National Association of Catholic Nurses USA

www.nacn-usa.org

Spring 2013 Newsletter

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Conference Edition

CATHOLIC NURSES ON THE FRONT LINES: CHRIST'S MINISTRY IN ACTION

March 1-3, 2013, Aquinas College, Nashville, Tennessee

President's Message

Dear Colleagues,

As we rejoice in the resurrection, may our lives and our work together echo the many gifts God has blessed us with for a purpose and to apply ourselves to the challenges ahead.

What a blessing indeed. It was small --- around 50 participants but powerful. That was how I felt during the March convention, the first in so many years. I felt the Holy Spirit in our midst as we shared our faith, experiences and concerns. What a blessing.

The conference would have not happened without the dedicated and hard working group of volunteers who serve on the Board of Directors, as chairs and co-chairs, and as committee members. It is an honor to work with this group of professionals who promote the vision and mission of NACN.

From your responses to the evaluation form, we understand how important an annual meeting is to helping you to network and to share knowledge with others who share your values. I am happy to inform all that Aquinas College has again graciously offered to host next year's conference on April 4-6, 2014. As we start planning we need your help and input. We need volunteers to serve in the Conference committee as Chair, Co-chair, and members. We also welcome suggestions on the conference theme, topics and speakers.

As the board moves forward to accomplish this year's goals, I cannot stress enough our need for you to be actively involved members who help our organization to achieve its full potential.

Blessings Always,
Alma Abuelouf, BSN, RN
President

Our Mission: The National Association of Catholic Nurses, U.S.A. gives nurses of different backgrounds, but with the same Roman Catholic values, the opportunity to promote moral principles within the Catholic context in nursing and stimulate desire for professional development. This approach to Roman Catholic doctrine focuses on educational programs, spiritual nourishment, patient advocacy, and integration of faith and health. As we continue to share our faith and values with each other, and with other healthcare providers, we simultaneously reach outward to the larger Church and also our communities, as we offer support to those in need.

Objectives of NACN

- To promote education in Catholic nursing ethics
- To nurture spiritual growth
- To provide guidance, support and networking for Catholic nurses and nursing students, as well as other healthcare professionals and non-healthcare professional who support the mission and objectives of the NACN-USA
- To advocate for those in need through efforts which integrate faith and health

Committees: By-laws; Membership & Elections; Ethics & Spirituality; Newsletter & Publicity; Awards; Education, Practice & Research

On which committee are you called to serve? Volunteer at catholicnurses@nacn-usa.org

TRANSFORMING HEALTH CARE THROUGH THE POWER OF CATHOLIC NURSING: A SUMMARY

Today's health care environment has become overwhelmed by an ethical paradigm of moral relativism fueled by the collapse of the citadel of ethics and the erosion of a moral compass, high technology, financial algorithms, and the governmental encroachment on the free exercise of one's conscience and the freedom of expression rather than on the dignity of the human person who is suffering and sick and in need of healing. The epidemic and exponential influence of these forces on the current health care delivery system has led to the systemic violation of the dignity of the clinician and that of the sick person, created moral distress, alienated persons from receiving needed care, resulting in the collapse of the healing relationship.

Guided by the teaching of the Catholic Church these violations can be addressed and corrected by applying the Church's moral tradition in health care and by reaffirming the principle of human dignity and freedom as the moral center of the healing relationship between the person who seeks hope and healing and the clinician who promises to care and to heal. This work, protecting human dignity and freedom of all persons, remains at the critical center of the Church's health care ministry and the New Evangelization.

As nurses committed to the Catholic health care ministry, we are the privileged inheritors of a centuries-old moral tradition which has proclaimed its commitment to the dignity and freedom of every person since the time Christ walked among lepers and the despised of his own time. The work of the initial and continuing formation of our colleagues in caring aimed at reaffirming their own human dignity and freedom, and that of those entrusted to their care, must engage a new propaedeutic if these efforts are to bear fruit and be sustained. This work is centered in the Church's teaching mission, not simply to teach, but to proclaim Jesus Christ by one's words and actions, that is, to make oneself an instrument of his presence and action in the world.[1] We as Catholic nurses and others of good will who collaborate in the Church's healing ministry are authentic ministers of the Gospel.[2]

As clinicians of the whole person let us together continue this ministry of healing and hope so we can engage our patients, our communities, its diverse cultures and evangelize them. In the words of Pope Benedict XVI let us work together with all persons of good will to become "prophets of this new age, messengers of His love, drawing all people to the Father and building a future of hope for all humanity"[3] where human dignity, freedom and human flourishing will be assured and affirmed. May God protect each of us in every caring moment as we embrace His sick and fulfill our promise to preach God's love, to care for the sick with compassion, and to bring hope and healing to those we love and those whom we have promised to care.

