



DIGNITY



Mission Leadership Academy

Dignity



MISSION LEADERSHIP ACADEMY

Welcome

Martin Schreiber





Thursday, March 14, 2024

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REFLECTIVE INTEGRATION

— BREAK —

WELCOME

Martin Schreiber

REFLECTION

Sr. Sharon Becker, CSJ

SETTING THE CONTEXT

Martin Schreiber

Nancy Jordan

LUMINARY

Fr. Myles Sheehan, SJ, MD

Q & A

Fr. Myles Sheehan, SJ, MD

Nancy Jordan

SENSORY EXPERIENCE INTRODUCTION

Julie Dir-Muñoz

REFLECTIVE WALK

— LUNCH —

SENSORY EXPERIENCE

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Reflection

Sr. Sharon Becker, CSJ



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Setting the Context

Martin Schreiber

Nancy Jordan



Catholic Health Care Ethics

*Catholic Health is a ministry of the Church. Through the **Ethical and Religious Directives for Catholic Health Care Services (ERDs)**, the Church reaffirms its commitment to the ministry of health care and the distinctive Catholic identity of the Church's institutional health care services.*

The purpose of the ERDs are as follows:

- **TO AFFIRM THE ETHICAL STANDARDS THAT FLOW FROM THE CHURCH'S TEACHING ABOUT HUMAN DIGNITY.**
- **TO PROVIDE AUTHORITATIVE GUIDANCE ON SPECIFIC MORAL ISSUES FACING CATHOLIC HEALTH CARE.**
- **TO PROVIDE PROFESSIONALS, PATIENTS AND FAMILIES WITH PRINCIPLES AND GUIDES FOR MAKING DECISIONS.**





Ethical and Religious Directives

Living document

Created by interdisciplinary team

Six parts: two organizational/social, four clinical

Not exhaustive

Requires interpretation

Protects life and human dignity

Mostly about what we can and ought to do


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Dignity: Ethical and Religious Perspectives on a Mission of Healing

Fr. Myles Sheehan, SJ, MD





Dr. Sheehan is a Jesuit priest, physician, and, since December 2020, the Director of the Pellegrino Center for Clinical Bioethics at Georgetown University, where he also serves as Professor of Medicine and the David Lauler Chair of Catholic Health Care Ethics. He is on the Board for Bon Secours Mercy Health and Bon Secours Mercy Ministries.

A graduate of Dartmouth College and Dartmouth Medical School, he trained in Internal Medicine and Geriatrics, practiced in these fields, and served until 2009 as the Senior Associate Dean at Loyola University Chicago's Stritch School of Medicine, Professor of Medicine, and the Ralph P. Leischner Professor and Chair of the Leischner Institute for Medical Education.



Dr. Sheehan entered the Society of Jesus in 1985, was ordained to the priesthood in 1994, and pronounced final vows in the Society in 2005.

From 2009 to 2014 Dr. Sheehan was the Provincial for the New England Province of the Society of Jesus and from 2015 to 2021 he served as the Provincial Delegate for Senior Jesuits for the Maryland and USA Northeast Provinces of the Society of Jesus.

His interests in ethics include end of life care, care of older persons, spirituality in healthcare, and medical education.



Take a minute.

You have just arrived at the hospital or health care setting where you work.

You've parked the car and opened the door. What are you experiencing?

Are you happy to be at work? Anxious about tasks to be performed? Unhappy because of conflicts?



Now enter the hospital.

SEE: who greets you? Who do you see in the hall? Enter the cafeteria and grab a coffee. Who is around?

CONTINUE TO SEE and GO THROUGH THE HOSPITAL

What do you see in the ER waiting room? What about families in the OR waiting room or the ICU waiting room?

LOOK at the patients as you walk down the hallways. Some are walking the care unit, some are being helped up for breakfast, some look very sick and are lying still.

Listen

Hear the sounds in the hallways, the cafeteria, in the ER, the nurses' station, the beep of monitors and the sound of alarms in the ICU.

Maybe you hear the cry of a newborn in Labor and Delivery.

Maybe you hear quiet sobbing as you pass by the ICU waiting room.

Perhaps you hear angry voices in the ER.





Touch

Feel the handrails of the patient units where our patients grab hold as they take tentative steps of recover.

Touch the elevator buttons, the doors to the units, a keyboard for a computer terminal, a wheelchair waiting to be used.

Feel the touch of a nurse bathing a patient, a surgeon holding a scalpel, a worker carrying a food tray, a pharmacist filling an order, a staff person wielding a mop.



Smell

The antiseptic smell as you walk down some corridors.

The less than pleasant smells.

The tired smell of someone who has spent a shift with a lot of physical exertion.

The smell of a newborn just rinsed and given to her mother.

The smell of the coffee of a tired doctor who has been up all night and is trying to finish up.



