

The Role of Healthcare Institutions in Promoting the Gift of Life from Womb to Tomb

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Introduction: The Gift of Life

God's greatest and most precious gift to us is the gift of human life. Once we are conceived, the miracle of human life begins. From conception, a human embryo has a complete genetic code and his or her growth and development is totally coordinated from within. From the very first moment of conception, we have the right to life. Life is a fundamental good which must be treated with great respect and treasured and appreciated by all. *Gaudium et Spes*, the Pastoral Constitution of the Church in the Modern World, gives the basic principle of Christian Ethics: "There is a growing awareness of the sublime dignity of the human person, who stands above all things and whose rights and duties are universal and inviolable".¹ The so called right to die is contrary to the right to life.

The Inviolability of Human Life

It is true that all life comes from God. However, human life comes into human beings in a very special manner because God breathed the breath of life into the first human being.² Without this gift, no human being would be alive. Today, there is an increasing need to create a consciousness of the many dangers to human life. We must do our best to promote a deep respect for human life.

Crimes which offend the Inviolability of Human Life:

The Second Vatican Council condemned crimes and attacks against human life. It stated: "Whatever is opposed to life itself, such as any type of murder, genocide, abortion, euthanasia, or wilful self-destruction, whatever violates the integrity of the human person, such as mutilation, torments inflicted on body or mind, attempts to coerce the will itself; whatever insults human dignity, such as subhuman living conditions, arbitrary imprisonment, deportation, slavery, prostitution, the selling of women and children; as well as disgraceful working conditions, where people are

treated as mere instruments of gain rather than as free and responsible persons; all these things and others like them are infamies indeed. They poison human society, and they do more harm to those who practice them than to those who suffer from the injury. Moreover, they are a supreme dishonour to the Creator”.³ We need to create an awareness in society of all these acts of violent aggressions especially against the weak and the defenseless.

The Role of Healthcare Institutions:

Today healthcare administrators and all involved in healthcare have a great responsibility in managing ethically sensitive medical practices in all life issues from the very beginning of life to its ultimate end.

The late Pope John Paul II called for a general mobilization of consciences to build a new culture of life and solve today’s unprecedented problems affecting human life.⁴ Social institutions and in particular Catholic Healthcare institutions are supposed to mobilize the conscience of people by offering well-structured moral deliberations⁵ and policies that show utmost care and commitment to the sick. A hospital is meant to unite people with a specific mission of healing the sick. It gives the healthcare professionals the authority to act on its behalf, keeping in mind this mission and acting in conformity with a proper understanding of human dignity. For example, the U.S. Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services* provide authoritative guidance about how Catholic institutions approach the judgment of specific medical practices and form the consciences of people. Our healthcare institutions are to practice medicine by observing the policy of respecting and protecting the life of every single person from the moment of conception to the moment of natural death. Hence, all violations to innocent human life such as abortion, embryo destruction and euthanasia are not to be permitted in each and every healthcare institution. Society does not have to accept such practices and sound moral judgments not only demonstrate the harmful effects of these procedures but also provide better alternatives. In the face of constant threats to human life and health, the respect for the dignity of the human person is to be emphasized. No personal or social gain can ever justify the destruction of human life which is intrinsically good and inviolable.

In this regard, “the work of health care persons is a very valuable *service to life*. It expresses a profoundly human commitment, undertaken and carried out not only as a technical activity but also as one of dedication to and love of neighbor. It is a ‘form of being a witness’.⁶ The medical profession urges all those serving people to be guardians and servants of human life.⁷ Hence, any healthcare institution must primarily serve all human life and the life of each and every human being.

Healthcare activity is based on an interpersonal relationship of trust between the one who is ill and suffering and the one who comes to his /her assistance. The mission of the medical professional is one of absolute dedication, who like the Good Samaritan goes to the side of the sick person, listens to him, understands him, empathizes with him and does all that he can to care for him and heal him. The identity of the medical doctor is the identity received from his therapeutic mission, from his ministry of life.⁸ He /She is called to humanize medicine and to ensure that the most advanced form of technology are used for life and not for death; and in this they should always have as their highest model Christ himself, the physician of souls and bodies.⁹ Pope Pius XII affirmed that the medical doctor must place his knowledge, his powers, his heart and his devotion at the service of sick people.¹⁰ The doctor must understand that he/she and the patients encounter each other placed beneath the will of God. Medicine is a reflection of the goodness of God.¹¹ The physician is to do his/her best to protect the good interests of the patients.

