

# H · e · a · l · t · h

## Teachings

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isions about patients.

For example, he said, the Catholic belief in the dignity of all people would prevent a Catholic physician from advising a pregnant woman to abort her child because it had a genetic defect. Physicians without such ethical grounding might advise expectant parents to avoid the expense and difficulties of raising such a child by aborting it, he noted; they might tell the mother that she can try to conceive a child without a defect later. Such a mentality reduces the unborn child from an eternal child of God to the status of a material object, he commented.

"It's like going for a pair of shoes — if they don't fit, try another pair," he remarked.

Undergirding the Catholic concern for human life from womb to tomb is Christ's own example of healing, according to a document the National Conference of Catholic Bishops issued in 1981. Entitled "Ethical and Religious Directives for Catholic Health Care Services," it was revised and updated in 1994.

The document covers such topics as the social responsibility of Catholic health-care services, the professional-patient relationship, and suggested approaches for Catholic health-care institutions becoming partners with institutions that might not subscribe to Catholic ethical principles.

In part, the bishops' document stated: "The mystery of Christ casts light on every facet of Catholic health care: to see Christian love as the animating principle of health care; to see healing and compassion as a continuation of Christ's mission; to see suffering as a participation in the redemptive power of Christ's passion, death and resurrection; and to see death, transformed by resurrection, as an opportunity for a final act of communion with Christ."

Another organization trying to promote Catholic values in medicine is the National Federation of Catholic Physicians' Guilds, which has an active chapter in the Diocese of Rochester.

### Speaker calls for patients to be respected

NEW YORK (CNS) — Respecting patient wishes on pain management and withdrawal of artificial nutrition and hydration are important for the battle against assisted suicide, according to a moral theologian.

Jesuit Father James Keenan, professor at Weston School of Theology in Cambridge, Mass., said many Americans favor euthanasia and assisted suicide because they feared that their wishes about treatment during the suffering of their final days would not be respected.

He was speaking at the Catholic Hospital Administrative Personnel Program May 22 at St. John's University in New York.

But he said their concern about being kept in a persistent vegetative state or abandoned to prolonged, unnecessary suffering during a terminal illness could be met under Catholic principles. And he said main-

Based in Elm Grove, Wis., the federation (which soon will change its name to the Catholic Medical Association) provides members with informational literature and seminars on Catholic medical ethics, according to an organization official.

Federation documents note that the organization's Linacre Institute has developed several position papers on Catholic medical ethics, including one titled "Bioethical Principles of Medical Practice."

Many of that document's principles summarize basic Catholic teachings on health care. Among those principles are the church's belief that poor patients should receive care equal to that of wealthy patients; that married couples should not deliberately seek to be sterilized, either permanently or temporarily; and that the government should protect and strengthen families.

It was to teach Catholic physicians such principles that Dr. Fernando V. Ona, a permanent deacon at St. Catherine of Siena in Mendon, founded the Rochester Catholic Physicians' Guild in 1984. Since then, guild members have taken retreats together each year, he said, adding that the guild also has sponsored numerous workshops on ethical issues and held ethics presentations for medical students at St. Mary's Hospital in Rochester.

Such ongoing ethical study is important because it intellectually arms Catholic health-care workers to uphold the sanctity of human life in a profession that increasingly has become divided over life issues, according to Dr. Michael P. McQuillen, a member of the diocesan Catholic Physicians' Guild. McQuillen is also a professor of neurology at the University of Rochester and a physician at St. Mary's Hospital.

"If one is going to make decisions, you have to know what are the principles on which you base your decisions," McQuillen said. "Ethics is more than gut feelings."

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taining a sharp distinction between euthanasia and withdrawal of nutrition and hydration or pain management was vital to the struggle against assisted suicide.

Father Keenan, who was a consultant to the bishops' committee that drafted the 1994 revision of "Ethical and Religious Directives for Catholic Health Care Services," said the document made an "enormous shift" toward the principle of respect for the patient's wishes.

"It was our intention that it be there," he said.

He said the bishops insisted on maintaining this emphasis in the face of some pressure. And he suggested that insistence came in part because many of them had been hospital patients themselves, and knew the kind of paternalistic control that could often override patients' wishes about their own treatment.



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