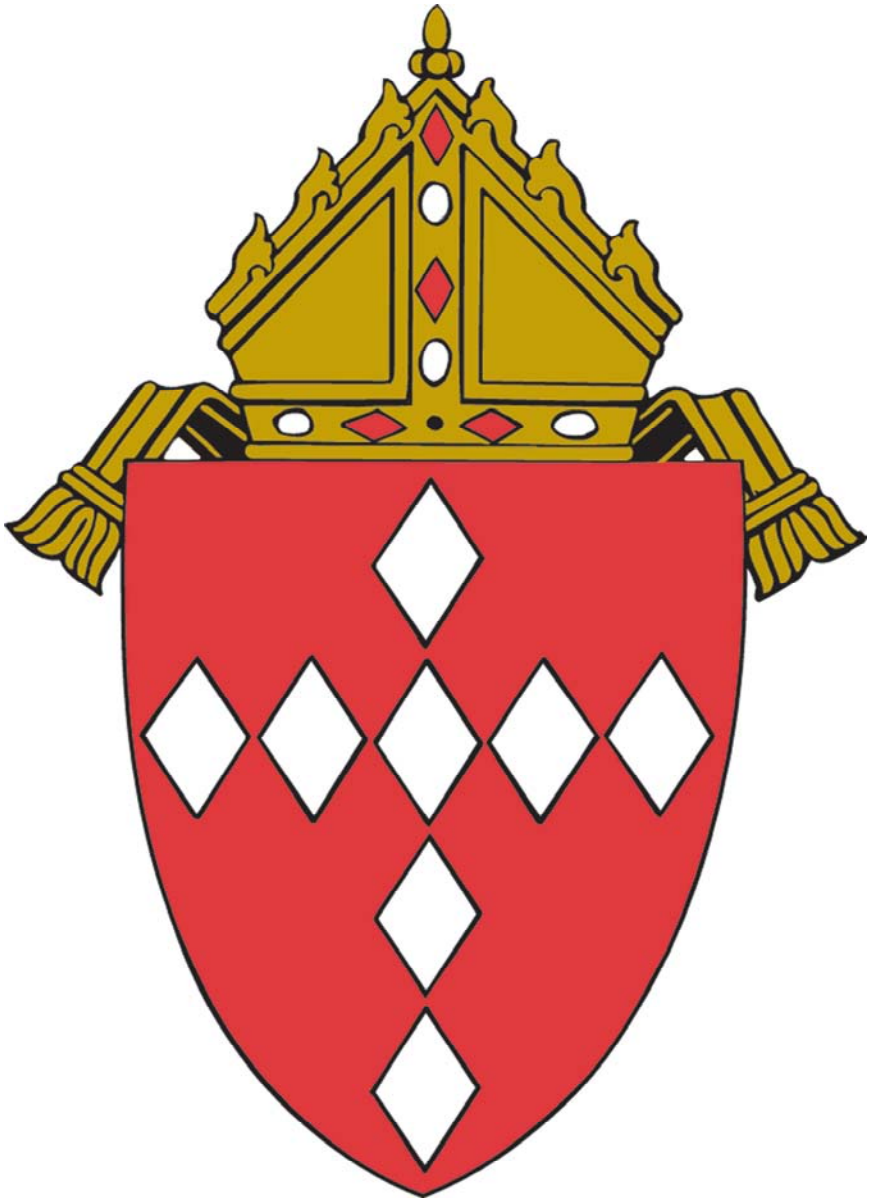
Bioethics Summary and Discussion Questions



Introduction to Catholic Bioethics Series

Ethics is the effect that morals (knowledge of right and wrong) have on human behavior. Bioethics, then, specifically deals with those patterns of human behavior as applied to the medical field. This encompasses medical research, patient treatments and other general medical issues. These are areas that touch all of our lives in a very personal and sometimes emotional way. This series of talks on Catholic bioethics attempts to bring these issues to light in the fullness of Catholic teaching. The Catholic Church has a rich heritage of teaching and guidance in this area and continues to study these cutting edge issues and apply sound doctrine to bring us to the truth.

Before dealing with specific issues, the first talk attempts to lay a firm foundation in ethical decision making by studying conscience which is the mediator of our moral decision making. After this foundational talk, one is better prepared to study individual bioethical issues and the Church's emphasis on the sanctity of all human life. The field of medical technology is moving very fast and we must not get caught up in the technology without stepping back and looking at the ethics of our participation in these issues.

