.

54. Euthanasia is an action or omission that of itself or by intention causes death in order to alleviate suffering. Catholic healthcare institutions may never condone or participate in euthanasia or assisted suicide in any way. Dying patients who request euthanasia should receive loving care, psychological and spiritual support, and appropriate remedies for pain and other symptoms so that they can live with dignity until the time of natural death.

Actualizing Directive 54

- Catholic healthcare workers must be educated about the Catholic teaching on euthanasia and must never participate in it.[60]
- Educate healthcare workers of the between withdrawal/withholding of futile and burdensome treatment thereby allowing the patient to

[60] The use of the term 'euthanasia' in Catholic literature differs from the Supreme Court of India use of the term –see For a Catholic perspective on the Supreme Court Ruling. C.f. "Supreme Court Verdict on Advance Directives and Passive Euthanasia" https://www.cbci.in/detail_Slide.aspx?id=588&type=1

die of natural causes, as opposed to withdrawing/withholding of life sustaining measures with the intention to terminate the patient's life.

- Educate Catholic healthcare workers to recognize that requests for euthanasia are a cry for help that calls for loving care, palliation and counselling. Psycho-social, medical, and spiritual support should be provided to make the patient comfortable.

55. Palliative care should be an essential part of the care of the dying. Patients should be kept as free of pain as possible so that they may die comfortably and with dignity, and in the place where they wish to die. Since a person has the right to prepare for his or her death while fully conscious, he or she should not be deprived of consciousness without a compelling reason. Medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person's life so long as the intent is not to hasten death. Catholic patients experiencing suffering that cannot be alleviated should be helped to appreciate the Christian understanding of redemptive suffering.

Actualizing Directive 55

- Administer pain relief to patients who are unable to express their wishes, since it can be reasonably supposed that they would want pain to be reduced
- Sensitize healthcare workers regarding the need for some patients to be conscious in their final moments to reconcile or resolve any issues of concern.
- Educate healthcare workers to respect the expressed need of some Catholic patients not to receive pain killers as a part of their participation in their final redemption.[61]

[61] *Catechism of the Catholic Church*, no. 1010-101. Because of Christ, Christian death has a positive meaning: "For to me to live is Christ, and to die is gain.The saying is sure: if we have died with him, we will also live with him. What is essentially new about Christian death is this: through Baptism, the Christian has already "died with Christ" sacramentally, in order to live a new life; and if we die in Christ's grace, physical death completes this "dying with Christ" and so completes our incorporation into him in his

- Educate healthcare workers that pain medications which may shorten the patient's life span may be used ethically if the intention is to alleviate symptoms, in the absence of other options.
- Catholic healthcare institutions should provide care and counselling to caregivers and healthcare workers to minimize burnout and moral distress.

56. The determination of death should be made by the physician or competent medical authority in accordance with responsible and commonly accepted scientific criteria and law of the land. [62]

Actualizing Directive 56

- Educate physicians on the laws governing the certification of death and the issuance of death certificates[63].

57. Catholic healthcare institutions should encourage and provide the means whereby those who wish to do so may arrange for the donation of their organs and bodily tissue, for ethically legitimate purposes, so that they may be used for donation and research after death.

Actualizing Directive 57

- Provide information on ethical donation of organs to those who request for the same. Appropriate policies should ensure that coercion or other malpractice regarding organ donation is mitigated.
- Provide counselling to relatives of potential organ donors.

---

redeeming act: It is better for me to die in Christ Jesus than to reign over the ends of the earth. Him it is I seek - who died for us. Him it is I desire - who rose for us. I am on the point of giving birth .... Let me receive pure light; when I shall have arrived there, then shall I be a man. In death, God calls man to himself.

[62] Government of India. Ministry of Law, Justice and Company Affairs (Legislative Department) New Delhi. Transplantation of Human Organs (Amendment) Rules. 2008. [Last accessed on 2014 July 11]. Available from: http://www.health.bih.nic.in/Rules/THO-A-Rules-2008.pdf

[63] The Registration of Births and Deaths Act, 1969

58. Such organs should not be removed until it has been medically determined that the patient has died. In order to prevent any conflict of interest, the physician who determines death should not be a member of the transplant team. The existing laws of the land should apply.[64]

Actualizing Directive 58

- Ensure that organ donation / transplants are approved by the hospital ethics committee/ Transplant ethics committee.
- Ensure that no member of the transplant team is involved in the determination of death of a potential donor.

59. Catholic healthcare institutions should not make use of human tissue obtained by direct abortions even for research and therapeutic purposes.

