

THE ROLE OF CATHOLIC NURSES IN ETHICAL DECISION-MAKING

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Catholic nurses have a special role to play in ethical decision-making in any given environment, situation and culture. Their expertise and experience enable them to inform both patients and ethical committees on the real significance of human life. There may be some cultural, political and even religious influences on the patient's decision-making. Nurses are closer to patients than any other medical personnel and their gentle interventions may have great relevance in the decision-making of patients and their family members. The medical care and services rendered by Catholic nurses are rooted in objective ethical principles. Nevertheless, the profession of the nurse is closely related to his or her Christian/Catholic vocation. In fact, Catholic nurses do not see any real demarcation between profession and vocation. It is the role of the nurse to explain and propose the guiding ethical principles that enhance human dignity, indicate right choice, form the true conscience of the patient and his/her family and make possible the informed consent for any medical intervention on human life. But nurses neither substitute the conscience of any person nor make the principle of autonomy absolute. Catholic nurses do not only demonstrate their professionalism, but also enlighten any ethical decision by faith. There must be a distinctive character of Catholic nurses in their services and this must be universally understood. As the principle of autonomy does not supersede the principle of non-maleficence, a conscious and free collaboration in acts against human life goes against the objective moral truth and the truth of the human person. There is, instead, a sound interconnectedness between the autonomy of the patient and the principle of non-maleficence that governs the role of the nurse in this particular relationship. The duty to safeguard human life from the beginning of its existence to the end is a role that must influence every medical intervention on human life and enhance right choice, right act and ethical decision-making in the whole process.

Introduction

Today many societies in the world have arrived at well established concept of social and personal autonomy. Often such concept seems to take precedence over the truth about the person and human nature. Based on such understanding of autonomy, ethical decisions are made, choices and specific interventions are made on human life. Some societies are of the opinion that the principle of autonomy or personal freedom in some areas of personal life must be absolutely respected.¹ In some other societies, cultural, political and religious factors influence the ethical

decision-making so much so that the truth about the person seems to collapse into the socio-cultural realm. Again, in some other societies some sicknesses are associated with loss of dignity because human dignity is measured in terms of human capacities, independence, efficiency and productivity.

This paper seeks to highlight the role of Catholic nurses in ethical decision-making in the latently confused situations. Ethical decision-making exists in diverse areas of health care delivery, but our concern here is specifically focused on the role of Catholic nurses in the ethical decision-making in the personal and professional relationship with the assisted person (patient). Nurses have a great deal to do with patients' health, psychological and emotional stability. Through such influence and relationship facts can be explained, formed and informed consent achieved and ethical decision-making truly fulfilled. This will be done first, by looking closely at the role of Catholic nurses in their profession and vocation. It is obvious that the concept of the origin of sickness is very incisive in the decision making of every individual or society; yet there are objective principles that guide Catholic nurses in their mission. The role of Catholic nurses in ethical decision-making will also be considered especially as regards their relationship with the ethical decision-making of the sick (right to self-determination – autonomy) and medical interventions on the sick. Lastly, we shall attempt to highlight the specificity of Catholic nurses as regards ethical decision-making. This obviously will help Catholic nurse to decide ethically in any situation without fear of error and falsehood.

1. The professional role and Catholic nurses

Nursing as a profession has its peculiar role to play especially in the health sector of human life. As a unique profession, it promotes health, prevents illness, restores health and alleviates suffering. The professional role of nurses goes further to assist even healthy persons to prevent health hazards and to accompany the terminally ill to a peaceful death. This is done by utilizing the environment of the sick to assist him in recovery or as preventive measure against any diseases. Therefore, there is a clear distinction between the professional role of nurses and those of other professionals in the health care system, even though at some points the functions may be complementary for the overall achievement of the well-being of the beneficiaries of care.² As has already been noted above, the essential components of the role of nurses include prevention, care

and cure. But these components are realized through knowing when and how to use the existing potential resources to help the individual in need.