Bro. Ignatius Perkins, OP, PhD, RN, FAAN, ANEF, FNYAM, FRSM,
Professor and Dean, School of Nursing;
Aquinas College, 4210 Harding Road, Nashville, TN
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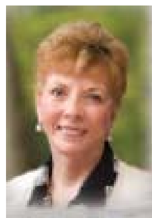
Brother Perkins welcomes your emails requesting the full presentation

[1] Congregation for the Doctrine of the Faith. *Doctrinal Note on Some Aspects of Evangelization (December3, 2007)*
[2] U.S. Conference of Catholic Bishops, *Co-Workers in the Vineyard of the Lord* (Washington: U.S. Conference of Catholic Bishops, 2005).
[3] Pope Benedict XVI, *Young People Build a Future of Hope for All Humanity* Closing Homily, World Youth Day, July 20, 2008 (Rome, Italy: Vatican city: Liberia Editrice Vaticana: http://www/Vatican.va/holy_father/benedict_xvi/homilies/documents/hf_ben_xvi_hom_2008



COUNTERING FORCES THAT NEGATE NURSING AS A MINISTRY

The worldwide history of nursing, whether secular or religious, is the history of Catholic health care. The very first hospitals were founded as ministries of the Catholic Church, as far back as the period of the early Christians (the Christian woman, Fabiola, established a hospital in 380 AD). History books tell us that the first organized efforts to provide nursing care were established in 500 AD by the Benedictines in Europe. Furthermore, the first organized health care delivery system was through the Hospitallers in the 12th century. Courageous women religious brought this ministry to the United States centuries ago as ministries of the Catholic Church. The first hospital west of the Mississippi River was established in St. Louis by Saint Elizabeth Ann Seton's community in 1830. And today, the largest provider of non-governmental health care in this country is the Roman Catholic Church, serving millions of persons annually in a myriad of in-patient, out-patient, long-term care and community settings. This all has been done in response to the *Gospel* imperative imparted through Christ's "Parable of the Good Samaritan," to care for all as our neighbor, no matter the faith, status, or culture. Nursing is not only a licensed profession: it is a ministry of the Catholic Church. And Catholic nurses, regardless of the setting in which they choose to practice, secular of faith-based, are engaged in that ministry.

Yet, increasingly, nurses are being told that as licensed health care professionals they are agents of the state, obligated to carry out every wish of the patient, or policy of the facility in which they work, regardless of personal conscience. This creates an environment in which the nurse is no longer seen as a professional engaged in ministry, but a technician, devoid of conscience. As this secular view of nursing is heightened, patients become gravely vulnerable to a system in which nurses will be afraid to act as patient advocates. As the realities of health care rationing are surfacing, and laws and health care policies violate the principles of natural moral law, which were even espoused by the non-Christian Hippocrates, patients more than ever need the advocacy of the nurse.

As nurses, especially as Catholic nurses, we need to reclaim our ancestry, given to us by those courageous Catholic religious communities who brought their ministries to this country. Regardless of our vocational state, clergy, religious, or laity, we are ministers of healing of both body and spirit. We are the advocates for the vulnerable; we value life from its earliest moments until natural death; we walk with compassion with those suffering neighbors. It does not matter if our patient is in a prison infirmary, or is a combative distraught patient in a mental health facility, or a preborn baby with a fatal fetal anomaly. We are the Good Samaritans, seeing in every patient our neighbor, who requires the healing ministry of Christ.