Our health care institutions are becoming more and more threatened by the commercialization of healthcare and unbridled technological progress leading to depersonalization of human beings and loss of spiritual values. It is the need of the hour to revitalize our health institutions and urge them to continue its specific mission of safeguarding human life and human dignity. Hence, all institutionally based health care services and medical professionals engaged in health care services are obliged to practice and promote sound ethical teaching on various issues that confront health care today. The Catholic Church has not provided a ready answer to ever specific moral dilemma but has certainly provided appropriate guidance for making a right ethical decisions in healthcare.

Some of the most important ethical decisions that should be followed in our Health Care Institutions from Womb to Tomb is discussed below:

- i) *Re: Abortion:* Direct or Procured Abortion is the deliberate or direct killing, by whatever means it is carried out, of a human being in the initial phase of his or her existence, extending from conception to birth.¹² The immorality of direct abortion is the same whether it is achieved by surgical or pharmacological means. One should always treat illness and alleviate the suffering of a pregnant woman, but not by direct abortion which is a breach of duty of care owed to the fetus by the mother and doctors.
- ii) *Re: Hysterectomy:*
 - a) When the uterus becomes so seriously injured (e.g., during a delivery or a Caesarian section) so as to render medically indicated even its total removal (hysterectomy) in order to counter an **immediate serious threat** to the life or health of the mother, it is licit to perform such a procedure notwithstanding the permanent sterility which will result for the woman.¹³
 - b) When the uterus (e.g., as a result of previous Caesarian sections) is in a state such that while **not constituting in itself a present risk** to the life or health of the woman, nevertheless is foreseeably incapable of carrying a future pregnancy to term without danger to the mother, it is not licit to remove the uterus (hysterectomy) in order to prevent a possible future danger deriving from conception.¹⁴
- iii) *Re: A woman who has been raped:* “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 medicines 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”.¹⁵
- iv) *Re: Sterilizations:* Any sterilization whose sole immediate effect, of itself, that is of its own nature and condition, is to render the generative faculty incapable of procreation is to be regarded as direct sterilization, as this is

understood in statements of the pontifical Magisterium, especially of Pius XII.¹⁶ It is absolutely forbidden, therefore, according to the teaching of the Church, even when it is motivated by a subjectively right intention of curing or preventing a physical or psychological ill-effect which is foreseen or feared as a result of pregnancy.¹⁷

- v) *Re: Treatment on Infertility:* all techniques of heterologous artificial fertilization,¹⁸ as well as those techniques of homologous artificial fertilization¹⁹ which substitute for the conjugal act, are to be excluded. On the other hand, techniques which act as an aid to the conjugal act and its fertility are permitted. Certainly, techniques aimed at removing obstacles to natural fertilization, as for example, hormonal treatments for infertility, surgery for endometriosis, unblocking of fallopian tubes or their surgical repair, are licit.²⁰
- vi) *Re: Human Cloning:* Human cloning is intrinsically illicit in that, by taking the ethical negativity of techniques of artificial fertilization to their extreme, it seeks to give rise to a new human being without a connection to the act of reciprocal self-giving between the spouses and, more radically, without any link to sexuality. This leads to manipulation and abuses gravely injurious to human dignity.²¹
- vii) *Re: The Freezing of Embryos:* Cryopreservation is incompatible with the respect owed to human embryos; it presupposes their production in vitro; it exposes them to the serious risk of death or physical harm, since a high percentage does not survive the process of freezing and thawing; it deprives them at least temporarily of maternal reception and gestation; it places them in a situation in which they are susceptible to further offense and manipulation.²²
- viii) *Re: Therapeutic Procedures on the Human Embryo:* A strictly therapeutic intervention whose explicit objective is the healing of various maladies such as those stemming from chromosomal defects will, in principle, be considered desirable, provided it is directed to the true promotion of the personal well-

being of the individual without doing harm to his integrity or worsening his conditions of life.²³

