

**CICIAMS XIX WORLD CONGRESS**  
**23 – 26 September 2014**  
**REPORT**

**Introduction**

The theme of the congress ***Protecting Family Life: the role and responsibilities of nurses and midwives*** was chosen in October 2012. It was felt the family was being eroded in many areas of the world and that nurses and midwives were in strong positions to influence family life.

**The congress was hosted by the Catholic Nurses Guild of Ireland** whose members were delighted to welcome over 240 participants from CICIAMS four active regions representing 22 countries in total: Asia (Hong Kong, India, Japan, Malaysia, Singapore and Pakistan); English speaking Africa (Kenya, Nigeria, South Africa, Swaziland, Tanzania and Zambia); Europe (Belgium, Croatia, England and Wales, Ireland, Portugal, Scotland, Spain and The Netherlands); Pan America (Mexico and United State of America). In addition, CICIAMS was honoured by the presence of Monsignor Jean-Marie Mupendawatu, Secretary of the Pontifical Council for Health Care; Mrs Annette Mwansa Nkowane, Technical Officer, Department of Health Systems, Policies and Workforce, World Health Organisation, Geneva; and Most Reverend Raymond W. Field DD, VG, Auxiliary Bishop of Dublin and Chairperson of the Council for Healthcare of the Irish Episcopal Conference.

Tuesday, 23 September 2014

**Opening Mass and Welcome Reception**

The congress opened with a Concelebrated Mass on the evening of Tuesday, 23 September. The Chief Celebrant was Most Reverend Diarmuid Martin, Archbishop of Dublin and Primate of Ireland. Prior to the Mass the symbols of the congress - the Holy Family, a Globe, Human Hands, the History of the Catholic Nurses Guild of Ireland and the Congress Candle - were received by the Archbishop. This beautiful Mass and homily by the Archbishop set the tone for the Congress. It was followed by a Welcome Reception that was hosted by the Archbishop and allowed the participants to renew acquaintances and to form the beginning of new friendships.

The professional aspect of the programme was held over three days.

**Wednesday, 24 September 2014**

***Family Life: International and Regional Perspectives***

Following the lighting of the congress candle and Morning Prayer the Opening Ceremony was held. There was a roll call and a parade of flags of participating countries. Addresses were given by Sr Anne John RJM, International President, CICIAMS; a representative of the Lord Mayor of Dublin, Counsellor Damian O'Farrell; Dr Anne-Marie Ryan, Deputy Chief Nurse, Department of Health, Dublin and Reverend Father Paul Taylor, National Chaplain to the Catholic Nurses Guild of Ireland.

***International Perspectives***

**The first keynote speaker, Monsignor Jean Marie Mupendawatu**, in his presentation ***Catholic Nurses and Midwives: Ministers of Life*** made reference to the challenges contained in the Synod of Bishops, *III Extraordinary General Assembly: The Pastoral Challenge of the Family in the Context of Evangelisation, Instrumentum Laboris* (2014) with special emphasis on the pastoral challenge concerning openness to life. It was Monsignor Mupendawatu's belief that at the heart of the mission of nurses and midwives was the protection and promotion of life generated in the family. He outlined the sanctity of human life from Conception to natural death and the role of Catholic nurses and midwives as guardians of that life. Some extracts from the *Charter for Health Care Workers* (1995) were cited. Of particular note were '...service to life is such only if it is faithful to the moral law, which

expresses exigently its value and tasks', and 'health care workers 'draw their behavioural directives from that field of normative ethics which nowadays is called bioethics.'

Monsignor Mupendawatu then dwelt on challenges to human life in its various stages: the early (procreative) stage; the second stage that concerns protecting and promoting human life that starts at conception as an individual with rights to dignity and life in its entirety; and the third stage (or end of life). Examples of how nurses and midwives can provide information, support and care during each stage were offered such as helping parents to procreate responsibly using natural methods of family planning, providing holistic care to the ill and support for family members including the elderly, and giving assistance to the dying. He spoke of some important requirements for the fulfilment of the mission by nurses and midwives that included interpersonal relationship of trust and conscience, technical and professional competence, ethico-religious professional training, compassion, advocacy and prayer.