However, the professional role and the function of nurses are regulated by external bodies and organizations. The International Council of Nurses (ICN) is the governing body for all internationally organized association of nurses. Its main function is to establish a code of conduct and stipulate ethics governing the universal nursing profession. This means that it can also regulate comportments of nurses according to observable facts in order that the essential components of the role of nurses are fulfilled. Ethics deals with acceptable and unacceptable comportments. To be able to make such distinction clearer to those involved, it is necessary that a code of conduct be established. For instance, in Nigeria the Nursing and Midwifery Council of Nigeria (NMCN) is the highest governing body for nurses and midwives. Accordingly, its major objective is “to set a standard of practice and ethics for professional nurses and midwives throughout the country. It also maintains good working relationship between nurses, midwives and other health workers and agencies.”³

These bodies are objectively valid means of regulating activities of nurses and are also capable of discerning between what should and should not be in consonance with the nursing profession. Thus setting a standard for comportment implicitly means dealing with those whose activities are not according to the standard that has been set by the legitimate bodies. Thus, there is an external obligation that determines the action of nurses and indicates to them how the profession must be fulfilled. The external obligation regulates professional activities through the code of conduct stipulated and made known to all nurses. Sanctions may also be established for those who knowingly or unconsciously go against the stipulated code of conduct. But sanctions from an external body are only significant for the external acts against the profession. The external obligation regulates only external acts. Internal convictions and decisions based on truth are not really governed by and made out of fear of external sanctions. Actions that go against the truth do not in any way enhance the fulfillment of the agent as human person. Therefore, the role of Catholic nurse is specific and important in serving human life.

The specificity of role of Catholic nurses lies in the fact that nursing is not only a *profession*, but first of all, a *vocation*. It is a *profession within a vocation*. It is *not a vocation within a profession*, because Catholic nurses become nurses when they had already answered the

Christian call to love. Therefore, vocation supersedes and positively modifies profession. It is a call to all those (nurses and doctors) “who have taken it on themselves to succor the sick, to do whatever they deem necessary to help them both physically and spiritually. When they do this they are fulfilling Christ’s command to visit the sick, for it was Christ’s intention that the whole person should be their concern and that they should offer both physical relief and spiritual comfort.”⁴ Catholic nurses are aware of the fact that not all have been endowed with professional skills to care for the sick in such a technical and fulfilling way.

Therefore, if the national or the international bodies indicate guiding principles and code of conduct for all nurses, such code comes to rest on the already founded and deep rooted Christian principles in the life of the Catholic nurse. The Catholic nurse therefore does have a first-contact relationship with the code of conduct when he or she becomes a nurse. The code of conduct becomes an external manifestation of the already existing call to render services to the sick. Understanding the role of Catholic nurses in this way has ethical implications on the relationship between the nurse and the truth of his or her being and with the assisted persons (patients).

Any code of conduct obliges those who are directly involved in the group. Sanctions are realized when facts are evident or established. But for the Catholic nurses there is no need for establishment of facts for sanctions to be realized since the power of conscience is always functional in the life of the Catholic nurse. Therefore, there is a strict interconnectedness between profession and vocation as far as Catholic nurses are concerned. In fact, for Catholic nurses *nursing is a profession enlightened by faith*. This is the reason why we cannot detach nursing as a profession from nursing as vocation. Profession may be manifested within boundaries of time and space, that is, during working hours. But vocation goes beyond specification of time and space. Being a Catholic nurse is not circumscribed to working hours in the hospitals that would make her “do nursing” instead of “being a nurse”. *Doing* is not *being*. *Doing* nursing means working in a stipulated time and space without the necessary theological foundation of activities. *Being* a nurse for us means allowing Catholic theological principles to guide all our activities and skills and ethical decision-making. Nursing by vocation is different but not separated from nursing by profession. Catholic nursing is a profession in the vocation enlightened by faith and this influences the Catholic nurses’ relationship with the patient, his or her conscience and the consequent ethical decision-making. What is meant here is that, although it is a vocation, it also

needs professional skills in order to fulfill the demands of the same vocation. Therefore, nursing as a profession cannot be detached from nursing as vocation. This necessary bond must be achieved by Catholic nurses as this will essentially enhance any ethical decision making. But how is this bond achieved? It is achieved through: a) respecting the dignity of the human person; b) respecting the autonomy of the human person; c) a sincere love for good and search for the truth about human person and his acts.

2. The Catholic nurse and the dignity of the human person

The relationship between the Catholic nurse and the patient revolves around the dignity of the human person. Sickness does not in any way annihilate human dignity. In fact, “Christians like other people, suffer illness and pain, but their faith helps them to achieve a better understanding of the mystery of suffering and to bear their pain with greater fortitude”.⁵ Our understanding of sickness is not based on the principle of efficiency and capability of the sick. The dignity of the human person is never destroyed by sickness no matter the level and intensity of pain and consciousness. The said dignity is neither conferred on the human person by culture nor society; it is an inert endowment that the culture and society must necessarily recognize.