Early life issues are addressed with talks on abortion, stem cell technology and cloning. Sexuality is presented by first studying John Paul II's beautiful Theology of the Body, followed by presentations on reproductive technologies. At this point attention is turned to the difficult decisions that must frequently be made as we approach the end of our lives both from a medical as well as a legal perspective. Finally, an understanding of the medical and theological definition of death is studied and applied to the area of organ donation and transplantation.

Each talk lasts approximately an hour. This document includes a summary of the key points and discussion questions on each topic. Each talk has been filmed and is available to be viewed on our Diocesan You Tube site. You can also arrange for speakers to give these talks "live" by contacting the Pro-Life Office at (919) 719-8267 or Marybeth.phillips@raldioc.org to schedule a speaker in your parish.

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Conscience Formation

Because of our fallen nature, freedom is often viewed as being at war with truth. Different cultures have overcome this opposition by rejecting either freedom or truth. In today's moral climate the possibility of truth, especially in the realm of morality, is dismissed and a dictatorship based upon moral relativism emerges. In the absence of moral truth, "the primacy of conscience" that is often spoken about merely refers to the will of the individual rather than the classical understanding of conscience as a judgment of practical reason as to what good ought to be done.

The viewpoint that there are no moral truths is self-refuting and therefore ought to be rejected. If moral truths exist then man should search for the avenues to these truths. Through the use of human reason, man can discover his own nature and therefore determine what leads to true fulfillment. The discovery of these true human goods governs what has been classically understood as the natural law.

Although natural law is accessible to all mankind, we often find ways to avoid its precepts. Because of this, God, Who is the author of human nature has reminded us of these moral truths through the mediation of the Church. Some moral truths lie beyond the discovery of human reason and so God in His infinite mercy illuminates our search for truth through divine revelation.

These paths to moral truth serve as a remedy to the ignorance that accompanied the fall of mankind in the Garden of Eden. Prior to the fall, Adam and Eve saw clearly what was truly good and lived in harmony with God, themselves, each other, and nature. With the fall of man, he now suffers a darkening of the intellect that leads to ignorance, a weakening of the will, and an inclination to evil called concupiscence.

Discussion Questions

1. What role do feelings play in discovering moral truth?
2. Is there always a morally right thing to do in every situation? Explain.
3. How should you respond to someone who says that we must always follow our conscience and then advocates doing something that is morally wrong?
4. Are there signs that your conscience is well formed (Hint: read Galatians 5:22)? What are some of the tell-tale signs that we have allowed our conscience to become deformed?
5. How can we avoid scrupulosity?

Abortion

It is very often the case that those who oppose abortion are summarily dismissed because it is assumed that their opposition is based on purely religious, and therefore subjective, reasons. However the argument against abortion is one that is based on Natural Law and Reason. The only religious part of the argument is that we believe that man is intrinsically valuable because he is made in the image and likeness of God. Although it might be for a different reason, even the Constitution in the 14th Amendment recognizes that man has equal protection under the law. Unfortunately, many pro-lifers fail to recognize this and consequently, cannot defend their position.

The argument is very simple in fact. It has three premises. The first is a scientific premise and it is that human life begins at conception. This is a scientific premise and you would be hard pressed to find a single biologist or doctor that would say otherwise. In fact when Congress investigated this scientific premise in 1981 they found that "Physicians, biologists, and other scientists agree that conception marks the beginning of the life of a human being - a being that is alive and is a member of the human species. There is overwhelming agreement on this point in countless medical, biological, and scientific writing" (Human Life Bill 1981). In fact the majority of Pro-Abortionists say the same thing. Long before his conversion, the founder of NARAL, Bernard Nathanson said, "Modern technologies have convinced us that *beyond question the unborn child is simply another human being*, another member of the human community, indistinguishable in every way from any of us."

Despite the fact that many will use the term "Fertilized Egg", the newly conceived child is biologically distinct from his or her parents and has his or her own DNA. Now the only thing necessary for growth and development is the same thing we need—water, food, oxygen and a healthy interaction with its natural environment.

The second premise is the Moral Premise. All humans have the right to life because they are humans. Steven Schwarz developed the SLED acronym to defend the moral premise. He looks at the four main ways that a pre-born child differs from a full grown adult and sees if they carry any moral weight. The four things are **S**ize, **L**evel of Development, **E**nvironment, and **D**egree of Dependency

Does the size of the person affect their status as persons? Is Yao Ming who is 7"5 more of a person than me because I am only 5"8? The answer obviously is no. Does the level of development affect the moral status of the person? Is a 6 year old less of a person than a 20 year old? Again, no it doesn't. Does it matter where someone is as to whether they are a person or not? Is a person in the Amazon less of a person than a person in the U.S.? Quite obviously the answer is no. Finally, does the fact that one is dependent on others for survival determine their personhood? Is a 14 year old on dialysis less of a person than a healthy 12 year old? No. So in each of the four physical differences there is no moral difference.