**The second keynote speaker was Mrs Annette Mwansa Nkowane** who addressed the topic of ***Universal Health Coverage: its place in protecting family life***. Mrs Nkowane stated that universal health coverage is a powerful mechanism for achieving better health and well-being, and for promoting human development. She explained that nurses and midwives, as the main professional component of frontline staff in most health systems, can be catalysts in supporting family members and the community in achieving better health outcomes. Their contribution is recognised as being essential to the accomplishment of Universal health coverage.

Mrs Nkowane gave examples of possible family health situations that nurses may encounter where the quality of life and care would be improved through the availability of universal health coverage – a homeless person, a widow, an amputee diabetic elderly man, a mother with breast cancer, a pregnant teenager, family members with HIV/AIDS, a family with mental health and related issues.

Mrs Nkowane acknowledged the role of nurses and midwives in protecting family life through education, planning that permits managing and co-ordinating care with other health care partners in a variety of practice settings. The importance of the role being supported by appropriate policies in the various settings was emphasised for the continuum of care, health promotion, disease prevention, acute care, palliative and rehabilitative care.

The need to give nurses and midwives opportunities to develop professionally, gain autonomy and participate in decision making, fair rewards to attract and retain any category of the professions was emphasised.

### ***Regional Perspectives***

This session took the format of a Round Table with a speaker from each of CICIAMS Regions followed by open discussion.

**Mrs Lucy Thang'a, Executive Director of the Catholic Nurses Association of Kenya and Chairperson of CICIAMS Committee on the Family**, outlined the foundation and development of the ***Faithful House Programme***. It is a faith based programme that aim to strengthen the family through enhanced couple communication achieved by skills building and positive peer mentoring. It is based on African and Christian values geared towards improving quality of life among spouses. The programme of five days duration is undertaken in a safe environment that allows couples to dialogue

around quality of relationship issues and other attitudes and conduct that contribute to sexual risk behaviours. Target groups include married and engaged couples. 10 – 15 couples are facilitated in each programme. Single young adults are also catered for wherein chastity, life skills and attitudes are reinforced for faithful and committed relationships.

The programme is currently carried out in 12 African countries: Benin, Ghana, Cameroon, Nigeria, Malawi, Zambia, Kenya, Ethiopia, Rwanda, Tanzania, Ivory Coast and Liberia. It will be initiated in Burundi, South Sudan and Timor in 2015.

**Ms Jane Buncuan, Catholic Nurses Guild of Malaysia**, spoke of *Protecting Family Life: Malaysian Perspective*. Ms Buncuan explained that Malaysia is a multi-ethnic and multi-religious country with two family law systems – Muslim and Non-Muslim. Family life is protected by the Universal Declaration on Human Rights, Social and Cultural Rights, Convention on the Rights of the Child and so forth. She reported that maintaining the quality of life of the individuals and their dependents has become the primary focus of policies and programmes in providing social security. The benefits are in line with the International Labour Organisation.

In Malaysia nurturing is a family affair whilst child rearing is a maternal role. Rituals and taboos are still practised. Mothers/parents seek traditional medical help before seeking help from a health professional. Parents expect children to be successful, self-reliant and productive. There is a large public sector delivery system complemented by a growing private sector. Catholic nurses assist families to identify specific ways to strengthen their families especially in health related matters.

**Professor Carmen Romero Grimaldi, a member of Salus Infirmorum, Spain**, outlined the **changing demographics in Europe** with the rising life expectancy and consequent rise in the elderly population that is estimated at 910 million by 2020. The ratio of births per women is 1:6 with the age of first birth at 29 – 30 years. The number of people in employment is decreasing. There are added problems of abortion and euthanasia with a consequent change in family structure.

In Spain there were 112,390 abortions in 2012. Professor Romero Grimaldi reported that the current abortion law was under review. She also said that the young population devalue the lives of the unborn and they have liberal sexual beliefs.

Regarding the elderly, she stated there is an increasing dependency ratio with their care being provided in nursing homes or as grandparents in family homes. Care of the elderly is being compounded by euthanasia and living wills under the heading of 'dignified death'.