According to the Catholic tradition and theology there is a threefold dignity proper to the human person.⁶ St. Thomas distinguishes a threefold human dignity. The first is the dignity all human beings have by virtue of being created in the image and likeness of God. The second is their dignity as beings who know and love God by conforming to the grace of God, but in an imperfect way as sojourners in this life. The third is their dignity as beings now living in complete union with God, and this is the dignity of the blessed. William May⁷ specifies that the first human dignity is intrinsic, natural, inalienable, and is an endowment or gift. It is the dignity proper to human beings simply because they are created in the image and likeness of God and because they belong to the human species. It therefore follows that every human being is “intrinsically valuable, surpassing in dignity the entire material universe, a being to be revered and respected from the very beginning of its existence.”⁸ This intrinsic and inalienable dignity proper to human beings does not diminish in any form no matter the condition. It is rather a dignity that attracts moral worth and consideration. It is a dignity that all cultures and political arrangements must recognize and revere. This is because the value of such dignity is not conferred on the human person by any human authority but by the simple fact that it comes

together with the natural human existence and becomes both an internal as well as external manifestation of the same human person. This type of dignity has no exclusiveness and has no demarcation in the entire life of the human person. It is the dignity that lasts from the beginning of human existence to the end of the same irrespective of inefficiency and incapability that may arise in the course of its unfolding through life.

The second kind of dignity is also intrinsic, but it is an achievement in the sense that it is only made possible by God's unfailing grace. It must not be forgotten that human beings are also rational and free beings. Such dignity is acquired by our determination to conform ourselves to the action of grace through our free and rational acts. Since it a given opportunity, human beings are free to accept or reject it based on the inert faculty of freedom of every human person. Therefore, it is here that the *principle of autonomy* comes to the fore. In fact, "the principle of autonomy means a total consideration of the person as a subject of his thoughts and deeds and consequently capable of making personal decisions and choices."⁹ Recognizing the autonomy of every person is affirming the fact that such a being cannot be treated as an object. Because of the fact that the principle is founded on the truth of the person, all its manifestations remain essentially under moral realm. It is here that our discussion on the role of Catholic nurses in ethical decision-making comes to the fore. This kind of dignity is the one to which we all are called as intelligent beings capable of determining our lives by our own free choices. This is the kind of dignity to which Catholic nurses are called to determine themselves through ethical decision making in all situations in their medical lives. In the real sense, "this is the dignity that we *give to ourselves* (...) by freely choosing to shape our choices and actions in accord with the truth. In other words, we give to ourselves this dignity and inwardly participate in it by making good moral choices, and choices are in turn dependent upon true moral judgments."¹⁰ The principle of autonomy does not in any way mean an arbitrariness of decision and action both on the part of the Catholic nurse and on the part of the patient. In fact, it means a conspicuous manifestation of the inert dignity endowed from the beginning of human existence.

The third kind of dignity is also intrinsic dignity, a gift, not an achievement, but a gift far surpassing man's nature and it is a gift that literally divinizes human nature. It is a dignity that unites human nature with the creator. This kind of dignity is the consequence of the second kind of dignity in relation to the basis of ethical judgments on the first kind of dignity. This is

normally known as being in the state of grace, which may also be lost by choosing to sin gravely. But our main aim in this paper is to highlight the role of Catholic nurses in ethical decision-making and this really involves the second kind of dignity but without losing sight of the first type of dignity and aiming at and aspiring to the third type of human dignity.

3. The role of Catholic Nurses in ethical decision-making

The role of the Catholic nurse is that of taking cognizance of the human dignity in all its specifications and allowing himself or herself to be guided by the objective principles in the ethical decision-making. Recognizing the dignity of the patient also means a clear manifestation of the personal dignity of the Catholic nurse. The dignity of the patient does not supersede the dignity of the Catholic nurse. Both dignities are imbedded in universal and objective significance of the human person, because they have the same source through which their existence came to be. A Catholic nurse is someone who, together with his skills, seeks to accomplish the healing ministry within the Christian framework. The word “Catholic” is important in this process. There must be a specific mode of decision that underscores the Catholicism in the ethical decision-making. There must be a universal principle that highlights the role of Catholic nurses. The Catholic nurse does not allow any tribal, cultural and political concept of human dignity to influence his ethical decision-making. In some tribes and cultures, human dignity is achieved by arrival at a specific social status or conferred to the person by a political ideology. In some cultures, autonomy means efficiency and indicator of an acquired dignity. Consequently, such cultural and political concepts negatively influence any ethical decision-making. Thus there may be a tribal nurse, a cultural nurse and a political nurse. These are nurses whose profession is always antagonistic to vocation. These are nurses whose actions and ethical decision-making change according tribal, cultural and political changes in specific environments. Obviously, culture is dynamic together with all the social changes, but human dignity is static together with all its capabilities, incapacities, efficiencies and inefficiencies in all environments and situations.