The legal premise is based on the 14h Amendment. Justice Harry Blackmun mentioned the same thing in Roe v Wade when he said, "(If the) suggestion of personhood [of the preborn] is established, the [abortion rights] case, of course, collapses, for the fetus' right to life is then guaranteed specifically by the [14th] Amendment."

Obviously we could develop these premises in a greater depth, but in our sound bite culture it is important that we be able to argue succinctly. Keep in mind that in order to refute this argument they must reject one of the three premises. The legal premise is the one that virtually everyone agrees upon. It used to be that the scientific premise was the one that was rejected, but given our culture's obsession with science it is attacked less and less. Now the second premise is the one that is attacked by saying that a human being must perform an arbitrary set of functions to gain personhood.

Abortion Discussion Questions

1. What are some of the main reasons why someone supports abortion? How do you respond to this position?

2. What are the basic philosophical reasons that support the religious believer's position on the sanctity of human life beginning at conception? What are the obstacles in understanding the Pro -Life reasoning that plague the Pro-Choice position?

3. The discussion between Pro-Life advocates and Pro-Choice advocates often center on the right to life and the right to choose. How might a discussion of duties rather than rights help to illuminate the Pro-Life position further?

4. It is pretty much universally accepted that abortions of pregnancies resulting from rape and incest are morally justifiable. Why is that?

5. Define the acronym SLED and its usefulness in the Pro-Life argument.

Human Embryonic Stem Cell Research

The ethical controversy surrounding human embryonic stem cell research (hESCR) arises from one fact: the research requires the destruction of a living human embryo in order to acquire the stem cells. That the human embryo is a human life is agreed upon by all sides. Indeed, if the human embryo were not a human life, and recognized as such, the research would be ethically non-contentious.
Proponents of the research base their support for it on a utilitarian proposition: the benefits such research may produce in treating numerous diseases and conditions – diabetes, spinal cord injuries, Alzheimer's, heart disease and Parkinson's are among the most frequently cited – outweighs and justifies the necessary destruction of the embryo. The embryo is here recognized as a "form" of human life that is worthy of "respect" and the ethical concerns to which its destruction give rise are acknowledged. Nonetheless, this form of human life does not rise to a level that would require its protection whatever the potential benefits that might result from its destruction.

Opponents of the research, on the other hand, begin with the fact that the human embryo, from a purely scientific perspective, is unconditionally a human life, as attested by every standard textbook on embryology. The human embryo at conception is a fully integrated, genetically unique, self-directed human life that can only develop into a more mature member of the species *Homo sapiens* and no other. Thus, as a unique human life it has an inherent dignity and therefore cannot be used as a means to another person's ends -- much less another person's merely *potential* ends -- however nobly those ends are cast. In this view, human life cannot be used or manipulated to become a condition for the good of another human life.

Science is a method for obtaining a specific form of knowledge about the natural world, a way of observing and learning about the physical properties of the natural world. When it comes to questions of value it is inherently neutral. Value judgments as to which avenues of medical research should or should not be pursued must come from disciplines outside of science. For example we may find that tissue taken from embryos beyond the seven-day point have greater therapeutic potential than embryonic stem cells. If that is the case, why not grow the embryo to 14 days, or 21 days, or even beyond, if from a purely scientific viewpoint that is the most efficient way to obtain the tissue most promising for treating disease? Most of us would cringe at this scenario –not because of scientific reasons, but rather for ethical ones.

In terms of actually providing therapeutic benefits to patients, the "advance of science" shows adult stem cells to be far more efficacious than embryonic. To date, adult stem cells have provided therapeutic benefits to patients for some 73 diseases and conditions, while embryonic stem cells provide none. And the discovery of the method to produce "induced pluripotent stem cells" (iPSCs) from ordinary body cells has given researchers an easily obtainable and virtually inexhaustible supply of fully pluripotent, embryonic-like stem cells to work with without having to destroy embryos or resort to human cloning. We would argue that in light of these developments, and with these ethically non-contentious alternatives readily available, it is unethical for proponents to continue hESCR. In continuing to do so, and in devising other rationales for the research, proponents of hESCR are providing an apt illustration of how easily, once one set of ethical boundaries on scientific research are reasoned away, others soon follow.