Professor Romero Grimaldi elaborated on the World Health Organisation's Guidelines relating to maternal and newborn health and Healthy Ageing. She outlined the role of nurses and midwives in the defence of life and in helping people to cope with and give meaning to suffering. She also spoke of the importance of exercising conscientious objection relating to euthanasia and abortion; the importance of educating young people; and with regards to the elderly providing education and assistance to caregivers, respecting beliefs and wishes and helping them prepare for death.

*Protecting Family Life in Pan America* was addressed by **Dr Marie T Hilliard, a member of the National Association of Catholic Nurses, USA**. Dr Hilliard spoke of diverse cultures even within the Catholic community; erosion of the family caused by individualism, self-gratification; changing sexual mores, new pseudo principles such as two parent families no longer the norm; epidemic pornography; human trafficking including children; sexually transmitted diseases; and teen pregnancies.

In the Pan America Region there are high percentages of single births, for example, in 2008 – 2012 in the USA 41.5%; Mexico 52.3%; Chile 69.7%. Quite a number of people are living below the poverty line. This varied from 14.7% in the USA TO 52.3% in Mexico and 53.7% in Guatemala for the years 2011 – 2012. Sexually transmitted diseases are on the increase.

On a more positive note Dr Hilliard reported a decrease in infant mortality rates in the region for the period between 2000 and 2010 and a decrease in teen pregnancies between 2000 and 2012.

Dr Hilliard said the breakdown of the family and attacks on religion are at the root of societal problems. She ended her presentation with a quotation from *Lumen Fidei* 'Absorbed and deepened in the family, faith becomes a light capable of illuminating all our relationships' (p.54).

### **Concelebrated Mass**

The day ended with Concelebrated Mass. The Chief Celebrant was Fr Thomas Nairn OFM, CICIAMS Acting Ecclesiastical Advisor.

### **Concert**

Later that night the participants enjoyed a concert of old and more recent liturgical and other music given by the Dublin Diocesan Choir under the baton of Fr Pat O'Donoghue.

## **Thursday, 25 September 2014 *Family Life: Ethical Perspectives***

The day began with Morning Prayer based on Hope and the lighting of the congress candle.

**The third keynote speaker** of the congress was **Fr Thomas Nairn OFM, Acting Ecclesiastical Advisor to CICIAMS and Senior Director, Ethics, Catholic Health Association of the USA**. The title of his paper was ***The Nurse as Promoter of the Family: Challenges and Opportunities***. Fr Nairn explained how the family is the Catholic Nurse's ethical responsibility. He expounded different understandings of the family and from a theological perspective dwelt specifically on the Catholic meaning – '...as a faithful, permanent, heterosexual union that is open to children.'

Fr Nairn also examined the concept of health and health care. He offered suggestions as to how the Catholic nurse and midwife exercise their responsibility towards the family. Fr Nairn spoke about the **why, how and what** of the nurse as a promoter and protector of the family. **Why** is part of the nurse's ethical responsibility because the well-being of the individual person and of human and Christian society is intimately linked with the health of the family? **How** refers to the exercise of responsibility. The nurse acts as teacher, communicator, supporter, advocate, minister and healer. In reference to **When**, Fr Nairn referred to specific times where the Catholic nurse can exercise this responsibility such as birth, dying and death, illness and promoting health.

***Domestic Violence: the challenge*** was the topic presented by **Ms Reiko Joh, National President of the Japan Catholic Nurses Association**. Ms Joh spoke from the Japanese perspective where there is an annual rate of 30,000 suicides much of it perpetrated by domestic violence towards women. Domestic violence towards women also leads them to turn too frequently to abortion. Often with both parents working emotional stress results leading to violence against their own children. The annual divorce rate is rapidly rising. There is also a pattern of marriage – divorce being repeated. There is an increase in media reports of fathers killing their own children. Ms Joh posed the question – ‘what can we do to guard and protect a peace filled family life?’

