The Ethical and Religious Directives
Preamble/Intro
for Catholic Health Care Services
4th edition

The following are select Directives from The Ethical and Religious Directives
Preamble/Intro for Catholic Health Care Services 4th edition, which would limit certain
health care treatment options in Catholic run hospitals and facilities, even though such
treatment options are legal in the United States.

5. Catholic health care services must adopt these Directives as policy, require adherence to them
within the institution as a condition for medical privileges and employment, and provide appropriate
instruction regarding the Directives for administration, medical and nursing staff, and other personnel.

9. Employees of a Catholic health care institution must respect and uphold the religious mission
of the institution and adhere to these Directives. They should maintain professional standards and
promote the institution's commitment to human dignity and the common good.

24. In compliance with federal law, a Catholic health care institution will make available to patients
information about their rights, under the laws of their state, to make an advance directive for their
medical treatment. The institution, however, will not honor an advance directive that is contrary
to Catholic teaching. If the advance directive conflicts with Catholic teaching, an explanation should
be provided as to why the directive cannot be honored.

25. Each person may identify in advance a representative to make health care decisions as his or her
surrogate in the event that the person loses the capacity to make health care decisions. 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.

36. Compassionate and understanding care should be given to a person who is the victim of sexual
assault. Health care providers should cooperate with law enforcement officials and offer the person
psychological and spiritual support as well as accurate medical information. A female who has been
raped should be able to defend herself against a potential conception from the sexual assault. If, after
appropriate testing, there is no evidence that conception has occurred already, she may be treated
with medications that would prevent ovulation, sperm capacitation, or fertilization. It is not
permissible, however, to initiate or to recommend treatments that have as their purpose or
direct effect the removal, destruction, or interference with the implantation of a fertilized
ovum.

38. When the marital act of sexual intercourse is not able to attain its procreative purpose, assistance that
does not separate the unitive and procreative ends of the act, and does not substitute for the marital
act itself, may be used to help married couples conceive.

39. Those techniques of assisted conception that respect the unitive and procreative meanings of sexual
intercourse and do not involve the destruction of human embryos, or their deliberate generation in
such numbers that it is clearly envisaged that all cannot implant and some are simply being used to
maximize the chances of others implanting, may be used as therapies for infertility.
40. Heterologous fertilization (that is, any technique used to achieve conception by the use of gametes coming from at least one donor other than the spouses) 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.

41. Homologous artificial fertilization (that is, any technique used to achieve conception using the gametes of the two spouses joined in marriage) is prohibited when it separates procreation from the marital act in its unitive significance (e.g., any technique used to achieve extra-corporeal conception).

45. Abortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus) 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 health care institutions are not to provide abortion services, even based upon the principle of material cooperation. In this context, Catholic health care institutions need to be concerned about the danger of scandal in any association with abortion providers.

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

52. Catholic health institutions may not promote or condone contraceptive practices but should provide, for married couples and the medical staff who counsel them, instruction both about the Church's teaching on responsible parenthood and in methods of natural family planning.

53. Direct sterilization of either men or women, whether permanent or temporary, is not permitted in a Catholic health care 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.

58. There should be a presumption in favor of providing nutrition and hydration to all patients, including patients who require medically assisted nutrition and hydration, as long as this is of sufficient benefit to outweigh the burdens involved to the patient.

59. 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.

60. Euthanasia is an action or omission that of itself or by intention causes death in order to alleviate suffering. Catholic health care 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.

61. 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. Patients experiencing suffering that cannot be alleviated should be helped to appreciate the Christian understanding of redemptive suffering.
CONGREGATION FOR THE DOCTRINE OF THE FAITH

RESPONSES TO CERTAIN QUESTIONS
OF THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS
CONCERNING ARTIFICIAL NUTRITION AND HYDRATION

First question: Is the administration of food and water (whether by natural or artificial means) to a patient in a “vegetative state” morally obligatory except when they cannot be assimilated by the patient’s body or cannot be administered to the patient without causing significant physical discomfort?

Response: Yes. The administration of food and water even by artificial means is, in principle, an ordinary and proportionate means of preserving life. It is therefore obligatory to the extent to which, and for as long as, it is shown to accomplish its proper finality, which is the hydration and nourishment of the patient. In this way suffering and death by starvation and dehydration are prevented.

Second question: When nutrition and hydration are being supplied by artificial means to a patient in a “permanent vegetative state”, may they be discontinued when competent physicians judge with moral certainty that the patient will never recover consciousness?

Response: No. A patient in a “permanent vegetative state” is a person with fundamental human dignity and must, therefore, receive ordinary and proportionate care which includes, in principle, the administration of water and food even by artificial means.

The Supreme Pontiff Benedict XVI, at the Audience granted to the undersigned Cardinal Prefect of the Congregation for the Doctrine of the Faith, approved these Responses, adopted in the Ordinary Session of the Congregation, and ordered their publication.

Rome, from the Offices of the Congregation for the Doctrine of the Faith, August 1, 2007.

William Cardinal Levada
Prefect

Angelo Amato, S.D.B.
Titular Archbishop of Sila
Secretary