Human Embryonic Stem Cell Research Discussion Questions

1. What are the two general classifications of stem cells and how are the ethically different?

2. Which type of stem cell has been used to treat many forms of human disease and why hasn't the other type been successful?

3. What do you tell a Catholic who says that the Church is opposed to stem cell research? That the Church puts respect for embryos above that of a suffering patient?

4. At what point, if at all, in the cycle of human life does the Church place "ensoulment?" Why does science state that human life begins at fertilization? When does personhood occur?

5. What is the exciting new development in stem cell research using adult human cells? Why has the scientific community moved in that direction for research and away from the use of stem cells derived from destroyed human embryos?

Theology of the Body

Blessed John Paul II's teaching on the body and sexuality that has become known as Theology of the Body has provided us with an inspiring exploration of how our human nature—and specifically our masculinity and femininity—are manifestations of the divine image. As an antithesis to both the Manichean notion that the body and sex are inherently "dirty" and to the free sexual license that has taken hold since the sexual revolution, the Theology of the Body provides an apt framework for the Church's teaching on sexuality and returns sexuality to its God-given dignity. It is especially useful for understanding the Church's teaching in areas where sexuality and bioethics intersect.

Though the Pope's teaching spans much more than what this talk summarizes, the essential fact for bioethical considerations is that marriage and marital love-making are established by God as an icon, an image, of His own inner life of total self-giving love. Beginning his reflection on Jesus' dialogue with the Pharisees on the indissolubility of marriage in Matthew 19, Bl. John Paul II draws attention to how Jesus himself links two disparate passages from the two creation stories; "have you not read that from the beginning the Creator 'made them male and female' and said, 'for this reason a man shall leave his father and mother and be joined to his wife and the two shall become one flesh?'" (Mt 19:4-5). Jesus himself joins the well-known passage from Genesis 1 of God creating man male and female in the divine image to the equally well-known account of Adam meeting Eve for the first time in Genesis 2 and embracing her as his wife.

Following Jesus' reference back to the creation accounts in Genesis, the Pope then gives a moving reflection on Adam and Eve in Genesis, tracing the story from its beginning with Adam alone in the garden to his encounter with Eve when he meets the one who is bone of his bone and flesh of his flesh, and the primordial marriage ensues (c.f. Gn 2:23-24). Masculinity and femininity are in the divine image, and it is these two complementary ways of "being a body" as the Pope expresses it that establish man and woman as meant for each other in the total gift of themselves.

Man and woman in their marital union are "in the divine image," for in this union they give themselves to one another as God gives of Himself within the Trinity: completely, faithfully, freely, and in a life-giving way (not coincidentally, these are the 4 characteristics of married love that Paul VI named in *Humanae Vitae*), and John Paul II spends much the rest of his teaching developing this central fact.

For bioethics, this essential character of marriage is a touchstone that allows us to make an intelligible assessment of the many aspects of medical care that address human sexuality.

Theology of the Body Discussion Questions

1. Marital intercourse is a physical re-presentation of what?

2. A tendency exists in the Christian mindset to think of the body and of sex as dirty; do you have this tendency, or have you encountered this tendency? How does Theology of the Body help to restore sex and the body to their rightful dignity?

3. John Paul II speaks of the importance of making a gift of oneself; why is this gift-of-self essential to marriage in particular?

4. When compared to marital intercourse, what are the "failings" of sex outside of marriage? Asked another way, what are the characteristics of marital intercourse that cannot be duplicated in sex outside of marriage?

5. You are volunteering as a mentor couple for couples preparing for marriage, and in working with an engaged couple you learn that they are having sex with one another. They respond that they are in love and are already committed to one another, with only a month till the wedding ceremony.
   How might you respond?

6. Does this brief overview of Theology of the Body bring you any insights into how you think about marriage in general, or if you are already married does it bring you any insights into how you think about your own marriage?

7. Paul VI and John Paul II approach the topic of contraception in different-but-complementary ways; in *Humanae Vitae* Paul VI speaks of the inseparability of the unitive and procreative as pects of marital intimacy. John Paul II speaks of the total gift of oneself to one's spouse in marital union and of the spouses' re-presentation through their bodies of God's total gift of self within the Trinity. How do each of these approaches strike you?