Most perpetrators are men. In Japan men are seen as superior to women and women as servile. This leads to physical and psychological abuse, social abuse and economic neglect. Male self-centredness often leads to a shifting/transference of responsibility and/or losing control. Ms Joh maintains that such perpetrations go back to failure in emotional nurture and learning to live with one’s emotions as a child and it is to such basics we must return. She recognised that maternal child abuse has similar origins.

Ms Joh stated that domestic violence arises from the absence of love and humanity. Life skills are essential for building a peaceful family based on genuine couple relationships born from mutual love. Parents are role models for their children. A child is formed by what he/she sees and hears. If a child grows up hearing for example verbal abuse in the home he or she will think this is normal behaviour and is likely to practise the same as an adult. One who has never been loved cannot love.

Ms Joh concluded by saying that Japan may be an economic giant, but present day ethical standards are at the lowest ebb and there is no proper understanding of sex.

***Faith Based Interventions: HIV/AIDS and Unsafe Abortion*** was the topic of Mrs Justina Mooya Yamba’s presentation. **Mrs Mooya Yamba is a member of the Catholic Nurses Guild of Zambia**. She opened her delivery by informing the assembly that 10 million children under the age of 18 years in Sub-Saharan Africa had lost one or both parents to AIDS in 2003. The sad fact is that HIV/AIDS is totally preventable. In Zambia there were 16,000 maternal hospital admissions in 1993 were due to abortions carried out by non-professionals. She went on to say that HIV/AIDS and unsafe abortion are fostered by a type of pansexual culture that devalues sexuality. In Zambia it has been shown that the AIDS crisis is due to sexual immorality, adultery and fornication although more than 80% of the population are Christian. Unsafe abortion is responsible for 30% of maternal deaths, 25% of whom are 15 – 19 years of age and 60% under 25 years.

Mrs Mooya Yamba said that nurses and midwives should apply African family values in their own families. These are self-respect, truthfulness, respect for the family, respect for human life, eating together, solidarity, belief in and respect for dead ancestors. With reference to the Scriptures nurses and midwives should represent and promote life (Jeremiah 1:15); protect children in and out of the womb (Psalm 82:3-4); participate in the prevention of HIV/AIDS unsafe abortion (Mathew 10:8) with love, compassion, truth, justice and mercy (Mathew 25:35-36).

Mrs Mooya Yamba gave examples of faith based interventions such as total conversion of all people by changing mentality and behaviour through prayer, reading, Mass, Rosary, examination of conscience, fasting and reconciliation, raising awareness of human sexuality from a Christian perspective, live family values, pastoral care training and so forth. She demonstrated how three midwives from Monza Mission Hospital in Zambia established an organisation ‘Loving Life, Offering Hope.’ It provides information, education, care services and support to those in crisis pregnancies and post abortion care including orphans and vulnerable children.

**Support Structures for Families in Crisis** was the theme for this day's Round Table Session. It was followed by open discussion.

**Mrs Rosalyn Okoobo, National President, Catholic Nurses Guild of Nigeria**, addressed *The Africa/Nigeria Experience*. Mrs Okoobo differentiated between developmental crisis such as marriage, parenthood, retirement, death and structural crisis such as floods, wars, earthquakes, oil spillages. All of the crises may cause crisis within a family leading to possible tension, stress, physical and emotional problems.

Structural crises have caused homelessness in some African countries with children and women worst affected. In camps there are no basic infrastructures such as toilets, portable water, health facilities and food coupled with overcrowding. Sustained insurgent attacks in Northern Nigeria are alarming with helpless children being attacked and killed daily in their schools and the abduction of school girls. In the south and south east of the country families are faced with oil spillages and loss of farmland which is their source of livelihood. In addition there is flooding, kidnapping for ransom and rape in this part of the country.

Extended family support is very strong in Africa through the provision of clothing, food and accommodation. In addition, assistance is provided by the United Nations and the Red Cross. Help in the form of material support is given by churches, private individuals and government. Unfortunately, it is never enough. Government response to structural crises is dependent on budgetary conditions of each country and its political will. The rate of corruption is very high in most African countries. Most relief materials are diverted by government officials for their own use.