Dr. Marie T. Hilliard, JCL, PhD, RN
Director of Bioethics and Public Policy
The National Catholic Bioethics Center &
NACN Board Member

REKINDLING THE CHARISM THAT RELIGIOUS CONGREGATIONS BROUGHT TO NURSING

Early Catholic religious congregations brought a rich charism of untiring service to the Church and through their leadership and example were able to care for the needs of the poor, the sick, the uneducated, and often most abandoned of American society. Religious sisters were deeply committed to their religious congregations and lived a vowed life following a rule of a saint such as St. Benedict, St. Francis, St. Vincent de Paul, or St. Dominic. Their formal community life and prayers enable them to perform apostolic services that called them to "spread the Gospel of Jesus and to serve the poor and needy". Most early religious communities that came to America were "invited to come" to meet the needs of settlers or immigrants from their own country such as from Germany, Ireland, or Poland. The first religious congregations opened boarding schools for children and provided religious education to the settlers. They served as a kind of "social service agency" as they administering settlement houses, established orphanages and schools, providing food and clothing to the needy, and caring for the sick in their homes. Many collected alms for the poor and struggled to make ends meet. Through the early years, Catholic Sisters responded to the needs of America that was changed by wars and plagues. During the Civil War, nuns came from about 20 different communities and served on many battlefields. They did not ask whether a person was Catholic, nor did they care whether the person was from the North or the South.

The 1960s became a decade of major upheaval for American nuns. The women's movement suddenly opened up opportunities for ambitious young women outside of the traditional home. Nuns, too, were encouraged to modernize by the influential Church Vatican Council II and to engage with the world more directly. Many stopped wearing habits and began living independently rather than in convents. Today, there are just 56,000 left in the United States, down from a peak of 180,000 in 1965.The population that remains is graying quickly. A major 2009 report from the Center for Applied Research in the Apostolate found that 91 percent of sisters in final vows—were 60 or older. Today, the number of young women hearing the call to religious life is now smaller than the number of men. In addition to decreases in the number of women religious, the cost of running individual "stand alone" hospitals also changed due to the economics of healthcare. Increased cost of medical care, high technology, professional personnel, increases in government funding and regulation. Greater authority issues begin and gender disparity begin when many hospitals were run by men and unions became dangers to hospitals

In response to these changes, women religious congregations begin formulating Healthcare Systems with other religious congregations. One example was the Daughters of Charity National Health System (DCNHS) was established in St. Louis in 1986: By 1999, the DCNHS included nearly 80 hospitals, nursing homes, outpatient clinics and other healthcare facilities in 15 states. Another example was the formation of the Catholic Health Initiatives. Twelve congregations of women religious either founded or later joined Catholic Health Initiatives. Each Congregation continues to appoint a person to represent them at semi-annual meetings with the Board of Stewardship Trustees.

Today there are over 624 Catholic Hospitals and over 60 Catholic Hospital Systems in the United States. The Catholic Health Association of the United States (originally named the Catholic Hospital Association) was founded in 1914 by Catholic health ministry leaders to respond to technological advances that were changing health care delivery in the United States. CHA helped transform the delivery of health care in Catholic hospitals by helping Catholic hospitals and healthcare institutes to maintain its mission and identity; and, by doing so, ensured vital sponsorship and a vibrant future for the Catholic health ministry. CHA remains dedicated to serving the nation's Catholic health care organizations and supporting the strategic directions of mission, ethics, and advocacy.

Catholic/ Christian nurses continue to be inspired by the charism of religious congregations who run the hospitals that they work in. Other Catholic nurses strive to be informed and guided by Catholic morals and Gospel values to serve the poor and needy. Our NACN-USA and Local Chapters help nursing, ministry, and Catholic mission to meet. The Association is a conduit for nurses, nursing students, and other related healthcare professionals who support Catholic values and principles, with a focus on networking, education, current healthcare issues, resources, and service opportunities. Together, we can make a difference when it comes to our profession, and to the health of mind, body, and spirit for those we care for. We must go where we are needed to bring the healing power of Jesus to all those whom we serve.

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Prayer for the Protection of Religious Liberty

O God our Creator, from your provident hand we have received our right to life, liberty, and the pursuit of happiness. You have called us as your people and given us the right and the duty to worship you, the only true God, and your Son, Jesus Christ. Through the power and working of your Holy Spirit, you call us to live out our faith in the midst of the world, bringing the light and the saving truth of the Gospel to every corner of society.

We ask you to bless us in our vigilance for the gift of religious liberty. Give us the strength of mind and heart to readily defend our freedoms when they are threatened; give us courage in making our voices heard on behalf of the rights of your Church and the freedom of conscience of all people of faith.