Imagine what it means.

That where you see, touch, smell, hear these things is a place where the healing ministry of Jesus Christ continues?

Can you taste and see the goodness of the Lord in this place? In the workers, the doctors and nurses, the patients and families?

Spend a moment remembering what you have sensed.

Spend some time reflecting.

Sickness speaks to us of our limitations and human frailty. Yet the followers of Jesus face illness and the consequences of the human condition aware that our Lord always show compassion toward the infirm.

Catholic health care is a response to the challenge of Jesus to go and do likewise. Catholic health care services rejoice in the challenge to be Christ's healing compassion in the world and see their ministry not only as an effort to restore and preserve health but also a spiritual service and a sign of that final healing that will one day bring about the new creations that is the ultimate fruit of Jesus' ministry and God's love for us.

ERDs an an Opportunity

Ethical and Religious Directives



Work together to create a place where Jesus can be seen, felt, heard, and even smelt and tasted.

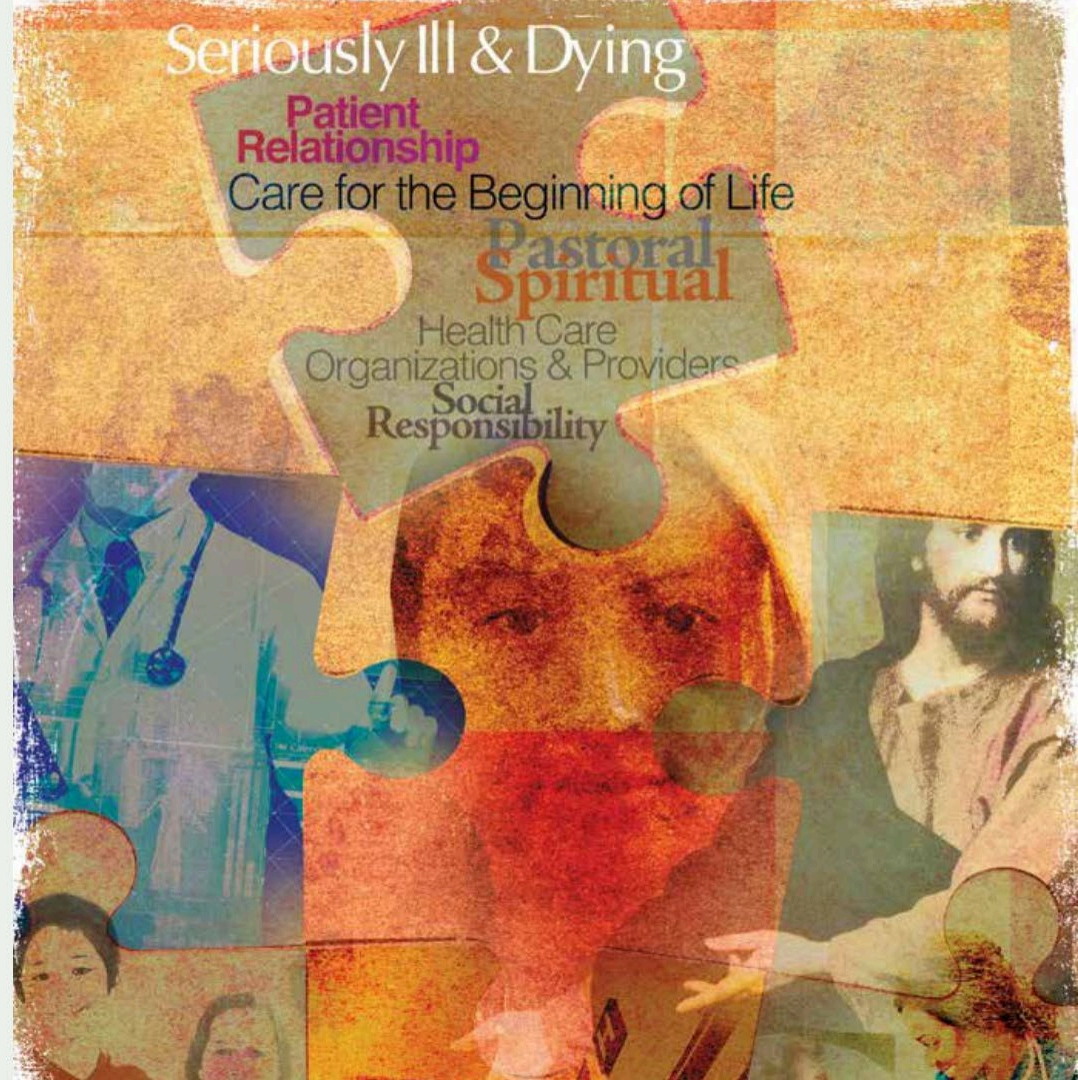


Not a dry rule book simply meant to enforce discipline but a chance to create a living witness that is faithful to the gift of our founders and their ministry in the Catholic Church.