---

[64] Government of India. Ministry of Law, Justice and Company Affairs (Legislative Department) New Delhi. Transplantation of Human Organs (Amendment) Rules. 2008. [Last accessed on 2014 July 11]. Available from: http://www.health.bih.nic.in/Rules/THO-A-Rules-2008.pdf

PART SIX

FORMING NEW PARTNERSHIPS WITH HEALTHCARE ORGANIZATIONS AND HEALTHCARE PROVIDERS

In order to continue Jesus' mission and ministry of healing[65], the Church has established Catholic healthcare facilities over the years, including hospitals, nursing homes, clinics, and hospices. With technological advancements in diagnostics and therapeutics including expensive infrastructure, contemporary healthcare has witnessed the need for collaboration with non-Catholic and non-Christian healthcare facilities to effectively manage both material and human resources in order to bring the most effective healthcare facilities to the patients.

Collaborations foster responsible stewardship of limited healthcare resources in caring for the sick and the suffering, especially for the poor and vulnerable, by giving them a more equitable access to the advances in healthcare. Partnering and collaborating with non-Catholic and non-Christian healthcare facilities provides an opportunity to further the mission of the Church. On the other hand, new partnerships can pose serious challenges to the identity and mission of Catholic healthcare institutions, and their ability to implement these Directives in a consistent way, especially when partnerships are formed with those who do not share Catholic moral principles. The risk of scandal cannot be underestimated when partnerships are not built upon common values and moral principles.

Therefore, administrators of Catholic healthcare facilities and local bishops must ensure that the Christian witness of the Church, and the integrity of her praxis of ethical and religious principles, is not adversely affected in collaborations[66] nor do they bring scandal[67] to Catholics, Christians and others of good will.[68]

---

[65] Mathew 4:23,

[66] Congregation for the Doctrine of the Faith, "Some Principles for Collaboration with Non-Catholic Entities in the Provision of Health Care Services," The National Catholic Bioethics Quarterly (24 September 2014): 337-40..

[67] The attitude or behaviour that leads another to do evil.

[68] CDF. "Some Principles for Collaboration with Non-Catholic Entities in the Provision of Health Care Services."

The Church has taught that there are two ways in which collaboration with evil takes place. These are 'formal cooperation' and 'material cooperation'. If one approves and agrees with the intention of the wrongdoer then this collaboration is called formal cooperation. Formal cooperation is morally unacceptable, because, by definition, it involves bad intention. Material cooperation is one in which the wrongdoer in some way involves another in the action of committing evil. The scandal caused by material cooperation can be mitigated by providing a clear explanation of the reasons for collaborating under these circumstances in the light of Church's teaching.

Each collaboration must be evaluated individually after careful analysis by the administrators of the Catholic healthcare facility and with the due approval of the local Bishop. These directives aim to assist the Catholic healthcare facilities with analysis and evaluation of collaborative partnering. The interpretation of these directives rests with the diocesan bishop and the episcopal conference of India.

60. All collaborating arrangements involving Catholic healthcare providers with non Catholic institutions should be approved by the local diocesan bishop. All effort should be made to avoid and prevent scandal. In no way should there be a counter witness to gospel values. In fulfilling this responsibility, the bishop should consider not only the circumstances in his local diocese but also the regional and national implications of his decision. **In fulfilling this responsibility, the bishop should consider not only the circumstances in his local diocese but also the regional and national implications of his decision.**

Actualizing Directive 60

- Ensure that the philosophy, goal and objectives of the collaborating Institution are concordant with Catholic values and principles. [69].
- Review the written policies, vision and mission of the Collaborating Institution. The Contract for collaboration should contain a clause

[69] Facilities (diagnostic entities / health-care institutions / primary health care centres, among others) with whom the Catholic institution intends to work towards a clear end

for dissolution in the event that Catholic ethical principles are violated.

- Inform the local Bishop, and arrange a meeting between the Bishop and collaborating institution if required.
- The local Bishop may consult with experts and moral theologians before his final approval.

61. When there is a possibility that a prospective or existing collaborative arrangement may lead to serious adverse consequences for the identity or reputation of Catholic healthcare services or entail a risk of scandal70, the diocesan bishop is to be consulted in a timely manner. When this involves institutions not subject to his governing authority but operating in his diocese, such as those involving a juridic71 person erected by the Holy See, the diocesan bishop's nihil obstat72 is to be obtained.

