



Health Ethics Guide

Third edition



Catholic Health Alliance of Canada



Appendices

APPENDIX I

Making Moral Judgements

Conscience

The *Health Ethics Guide* has adopted a model of conscience in which conscience is understood to be at the core of the human person and of human dignity. In the Judeo-Christian tradition, the notion of the dignity of the human person is closely tied to the notion of responsibility. Human persons are constituted in the image of God especially because they are responsible for the direction of their own lives and are responsible for the welfare of others.

Catholic theological tradition has analyzed the notion of responsibility in terms of two interconnected notions: free will and conscience. The human person is responsible insofar as they can choose freely and insofar as by conscience they knowingly direct their actions.

Conscience is the ability of the human person to judge what is a morally good or a morally evil way to act in a particular situation. The objective moral good in a particular situation is that course of action that brings persons toward their fullest human potential and to their ultimate end, which is God.

To make correct judgements of conscience, a person must possess correct general moral principles. Some moral principles spring immediately from the nature of human persons and from their elevated state as adopted children of God and do not admit of exceptions (e.g., “It is always wrong to intentionally kill an innocent human person.”). Other moral principles are more particular

formulations that may admit of exceptions when they come in conflict with other principles in a particular situation (see the “Interpretive Principles” below).

To make correct judgements of conscience, the person must also have an adequate knowledge of the facts of the particular situation, along with the virtue of prudence, which enables the person to correctly apply the general principles to the particular situation. The prudent person is skilled at identifying those moral principles and rules that apply to the concrete situation, and at discerning which of the possible alternatives most fully embodies the applicable principles. In cases of unavoidable conflict, the prudent person is skilled in discerning which rule takes precedence in the particular situation.

Moral principles are known by revelation, as embodied in Sacred Scripture, and by natural law, which is known by human reason apart from revelation. The Catholic moral tradition represents the accumulated wisdom of the Church and includes interpretation of the Sacred Scriptures, reflection on the Scriptures and human experience, and the testing of opinions by criticism and the exchange of theological argument. The Magisterium or teaching authority of the Church provides the authoritative interpretation of the moral law, based upon Sacred Scripture, natural law and tradition. In this way, the individual’s conscience, with its limitations, avails itself of the accumulated wisdom of the wider community, which is the Church.

Interpretive Principles

In addition to the values outlined at the beginning of this *Health Ethics Guide* and to the moral principles described throughout the *Health Ethics Guide*, the Catholic moral tradition offers several

other principles that aid in interpreting particular kinds of moral situations.

1. **Burden and benefit** – This principle states that we are not obliged to begin or continue treatments that offer no reasonable hope of benefit, or that may constitute a grave burden, excessive pain, suffering, expense or other serious inconvenience to the person or to those who are responsible for their care. The principle is often expressed in terms of treatment being ordinary/extraordinary, proportionate/disproportionate, beneficial/non-beneficial, etc.
2. **Double effect reasoning** – Some human actions have both a beneficial and a harmful result, e.g., some pain treatment for a terminally ill person might carry a possibility of shortening life, even though it is given to relieve pain and is not intended to kill the person.

Five conditions are cited for trying to decide if such actions would be morally permissible:

- i. The action of the person must be morally good or at least neutral in itself.
- ii. There are two anticipated outcomes for the action of the person, one intended and good, the other an unintended but foreseen evil.
- iii. The evil effect is not the means to the good effect.
- iv. There must be a proportionate reason to accept the evil effect.
- v. There must be no less-negative alternative.

3. **Totality and integrity** – A part of the body may be sacrificed to save the whole. For example, an organ may be sacrificed if it is the only way to prevent the death of the person. The moral tradition of the Church provides safeguards to protect against causing unjustified harm. The principle of totality points to a safe exception to the principle that one may not cause harm. Because the good of the whole is greater than the good of the part, it is justifiable to sacrifice the part for the whole. The Catholic tradition has limited the application of this principle to cases where the only function of the part is to serve the whole. For example, the eye has no function apart from being part of a living body. The tradition does not allow the principle of totality to be applied indiscriminately when the part has a proper function apart from the whole, as is the case of persons, who besides serving the state of which they are a part also have a value as individuals.
4. **Subsidiarity** – Decisions and functions ought to be handled by the smallest, lowest or least centralized competent authority; that is, “a community of higher order should not interfere with the internal life of a community of a lower order, depriving the latter of its functions, but rather should support it in case of need and help to co-ordinate its activity with the activities of the rest of society, always with a view to the common good.”¹ As applied to health care needs, the principle suggests that the first responsibility for meeting these

1. Pope John Paul II, *Centesimus Annus (On the Hundredth Anniversary of Rerum Novarum)*, Vatican, 1991, no. 48.

needs resides with the free and competent individual. Individuals, however, are not completely self-sufficient. Usually, they can achieve health and obtain health care only with the help of their family members, their caregivers and the community. The responsibility of fulfilling those needs that the individual cannot achieve alone must be assumed by larger or more complex groups, e.g., community organizations and different levels of government, without resorting to “micro-managing,” which is contrary to the principle of subsidiarity.