Grant, we pray, O heavenly Father, a clear and united voice to all your sons and daughters gathered in your Church in this decisive hour in the history of our nation, so that, with every trial withstood and every danger overcome - for the sake of our children, our grandchildren, and all who come after us - this great land will always be "one nation, under God, indivisible, with liberty and justice for all."

We ask this through Christ our Lord. Amen.

REASONS TO FORM A LOCAL COUNCIL OF CATHOLIC NURSES

By Kathy Kirkpatrick, RN, BSN

We are all privileged to have been called to the vocation of being Catholic nurses. The very fact of our employment gives us the opportunity to perform the corporal works of mercy every day – to visit the sick, feed the hungry and give drink to the thirsty. As Catholic nurses we also have the opportunity to comfort the sorrowful, counsel the doubtful and instruct the uninformed. We are the hands of Jesus! This is our chance to "Be merciful even as your Father is merciful" (Lk.6:36)

Each of us is supported in our vocation by our Faith and by our daily prayer life. However it is a great help to us if we have friends and co-workers who share our philosophy of nursing. They will give us support and encouragement when this task is difficult. This is why it is a great blessing to belong to a Council of Catholic nurses. Here you are joined with Catholic nurses who share the same Faith, philosophy and professional attitudes. At the same time you are enhancing your own spiritual, professional and personal life.

Both the late Pope Pius XI and Pope Pius XII asked Catholic nurses to organize. The response to this request was the formation of CICIAMS (the International Organization of Catholic Nurses) and the formation of National Councils in 46 countries. At this time I believe that Associations from 60 countries are members of CICIAMS. In the United States a National Association and numerous local Councils were formed.
In the USA the association was formally organized in June 1940, not by the Catholic Nurses but by the Administrative Board of the Bishops of the United States, at the request of the late Pope Pius XI.

The Holy Father, in a letter, asked that there be local associations of Catholic Nurses where feasible, according to the needs of the respective dioceses, under the guidance of the Bishop, and in due time be united to create the National Council. The late Pope Pius XII reiterated this request of his predecessor by saying, "The Catholic Nurse must carry on her professional activity in the light of the Church's doctrines and Christian morality."

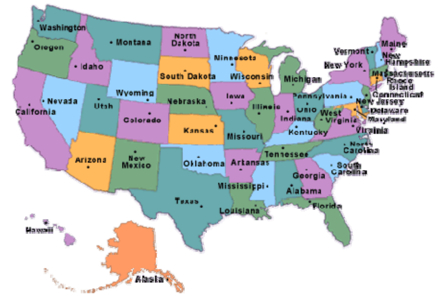
The Council was given two directives: to have a better understanding of the teachings of the Church, and to practice Christian principles in daily living.

A Council of Catholic nurses in no way replaces membership in professional organizations but should inspire its members to be active leaders in professional groups.

NACN-USA functions with the permission, blessing and supervision of a Bishop. We also need a spiritual advisor approved by the Bishop. Our Bishop at this time is Bishop Joseph Siegle, Auxiliary Bishop of the Diocese of Joliet, IL. This same structure is required of local councils. The local Bishop must approve the formation of your Council. The Bishop may endorse more than one Council (Boston MA had 4 councils at one time). However, each Council (local chapter) must have its own Priest as spiritual advisor.

Each of you here present will find comfort, satisfaction, friendship and happiness in belonging to a Council of Catholic nurses. Now, as Mary Pellizzari explains just how to form a Council, please keep in mind that this task is easier if you have a core of members that you see often and can speak with easily.

May God bless you and the Holy Spirit
inspires you as you go forward to do His work.