Actualizing Directive 61

- Take immediate action if the Collaborative Institution fails to honour ethical norms / Catholic policies, including a notice of

[70] Scandal is an attitude or behaviour which leads another to do evil. The person who gives scandal becomes his neighbour's tempter. He damages virtue and integrity; he may even draw his brother into spiritual death. Scandal is a grave offense if by deed or omission another is deliberately led into a grave offense. (CCC, 2284)

[71] "Juridical persons", are similar to a civil "corporation" and are aggregates of persons or things (Canon 114). Juridical persons are perpetual by nature (Canon 120, §1). They are represented by an administrator: ie. a Bishop on behalf of a diocese, a parish priest on behalf of a parish or a major religious superior on behalf of a religious institute. Canon law provides that there are a number of juridical persons in the Church with rights and obligations spelled out in the law. Certain juridical persons are "public", in the sense that they operate in the name of the Church itself; others are private, resulting from private initiatives. Among public juridical persons listed by virtue of the law itself, include the following: The Conference of Bishops (Canon 449, §2); The Diocese and other particular church (Canon 373); The parish (Canon 515, §3); A religious institute, a province of an institute, and a juridically established religious house (Canon 634, §1).

[72] Translated as "nothing stands in the way," i.e. no objection

discontinuation, after reviewing the terms and conditions signed by both the parties.

- Update the Diocesan Bishop about the situation and the proposal for remedy.

62. In cases involving healthcare systems that extend across multiple diocesan jurisdictions, it remains the responsibility of the diocesan bishop of each diocese in which the system's affiliated institutions are located to approve locally the prospective collaborative arrangement or to grant the requisite nihil obstat, as the situation may require. At the same time, with such a proposed arrangement, it is the duty of the diocesan bishop of the diocese in which the system's headquarters is located to initiate collaboration with the diocesan bishops of the dioceses affected by the collaborative arrangement.

Actualizing Directive 62

- The Diocesan Bishops under whom the collaborations are established may meet periodically to evaluate the effectiveness of the collaboration. If there is any breach of contract, the same needs to be addressed by the concerned parties and a remedy sought.

63. Catholic healthcare organizations are not permitted to engage in immediate material cooperation[73] in actions that are intrinsically immoral, such as abortion, euthanasia, assisted suicide, and direct sterilization.

Actualizing Directive 63

- Familiarize all administrative staff who may be at the forefront of inter-institutional activities with the teachings of the Church including these directives, which should form the basis of collaboration.
- Orientate all the Staff - Medical and Nonmedical, visiting Professional or part time worker, regarding the ethical norms to be upheld in Catholic healthcare institutions. Provide the written Policy of the Institution to every person joining the Institution. Difficult cases and contentious situation should be reviewed by the Hospital Ethics Committee or by an appropriately appointed management committee.

64. A collaborative arrangement that in all other respects is morally licit may need to be refused because of the scandal that might be caused or because the Church's witness might be undermined.

Actualizing Directive 64

- Review comprehensively the history, objectives, activities, reputation and values of the collaborating Institution before finalising collaboration.

---

[73] Assisting in another's wrongdoing without approving it. The help given assists a person to perform the sinful action, although of itself the help is not wrong. Two kinds of material co-operation are to be distinguished: immediate and mediate. In immediate material co-operation, one person actually does something morally wrong with another person. Thus if a surgeon and an assistant are both engaged in actually aborting a fetus, the co-operation of the assistant is immediate. Mediate material co-operation is concurring in the wrong action of another, but not in such a way that one actually performs the act with the other or agrees with the evil intention of the other. While doing something that is in itself good or indifferent, a person rather gives an occasion to another's sin, or contributes something by way of assistance. The morality of mediate material co-operation is to be judged on the principle of the double effect.

- Consult Experts and Moral Theologians who are well versed in Canon law before getting in to any collaboration.
- The draft written agreement between institutions should be scrutinized by a Canon Lawyer.

65. The Catholic party in a collaborative arrangement has the responsibility to assess periodically whether the binding agreement is being observed and implemented in a way that is consistent with Catholic teaching and Canon law

Actualizing Directive 65

- Constitute a Committee for periodical appraisal of the collaboration and adherence to the terms of the agreement. The committee will report to the Management of the Institute.
- Create an Appraisal format for the Committee which includes the various aspects of Canon Law and the teachings of the Church related to healthcare.

66. Before affiliating with a healthcare entity that permits immoral procedures, a Catholic institution must ensure that neither its administrators nor its employees will manage, carry out, assist in carrying out, make its facilities available for, make referrals for, or benefit from the revenue generated by immoral procedures

Actualizing Directive 66

- Ensure that Catholic healthcare institutions and their employees are not a party to immoral acts and do not in any way (including financially) benefit from such associations.