- ix) *Re: Human Organ Donation and Transplantation:* The Catholic Church approves organ transplantation, as reiterated by Pope John Paul II in an *Address to the International Congress of Transplants* on 29 August. Quoting from his encyclical *The Gospel of Life*, the Holy Father said, "...One way of nurturing a genuine culture of life is the donation of organs, performed in an ethically acceptable manner, with a view to offering a chance of health and even of life itself to the sick who sometimes have no other hope".²⁴ "Organ donation after death is a noble and meritorious act and is to be encouraged as an expression of generous solidarity"²⁵
- x) *Re: Organ transplants from living donor:* One can donate only what one can deprive oneself of without serious danger to one's life or personal identity and for a just and proportionate reason.²⁶ In India, the guidelines of the Human Organs Transplantation Act of 1994 are also to be adhered to.
- xi) *Re: Organ Transplant form a corpse:* The removal of organs from a corpse is legitimate when the death of the donor has been ascertained and prior informed consent was obtained. Ethically, not all organs can be donated. The brain and the gonads are not to be transplanted because they ensure the personal and procreative identity respectively. These are organs which embody the characteristic uniqueness of a person which medicine is bound to protect.²⁷
- xii) *Re: Xenotransplantation:* The Pontifical Academy for Life affirmed the legitimacy of the use of ani-mal organs for humans but also expressed various moral con-cerns of Catholic theologians. In particular, there should be assurances that animal viruses are not passed on to humans and that animal transplants should never affect the basic identity of humans. It specifically spoke against transplanting animal brains and sex glands.²⁸
- xiii) *Re: People Living with HIV/AIDS (PLHA):* Our response to people living with HIV/AIDS must be one of care and compassion. a) Hospitals and care

centres have the responsibility and obligation to ensure that People Living with HIV/AIDS (PLHA) and their families are cared for compassionately. Every hospital should attempt to have at least one trained counselor and a liason person for all matters of HIV/AIDS. b) All health care institutions are to provide treatment, health care services, social and psychological support and spiritual and pastoral care to the PLHA. There is to be no discrimination in matters of admission and treatment of PLHA. c) Health care institutions will make adequate provisions for standard precautions and basic infection control standards as recommended by NACO.²⁹

- xiv) *Re: Prevention of HIV:* Healthcare institutions should make efforts to do more work on prevention of HIV with community participation. Strategies will include health education, awareness building campaigns and teaching of values for behavioural change.³⁰
- xv) *Re: Blood and Blood Products:* Health care institutions must ensure that only tested blood and blood products will be used. Blood banks will develop a quality blood safety programme and adhere to the standards laid down by the laws.
- xvi) *Re: Voluntary Counselling and Testing:* HIV testing should be only voluntary, with pre and post-test counseling, as per the guidelines of NACO. Our health care institutions must abstain from any form of unethical testing practices and all testing will be confidential.³¹
- xvii) *Re: Euthanasia:* The constant Christian tradition has rejected euthanasia, defined as “an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering.”³² Even in the Indian laws, euthanasia is not permissible.

Human life, which is a gift of God’s love, is the necessary source and condition of every human activity. Consequently, the Declaration on Euthanasia³³ gives four norms:

- a) No one can make an attempt on the life of an innocent person.

- b) Everyone has a duty to lead his or her life in accordance with God's plan.
- c) Intentionally causing one's own death or suicide is as wrong as murder.
- d) Suicide must be distinguished from the sacrifice of one's own life for a higher cause.