NORTHEAST REGION

Fall River Diocesan
Dolores Santos
Hyannis, MA

SOUTHEAST REGION

Mid-South Area
Association of Catholic Nurses
Jackie White
Bartlett, TN

MIDWEST REGION

Council of Catholic Nurses of the Diocese of Joliet, IL
Jan Salihar
Wheaton, IL

Council of Catholic Nurses of the Archdiocese of Chicago
Mary Anna Gercius
Chicago, IL

Council of Catholic Nurses of Lake County, IL
Ginny De Reu
Libertyville, IL

Madonna University Council of Catholic/Christian Nurses
Sister Victoria Indyk
Livonia, MI

NORTHWEST REGION

San Francisco Council of Catholic Nurses
Mary Ann Haeuser
San Francisco, CA

SOUTHWEST REGION

Local and regional Councils are affiliated with NACN-USA, yet are independent entities. For information about our affiliated councils currently under formation, or to inquire about starting a local council, please contact us at catholicnurses@nacn-usa.org

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HOW TO START A DIOCESAN COUNCIL OF CATHOLIC NURSES

By Mary Pellizzari, RN & Eula Sforza, RN

Here are some suggestions for starting a council based on our experience of starting the Council of Catholic Nurses of the Diocese of Joliet, Illinois. Always remember that God is your C.E.O. The Holy Spirit will be guiding you. We have always prayed before every meeting and before doing any work for the council. Prayer has given us strength, guidance, and the assurance that God really wanted us to start a council and be there for our nursing peers. Nurses are always supporting others, and this is a way to support nurses.

How to Start a Diocesan Council of Catholic Nurses (cont'd)

First, know the boundaries and the circumstances of your diocese. The Joliet Diocese has seven counties with a larger population of nurses in the northern counties closer to Chicago employment. We focused on this area to reach a greater number of nurses and because we lived there. Contact your bishop through your diocesan chancery office. Eula and Claire Lareau, who were Chicago Archdiocesan Council members, met with our Joliet Bishop Joseph Imesch to explain the purpose and function of diocesan councils and to express an interest in starting one in the Joliet Diocese. He told them he would give his permission if we could find at least 43 nurses who were interested.

Next, plan and conduct an interest meeting, inviting friends, co-workers, and other interested nurses. This meeting can be held at a parish or a hospital. We started at St. Joan of Arc Parish where Mary was a parishioner. Parochial Vicar Fr. Kenneth Zigmond, O.S.B. welcomed the group and led them in an opening prayer. The purpose of an interest meeting is to acquaint Catholic nurses with the concept of a diocesan council and the importance and benefits of having a council. We wanted to provide nurses with spiritual support and information about the difficult medical and legal ethics that many are encountering in our profession today. After introductions and dialogue distribute a questionnaire to gather their names, addresses, phone numbers, e-mail addresses, and input regarding their needs, wants, issues, concerns, ideas, and if they are willing to help. Provide extra questionnaire copies with a return address for them to give to friends not present. If there is interest and hopefully enthusiasm, seek volunteers to be acting officers (President, Vice- President, Secretary and Treasurer) for two years to give the council stability during formation. Let the nurses have an opportunity to donate seed money for initial costs and postage.

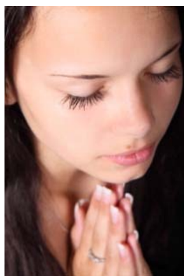
The next step is to let the bishop know how the interest meeting went and how many nurses are interested. Ask his permission to form a diocesan council and to appoint a spiritual director who might be a hospital chaplain or have a medical or legal background. Our bishop gave his approval and appointed Fr. Eugene Parnisari who was also an attorney. Bishop Imesch restricted us to only one mass per year as a group. The rest was up to us.

This will be a busy time for your group. Keep everyone informed and involved. During your formation meetings led by your acting officers you will need to name your council, choose a patron saint, a motto, and a logo. The logo should be used on your correspondence and application/ information forms which makes people aware of your identity. You will need to write your bylaws, establish dues, get your EIN (employer identification number) from the IRS, get a post office box or stable address, open a bank account, and plan your first program. The vice- president can be in charge of programs. An office can be set up in one of the officer's homes to keep the membership data base, correspondence, and other information in a central place.

The first program can be spiritual or educational. Our first program was on burnout and was presented by a psychologist at our President Marlene Rasmussen's hospital. Tap your resources. God will send you the help and the talent needed. Along with word of mouth, you will need to advertise your existence in your diocesan newspaper, parish bulletins, hospitals, nursing homes, etc. A membership application is a must to recruit new members and to let nurses know you exist. Make use of e-mail, a website, Facebook, and other electronic means. You might even publish a simple newsletter explaining your council and upcoming programs to be sent to nurses responding to your publicity.