Infertility Treatments

Our faith proclaims the goodness of life and the admirable self-sacrifice of generous parenthood, yet sometimes couples encounter great difficulty conceiving a child. While affirming the blessing that children are, the Catholic Church also does not endorse all the medical options available to assist spouses who have difficulty conceiving; some options the Church approves of and encourages, but others are recognized as incompatible with the good of the spouses or of the child they would conceive. How do we sort through the complexity of these medical interventions while affirming the goodness of procreation and respecting the nature of the spouses' marital embrace?

Drawing on the understanding of marriage and sexuality from Theology of the Body as a backdrop and drawing on the document *Donum Vitae* (*The Gift of Life*) for specifics, this talk provides a pragmatic approach to assessing medical options for treating infertility.

The three criteria:

The intervention must *assist* marital intercourse as the source of conception; the intervention cannot *replace* marital intercourse. (c.f. Donum Vitae II.7)

"The child has the right to be conceived, carried in the womb, brought into the world, and brought up within marriage." (DV II.1)

The conceived child has equal human dignity as his or her parents. (c.f. DV II.4.c)

The talk then applies these criteria to an assessment of common approaches like fertility drugs, IVF, and surrogacy.

Discussion Questions

1. Review: what are the criteria that *Donum Vitae* gives for evaluating the legitimacy of any given medical intervention to treat infertility?

2. Given the perspective on marriage and sexuality from Theology of the Body, why is it important that a medical intervention *assist* and not *replace* marital intercourse as the origin of conception?

3. *Donum Vitae* speaks of the right of the child to be conceived and raised in a family; this seems like a curious right, perhaps not as self-evident as other human rights. What reaction do you have to this teaching? What does this right say in the face of current fragmentation and reshaping of the family? What light does Theology of the Body shed on this right?

4. Questions often arise about children conceived by IVF: "Do they have the same moral status? Are they somehow different in God's eyes?" What do you think?

5. Knowing that many Catholics are unfamiliar with Church teaching on IVF, if you learned that a friend were considering IVF, how might you approach this topic with him or her?

6. The talk presented the importance of a radical openness to God's will; particularly in regard to children, what do you think would be challenging aspects of this openness? What might the fruits be?

7. From the topic of natural family planning vs. contraception we are familiar with the inseparable connection between the unitive and procreative meanings of marital intercourse (c.f. *Humanae Vitae* 12); how does the Church's teaching on treatments for infertility also affirm this principle?

Living Out the Gift

What is our identity? In the Bible, John 1:38, Jesus asks two of the disciples, "What are you looking for?" The answer to both questions is that our deepest desire is communion with God. We are created in the image and likeness of God and we are created to participate in God's divine nature. We cannot earn our dignity; it is a gift. God is always calling us to himself.

In today's world, there are many counterfeits that we might be fooled into believing will satisfy our deepest desires. Many people are looking for love in all the wrong places. Saint Pope John Paul II lists three things that can entice us—materialism, utilitarianism and individualism. Materialism is the idea that the latest iPad or automobile or other material thing will bring us the happiness we desire. We work longer hours to make money to buy more things, but in the end, the bumper sticker that tells us that the one with the most toys wins is not telling us the truth. Utilitarianism is using people for what they can give us—whether financially, or as a means to gaining more power or status, or as an object of lust. Individualism says that whatever I do is fine as long as it doesn't hurt someone else. Pursuing materialism, utilitarianism and individualism is not the path to peace and fulfillment. These paths lead us away from God and into our own selfish desires.

In today's secular culture, many people believe that sexual license is equal to freedom. In the sexual embrace, our bodies produce the chemical oxytocin, which acts to emotionally wire us to one another. When we have sexual intimacy with someone we don't love, our bodies are lying and, rather than being free, we can become a slave to lust. When we lust after another sexually, we are using them. This is not love. Love is desiring the best for another; love as Christ teaches, is self-giving.

Our bodies are wired for intimacy, with God and one another. The answer is not to suppress these desires. The answer is to channel them appropriately. Bishop Robert Barron tells us that morality is finding the balance between Yes and No. Our world is fallen, but our world is also redeemed. Happiness is realized in recognizing God in each person, loving, not using others. A culture of life is a culture of seeing God in the other and drawing others to God.

Discussion Questions

1. What is our deepest desire? Why do we seek to fulfill it?

2. What is the difference between "love" defined by the secular culture and the "love" we as Christians seek to express?

3. Why is it a lie to have sexual relations with someone we do not love?

4. What is the best way to bring about a culture of life?

End of Life Medical Care

The Catholic understanding of sickness, suffering, and death is grounded in a belief in Jesus Christ who, as the incarnation of God, suffered, died, and was resurrected. In light of this faith and hope for an afterlife, we Catholics accept that although an effort must be made to eliminate sickness, suffering, and death, these things can also have a positive meaning. The belief that God participates in the human condition grounds Catholic values and positions on end-of-life issues. Catholic bioethics therefore has its source both in faith and in the ability of human reason to interpret scripture and, as Vatican II directed, to read the "signs of the times" in applying the teaching of the Church to contemporary situations. In other words, Catholics should remain attuned to the message of Christ through history in attempting to "do the right thing".