5. **Principle of Cooperation** – It often happens that achieving certain good results may involve cooperating with others who are performing morally wrong actions.

The Catholic moral tradition distinguishes formal from material cooperation in a morally wrong action. In formal cooperation one agrees with the wrong action. It constitutes one’s purpose in acting, as when, for example, one willingly cooperates in a theft because one wishes to profit from the theft. In material cooperation, one cooperates with an action without agreeing with it.

One is never permitted to cooperate formally in the evil action of another, because such cooperation involves intending that evil be done.

Material cooperation admits of different degrees. In what we here call “immediate material cooperation,” one’s action is indistinguishable from that of the principal agent. Immediate material cooperation is permitted only in cases in which the good sought would justify the evil

result, even if one were the sole principal agent, not cooperating with another. For example, one would be justified in immediate material cooperation in harming someone in a lesser way in order to save his or her life. However, “Catholic health care organizations are not permitted to engage in immediate material cooperation in actions that are intrinsically immoral, such as abortion, euthanasia, assisted suicide, and direct sterilization.”²

In assessing other kinds of material cooperation, four factors must be considered:

- i. The greater the good that is sought or evil avoided, the more likely it is that the cooperation is permissible.
- ii. The greater the evil that is tolerated, the less likely it is that the cooperation is permissible.
- iii. The more remote the cooperation, the more likely it is that it is permitted.
- iv. If the good in question can be achieved in a way that avoids the evil produced by the cooperative act, the cooperation is to be avoided unless the alternative will cause a proportionate or greater evil.

In calculating evil results, one must take account not only of the evil intrinsic to the action but also of any scandal that is likely to result. When it is a question of policy or general practice rather than of isolated actions, then the more general effects of cooperation or non-cooperation

2. See United States Conference of Catholic Bishops (USCCB), *Ethical and Religious Directives for Catholic Health Care Services*, 2009, Directive 70.

must be considered. Among the good effects to be considered are the continuance of a Catholic health care facility and its service, not only to patients but to making the Church's influence present in a significant area of society. Among the evil effects to be considered are the possibility that a wrong practice will become entrenched and accepted or that public perception of the Church's teaching will become clouded and uncertain.

Questions of cooperation in morally objectionable actions are often very complex and difficult to resolve. In making decisions in matters of policy, it is important to consult widely among prudent and experienced experts. A policy or an agreement among institutions involving cooperation in morally questionable actions should not be accepted without the approval of those who are officially responsible for designating an institution as a Catholic institution – normally the local bishop.

APPENDIX II

Glossary of Terms

Abortifacient

Medication or device that induces an abortion.

Abortion

A direct abortion is a procedure whose deliberate purpose is to terminate the life of an embryo or a fetus whether before or after implantation. An indirect abortion is a procedure necessary to save the life of the mother in which the death of the fetus is an inevitable result, e.g., the removal of a cancerous uterus during pregnancy.

Advance health care directives (Living will)

A document for instructing or informing others concerning a person's needs, values, wishes, the identity of the proxy and/or the type of treatment a person desires should they lose their decision-making capacity or be unable to make their wishes known.

AID

Artificial insemination by a donor.

AIH

Artificial insemination by the husband.

Allocation

The designation or setting aside of resources for specific purposes. (*see also* Rationing)

Allogeneic transfer (Allograft)

The transfer of body organs or tissue, e.g., skin or bone, from one individual to another individual of the same species.

Anatomical integrity

see Bodily integrity

Artificial fertilization

see In vitro

Artificial insemination

see In vivo

Assisted suicide

Counselling, abetting or aiding someone to kill themselves.

Autologous transfer (Autograft)

The transfer of body organs or tissue, e.g., skin or bone, from one part to another part of the same individual.

Bioethics

That part of ethics that deals with issues of life in the context of the life and health sciences. This is a word first used by Van Rensselaer Potter in 1971. It is a combination of two Greek words, *bios* meaning “life” and *ethos* meaning “custom.”

Bodily integrity (anatomical/functional)

“Anatomical integrity” refers to the presence of all the organs of a normal human body. “Functional integrity” refers to the systematic efficiency of the human body. For example, if one kidney were missing from a person’s body, there would be a lack of anatomical integrity, but functional integrity would remain, since the person would still retain adequate renal function.

