

Message from the International President

I am glad to hear that CICIAMS NEWS is being revived. It is vital that this mode of communication exists between CICIAMS members and between nations. Let me express my sincere thanks and gratitude to all those who worked hard to revive our own newsletter and thus maintain international communication and unity. I hope and pray that each CICIAMS member association and associate members will collaborate and send news about their activities and programmes to the secretary general. This will definitely help to build better relationships between members.

Our commitment to compassion and care invites every Catholic nurse and midwife to heed the mandates given by Jesus. It is a call to serve the sick with the selfless love, care and compassion. This is a challenging invitation to each one

in CICIAMS and to all the health care workers.

The Catholic church has always been pro-life, for the fullness of life and has always defended life in all circumstances. We as healthcare professionals has the tremendous joyful duty to bear witness as pro-life ministers.

Let each one working in the healing ministry of Jesus our Master, following in His footsteps, strive to experience the fullness of life and share it with everyone.

May God bless each one of us to be the instrument of compassion and care in His healing ministry.

Sr Anne John RJM

CICIAMS International President

CICIAMS XIX World Congress & General Council Meeting 2014

Theme: Protecting Family Life: the Role and Responsibilities of Nurses and Midwives

Venue: Purcell House, All Hallows College, Dublin 9

Hosts: Catholic Nurses Guild of Ireland

Dates: Tuesday, 23 – Friday, 26 September 2013

23 September: General Council Meeting

24 – 26 September 2014: Congress

*Further information will
be available shortly.*



IRELAND

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Conscience and Catholic Health Care Professionals

“When he listens to his conscience, the prudent man can hear God speaking”

(*Catechism of the Catholic Church*, n.1777)

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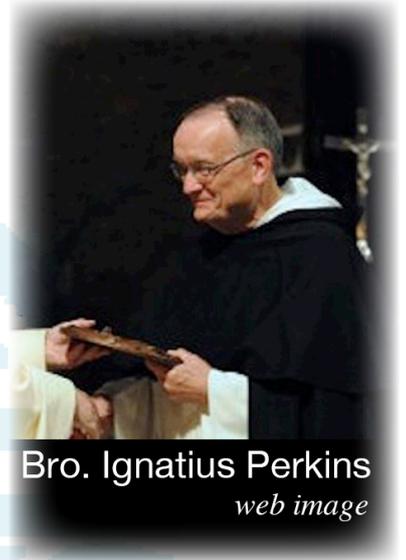
We live in a culture where health services are driven by moral relativism, commodification of the human person, the technological imperative, profitability in health services, the creep of utilitarian and impersonal ethical paradigms, escalating costs of health care, and increasing numbers of persons who are uninsured or underinsured. The exercise of a moral conscience both in those who are sick and clinicians who have promised to help and to heal the sick is seriously compromised in this culture. Major effects of the current culture are the violation of human dignity and the collapse of freedom, the diminution of the human person of the clinician, and the disregard for the process of the formation of an informed conscience in providing answers to ethical issues in health care. Further compromising human dignity in health care today is the enactment of legislative mandates that limit or compromise the clinician's freedom in making decisions and relegates this role to that of a treatment technician.

This growing dilemma, founded on moral relativism and unbridled autonomy, prohibits Catholic clinicians and others of good will from applying the principles of the natural law, the findings of the confluence of faith, science and reason, and the process of moral assessment, analysis and judgment that can inform health care decisions. Within this culture human dignity, freedom and the right and duty to form the moral conscience and to act according to an informed conscience is gradually and, in some instances, systematically being removed from both the sick as well as all those who care for them and is being and assumed by the state. As a result the two-part right to religious liberty: freedom from being forced to act and freedom from being forcibly restrained from acting according to one's moral conscience is compromised.¹

What does the Church teach us about the relationship between an informed conscience, the moral teaching of the Church and participating in mandated procedures that are contrary to both the conscience of health care professionals and Church teaching? While we cannot look to the Church to solve every ethical dilemma, we do know that the Church has a centuries-old teaching authority that can be brought to bear on the threat to the freedom and obligation to act only from an informed conscience of clinicians caring for the sick and vulnerable in our world.

Pope John Paul II, in his Encyclical Letter, *The Gospel of Life*, 1995 (*Evangelium Vitae*, *EV*) brings this dilemma to a sharp optic in the obligation of all persons to promote life through every action. Several of these principles have enormous importance in supporting health care professionals who refuse to participate in mandated treatment protocols that are contrary to Church teaching and the development of an informed moral conscience. A brief list of key principles, noted in *The Gospel of Life*, (though not intended to present a thorough exposé), are listed as follows:

It is urgent for the future of society and the development of a sound democracy, to re-discover those essential and innate human and moral values which flow from the very truth of the human being and express and safeguard the dignity of



Bro. Ignatius Perkins
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the person: values which no individual, no majority and no state can ever create, modify or destroy, but must only acknowledge, respect and promote.