In Catholic bioethics, two basic human values ground all others: human dignity, and the interconnectedness of every individual. The value of dignity of the individual arises from the belief that life has intrinsic worth because people are created in the image and likeness of God. Respect for human life results from this principle. Catholics believe that people are stewards, rather than owners, of their own bodies, and are accountable to God for the life that has been given to them, and for this reason life is said to be sacred. However, life is not an absolute good to be preserved at all costs, but is subordinated to the good of the whole person.

Withholding or withdrawing treatment

Since at least the 16th century, Catholic theologians have made a distinction between ordinary and extraordinary measures. This position holds that while patients are obliged to choose ordinary methods for preserving life, they have the choice as to whether or not to accept extraordinary methods. A common definition of these terms is one proposed by Gerald Kelly: "Ordinary means of preserving life are all medicines, treatments, and operations which offer a reasonable hope of benefit for the patient and which can be obtained and used without excessive expense, pain or other inconvenience. . . Extraordinary means of preserving life . . . mean all medicines, treatments, and operations, which cannot be obtained without excessive expense, pain or other inconvenience, or which, if used, would not offer a reasonable hope of benefit." It seems that the term "ordinary" was originally used to mean "what is medically customary". However, in today's medical practice, in which many measures such as cardiopulmonary resuscitation are routinely used in dying patients, many extraordinary measures are in danger of becoming customary. Again, the free and informed choice of the patient and family in collaboration with the treating team and the medical indications should inform and guide the process.

Pain and suffering

The issue of pain and suffering is important to Catholic bioethics. Although personal growth may occur through suffering, the Catholic tradition does not present pain and suffering as goods in themselves. As early as the 1950s, a group of anesthesiologists asked Pope Pius XII whether or not pain relief should be offered to a patient, if in so doing the patient's life might be unintentionally shortened. The Pope replied that painkillers should be offered if no other means existed, even if this led to unconsciousness and the inability to fulfill one's moral duties and family obligations.

This judgment reflects the principle of double effect, which has a critical role in the care of the dying and specifies that "An action with 2 possible effects, one good and one bad, is morally permitted if the action: (1) is not in itself immoral, (2) is undertaken only with the intention of achieving the possible good effect, without intending the possible bad effect even though it may be foreseen, (3) does not bring about the possible good effect by means of the possible bad effect, and (4) is undertaken for a proportionately grave reason".

Respect for the dignity of the human person reminds us that physical health is only one good among many and, in itself, is not the highest good. The Catholic tradition believes that God has created the human person within the context of a destiny that lies beyond the earthly condition. As a result, for Catholics, the process of dying is more than a medical crisis. While dying may provoke feelings of fear and abandonment it is also a time for remembering both the joyful and the painful moments of one's life. It

is therefore an opportunity for celebration as well as forgiveness and reconciliation. As a result, spiritual support is crucial. The presence of the priest should be offered to patients as part of their ongoing care during the process of dying. The sacraments become of particular importance at this time because of the need of patients to be nourished and strengthened in their faith. In particular the "sacrament of the sick", is not only a sacrament for patients who are about to die, but also for those who are perhaps proceeding to the end of their lives due to illness.

End of Life Medical Care Discussion Questions

1. How has the cultural emphasis on "autonomy" affected its view on end of life care and euthanasia?
2. Define extraordinary care and give an example in a sick patient.
3. Give some examples of excessive burdens that might present might occur during an illness
4. What is the difference between care and treatment?
5. When would the use of nutrition and hydration become extraordinary in a medical patient?
6. Why is the so called vegetative state not a reason to withhold nutrition and hydration?
7. Can a physician morally use so much pain relief medication as to render a patient confused if there is no other way to relieve the patient's pain?

Legal documents at the End of Life

This talk explores the legal documents and decisions for end of life planning, summarized under a Catholic moral framework that gives practical suggestions.

Dr. Patrick O'Connell, MD, discusses in detail the health care power of attorney, the living will which is sometimes called an Advance Directive, and the MOST form, a Medical Order for Scope of Treatment. He then unpacks the Catholic way of looking at proportionate and disproportionate care, or care that is required to be given to preserve life, or care that is optional by weighing benefits and burdens of a proposed treatment. The first premise for making those decisions is the undeniable truth that life is a gift from God and should be nurtured up to certain limits.