*Seek and Ye Shall Find – a Singapore Experience* was the title of the next presentation. The speaker was **Ms Nirmala Nair, a member of the Singapore Catholic Nurses Guild**. Ms Nair gave examples of the various crisis services available in Singapore – pregnancy services, family and marital therapy, Retrouvaille which is a lifeline for troubled marriages, crisis shelters for women; free counselling in parishes, Catholic AIDS Response Effort (CARE), Family Life Society and Caritas Singapore. Ms Nair gave a resume of each of the services and elaborated on Caritas Singapore which is an umbrella body for 23 Catholic charities whose work touches the lives of 50,000 beneficiaries in Singapore regardless of race, religion or language. There are 70 programmes to help people in need operating under this umbrella such as soup kitchens, financial assistance, residential care, student care, skills training and so forth.

*Croatia – 20 Years Ago and Today* was the title of the paper of **Ms Silviya Piskorjanac**, a member of the **Croatian Catholic Society of Nurses**. Ms Piskorjanac asserted that the transition from socialism to capitalism had created difficulties for the Croatian people resulting in feelings of resignation and hopelessness. She said that Croatia had turned into a spiritual desert where the loss of hope, faith, love and life has turned into a way of existence. There is widespread discontent leading to resentment and a spiritual discomfort that creates an atmosphere of distrust in people, institutions and in the future.

Ms Piskorjanac recognised that responsible and conscientious freedom in a democratic and political society does not occur at once. She compared the situation to going through a desert or a personal cleansing from sin and evil, and also through a social catharsis. Unfortunately, none of this has really happened. People do not want to change themselves from the inside but they expect change. They are waiting for it to happen.

Croatia is in need of creating a structure that will ensure and provide appropriate support to the Family as the fundamental unit of society.

**Mrs Maria Luisa Ledesma Alvarez**, a member of the **Catholic Mexican Nurses Federation**, presented a paper titled ***Family Strength and the Hope of Humanity***. She spoke of the family and its diverse nature (nuclear, extended, composite), the Church, schools, politics and the role each has in the formation of and influence on the individual and the family. She stated that the family as an institution is in crisis with tension between patriarchal structure and increasingly major liberalisation. This tension, she contends, is a root cause of problems between couples within a marriage and within a family. It is a victim of society that is subject to the rights and duties of the State.

Mrs Alvarez Ledesma asked the participants to take time to meditate on their own family through questions she posed. Some examples are: could it be that family as an institution has lost its vocation, mission, responsibility and social function? could it be that parents have disregarded their education and training function of their children?; could it be that children are being prepared for consumption rather than for production?

She went on to say we can no longer allow attacks against the family, irresponsible parenthood, family dissolution, children raised by television, the internet, electronic games and loneliness. She asked that pastoral intervention of the Church be more generous towards families in difficult situations including the military, sailors, travellers, migrants, prisoners, refugees, exiles and the homeless. Other marginalised families may include those suffering violence or unjust treatment because of their faith, those with handicapped children, people with drug and alcohol addictions and those displaced from their cultural and social environments.

The last speaker of the day was **Father (Dr) Anselm Etokakpan from the University of Uyo, Nigeria** who spoke on ***The Role of the Nurse in Ethical Decision Making***. Fr Etokakpan said that nurses have a special role to play in ethical decision making because they are closer to patients than other members of the health care team. They are in an ideal position to help patients and their families reach decisions that enhance human dignity. He made reference to the professional role of the nurse that is governed by their codes of ethics and conduct. He emphasised the specific role of Catholic nurses that is based on the fact that nursing is not only a profession but primarily a vocation.

Fr Etokakpan said the relationship between the Catholic nurse and the patient centred on the dignity of the person. The role in ethical decision making is that of taking cognisance of human dignity and allowing him or herself to be guided by objective principles. In order to do so 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/her ethical decision making.

Fr Etokakpan went on to say that the nurse is aware of the principle beneficence – 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. Whatever is offensive to and against human life is also against the dignity of the human person. He said that observing the professional code of conduct, respecting human dignity, the principles of autonomy and beneficence, the Catholic nurse will be certain that all of his/her actions and decisions are securely directed by his conscience as founded in the Divine Law. It is recognised it is conscience that helps the nurse decide accurately in a given situation and through which the principle of non-munificence is fulfilled.