The Catholic nurse instead, deeply and consciously considers the Catholic teaching on human dignity, the objective meaning of the principles of autonomy and beneficence and the truth about the human person before any ethical decision-making. The Catholic nurse has all the necessary means to make ethical decision in every situation. He cannot decide not to decide or

remain indifferent to the call of life. There is a kind of theology involved in it and this positively influences the nurse's ethical decision making. The act of healing, nursing and caring is always for the benefit of human life. Human life is seen fundamentally as the gift of God's goodness which all those working in the health sector, through their vocation must accept and serve.¹¹

This fact takes us to yet another principle that the Catholic nurse is very familiar with: the *principle of beneficence or the principle of non-maleficence*. This is the principle of always loving and doing good without in any way seeking what is not in consonance with the truth of the vocation and the human person. Because of the interconnectedness between the types of human dignities recognized by the Catholic nurse, he is always bound by the principle of wanting and doing good for the benefit of the patient and for his or her personal fulfillment as Catholic Christian. The principle of beneficence means an internal disposition to want goodness and to do good. There are actions (decisions) that are totally detached from the interconnectedness between human dignity as endowment and human dignity as an achievement. Therefore, whatever is offensive to and against this primordial value (human life) is also offensive and against the dignity of the human person. Unethical actions and decisions do not only attack the endowed dignity of those who suffer them, they also attack both the endowed and the acquired dignity of those who inflict them on others through their decision-making.

There is also a theology behind such negative actions. According to *Veritatis Spondor*, it is that of negation of the honour to the Creator.¹² The duty of the Catholic nurse is all about saving life from its beginning to its end, especially when at its weakest moment of existence. In facing this role, the Catholic nurse is bound to encounter some ethical dilemmas and needs guidance in making good and ethical decisions. This will not only be for the benefit of the patient but will also bring to the fore the role of the Catholic nurse based on his civic and ethical responsibility. The catholic nurse's decision-making on human life has a lot of ethical implications. The means (unity of the principles) to decide is always there for the Catholic nurse, that notwithstanding he still encounters ethical dilemmas that readily demand a decision. How would the Catholic nurse know that his or her judgment and decision are not against the human dignity, autonomy of the patient and the principle of beneficence?

4. Orientation of the truth

It is important to understand that by making true moral judgments and good moral choices we respect the endowed dignity and participate in the dignity to which we all are called as intelligent and free persons. The Catholic nurse understands this fact since he or she is responding to the call of God through his specific act of caring about human life. Created in the image and likeness of God, there is found in every person “the highest norm of human life ... the divine law- eternal, objective, and universal - whereby God orders, directs, and governs the entire universe and all the ways of human community according to a plan conceived in wisdom and in love.”¹³ This means that man has been made by God to participate both in this law and in the freedom of God. And because man is conscious of this fact, “he has the duty, and therefore the right, to seek the truth”.¹⁴

The truth in question here, because it is the highest norm, is the practical truth that is able to shape and guide human choices and actions. *Dignitatis Humanae* indicates that every man, in our case, every Catholic nurse perceives and acknowledges the imperatives of the divine law through the mediation of the conscience. Therefore, observing the professional code of conduct, respecting the human dignity, the principles of autonomy and beneficence, the Catholic nurse is certain that all his or her actions and decisions are securely directed by his conscience as founded in the divine law. In fact, it is conscience that helps the Catholic nurse to decide accurately in a given situation. The dignity of the Catholic nurse lies in observing and following this law through which he will be judged. It is this law that tells him the right respect due to human dignity, the true significance of human autonomy, the good that must be done and the evil that must be avoided at the right moment when faced with ethical dilemma.¹⁵ For example, it is this law that would help the nurse to understand immediately when the principle of autonomy is wrongly interpreted to mean “being the author of one’s life or doing what one likes with the life of another person”. It is through conscience that the principle of non-maleficence is concretely fulfilled because it is founded in the love of God and of one’s neighbor. Conscience that has been adequately formed through directives of the divine law and the teaching of the church would not only direct the nurse’s decision-making, but will also positively influence any medical intervention on human life.

Being faithful to one's conscience means a sincere search for the truth and for true solutions to moral dilemmas. Ethical decision-making of the Catholic nurse must always be guided by this law, which is written in his heart. Seeking the good of the patient is, therefore paying a particular attention to the dictates of the conscience as the mediator of the natural law inscribed in the heart of man. And since conscience is the most "secret core" of man in which he is alone with God, every ethical decision-making of the Catholic nurse becomes a dialogue with God. Ethical decision based on this type of dialogue cannot be against human dignity. But this does not mean that Catholic nurse substitutes the conscience of the patient, of the family members of the patient and others, yet "a correct conscience holds sway, persons and groups turn away from blind choice and seek to conform to the objective norms of morality."¹⁶ Thus in any environment, cultural and political situations, the role of the Catholic nurse in ethical decision-making consists of deliberately ordering of human acts to God, the supreme Good and the ultimate end of man.