He describes the difference between basic care and medical care, showing that the administration of nutrition and hydration (food and water) is considered basic care and should not be withheld unless it is not serving its intended purpose (for example a patient is aspirating and choking or is unable to digest and use it).

He then recommends using the Diocese of Raleigh Advance Directive document to set up a health care power of attorney.

Discussion Questions

1. John's mother, Grace, is 92 years old and is in good health. She has been living alone and has increasingly had trouble getting around and taking care of herself. She has found a nursing home that she likes. As she moves in, the staff asks her to sign a MOST form. John is serving as her health care power of attorney. What should he advise?

2. John recently went to update his will and the estate planner asked if John needed a living will as well. John thought this sounded like a good idea, had one drafted up, and signed. Once John got home he started to read it more, and found the following language: "I desire that my life not be prolonged by life-sustaining procedures if I am terminally ill, permanently in a coma, suffer severe dementia, or am in a persistent vegetative state." What is problematic about the wording? How should John change it to reflect Catholic teaching?

3. John recently completed both a living will and a healthcare power of attorney. Is there any potential risk to this approach? What can he do to minimize that risk?

4. John does not know anyone who would be willing to serve as his proxy for a healthcare power of attorney. Should he do a living will? Give one good reason why he should and one good reason why he should not.

Planning for an Advance Directive

An Advance Directive is a legal document that serves as a planning guide for end of life decisions. It can take the form of a living will, which is a list of medical procedures a person would or would not want done in the event of incapacitation, or it can have the form of a proxy or health care power of attorney, in which someone who knows the patient's moral values is appointed to interface with medical professionals at the time of an illness. Because no one can predict exactly how a medical situation will unfold, the health care power of attorney may be preferable.

It is important to have an Advance Health Care Directive, because many states give the health care provider the right to decide who he will listen to if a patient is incapacitated. Having an advance directive can lessen the interpersonal conflicts in a family at the time of an illness, because those decisions are made ahead of time.

As Catholics, we believe that we were created by God and we will return to God in His time and in His way. Our faith tells us that there are ordinary measures of care and extraordinary measures of care. In general, we are not required to continue to give extraordinary care, which usually creates a burden to the patient or the family. But by continuing to provide ordinary life-sustaining measures such as nutrition and hydration (which are not considered to be medical care) a dying person has a chance to allow the work of the Lord to come to a complete and fulfilled end, despite appearing unresponsive or incapacitated.

Everyone has a right and a duty to be informed of proposed treatments and their consequences, and to direct their own medical care. This legal document can give a family power to ensure the medical care follows the moral values of a patient who can no longer direct his or her own care.

Discussion Questions

1. Why is it recommended that a person choose a health care power of attorney, rather than making a living will?

2. What steps must be taken to ensure that an Advance Directive document is legal?

3. Why are nutrition and hydration considered to be ordinary care?

Death by Neurological Criteria

The use of neurological criteria for the determination of death ("brain death") is acceptable according to the teachings of the Catholic Church. Pope John Paul II considered this topic in his August 2000 address to the International Congress on Transplants. He said there that "a health-worker professionally responsible for ascertaining death can use these criteria in each individual case as the basis for arriving at that degree of assurance in ethical judgment which moral teaching describes as 'moral certainty.' This moral certainty is considered the necessary and sufficient basis for an ethically correct course of action." Catholics, therefore, may make use of these criteria for either donating their organs after death or when receiving organs donated by others. Prudential certitude is all that is necessary for making a sound ethical judgment. Any other standard would set itself up as an obstacle to moral decision making and stymie right action.

According to contemporary medical science, "brain death" refers to the loss of function in the entire brain, including the cerebrum, cerebellum, and brain stem. There is no cognitive function left. Though heart beat and respiration may continue temporarily under the influence of mechanical ventilation, the determination of death by neurological criteria means that the soul has indeed separated from the body. Though the Church does not enter into medical judgments, the widespread use of these criteria within the medical community today appears to stand in solid accord with a sound Christian understanding of the human person.

A trained neurologist is needed to ensure that these criteria are properly applied. Errors of diagnosis are possible, but there is a recognized set of physiological signs that are of universal applicability and that ensure that the competent physician can make a sound diagnosis.