In situations where the medical treatment is disproportionate to any expected results or when it imposes an excessive burden on the patient or his family, and when death is clearly immanent and inevitable, one can in conscience "refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted".³⁴ "To forgo extraordinary or disproportionate means is not the equivalent of suicide or euthanasia; it rather expresses acceptance of the human condition in the face of death".³⁵

- xviii) *Re: the use of pain-killing drugs:* According to Pope John Paul II's instructive teaching, "it is licit to relieve pain by narcotics, even when the result is *decreased consciousness* and a shortening of life, "if no other means exist, and if, in the given circumstances, this does not prevent the carrying out of other religious and moral duties". In such a case, death is not willed or sought, even though for reasonable motives one runs the risk of it: there is simply a desire to ease pain effectively by using the analgesics which medicine provides".³⁶
- xix) *Re: Artificial Nutrition and Hydration:* "The administration of food and water to a patient in a vegetative state³⁷, 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".³⁸
- xx) *Re: Brain Death:* Brain death is a well researched concept which is clear and logical. It is accepted by professional associations of neurologists around the world, and recognized by law in most developed countries. It is also accepted by the Catholic Church and most other major religions, as well as

by the vast majority of scientists and health care professionals. Total brain death is not a synonym for death, does not imply death, or is not equal to death, but 'is' death. Brain death means "the irreversible cessation of all the vital activity of the brain (the cerebral hemispheres and the brain stem). This involves an irreversible loss of function of the brain cells and their total, or near total, destruction. The brain is dead and the functioning of the other organs is maintained directly and indirectly by artificial means".³⁹ In India, organ donation and transplantation after total brain death is permissible under the Human Organs Transplantation Act of 1994.

Decision making and setting organizational priorities in health care require not only sound procedures, but also attention to foundational goals and ends of care which are consistent with promoting the culture of life. Catholic hospitals, to remain Catholic, must abide by Church teaching, and engage staff who agree to practice their profession in accordance with the teachings of the Church. It pertains to the conscience either of the sick person or of those qualified to speak in the sick person's name, or of the doctors to decide what is to be done. Every hospital and healthcare institutions called to abide by sound ethical principles and valued defending life.

The Rule of St. Benedict aptly stated "The care of the sick is to be placed above and before every other duty, as if Christ were being directly served in waiting upon them. The Infirmarian must be thoroughly reliable, known for his piety and diligence and solicitude for his charge". The whole purpose of the health care ministry is being humanitarian.⁴⁰ May each one of us do our best to promote a culture of respect for life in our society and thus be able to build an authentic civilization of truth and love.

Endnotes

- 1 Pastoral Constitution of the Church in the Modern World (*Gaudium et Spes*), no. 26.
- 2 Genesis 2: 7.
- 3 *Gaudium et Spes*, no. 27.
- 4 Pope John Paul II, *Evangelium Vitae*, 1995.
- 5 Grattin, Brown, Conscience of a Catholic Institution Growing in Catholic Identity, *Ethics and Medics*, Vol. 31 No. 8 (August 2006).
- 6 Pontifical Council for Pastoral Assistance to Health Care Workers, *Charter for Health Care Workers*, 1994, No. 1. Also see John Paul II, during his visit to Mercy maternity Hospital in Melbourne, 28 November , 1986, in *Insegnamenti*