In no sphere of life can the civil law take the place of conscience or dictate norms concerning things which are outside its competence.

Civil law must ensure that all members of society enjoy respect for certain fundamental rights which innately belong to the person – rights which positive law must recognize and guarantee. First and fundamental among these is the inviolable right to life of every innocent human being.

While public authorities can sometimes choose not to put a stop to something which – were it prohibited – would cause more serious harm, it can never presume to legitimize as a right of individuals – even if they are the majority of the members of society – an offence against other persons caused by the disregard of so fundamental a right as the right to life.

Any government which refused to recognize human rights or acted in violation of them would not only fail in its duty; its decrees would be wholly lacking in binding force.

Authority is a postulate of the moral order and derives from God. Consequently, laws and decrees enacted in contravention of the moral order, and hence the divine will, can have no binding force in conscience.

St. Thomas Aquinas teaches: human law is law inasmuch as it is in conformity with right reason and thus derives from eternal law. But when law is contrary to reason, it is called an unjust law; but in this case, it ceases to become a law and instead becomes an act of violence. Every law made by man can be called a law insofar as it derives from the natural law. If it is some how opposed to the natural law, then it is not really a law but rather a corruption of the law.

How are Catholic health care professionals to act, morally and professionally, in a culture where legislative mandates diminish the exercise of the moral conscience of the clinician and threaten human dignity and freedom? The following principles are offered to guide moral action of

health care professionals when confronted with a decision to disregard mandated unethical legislation in the care of others:

Assuring respect and protection for the dignity and freedom of the person seeking care and in response to the promise of the clinician to help and to heal, no person should be ever be abandoned because of their preferences for treatment which may be contrary to Church teaching or to the moral principles of the clinician. Explaining to the patient the ethical principles that govern the moral actions of the clinician can help the patient come to a better understanding of the foundation of human dignity that is the foundation of trust and the promise that the clinician has made to the patient in his presence. In this particular clinical encounter the health care professional continues to affirm the intrinsic dignity of the patient without having to agree to engage in treatments or referrals contrary to his conscience or Church teaching.

Health care professionals have the obligation as members of society to work together as a moral community to eliminate existing legislative mandates, or to limit the harm done by them, which violate the dignity and freedom of all persons, themselves included, and especially the sick, the vulnerable, those who care for them and to act according to a properly formed conscience built from the natural law and the moral teaching of the Church.

In the cases of intrinsically unjust laws, such as laws, for example, permitting abortion, euthanasia, physician assisted suicide, prescribing medications to terminate pregnancies, use of federal tax dollars for ethical research protocols, it is never licit to obey them, or to take part in a propaganda campaign in favor of such laws, or vote for them. There is no obligation in conscience to obey such laws; instead, there is a grave and clear obligation to oppose them by conscientious objection. (*EV*, n. 73).

Health care professionals (and all Christians and other people of good will) are called upon under grave obligation of conscience not to cooperate formally in practices which, even if permitted by civil legislation, are contrary to God's law. From the moral standpoint, it is never licit to cooperate formally in evil (*EV*, n. 73). Such

cooperation can never be justified either by invoking respect for the freedom of others or by appealing to the fact that civil law permits it or requires it.

Each individual in fact has moral responsibility for the acts which he personally performs; no one can be exempted from this responsibility, and on the basis of it everyone will be judged by God himself (cf. *Rom* 2:6, 14-17).

In summary, *Evangelium Vitae* offers these additional principles to health care professionals facing legislatively mandated health care treatment decisions that are contrary to the natural law and the moral teaching of the Church:

To refuse to take part in committing an injustice is not only a moral duty; it is also a basic human right. Were this not so, the human person would be forced to perform an action immediately incompatible with human dignity, and in this way human freedom itself, the authentic and purpose of which are found in its orientation to the true and the good, would be radically compromised. What is at stake therefore is an essential right that, precisely as such, should be acknowledged and protected by civil law. In this sense, the opportunity to refuse to take part in the phases of consultation, preparation and execution of these acts against life should be guaranteed to physicians, health care personnel, and directors of hospitals, clinics and convalescent facilities. Those who have recourse to conscientious objection must be protected not only from legal penalties but also from any negative effects on the legal, disciplinary, financial and

professional plane (n. 74).