A Testament to the Common Good

Respect for human dignity includes and goes beyond our care for life from conception to natural death.

It means respect for the marginalized, the mentally ill, the difficult, the woman who does not want to continue a pregnancy, the person who is despairing in the midst of a life-threatening illness, the person who feels there is no way out from the troubles in their life.



"Distinguish by service and advocacy."

"In accord with its mission, 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; the poor; the uninsured and the underinsured; children and the unborn; single parents; the elderly; those with incurable diseases and chemical dependencies; racial minorities; immigrants and refugees. In particular, the person with mental or physical disabilities, regardless of the cause or severity, must be treated as a unique person of incomparable worth, with the same right to life and to adequate health care as all other persons."

A Mission for Spiritual Care



- Health is not just about physical well being and physiologic equilibrium.
- Jesus healed people's bodies and their spirits.
- Spiritual care should be a priority as part of our witness to Jesus' ministry as well as our belief that wholeness requires a holistic response.

Healing is more than high tech.

Since a Catholic health care institution is a community of healing and compassion, the care offered is not limited to the treatment of a disease or bodily ailment but embraces the physical, psychological, social, and spiritual dimensions of the human person.

The medical expertise offered through Catholic health care is combined with other forms of care to promote health and relieve human suffering.

For this reason, Catholic health care extends to the spiritual nature of the person.

“Without health of the spirit, high technology focused strictly on the body offers limited hope for healing the whole person.”



Professional-Patient Relationship

Patients must be informed of their condition.

Confidentiality must be respected.

Patient's can refuse treatment considered overly burdensome.

The pro-life teachings of the Church should not be construed as requiring aggressive care in all situations or not permitting care for sexual assault victims.

"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 would prevent ovulation, sperm capacitation, or fertilization."

A Culture of Life, Deep Compassion, and Awareness of Life's Limits

The task of medicine is to care even when it cannot cure. Physicians and their patients must evaluate the use of the technology at their disposal. Reflection on the innate dignity of human life in all its dimensions and on the purpose of medical care is indispensable for formulating a true moral judgement about the use of technology to maintain life. The use of life-sustaining technology is judged in light of the Christian meaning of life, suffering, and earth. In this way two extremes are avoided: on the one hand, an insistence on useless or burdensome technology even when a patient may legitimately wish to forego it and, on the other hand, the withdrawal of technology with the intention of causing death.

Procreation and Respect for Life

Perhaps some of the more controversial parts of the ERDs.

“Catholic health care ministry witnesses to the sanctity of life ‘from the moment of conception until death.’ The Church’s defense of life encompasses the unborn and the care of women and their children during and after pregnancy. The Church’s commitment to life is seen in its willingness to collaborate with others to alleviate the causes of the high infant mortality rate and to provide adequate health care to mothers and their children before and after birth.”



Enacting Positive Change Through the ERD's

How does your hospital or health care system distinguish itself in the care of the poor or marginalized?

Is the health care professional and patient relationship respected, and do demands for productivity and increased patient volumes not threaten the development and maintenance of meaningful, caring relationships?

Are pastoral care services front and center? Or do chaplains operate a bit in the shadows, with doctors and nurses perceived as doing the "real work," while pastoral care is considered supplemental and not essential? In a time of fiscal constraints, is the commitment to spiritual care expressed in the ERDs respected, or are the cuts too deep?



Enacting Positive Change Through the ERD's

What does your institution do that promotes family health, women's ability to access resources to continue a pregnancy despite pressures, and support for women and children? Do you have enough services to help counteract the negative sentiment that Catholic health care is not friendly to women?

Remembering that care of the seriously ill and dying is grounded in our faith that life continues after death and the meaning of our life is our destiny with God, does your hospital have palliative care and high-quality hospice services that are readily available? Are there resources, like ethics consult services, that can work with patients, families, doctors, and nurses in difficult cases to ensure that appropriate care---neither too little nor too much---is provided?



Conclusion

We shared in a sensory meditation, an application of the senses in Ignatian terms, of our hospital environments.

Do you have a sense of how the ERD's can add another dimension and allow us to sense not just the experiences directly seen, felt, heard, or touched but also the sense of the holy ground in which we work?

What is your sense of how the healing ministry of Jesus Christ is incarnated in our home health care settings?

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Q & A

Fr. Myles Sheehan, SJ, MD

Nancy Jordan

Anchorage, AK

Olympia, WA

Spokane, WA

Los Angeles, CA

Orange Blossoms, CA



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Sense Experience

Julie Dir-Muñoz





Have only love in your heart for others. The more you see the good in them, the more you will establish good in yourself. Hold the consciousness of good. The way to make people good is to see good in them.

PARAMAHANSA YOGANANDA