We incorporated our council with the state of Illinois for annual fiscal accountability, but this is not necessary. We suggest you keep your bylaws as simple as possible. Be sure to include the duties of each officer, voting and amendment procedures. Contact NACN-USA for copies of other councils' bylaws. Your dues include membership in the council, NACN-USA, and CICIAMS (the international organization). Keep NACN-USA posted on your progress and if you need help. Send your bishop's approval letter, names of officers, contact information, your bylaws, and upcoming events to NACN-USA.

The frequency and types of meetings you have are your decision. We recommend a balance of spiritual, educational (hopefully with CEU's), and social. A newsletter is essential with at least two or more a year. Sending most newsletters by e-mail will save a lot of postage. After you are more established, the monthly Ethics and Medics newsletter published by The National Catholic Bioethics Center could be sent to your members. You have many decisions to make, but all of your efforts will be worthwhile. You are in our prayers. If you have questions: contact Mary Pellizzari, 1414 Old Farm Road, Unit B, Champaign, IL 61821, phone (217)607-1727 or e-mail marypellizzari@comcast.net.



Praying Your Way Out of Moral Distress

Moral distress is the physical, emotional, and/or spiritual anguish that affects a person who is unable to engage in what they know to be correct moral actions.

The inability to act on what we know is morally correct may be due to extrinsic factors, such as hospital policy or state law. It may also be due to intrinsic factors, such as lack of courage or insufficient skills to address the issue.

During times of moral distress it is important to pray. As the Catechism tells us, *"By prayer we can discern "what is the will of God" and obtain the endurance to do it"* (CCC, 2826). Prayer, can light our way out of moral distress by making our choices clear and giving us the courage to carry them out.

But how should we pray? The Church is rich in prayer traditions. From reverently uttering the Holy Name of Jesus to participating in the Holy Sacrifice of the Mass, the sources of grace through prayer are many. When looking to discern God's will in a situation of moral distress, one could begin with the prayer Jesus himself taught us: *"And He said to them, 'When you pray, say: Father, hallowed be your name, your kingdom come. Give us each day our daily bread, and forgive us our sins for we ourselves forgive everyone in debt to us, and do not subject us to the final test.'"* (Luke 11:2-4, NABRE)

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References:

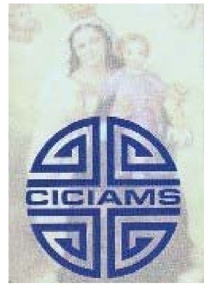
Catholic Church. (1995). *Catechism of the Catholic Church* [2nd ed.]. Vatican City: Libreria Editrice Vaticana.
NABRE= New American Bible, Revised Edition

MaryLee Meehan, RN, MA
Past President CICIAMS

CICIAMS XIX World Congress

The conference attendees were graced by the presence of the Immediate Past President of the Comite International Catholique des Infirmieres et Assistantes Medico Sociales (International Catholic Committee of Nurses and Medico-Social Assistants). Marylee Meehan provided an overview of CICIAMS and the great opportunities she had to represent nurses throughout the world. See Winter 2009/2010 Newsletter for an excellent overview of CICIAMS.

The XIX CICIAMS Congress held every 4 years is scheduled for September 23-26, 2014, in Dublin, Ireland. http://www.ciciams.org/ ; General Secretariat, St. Mary's Bloomfield Avenue, Dublin 4, Ireland, Email: ciciams@eircom.net



Poster Presentations

Ethical and Religious Directives for Catholic Health Care Services in Hospice Care: A Clinical Demonstration of Integration

Amy M. Edson, RN, BSN and Matthew C. J. Kemnitz, BA
Saint Jude Hospice, Clive, Iowa 50325 | www.saintjudehospice.org

"Love one another as I have loved you." John 13:34

PURPOSE

Saint Jude Hospice is committed to upholding the **Ethical and Religious Directives for Catholic Health Care Services** (ERDs) in the preservation of the dignity of the human person. This model was developed and implemented for the care of a hospice population, moving ERD theological principles to practice demonstration of Catholic health care ministry.

The innovation of integrating the ERDs into interdisciplinary team (IDT) care planning serves as a foundational framework for ethical decision making. Practice demonstration tests this strategy for improved adherence to a process driven methodology maintaining the dignity of the human person and respect for life in end of life (EOL) care. The aim is to make significant observations of best practice in EOL care with evaluation of intervention effectiveness likely applicable to all Catholic health care populations.