As stated in the *Catechism of the Catholic Church*, moral conscience, presence at the heart of the person, enjoins the person at the appropriate moment to do good and to avoid evil. It also judges particular choices, approving those that are good and denouncing those that are evil. It bears witness to the authority of truth in reference to the supreme Good to which the human person is drawn and it welcomes the commandants. When he listens to his conscience, the prudent man can hear God speaking. As health care professionals, committed to promoting human dignity and freedom, let us continue our work of listening and then acting on the basis of a well-formed conscience!

1 Mitchell, L.A. (2013). The moral claims of religious liberty. *Ethics & Medics*, Vol. 38(3), p1.

Suggested readings:

Libreria Editrice Vaticana (1997). *Catechism of the Catholic Church*. Washington, DC; United States Catholic Conference of Bishops, Inc. & Libreria Editrice Vaticana.

John Paul II (1995). *Encyclical Letter-The Gospel of Life (Evangelium Vitae)*. Boston: Pauline Books and Media.

Ratzinger, J. Cardinal. (2007). *On Conscience*. San Francisco: The National Catholic Bioethics Center, Ignatius Press.

Ratzinger, J Cardinal. (2005). *Values in a Time of Upheaval*. San Francisco: Ignatius Press.

United States Conference of Catholic Bishops. (2007). *Forming Consciences for Faithful*

Citizenship. Washington: United States Conference of Catholic Bishops.



Committee on the Family

Mrs Lucy Thang'a, a member of the Caritas Nurses Association of Kenya, was elected Chairperson of the Committee on the Family at the General Council Meeting in June 2012. Mrs Thang'a is joined on the committee by Ms Patsy Lim and Ms Nirmala, both members of the Catholic Nurses Guild of Singapore; Ms Imasiku, Catholic Nurses Guild of Zambia and Mr Donatus Akpan, Catholic Nurses Guild of Nigeria.

Although Mrs Thang'a realises that many member associations are involved with family life matters she would like to have a more internationally representative group. Any CICIAMS member, particularly from the European and Pan American Regions, who wishes to contribute to the work of this important committee is requested to inform their National President who in turn will contact the relevant Regional President of CICIAMS.



CICIAMS Ethics Committee

CICIAMS Ethics Committee was reactivated in 2012 under the chairmanship of Mr Donatus Akpan. Mr Akpan, a member of the Catholic Nurses Guild of Nigeria, was elected to this position at the General Council Meeting held in Lusaka, Zambia in June of that year. He set to work immediately in forming a committee. The other committee members are Ms Jane Buncuan, a member of the Catholic Nurses Guild of Malaysia, represents the Asian Region and Fr Thomas Nairn OFM, Acting International Ecclesiastical Advisor to CICIAMS, represents the Pan American Region. The committee, although small, has been successfully conducting its business electronically without any problems.

There follows an edited extract from the report Mr Akpan gave to the Executive Board last January.

ACTIVITY

As a first step towards carrying out its assigned functions the committee decided to begin with a review of the present CICIAMS code of Ethics with a view to making amendments where necessary. The review when completed, the updated edition will be presented to the Executive Board and the General Council for approval.

The committee would also need input from the various regions through their representative. This has become necessary because sometimes ethical issues differ according to regions.

Secondly, the committee is aware that the Pontifical Council for Health Care Workers is currently anticipating a review of its Charter for Health Care Workers. Since this charter would also affect CICIAMS members as health care workers, the ethics committee of CICIAMS has also decided wait for the release of this charter by the Pontifical Council for Health Care Workers probably later this, so that the provisions of the updated charter could be built into our updated ethical code as it will affect us as stake holders in the health ministry of the church.

Thirdly, it is the wish of the committee that ethics committees be formed at the national level by CICIAMS member countries. They will report ethical issues to the representative of their region who in turn will bring it to the CICIAMS Ethics committee level.

Any regional issues you would like addressed by the committee should be forwarded to Mr Akpan through the CICIAMS Regional President in your area. Contact details for all Executive Board members can be found on www.ciciams.org



MIDWIVES COMMITTEE

The Chairperson of CICIAMS Midwives Committee is Ms. Evelyne Bertram **Ngimbudzi** who is a member of the Tanzania Catholic Nurses Association. Its objectives are:

Informed by the moral and social teachings of the Church, and guided by CICIAMS Mission Statement, the objectives of the Midwives Committee are to:

- protect the life of the human being from conception to death
- help youths to live chaste lives

- promote natural methods of family planning
- help society in the prevention of mother to child transmission of HIV.

Any CICIAMS member, particularly from the Asian, European and Pan American Regions, who wishes to contribute to the work of this important committee is requested to inform their National President who in turn will contact the relevant Regional President of CICIAMS.