Conclusion

The principles that must be respected by the Catholic nurse both for personal dignity and in any relationship with the patient are all ultimately founded in the law written in his or her heart. Appealing to any other source for ethical decision-making would only turn all the lofty principles against the human person. This role is rightly expressed when a particular treatment is proposed and when a particular treatment is to be considered futile with respect to the dignity of the human person. Since this type of law is universal, objective and true and is found in the hearts of all men and women, it should then be the measurement for ethical decision-making. It is this type of law that shapes the cultural interpretation of sickness, dignity and autonomy.

The Catholic nurse therefore accepts this role as a vocation with the profession of acquiring skills and technology for the benefit of human life. It is a role that indicates in every ethical decision that there are actions that are in themselves evil because they are not in consonance neither with the truth of the human person nor with the law written in the hearts of all.

As we all know, ethical decision-making is not an imposition that comes from without to the Catholic nurse. It is rooted in freedom endowed him from the beginning of his or her existence. Therefore, every ethical decision-making has self-determining character in the agent. By making

any ethical decision, the Catholic nurse also makes a decision about himself or herself thereby setting himself for or against the Good, for or against the Truth and ultimately for or against God.¹⁷ Today it is noticeable that the common outcry often made on behalf of human rights like, the right to choose from any available methods of treatment, right to refuse treatments, right to culture and its related influence on life are false and illusory, because it is often detached from the fundamental right to life.

The right to life is the primordial value on which all other values are built. Right to life is the condition for all other personal rights and it must be defended with utmost determination, especially as the false principle of efficiency seems to influence ethical decision-making on life.¹⁸ The Catholic nurse is therefore at the forefront of the decision-making process in issues concerning human life. In making decisions, the Catholic nurse, while seeking the good of the patient, serving to restore good health to the patient, expressing solidarity and love for the patient, must be guided by the truth of his action and that of the human person.

END NOTES

¹ See Document, “Corte Europea dei Diritti dell’uomo. Sentenza in un Caso di Richiesta di Suicidio Assistito, 20 gennaio 2011” *Medicina e Morale*, no. 4 (2011), pp. 697-698.

² See P.C. Chineme-Anyaeze, “Ethical Issues in Nursing” in Maria Michael Ikorok and Juliana C. Nwazuruoke (eds.), *Respositioning Nursing. Issues in Contemporary Health Care* (Uyo: On’pex Publishers, 2012), p. 58.

³ Ibid.

⁴ Sacred Congregation for Divine Worship, *Hominum Dolores*, no. 4 (Vatican City: 7 December, 1972).

⁵ *Hominum Dolores*, no. 1; See Karol Wojtyla, *Love and Responsibility*, trans. H. Willets (New York: Farrar, Straus, and Giroux, 1981), pp. 41-44.

⁶ See Thomas Aquinas, *Summa Theologiae*, 1-11, q. 93, art. 4.

⁷ See William E. May, *Introduction to Moral Theology*, 2nd Edition (Huntington: Our Sunday Visitor, 2003), p. 41.

⁸ Ibid., ; See also John Paul II, *Evangelium Vitae*, no. 2; Congregation for the Doctrine of Faith, *Donum Vitae* (1987).

⁹ Anselm Etokakpan, “The Objectivity of Proxy’s Decision and the Principle of Autonomy in the incompetent: An African Perspective” , *Catholic Thought*, no. 36 (Autumn 2007), 332-333.

¹⁰ William E. May, *Introduction to Moral Theology*, p. 42.

¹¹ See *Christi Fideles Laici*, no. 38.

¹² See *Veritatis Splendor*, no. 80.

¹³ *Dignitatis Humanae*, no. 3.

¹⁴ Ibid.

¹⁵ See *Gaudium et Spes*, no. 16.

¹⁶ Ibid.

¹⁷ See *Veritatis Splendor*, no. 65.

¹⁸ See Congregation for the Doctrine of the Faith, *Instruction on Respect for Human Life in its Origins and on the Dignity of Human Procreation (Donum Vitae)*, (Vatican City: 1987); See also William E. May, *Catholic Bioethics and the Gift of Human Life* (Huntington : Our Sunday Visitor, 2000).