Brain death

see Death

Caregiver

Caregiver is a term that usually refers to those persons who comprise the wide circle of support for a person in need of care, e.g., family members, a life partner, close friends or members of the broader community. It is sometimes used more broadly to also include care providers (see below).

Care provider

Care provider refers to someone who offers health or social services in a professional or paid capacity within a health or social service organization.

Capacitation (Sperm capacitation)

The chemical changes in sperm that occur in the female genital tract and that increase the sperm's capacity to penetrate and fertilize an ovum.

Cloning

In the context of this document, cloning is the production of an organism that is a genetic copy of the organism from which it was derived, done through processes such as transplantation or fusion of a nucleus of a source cell to an egg that will allow for further development.

Common good

The sum total of social conditions that allow people, either as groups or as individuals, to reach their fulfillment more fully and more easily (*Catechism of the Catholic Church*, no. 1906). It is sometimes referred to as the "common goal."

Confidentiality

A quality of human communication that protects a person's right to privacy by fostering trust between the care provider and the person receiving care. Confidentiality excludes

unauthorized persons from gaining access to personal health information concerning the person receiving care, and requires that people who have such information refrain from communicating it to others.

Conscience

The specifically human capacity to judge what is morally good or morally evil behaviour in a particular situation. (For a fuller discussion refer to Appendix I.)

Conscientious objection

The refusal to perform an action based on moral or religious grounds.

Consent (informed)

Informed consent requires that an individual possess the capacity and freedom, as well as the understanding and appreciation of the information needed, to make a reasonable decision in their own best interests.

Contraception

The introduction of any means specifically intended to prevent conception from occurring as a result of sexual intercourse.

Cooperation (material)

Cooperating either immediately or remotely with a morally objectionable action of another. (*see also* Appendix I)

Cryopreservation

In the context of this guide, cryopreservation refers to the freezing of gametes and embryos in order to preserve them.

Death

With respect to the biomedical definition of death, persons are dead when they have irreversibly lost all ability to integrate and

coordinate the physical and mental functions of the body. In regard to a precise time of death, death occurs: a) when the spontaneous functions of the heart and breathing have definitively ceased, or b) with “brain death,” i.e., the irreversible arrest of all brain activity. In reality, the definitive arrest of cardiorespiratory activity very quickly leads to brain death. (Refer to *Charter for Health Care Workers*, Vatican, 1995, no. 129.)

Decision-making capacity

The ability of a person to make their own health care decisions. It is normally considered to include the ability to understand the information involved and to appreciate the consequences of a decision, the ability to reason from information to conclusions in light of a personal set of values, and the ability to express a choice.

Dignity of the human person

The inherent worth of the human person that calls for the deepest respect.

Distributive justice

The obligation of society to distribute the goods of that society equitably to its individual members.

Dysphoria

An emotional state of abnormal depression, anxiety and discontent.

Ectopic pregnancy

see Extrauterine pregnancy

Embryo (human)

The unborn child from the time of fertilization until the end of the eighth week of pregnancy.

Ethics

The study of the moral rightness or wrongness of human choice and behaviour; a set of principles of right conduct; reflection on values.

Euthanasia

An action or an omission that of itself and by intention causes death, in order that all suffering may in this way be eliminated. (*Evangelium Vitae*, no. 65)

Experimentation (Human)

Any research on human beings that seeks to verify or measure the effect of a given treatment, e.g., pharmacological, teratogenic, surgical, etc. (*see also* Research).

Extrauterine pregnancy

A pregnancy in which the fertilized ovum implants somewhere other than in the uterus, e.g., in a fallopian tube or in the abdomen.

Fetus (human)

The developing child in the uterus from the end of the eighth week of pregnancy until the time of birth.

Functional integrity

see Bodily integrity

Guidelines

Criteria that guide or direct action.

Homograft

The transfer of human tissue or organs from one human being to another.

Human dignity

see Dignity of the human person

Illicit

Contrary to the law (divine, ecclesiastical or civil).

***In vitro* fertilization**

The technique whereby an ovum or egg is fertilized by sperm in a petri dish (“in glass” – Latin) outside the body of the mother.

***In vivo* fertilization**

A technique whereby an ovum is fertilized, not from sexual intercourse, but as a result of sperm being artificially introduced into the woman (“in a living being” – Latin).

IUD

Intra-uterine device. This is a small device, usually made of plastic and containing copper or hormones, that is inserted into the uterus. It is most commonly used as a contraceptive device, but may also be used to treat certain medical problems.

Licit

According to the law (divine, ecclesiastical or civil).