- IX/2 (1986) 1734, no. 5. See also Catechism of the Catholic Church (CCC) No. 2288.
- 7 John Paul II, *Evangelium Vitae*, No. 89.
 - 8 Archbishop Javier Lozano Barragan, Keynote Lecture “The Identity of the Catholic Medical Doctor” on the occasion of the 21st World Congress of F.I.A.M.C., Sept 1-4, 2002, Seoul, Korea.
 - 9 Cf. Pope John Paul II to the XV Congress of Catholic Doctors (AMCI). ‘Cinquant’ Anni di Vita per la Vita’, *Orizzonti Medici* (1994), pp. 105-114.
 - 10 Cf. Pope Pius XII, ‘Radio Messagio al VII Congresso Internazionale dei Medici Cattolici (11.09.1956)’. *Discorsi ai Medici*, p. 503.
 - 11 *Ibid.*
 - 12 John Paul II, *Declaration on Procured Abortion*, No. 58
 - 13 Joseph Cardinal Ratzinger, Congregation for the Doctrine of the Faith in Responses to Questions concerning Uterine Isolation, 31 July 1993.
 - 14 *Ibid.*
 - 15 National Conference of Catholic Bishops (USA), *Ethical and Religious Directives for Catholic Health Care Facilities* (Washington, D.C.: United States Catholic Conference, 1995), Directive 36.16 See especially the two allocutions to the Catholic Union of Obstetricians and to the International Society of Hematology; see also *Humanae Vitae*.
 - 17 Sacred Congregation for the Doctrine of the Faith, Responses on the Sterilization in the Catholic Hospitals, *Quaecumque sterilization*, March 13, 1975. Latin Text in AAS 68 (1976): 738-740).
 - 18 The term heterologous artificial fertilization or procreation refers to “techniques used to obtain a human conception artificially by the use of gametes coming from at least one donor other than the spouses who are joined in marriage” (Instruction *Donum vitae*, II: AAS 80 [1988], 86).
 - 19 The term homologous artificial fertilization or procreation refers to the technique used to obtain a human conception artificially by using the gametes of the two spouses joined in marriage. (Instruction *Donum vitae*, II: AAS 80 [1988], 86).
 - 20 Congregation for the Doctrine of the Faith, Instruction “*Dignitas Personae*”, Doctrinal Congregation Instruction on Some Bioethical Questions, 2008, no. 13.
 - 21 Cf. Congregation for the Doctrine of the Faith, Instruction *Donum vitae*, I, 6: AAS 80 (1988), 84; JOHN PAUL II, Address to Members of the Diplomatic Corps accredited to the Holy See (10 January 2005), 5: AAS 97 (2005), 153.
 - 22 Cf. Congregation for the Doctrine of the Faith, Instruction *Donum vitae*, I, 6: AAS 80 (1988), 84-85.

- 23 Pope John Paul II, Discourse to the participants in the 35th General Assembly of the World Medical Association, October 29, 1983: AAS 76 (1984), 392.
- 24 John Paul II, *Evangelium Vitae*, no. 86. This teaching echoes the *Catechism of the Catholic Church*: “Organ transplants conform with the moral law and can be meritorious if the physical and psychological dangers and risks incurred by the donor are proportionate to the good sought for the recipient” (No. 2296).
- 25 *Catechism of the Catholic Church*, No. 2296.
- 26 John Paul II, *To the participants at the First International Congress on the Transplant of Organs*, 20 June 1991, in *Insegnamenti XIV/I* (1991) 1711.
- 27 Pontifical Council for Pastoral Assistance to Health Care Workers, *Charter for Health Care Workers*, 1994, No. 87 - 88.
- 28 Vatican Pontifical Academy for Life “*Prospects for Xenotransplantation: Scientific Aspects and Ethical Considerations*”, 26 September 2002.
- 29 CBCI Commission for Healthcare, HIV/AIDS Policy of the Catholic Church in India, 2005, p. 29, 33. NACO = National AIDS Control Organization. 30 CBCI Commission for Healthcare, HIV/AIDS Policy of the Catholic Church in India, 2005, p. 12.
- 31 CBCI Commission for Healthcare, HIV/AIDS Policy of the Catholic Church in India, 2005, p. 31.
- 32 John Paul II, *Evangelium Vitae* no. 65.
- 33 Sacred Congregation for the Doctrine of the Faith. Declaration of Euthanasia, Vatican City, 1980.
- 34 John Paul II, EV 65; Sacred Congregation for the Doctrine of the Faith, *Declaration on Euthanasia* (5 May 1980), Ch IV.
- 35 John Paul II, EV 65; Sacred Congregation for the Doctrine of the Faith, *Declaration on Euthanasia, Ch IV*.
- 36 John Paul II, *Evangelium Vitae*, No. 65.
- 37 Pontifical Academy of Life, International Congress On “Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas” (Rome, 10-17 March 2004). See Definition of Vegetative State.
- 38 Congregation for the Doctrine of the Faith, Responses to certain questions of the United States Conference of Catholic Bishops concerning artificial nutrition and hydration, 2007.
- 39 Pontifical Academy of Sciences, Why the Concept of Brain Death is Valid as a Definition of Death, 2007.
- 40 Rev. Russell Smith, “Health Care Rationing: A Theologian’s Perspective” in *Linacre Quarterly* 60, no. 3 (August 1993), 20-29.