67. in any kind of collaboration, whatever comes under the control of the Catholic institution — whether by acquisition, governance, or management—must be operated in accordance with the moral teaching of the Catholic Church, including these Directives.

Actualizing Directive 67

- Ensure that institutions taken over by the Catholic healthcare entity, will function in accordance with the ethical and healthcare directives of the Catholic church.

68. It is not permitted to establish another entity that would oversee, manage, or perform immoral procedures. Establishing such an entity includes actions such as drawing up the Civil bylaws, policies, or procedures of the entity, establishing the finances of the entity, or legally incorporating the entity.

Actualizing Directive 68

- It is not permissible to establish another entity which operates in a manner which is contrary to the ethical & moral teachings of the Church.
- Enlightened staff/ faithful may bring to the attention of the Bishop any moral breach by the established entity.

69. Representatives of Catholic healthcare institutions who serve as members of governing boards of non-Catholic healthcare organizations that do not adhere to the ethical principles regarding healthcare articulated by the Church should make their opposition to immoral procedures known and not give their consent to any decisions proximately connected with such procedures. Great care must be exercised to avoid giving scandal or adversely affecting the witness of the Church.

Actualizing Directive 69

- Catholics must be aware of the policies of non-Catholic boards on which they serve and of unwitting participation in activities that may run counter to Catholic teaching. When in doubt they should excuse themselves from membership of such Boards.

70. If it is discovered that a Catholic healthcare institution might be wrongly cooperating with immoral procedures, the local diocesan bishop should be informed immediately and the leaders of the institution should resolve the situation as soon as reasonably possible.

Actualizing Directive 70

- It is the duty of staff/ ethics committee members / members of the Governing Board to bring to the immediate attention of the Local Bishop matters pertaining to immoral and unethical procedures with regard to cooperation.
- Members of the public may also directly inform the local Bishop if they believe that a Catholic institution is engaged inadvertently or otherwise in immoral acts.
- The local Bishop must institute an open, fair and transparent enquiry into all complaints. Once investigated and resolved, the complainant must be informed of action taken.

SOME ETHICAL PRINCIPLES / POSITIONS OF THE CATHOLIC CHURCH

1. The inviolability of Human life: The life which God offers to man is a gift by which God shares something of himself. [74] Respect for life starts from the moment of conception and ends with natural death. The fertilized ovum and the embryo possess full anthropological and ethical status and the embryo, thus from the very beginning has the dignity, proper to the person. [75] Healthcare workers are, therefore, called to be guardians, servants and ministers of life. Nothing and no one can in any way permit the killing of an innocent human being, whether a fetus or embryo, and infant or adult, an old person, or one suffering from an incurable disease, or a person who is dying. [76]

2. The inviolability of Human dignity: Healthcare workers are called to be guardians and servants of human life, or indeed of the person whose inviolable dignity and transcendent vocation are rooted in the depths of his very being.[77]

3. The unitive and procreative nature of marriage: Respect for the dignity of man and women characterizes the truth of conjugal love. The conjugal act expresses the inseparable connection between the unitive significance and the procreative significance which are both inherent to the marriage act.[78]

4. The Principle of Totality (therapeutic principle): states that the part exists for the whole, and that consequently the good of the part remains subordinate to the good of the whole, and that the part ought therefore to yield to the whole, in case of conflict. (as for instance, in the amputation of a disease limb)

---

[74] Pontifical Council for Pastoral Assistance to Health Care Workers, *New Charter for Health Care Workers*, (2016) trans. The National Catholic Bioethics Centre (Bengaluru: Office of Health Care, Catholic Bishops' Conference of India, 2019), no. 11.

[75] Ibid., 40.

[76] Ibid., no. 166.

[77] Ibid., no. 1.

[78] Ibid., no. 15.

5. The supremacy of God's Law: "we must obey God rather than man" (Acts 5:29). This may require a) social denunciation of a legal injustice b) non participation in unjust laws c) conscientious objection.