Some individuals strongly oppose the use of neurological criteria for the determination of death. They are often very vocal in their communities. These individuals are misinformed. The Church does not consider the removal of organs from individuals judged to be dead by neurological criteria to be immoral. Such claims can be very hurtful to families whose loved ones have either been organ donors or who have been fortunate enough to have received an organ from a dead donor.

Discussion Questions

1. What are two concerns a dying patient or their family members have regarding the determination of death? What are the concerns rooted in?

2. What is the difference between the definition of death and the determination of death?

3. What are the two methods used for medical science's determination of death? Are they two deaths? Why?

4. Why is the death of the brain stem so important in the determination of death by neurological criteria?

5. Why is there so much confusion among Catholics regarding the use of neurological criteria in determining death?

6. What conditions must exist to protect an organ donor?

Prenatal Screening and Catholic Teaching
Presented by *Be Not Afraid*

Prenatal screening is testing typically offered to expectant parents in the 1st or 2nd trimester of pregnancy to determine the probability that the baby has a chromosomal condition or physical anomaly. Conditions which would previously have been discovered at birth can now be detected prenatally. However, early diagnosis frequently does not offer hope of prenatal treatment. Such prenatal diagnosis causes the medical focus to shift from the baby – for whom there may be no treatment – to a clinical perspective that views the pregnancy as the condition requiring intervention.

Noninvasive Prenatal Testing (NIPT) is the newest type of prenatal screening on the market. Different than the older maternal serum blood screening tests (such as the triple or quad screen multiple marker tests), NIPTs screen fetal DNA in the mother's blood. Also called cell-free fetal DNA testing (cfDNA), NIPTs are not diagnostic. They may indicate a probability or risk score that a baby has a chromosomal anomaly, but a definitive diagnosis can only be made through amniocentesis or CVS (Chorionic villus sampling), invasive tests that carry a slight risk of causing a miscarriage.

Parents are not always adequately informed that screening tests are not diagnostic, and they may not fully understand to what they are consenting. Ultrasound is considered screening when it is diagnostic for some physical anomalies, and can lead to additional genetic testing or screening when it shows a physical anomaly correlated with a genetic condition.

Most parents undergo prenatal screening or testing with no plan to abort based on the results, however 80% of parents who are told their unborn baby has a severe congenital anomaly decide to abort. This includes Catholic women and others who would ordinarily consider themselves to be pro-life. This can happen because of directive counseling from physicians in which pressure to abort quickly may be intense. Grieving parents are often rushed through the abortion process without time to make a sound moral judgment. In these situations, abortion is typically offered as "induction of labor" at the same hospital where the mother would have delivered. Use of euphemistic language obscures the fact it is an abortion, and makes informed consent problematic.

Although often presented as routine, prenatal screening is optional, and parents may decline it. Before consenting to any prenatal screens or tests, parents should ask questions, including:

- What does this test measure? How accurate is it? Is it a diagnostic test or a screening test?
- Is it medically necessary or just routine? Why should I have it?
- Would invasive follow up testing be necessary to make a diagnosis? What are the risks?
- Would a prenatal diagnosis impact my care or the care of my baby? Babies diagnosed prenatally with certain conditions may be declined basic care such as fetal monitoring during labor & delivery, ordinary care such as sufficient nutrition after birth (doctors may provide "comfort care" instead), or extraordinary care that would be offered to other babies, such as certain surgeries at birth.

Parents want a better option than abortion following a prenatal diagnosis. Termination may be presented as the only option, but the good news is that parents are very likely to carry to term if offered comprehensive support.
In a study in 2003, when offered perinatal hospice support, 80% choose to carry to term. Perinatal hospice is a program, not a place. It may be a peer ministry program such as *Be Not Afraid*, offered in a hospital, or found at a community-based hospice program. Parents are empowered as they prepare for their baby's birth and whatever follows. Perinatal Hospice avoids the physical, emotional, or spiritual risks of abortion, and psychological outcomes have proven to be better for mothers who carry their baby to term following a diagnosis.

Prenatal Screening Discussion Questions

1. Are noninvasive prenatal screenings diagnostic?

2. Are noninvasive prenatal screenings always accurate?

3. Why might a doctor consider abortion to be a "treatment"?

4. What is Church teaching on prenatal diagnosis and abortion?

5. Can a parent decline "routine" prenatal screening?

6. What are some of the questions a parent should ask before having prenatal screening?

Written by Bridget Mora for Be Not Afraid © 2016
Download the related brochure on the Diocese of Raleigh's website: http://dioceseofraleigh.org/sites/default/files/files/Prenatal-Screening-Brochure-2016.pdf