

Ethical Issues for Catholics in Health Care

CATHCA Regional Conference, Johannesburg, 10 to 13 February 2013

Charles P. Ryan

cpryansps@gmail.com

In addressing ethical issues in health care I usually start with three basic principles that summarise the Church's teaching:

1. Every human person is worthy of respect.
2. All human life is sacred.
3. Life begins at conception.

Since ethics and, indeed, all of the Christian life, involves trying to live life according to Christ's teaching I also point out that there are two basic attitudes that should characterise our relationships - a DO and a DON'T:

1. Be compassionate.
2. Do not judge

The ethical issues in health care are so many that one cannot easily cover all, but I list some of the pressing issues in the present day:

1. Working with HIV positive patients. We must free ourselves of any tendency to judge or assume moral guilt. We are obliged to be compassionate and caring.
2. Condoms. Difference between condoms as contraceptives and condoms as prophylactics. The presumption is for the innocence of those whose lifestyle is 'unsafe'. We are free – even obliged – to provide the information that will make the lifestyle 'safe'
3. Contraception, sterilisation. Since 'Humanae Vitae' the moral teaching of the Church is well known. However, we must also be aware that Conscience is supreme and we must allow people to follow their consciences. Provision of scientific information – e.g. about pills – is not immoral.
4. Abortion. "Direct abortion, that is to say willed as an end or as a means, is gravely contrary to the Moral Order." (Pope Benedict) In what is called 'indirect abortion' it is necessary to explain. In fact, better not to use the term 'abortion' at all.
5. Infertility – AIH, AID, IVF, Surrogacy. Since all life, from conception, is sacred, any procedure that involves the direct destruction or disproportionate risking of the survival of an embryo is immoral.
6. Stem Cell Research. No moral issue except where embryonic stem cells are utilised in such a way as to destroy embryos. Pluripotent cells now available from other sources.

- sources. A moral issue might arise in the use of treatments which are the result of embryonic stem cell research (see the case in USA).
7. Cloning. Three issues: unnatural, unsafe and unpredictable, and involving destruction of embryos.
 8. Organ donation. When does death occur? (Harvard Criteria; Brain Stem Test. The Church accepts the criteria of science) Described by John Paul II as an act of "heroic charity". We may confront cultural issues in relation, say, to blood donation. Again, do not judge.
 9. Confidentiality. Information about the patient's health belongs to the patient. Otherwise "need to know" only and there are restrictions. Important in a climate of stigmatising Aids victims.
 10. Allocation of scarce resources. Better to have prior criteria in making life-saving decisions. (Ethics committees etc.). "First Come, First Served". Heart-breaking economic dilemmas.
 11. Competence in making decisions. Again, the autonomy of the patient must be respected, when competent. Some countries decide that the 'common good' overrides individual rights, say, of parents. The care giver also has rights, including the right to suggest another carer.
 12. Terminal Care/Euthanasia. Administration of palliative care even if it may reduce life-expectancy can be appropriate. The notion of 'due proportion' is relevant. "Death with Dignity" has strong cultural connotations. The doctor is the one who usually has the expertise to decide when to discontinue life-support. Again, local culture must be recognised. Euthanasia is clearly becoming more accepted in the secular world. The position of the Church about 'killing' remains unchanged.