METHODS

- An Interdisciplinary Team (IDT) consisting of a physician, registered nurse, social worker, chaplain, aide, volunteer, music, massage, and respiratory therapists work collaboratively to assess, develop, implement, evaluate, and monitor a patient and family centered plan of care.
- The IDT reviews patient care plans bi-weekly.
- Standardized questions relating to ERDs 55, 56, 57, 58 and 61 are asked during case review. These ERDs correlate to four major bioethical principles: Autonomy, Beneficence, Non-maleficence and Justice.
- Conflicts with the ERDs activate interventions to restore compliance with the Church's moral teachings. This includes guidance from internal ethics committees, local Catholic Dioceses, and the National Catholic Bioethics Center.

BIOETHICAL PRINCIPLES & ERDs

AUTONOMY PERSONS RIGHT TO CHOOSE FREELY	55. Catholic health care institutions offering care to persons in danger of death from illness... should provide them with appropriate opportunities to prepare for death... They should be provided the spiritual support as well as the opportunity to receive the sacraments in order to prepare well for death.
BENEFICENCE OBLIGATION TO "DO GOOD" TO ACT FOR ANOTHER'S BENEFIT	56. A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgement of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community.
JUSTICE "FAIR, EQUITABLE AND APPROPRIATE TREATMENT IN LIGHT OF WHAT IS DUE OR OWED TO PERSONS	57. A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or community.
NONMALEFICENCE PERSONS RIGHT TO CHOOSE FREELY	58. Morally optional when they cannot reasonably be expected to prolong life or when they would be "excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed."

MATERIALS

FIVE ERD QUESTIONS FOR CARE PLANNING

ERD #55 Does the patient and/or proxy understand the typical disease progression?
ERD #56 Does the plan of care offer reasonable hope of benefit?
ERD #57 Does the plan of care provide an excessive burden?
ERD #58 Does the plan of care include nutrition and hydration?
ERD #61 Does the plan of care allow full consciousness while providing optimal comfort?

RESULTS

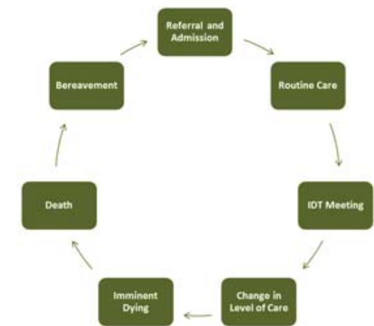
- Saint Jude Hospice provides mission based care to patients and families in eight locations across California, Arizona, Kansas, Nebraska, Iowa and Wisconsin.
- Pilot model testing began in May 2012 with a systematic introduction, education, and formation to all team members prior to execution, serving all patients with a variety of admitting terminal diagnoses and co-morbid conditions.
- Practice demonstration contributes to preservation of full dignity of a human person providing holistic, ordinary, and proportionate care.
- Anecdotal case study and observation gathering is on-going for the purpose of evaluation and model refinement.
- Planned outcome measures focus on quality of care and satisfaction indices for patients, families, providers, IDT members, and Catholic communities.
- Quantitative measures consider cost of care and health care utilization.

CONCLUSIONS

- The authoritative guidance of the ***Ethical and Religious Directives for Catholic Health Care Services*** drives practice and attitudinal changes improving confidence in Catholic hospice care.
- Significant observations made in this practice demonstration are foundational to development of best practice in the bioethical care and preservation of a human person in any population or stage in life.
- Model refinement will continue based on on-going data gathered contributing to outcomes.
- On-going training, education, and formation for teams is crucial for demonstration of comfort and practice expertise.

FUTURE DIRECTION

- Future planning addresses continued care model development of ERD integration to all transitions in the care of a hospice patient; from admission to death and through bereavement ensuring fidelity to and respect of these Directives.
- Recommendations include further study of model application to all health care populations, including primary, secondary, and tertiary care demonstrating commitment to human dignity and the common good.