Living will

see Advance health care directives

Ministry

The specific manner in which the mission to heal is carried out in Christian health and social service organizations. This service is designated as ministry because it is motivated by the Gospel and is part of the Church’s faith tradition.

Morality

This term has a number of meanings: that free human activity that perfects or fulfills a person's progress toward their ultimate destiny or detracts from it; the judgements of a person's conscience; the choices made and the objective elements of the human act; a system of norms or principles of good conduct for individuals or groups.

Moral certainty

A high degree of certainty that justifies action when absolute certainty is not available.

Palliative care

Palliative care, as a philosophy of care, is the combination of active and compassionate therapies intended to comfort individuals and their support communities who are facing the reality of impending death. It strives to meet physical, social, and spiritual expectations and needs, while remaining sensitive to personal, cultural and religious values, beliefs and practices. Palliative care is not limited to the end of life when a person has only days, weeks or months to live. Persons with progressive incurable illnesses may benefit from palliation of symptoms and other problems much earlier in their illness trajectory, even when they are receiving treatments such as chemotherapy to control their illness.

Palliative sedation

Palliative sedation therapy is the use of sedative medications to sedate, either lightly or deeply, a person who is experiencing intractable symptoms such as shortness of breath, confusion or pain when all regular methods have failed or are not possible. Research shows that palliative sedation therapy does not invariably shorten life.

Person

A being endowed with powers of intelligence and free will and the potential for moral consciousness and self-fulfillment in relationship to God and others. The individual remains a person, even if for some reason the potential is not actualized.

Personnel

In the context of this guide, personnel refers to all those who serve patients/residents/clients within health and social service organizations (e.g., administrators, physicians, nurses, other health and social service professionals, staff and volunteers).

Principle

A more specific articulation of a value that is used as a starting point or rule of thumb for good ethical reflection and action.

Protocol

The rules or formalities of any procedure or group.

Proxy

see Surrogate decision maker

Rationing

The withholding of potentially beneficial services because circumstances, policies and/or practices establish limits on the resources available for health care or social services. This definition is used because it clearly identifies what is of ethical concern (that is, the potential harm that can come from the denial of services) and recognizes that the practices or proposals to ration services must be tested against ethical criteria that assess the need for rationing, the methods proposed and their likely outcomes. *See* Allocation

Religion

The expression of spirituality through traditions, rites and practices usually within the context of an organized faith.

Research (clinical)

Any inductive-deductive process that aims at promoting the systematic observation and understanding of a given phenomenon in the human field or at verifying a hypothesis arising from previous observations. (*see also* Experimentation [Human])

Restraint

Any physical, environmental or chemical substance that controls a person's behaviour by preventing or restricting free physical movement.

Social justice

The concern to root out social habits, institutions, or structures that harm the common good of society, and to establish structures, ways of acting and attitudes, that promote the common good.

Sperm capacitation

see Capacitation

Spiritual and religious care

The activity of chaplains, community clergy, faith leaders and laity in helping persons to discover and deepen life and give expression to their spirituality and/or religion. In the context of Catholic health care, special emphasis is given to sacramental ministry.

Spirituality

The search for the sacred. A conscious striving to move beyond

isolation and self-absorption to a deeper awareness of interconnectedness with the self, other human beings and the transcendent.

Stewardship

The exercise of responsibility in relationship to creation and the careful use of resources.

Substitute decision maker

see Surrogate decision maker

Surrogate decision maker

The person who is entitled to make care and treatment decisions for a person who lacks decision-making capacity. Alternative terms used include *proxy* and *substitute decision maker*.

Surrogate mother

A woman who allows a child to come to term in her womb with the understanding that she will turn the newborn infant over to the party or parties with whom she has made this arrangement or contract.

Therapeutic procedures

From a moral point of view, this usually refers to medical and surgical procedures that are related to the life-saving or healing interests of the person receiving care. (*see also* Research)

Transplant

The surgical operation of implanting a donated organ or tissue into a recipient, or the entire process from retrieval through to implantation.

Triage

The assignment of degrees of urgency to decide the order of treatment of those receiving care.

Value

That quality of the goodness of things that motivates human activity.

Xenotransplantation (xenogeneic/heterograft)

The transplantation from one species to another, e.g., animal to human. It is derived from the Greek *xenos* meaning “alien” or “stranger.”

Zygote

The fertilized egg before it begins to divide into further cells.

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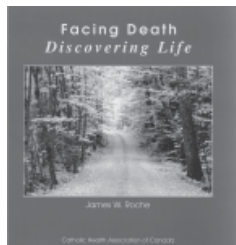
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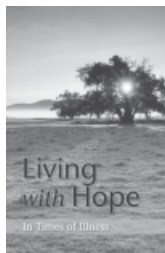
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