Fr Etokakpan concluded by stating that 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.

### **Concelebrated Mass**

The Chief Celebrant of the day's Mass for Justice and Peace was the Apostolic Nuncio, His Excellency most Reverend Charles Brown. A special candle was lit at the beginning of the Mass.

## Hospitality Night

The Catholic Nurses Guild of Ireland hosted this night where after a buffet supper there was entertainment with music and dancing and each country displaying their talents through performances of singing or dancing.

Friday, 26 September 2014

Healthy Family Life

The day began with Morning Prayer and the lighting of the congress candle.

The first speaker of the day was **Ms Anne McDonald, Ireland**, whose paper ***Education and Support of the Family- the role of the Public Health Nurse*** outlined the services provided by nurses in the community as valued members of the health care team.

Ms McDonald placed emphasis on population health issues wherein public health nurses are a key health and primary care practitioners in Ireland. She outlined a number of areas and categories of clients in which and with whom they work and provide care such as family health, chronic illness and disability, older adults (65 years and over), acute episodic care, in homes, schools, outreach and health care centres. In the course of their work they aim to promote health and reduce health inequalities.

Ms McDonald informed the participants that all births are notified to the public health nurse who undertakes standard developmental assessment until school going age. This universal childhood screening programme provides the nurse with the opportunity to build relationships of trust with families and to engage with local communities thereby influencing families and communities to choose healthier lifestyles.

Ms McDonald demonstrated through examples that working at family level require the public health nurse to develop a diverse skill set which incorporates the roles of clinician, manager, counsellor, health promoter, advocate and educator.

**The Family as Carers of the Elderly** was the theme of the Round Table Session on this day.

**Mrs Khosi Mthethwa, National President, of the Swaziland Catholic Nurses Guild**, spoke from an **African perspective**. She said that traditionally the elderly are much respected in Africa and are great resources of cultural values, history and customs of a given family. The principle of seniority translates into a cultural role that children and younger members of society should respect and care for older persons.

Mrs Mthethwa revealed that unfortunately changes have occurred due to stresses on families created by widespread poverty, food shortages, civil unrests, political instability and geographic dispersion of families, restructuring lifestyles, authority patterns and control of resources as a result of Africa's incorporation into the world political economy. Nowadays the elderly are experiencing hardship. They are overburdened by the care and support they need to give to grandchildren orphaned as the result of parents' deaths due to AIDS in addition to the psychological trauma they endure.

**Challenges Faced by Care Givers of Elders in India** was the title of the presentation by **Professor Jacinta Lobo**, a member of the Catholic Nurses Guild of India. Professor Lobo explained in India the family is the immediate caring institution. There is a joint family system where several units function together. The elderly parents and their adult son with his wife and children live in the same

household. Several members of the household may be employed and their incomes are pooled for the upkeep of the family system.

Sick elderly increase the burden on the family. In India the care provided by health professionals and social welfare organisations are not well established. Care is provided by family members, friends and relatives.

Professor Lobo acknowledged that whilst caring for the sick elderly within the family is very rewarding it involve many stressors, changes in family dynamics, household disruption, financial pressure and added workload. Caregivers may be prone to depression, grief, fatigue and change in social relationships. In addition, they are vulnerable to a wide range of physical and emotional problems such as heart disease, depression, burnout that hurts both caregivers and the recipient of care.

Family members who formerly provided care now work outside the home due to the rising cost of living. The burden of caring mostly falls on the female members of the family. Support structures are needed such as help in the home, cash incentives from government, visiting nurses, respite care and senior centres. Professor Lobo said that a mix of formal and informal support is needed to build communities with institutional care regarded as a, last resort.

**Mrs Annemarie Vlaemynck, Belgium and CICIAMS Representative on the Board of Crescendo,** presented a paper on ***The Family as Carers of the Elderly in Europe***. She said the families in Denmark, Sweden and Austria get more help and care than those in some other European countries.

