



The Ethical and Religious Directives (ERDs):

- are published by the United States Conference of Catholic Bishops
- give ethical guidance and direction to patients, physicians, caregivers, administrators, sponsors, and ethics committees in Catholic health care
- updated as new medical data arises or Church teaching is clarified
- not an exhaustive summary of medical ethics or Catholic teaching
- more than a list of dos and don'ts

Notes and Cautions about the Ethical and Religious Directives (ERDs)

The ERDs can be difficult to interpret in certain cases. If you are uncertain about how the ERDs might apply to a situation you are facing, or if you have an ethical question outside of the ERDs, contact your local ethics committee, regional Mission leader, or the Ethics Department at CHRISTUS Health.

This pamphlet does not replace a complete reading of the ERDs. For the current edition of the ERDs, visit www.usccb.org

For more copies of this pamphlet, contact the Ethics Department of CHRISTUS Health at 469.282.2503.



An Overview of the Ethical and Religious Directives for Catholic Health Care Services





Catholic health care 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.

Part One: The Social Responsibility of Catholic Healthcare Services

- Catholic health care is called to:
- continues the healing ministry of Jesus
 - care for the whole person: spiritual, social, and psychological, not just physical
 - be a dialog between faith and science
 - serve the dignity of patients and common good of all human beings
 - promote and defend the human dignity of all
 - follow biblical call to care for the poor by ensuring adequate health care for all
 - treat employees justly, promote engagement, respect right to organize, bargain collectively
 - contribute to the common good, defined as political, economic, social conditions that allow everyone to fulfill common goals
 - steward resources responsibly
 - provide equitable care
 - promote health of the entire community
 - refuse to participate in procedures opposed to human dignity or Church teaching

Part Two: The Pastoral and Spiritual Responsibility of Catholic Healthcare

- Care of the whole person includes spiritual care. Catholic facilities are committed to:
- building relationships with local clergy
 - meeting patient’s spiritual needs in keeping with their religious beliefs and affiliation

Part Three: The Professional - Patient Relationship

- Providers and patients work together in the healing process. Both must fulfill their responsibilities and respect the other’s rights. The relationship should be marked by trust, respect, honesty, privacy, and confidentiality. In order to foster this relationship, Catholic facilities must:
- follow legal and regulatory standards for informed consent and reporting
 - inform patients of their right to make advance directives and name a surrogate to make decisions if they lose capacity to do so
 - honor advance directives or surrogates’ decisions unless against Catholic teaching
 - have an ethics committee to help providers, patients, and others with moral dilemmas

Part Four: Issues in Care for the Beginning of Life

- Catholic health care is called to:
- respect human dignity from conception
 - provide adequate perinatal care to mothers and children, especially for infant mortality

- respect the dignity of marital intercourse:
 - infertility treatments that help intercourse to achieve its purpose are permissible
 - those that replace intercourse as a means to procreation are not
- not participate in or arrange contracts for surrogate pregnancy as they do not respect the dignity of women

Abortion is never permitted. It is defined as a procedure whose sole immediate effect is the termination or pregnancy before viability. However, a procedure that will result in the death of an unborn child is permitted if it is intended to cure a proportionately serious pathology in the woman, and cannot be safely postponed until viability.

Treatment for ectopic pregnancy is permitted if it does not meet the definition of an abortion.

Sterilization is not allowed, but a procedure that results in sterilization is permitted if it aims to cure a present and serious pathology.

Part Five: Issues in Care for the Seriously Ill and Dying

Care for the dying is founded on compassion, confidence in eternal life, and respect for human dignity until natural death.

- Patients have a duty to preserve their life, but it is not absolute. Morally required treatments are:
- Proportionate means – those with reasonable hope of benefit and no excessive burdens

- Morally optional treatments are:
- Disproportionate means – those with excessive burdens or no reasonable hope of benefit

Only patients can determine if treatment is proportionate or disproportionate.

In principle, there is a duty to give food and water medically if patients cannot take it orally. This principle is held true even for chronic, permanent condition; however, can be considered optional if the necessary care is overly burdensome or not reasonably expected to prolong life.

Euthanasia and assisted suicide are never permitted. These are defined as actions that directly end a patient’s life in order to alleviate suffering.

Pain relief is a primary goal of medicine. Dying patients should receive appropriate pain control as desired.

Part Six: Forming New Partnerships with Healthcare Organizations and Providers

- Partnership and mergers present great opportunity, but also difficulty if a partner performs activities contrary to the ERDs.
- partnerships can pose serious challenges to the viability of Catholic identity
 - consult reliable theological experts when considering arrangements with other organizations
 - Catholic facilities must limit their actions to what is justified by the principles of cooperation
 - partnerships that are otherwise acceptable might need to be refused due to concerns of scandal
 - the local bishop has final responsibility for assessing and addressing issues of scandal