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PARISH NURSING: ORIGINS & ROLES

By Diane Reynolds, EdD, RN

The purpose of this poster was to describe Parish Nursing, its origins and the roles of the Parish Nurse. The term 'parish" connotes Christian and Parish nursing does in fact have its origins in Christianity. However, the word "parish" has no meaning in a variety of faith communities. This model of nursing has also been called faith based nursing, health ministry nursing, and congregational nursing. The word "Parish" comes from a Greek word which means "to walk with." The word "Nurse" comes from a root word which means "to nourish the soul." Rooted in the early work of deaconesses and other religious sisters.
The contemporary view of parish nursing was conceptualized by Reverend Granger Westberg as a result of his work with the Holistic Health Centers in the 70's. He believed in integrating physical and spiritual aspects into healthcare and his efforts received grant funding. It was in 1979 that the term "parish nursing" came into usage.

What is Parish nursing? According to the ANA Scope and Standards of Parish Nursing Practice,
"Parish nursing is a unique, specialized practice of professional nursing that focuses on the promotion of health within the context of the values, beliefs, and practices of a faith community such as a church, synagogue, or mosque, and its mission and ministry to its members (families and individuals), and the community it serves."

Roles of the Parish nurse:

- Health educator and teacher – promote healthy lifestyle and encourage the relationship between faith and well being
- Communication link and support –for those who need referrals for other services
- Health advocate – classes on maintaining health and wt. loss.
- Facilitator of pastoral care and comfort – integrator of faith and health

Examples may be: setting up screening programs like blood pressure, cholesterol, blood sugar, with referrals as needed, referrals for low or no cost mammograms, counseling services.

For more information about Parish Nursing contact Diane Reynolds at diane.reynolds@liu.edu

WEATHER-HEALTH DYNAMICS & HOSPITAL CENSUS

By Dr. Patricia A. Sayers, RN, DNP

As a hospital evening shift nursing supervisor (1997-2012), the patient safety factors, stress and staff morale issues associated with periodic episodes of rapid, unanticipated surges in patient hospital admissions prompted my research in weather-health dynamics. This poster presentation will present descriptive statistics findings from two research efforts using secondary historical data: daily hospital mid-night census and hourly local weather variables from the National Weather Service. The first study compared three years of daily census data for single NJ community hospital study (2003 to 2005) to hourly daily weather variables. The second study replicated the design for one year using 12 East Coast Hospitals' daily mid-night census and local hourly weather data. Findings suggested that surges in hospital census follow seasonal patterns and episodic census peaks and valleys parallel weather variable shifts and extremes.

From this work and additional study I learned that room air oxygen percentages are continuously changing. In Newark, New Jersey (2012) the room air percentage variation exceeded 8%. A normal healthy adult can physically compensate for this change (increase the depth and/or rate of respiration; increase rate and/or cardiac output, and/or reduce activity). However, patients with chronic respiratory and/or cardiac disease may be further compromised by an 8% room air oxygen loss and head to the nearest emergency room at about the same time.

In addition to room air oxygen fluctuations which can be calculated from barometric pressure changes, the human body strives to maintain an internal to external pressure equilibrium. Therefore, when external pressure air changes occur the body experiences potential fluid shifts within the body. Potential body fluid challenges can also be calculated.

A summary of these facts were highlighted in the poster presentation.

Quotes from: Notes On Nursing: What it is and what it is not (Nightingale, 1859):

... the symptoms or the sufferings generally considered to be inevitable and incident to the disease are very often not symptoms of the disease ... but of ...want of fresh air, or of light, or of warmth, or of quiet, or of cleanliness, or of punctuality and care in the administration of diet, of each or of all of these.

Sayers, P. (2008). It's in the air: census and weather. *The Journal of Nursing Management* Vol.39, No. 9 pp. 29-31

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Our Lady of the Immaculate Conception,
Our patroness, pray for us!

EDITOR'S NOTE: Our next edition will include additional presentations from the annual conference along with the poster presentations. We also invite you to submit news briefs, prayer requests, poetry, anecdotes, photos, and/or articles that would be of interest to Catholic nurses across the United States. Please notify us if you know of any member who is ill or who has died.

Articles must be received by the following deadlines to be considered for the newsletter:

- Winter (published in December): November 15
- Spring (published in March): February 15
- Summer (published in June): May 15
- Fall (published in September): August 15

Please send your submissions by e-mail to: Diana Ruzicka, RN, MSN, CNS, COL, USA (Ret.) Newsletter Editor at DianaRuzicka53@aol.com, or you may mail submissions to: Diana Ruzicka, 185 River Walk Trail, New Market, AL 35761

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