Mrs Annemarie Vlaemynck, Belgium, represents CICIAMS on the Board of Crescendo. She attends meetings in Paris twice a year.

What is Crescendo?

Crescendo is a worldwide network for a human and Christian ageing founded in Paris in 2001. Its establishment was inspired by the Little Sisters of the Poor and the International Catholic Organisations' working group *Third Age*. They were enthused by the document *Dignity and Mission of Older People in the Church and in the World* (Pontifical Council for the Laity, October 1998) and the *United Nations Principles for Older People* (1991).

The mission of Crescendo is to work with and for older people to create a more humane society for all ages. It recognises the growing importance of spiritual values throughout life, especially Christian values of family and intergenerational solidarity. It holds as its main principle that according to God's plan each human being is a growing life from the first spark of existence to the last sigh.

Crescendo aims to:

Promote human and Christian aging by stimulating creative and interactive links between international, national and non-governmental organisations (NGOs) in various disciplines and themes

Project a positive image of aging, inspired by the biblical vision of the person, promote and defend human dignity at all stages of its existence

Engaging older to life in society without reducing the criteria of profitability or economic utility

Act at the international, national and local levels.

There are 15 associations including CICIAMS that are members of the Executive Board. At a recent meeting there was much discussion centering on the direction of the work of Crescendo. It was recognised that increasingly civilization was becoming more and more individualistic. Often grandparents no longer stay with family members but in homes for older people. Whatever changes occur in society Crescendo has vowed to maintain and defend its mission worldwide on human and Christian ageing.

New Associate Member Group

CICIAMS welcomes *Nuestra Senora de Salus Infirmorum de Cadiz*, Spain, as Associated Members of CICIAMS. Their application for membership was approved by the Executive Board at its meeting in January. This college of nursing had a long association with CICIAMS in the past through *D^a María de Madariaga y Alonso* (1905 – 2001) who was a staunch member and the founder of *Salus Infirmorum*. Many CICIAMS members will recall her with fond memories and look forward to making the acquaintance of the current generation of members.



Reactivation of Association au Service de la Vie, Cote d'Ivoire

It was with great joy that CICIAMS was informed at Easter that this member association had reformed on a local basis. A very warm welcome is extended to the members whom we hope to meet in the future.

Mrs Isabelle Wilson, CICIAMS Delegate to the World Health Organisation (WHO) attended the 132nd Executive Board Meeting in Geneva from January 21st to 26th 2013.

The first day consisted of the report from the Director General, Dr Margaret Chan, in which

she outlined the challenges that define the context in which WHO operates and the problems that the reform process needs to address. She added that the challenges are big and increasingly universal but not insurmountable.

In early December the 100 millionth African was protected from Endemic Meningitis by the new conjugate vaccine. This was an extraordinary achievement just two years after the vaccine was launched in Burkina Faso. Ten countries have introduced the vaccine and cases of meningitis A have dropped dramatically. The Director General spoke of a new powerful diagnostic tool that has been made more affordable and has resulted in recent reductions in cases of Tuberculosis and deaths and is in use in more than 70 countries.

Scientific breakthroughs for HIV/AIDS, combined with more than a decade of operational experience, are now being applied to provide better services to larger numbers of people at lower costs. Safer, more robust antiretroviral therapy is now available in the world's poorest countries.

The last case of Poliomyelitis was reported in India on 13 January 2011 which means that this country has been free of this infection for more than two years. Afghanistan, Nigeria and Pakistan are the three remaining countries in which Poliomyelitis remains endemic. The global eradication

initiative continues despite nine volunteers being killed in Pakistan while administering the Polio vaccine.

Mrs Wilson attended many sessions as was possible including:

prevention, control, elimination and eradication of tropical diseases

disability on which subject the first world report based on the best available scientific evidence was welcomed. The report demonstrates the many barriers which people with disabilities face are avoidable and that disadvantages associated with disability can be overcome.

the monitoring of the health-related Millennium Development Goals – A Global Consultation on Health from October 2012 to March 2013 and to which 106 countries had responded by January 2013. The aim of this consultative process is to produce a document that will reveal the lessons learned and recommendations on how health should be viewed after 2015.

Discussion and debate on the Implementation of the recommendations of the Commission on Life-saving commodities for women and children.

More than one full day was spent on WHO reform.

Mrs Wilson was informed by Mrs Josephine Matsumoto, External Relations Officer, that she had recommended CICIAMS should continue as a Non Governmental Organisation for one more year in order to develop CICIAMS project partnership with the WHO.