Mrs Vlaemynck outlined some guidelines for caregivers taking the wishes of the elderly into consideration such as what they want to eat; how they feel; socialise with them; give them their own space; offer to read to them; ask for their advice; laugh with them; cry with them; tell them you love them.

She went on to summarise the possible feelings and experiences of caregivers such as chronic emotional and physical fatigue; dying and other end of life concerns; anger towards self, the elder and other caregivers; social isolation; sadness; grief; unexpected financial burdens; complex legal issues; stress; denial and lack of preparation for the possibility of a different course of illness.

Mrs Vlaemynck offered advice to caregivers as follows – be alert for signs of depression; accept offers of help; educate yourself; be open to aids and ideas; trust instincts; grieve for your losses; stand up for your rights, seek support from other caregivers.

*Families as Carers for the Elderly in America* was the title of the paper presented by **Ms Alma Abuelouf, a member of the National Association of Catholic Nurses, USA**. Ms Abuelouf gave some statistics regarding the elderly. Globally, the number of people aged 60 years and over is expected to double from 841 in 2013 to more than two billion in 2050. Older persons are projected to exceed the number of children for the first time in 2047. She went on to address the landscape of care giving from the social and demographic perspectives, family structure, economic factors, health care and service delivery.

Currently the cost to the government in the USA is estimated at \$450 billion annually. In addition there are family costs such as financial, physical, emotional and productivity costs. Ms Abuelouf outlined some examples of available services.

The family is the ultimate carer of the elderly in the America. The degree of the involvement of family members as caregivers has remained constant for more than a decade which is an acknowledgement of the remarkable resilience of the family in taking care of its older persons.

***Catholic Solidarity in Health Care*** was the last paper of the congress. The speaker was **Mrs Mary Farnan, National Secretary, Catholic Nurses Association of England and Wales.**

Addressing the centrality of faith to Christian solidarity and to family life Mrs Farnan reminded the participants that the family is the building block of society. Each person is born as a unique individual yet each is dependent on others around us, our families, our society, our Church and on our God.

Mrs Farnan referred to Evelyn Duvall (1957) eight developmental family life stages – marriage, new birth infants (0 – 3 months), families with pre-school children, families with school going children, families as launching centres as children leave home, middle-aged families and ageing/retired elderly with families. She linked these life stages with Fowler's (1987) seven stages of faith development. Some psychological theories of the family, agencies and nurses were expounded and how they work in solidarity with each other. She also made reference to the roles and responsibilities of national and international organisations and key Church agencies.

Mrs Farnan said that solidarity with God leads to Catholic solidarity through interdependence and solidarity with the Church results in solidarity with each other. There is solidarity with external family members and friends in areas such as health, education and other social care agencies that in turn leads to solidarity with people in other countries and with the earth. These demonstrate the interdependence of people in the widest sense.

Catholic nurses can also use their professional knowledge and skills to work in solidarity with many Catholic agencies working for the common good as Catholics and Christians and people from other faith backgrounds at local, national and international levels.

#### Concelebrated Mass

The chief celebrant at the closing Mass was the Most Reverend Raymond Field, Auxiliary Bishop of Dublin and Chairman of the Council for Healthcare of the Irish Episcopal Conference. During Mass St Brigid's Crosses were blessed. Following a resume of their significance they were distributed to the participants.

#### Conclusion

Participant evaluation of the congress indicated that most people found the papers presented were very good or good. Some felt that the programme was too crowded and they would have preferred less formal presentations and more time for discussion.

All participants enjoyed the congress and the opportunity to network with colleagues from different parts of the world.

Common themes emerged from the different regions such as the nature of the family is changing for different reasons in different areas of the world. The family from the Catholic perspective is the stable unit of society. Yet, due to illnesses such as AIDS, wars, natural disasters, poverty, substance abuse, immoral behaviour, abortion and lack of education it is under attack and weakened.

Nurses and midwives are ideally placed in both healthcare settings and community settings be they health and social centres, groupings, in schools or in homes to educate towards health and disease prevention using all the skills and resources at their disposal.