6. The respect of God's creation: The natural environment is more than raw material to be manipulated at our pleasure; it is the wondrous work of the Creator, containing a 'grammar' which sets forth ends and criteria for its wise use, not its reckless exploitation.[79]

7. The nature of Diagnostic abandonment: Here the patient is compelled to go from one specialist /health service to another without finding someone able or willing to treat his ailment. While extreme specialization and compartmentalization of competencies and departments guarantees professional expertise, it may work to the detriment of sick person who does not receive a careful, overall approach to his ailment.[80]

8. The nature of Diagnostic Obstinacy: A stubborn insistence on an excess of diagnostic tests, aimed at finding a sickness at al costs. One may be tempted through laziness, profit-seeking, or self-aggrandizement, to diagnose a pathological condition anyway and to medicalize problems that are not of a medical nature. This does not help the person grasp the exact nature of his own ailment or take appropriate measures to overcome it. This can be manifested in "defensive medicine" where health care workers modify their professional practice, adapting it solely to protect themselves from the legal consequences of their intervention.[81]

9. Ordinary and Extraordinary Measures: Extraordinary means are those that impose a heavy or excessive burden (whether material, physical, moral or economic) on the patient, his family members, or the health care institution. These measures, particularly when futile, must not be continued. The use of ordinary methods to sustain the patient's life is morally obligatory.[82] Nutrition and hydration are obligatory in

---

[79] Ibid., no. 83.

[80] Ibid., no.77.

[81] Ibid., no. 77.

[82] Ibid., no. 86.

principle and are classified as basic care owed to the dying person when they do not prove to be too burdensome or without any benefit.[83]

10. Proportionality of Treatment (Principle of Proportional Risk): Care is to be considered proportionate when there is a due proportion between the means employed and therapeutic effectiveness. A correct judgment requires the study of the type of treatment to be used, its degree of complexity or risk, its cost, and the possibilities of using it and comparing these elements with the result that can be expected, taking into account the state of the sick person and his or her physical and moral resources. [84]

11. Pain - salvific meaning: While pain management and palliative care are integral to, and must be included in the care of a person in the terminal stage of life, healthcare workers must be aware that for some Christians, pain may be seen as participation in the Passion, and as union with the redemptive sacrifice of Christ.[85]

12. Principle of solidarity: Solidarity is a strong determination to commit oneself to the common good, recognizing that each person is connected to and dependent on all humanity. Christian solidarity consists in making ourselves responsible for the welfare of others, in the belief that every person is a child of God.

13. Principle of subsidiarity: A community of a higher order should not interfere in the internal life of a community of a lower order, depriving the latter of its functions, but should rather support it.[86] Subsidiarity avoids excessive concentration of power at higher levels which leads to diminished autonomy at lower levels – families, communities and ethnic groups. Opposed to subsidiarity are excessive forms of centralization, bureaucratization, welfare and the unjustified presence of the state and machinery of government.

---

[83] Ibid., no. 152.

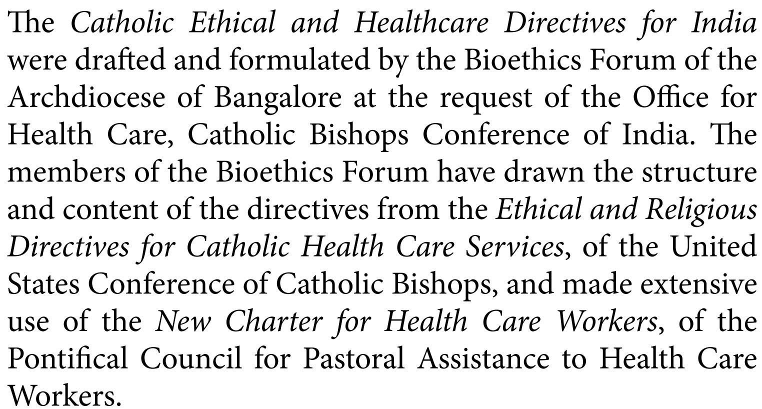
[84] Ibid., no. 86.

[85] Ibid., no. 153.

[86] *Catechism of the Catholic Church*, 1883.

14. The nature of religious assistance during healing: Healthcare workers must show complete willingness to encourage and welcome the sick person's request for religious assistance, with respect to the freedom and the religious faith of the patient and in the awareness that performing this task is not a deviation from the duties of healthcare assistance.[87]

[87] Ibid., no. 136.



The *Catholic Ethical and Healthcare Directives for India* were drafted and formulated by the Bioethics Forum of the Archdiocese of Bangalore at the request of the Office for Health Care, Catholic Bishops Conference of India. The members of the Bioethics Forum have drawn the structure and content of the directives from the *Ethical and Religious Directives for Catholic Health Care Services*, of the United States Conference of Catholic Bishops, and made extensive use of the *New Charter for Health Care Workers*, of the Pontifical Council for Pastoral Assistance to Health Care Workers.