

**INTERNATIONALE CATHOLIQUE DES INFIRMERES ET
ASSISTANTES MEDICO SOCIALES**



CICIAMS

**ETHICS GUIDELINES AND PRINCIPLES OF PRACTICE FOR CATHOLIC NURSES
AND MIDWIVES**

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By

CICIAMS ETHICS COMMITTEE

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INTRODUCTION:

Nursing and Midwifery practice globally is marked by extraordinary change. Not only is the change due technological advances, but because the system is being challenged by both institutional and social factors in different cultural settings. At the same time, there are many developments within the Church which affects the ecclesial mission of health care generally and nursing and midwifery practice. A contemporary understanding of the Catholic health care ministry must take into account the new challenges posed by the transitions both in the Church and the different societies of the world.

Over the years, with the aid of other services a body of moral principles (ethics) has emerged that expresses the Church's teachings on health and moral matters and this has proven to be pertinent and applicable to the ever-changing face of health care delivery worldwide. In response to these challenges therefore these same moral principles of the Catholic teaching have provided the basis and rationale for the revision of the ethical code of practice for Catholic nurses and midwives worldwide, particularly, for members of CICIAMS. The rationales therefore are as follows:

- To protect and defend the dignity and freedom of every person regardless of gender, colour, ethnicity, culture, socio-economic status or reason for illness, station in life or wherever they call home.
- To care for the sick, the suffering, the disenfranchised, the vulnerable, those at the beginning of life, those at the end of life, and those at the shadows of life.
- To engage in life-long learning as a moral commitment to assure continuous competency in nursing and midwifery practice
- To reaffirm the ethical standards of behaviour in nursing and midwifery practice that flows from the Church's teachings on the dignity of the human person.
- To provide appropriate guidelines on certain moral issues that face nursing and midwifery practice today.

Ethical codes are concerned primarily with and address Catholic nurses and midwives in any setting where health, nursing and midwifery care are provided.

This CICIAMS code of ethics has been reviewed with input from the various regions and member associations that make up CICIAMS, and in consultation with moral theologians, ethicists, and documents of the Church. However, the code of ethics, while providing standards and guidance, does not cover in detail all the complex issues that confront Catholic nurses and midwives today, some of which are purely national and cultural in nature.

The CICIAMS code of ethics shall therefore be reviewed periodically to accommodate and address new insights and developments in nursing and midwifery practice in all settings where Catholic health care is provided.

SECTION ONE

SOCIAL RESPONSIBILITIES OF CATHOLIC NURSES

PREAMBLE:

Catholic nurses/midwives find inspiration from the example of Christ who has always been close to the sick and the suffering as a fulfilment of the prophesy of Isaiah (Is 61: 1-2), which was to bring solace and hope to the suffering and broken humanity; a humanity broken in body, spirit, mentally and socially. In doing this, they are confronted by a range of challenges – moral, social, economic and technological. The response of Catholic nurses and other health care providers to these challenges is guided by the normative principles of the Church's health ministry as follows:

1. The services of the Catholic nurses/midwives are rooted in their commitment to promote health, alleviate suffering, prevent illness, and to promote and defend human dignity. Their concern and respect for the sacredness of every human life from the moment of conception until natural death forms the basis for these services. The first right of the human person is the right to life and this entails the right to the means for the proper development of life such as in proper nursing and midwifery care.
2. The Catholic nurses/midwives seek to contribute to the common good. This common good is realised when politics, race, colour, social status, developmental stage, mental ability, reasons for illness, ability to pay and physical capacity are not allowed to be obstacles to the protection and respect of the fundamental rights of every human person. This involves the exercise of responsible stewardship, promotion of equity of care by ensuring that the right of each person to basic health care services is respected. This is accomplished through dialogue with people from all levels of society.
3. The Catholic nurse/midwife does not offend the rights of an individual conscience by refusing to provide or permit procedures that are judged morally wrong by the teaching authorities of the church. (ERD, USA)
4. Realising that health care services require team spirit, the Catholic nurse/midwife collaborates and partners with other relevant individuals, groups or professionals to enhance quality patient care. The existence of Christian as well as other organisations is an absolute necessity in our world where the solution to social problems depend on concerted efforts of various associations representing professional and social life, such organisations must be both at national and international levels.

GUIDELINES:

1. In accord with her mission and the mission of the Church, the Catholic nurse/midwife should distinguish his/her self by service through advocacy for the sick of any kind, the marginalized, unborn children and the terminally ill.

2. The Catholic nurse/midwife should be a responsible steward of health care services and should not allow politics, race, sex, nationality, disability, reason for illness or the ability to pay to negatively influence his/her services.
3. The Catholic nurse/midwife should be guided by the spirit of mutual respect with other care givers and should responsibly collaborate with non-Catholics health care givers while maintaining and upholding his/her Catholic identity and ethical principles.
4. Each person must always act according to his/her religious, ethical or moral and an informed conscience. Catholic nurses/midwife must respect and safeguard the right to conscientious objection of their patients or clients.
5. Catholic nurses/midwives should involve themselves in the promotion of total health by collaborating in the organization of community health services. Such collaborative services must be legitimate and should be guarded to ensure conformity with Christian and moral principles.
6. Catholic nurses/midwives in their professional relationships should strive to promote life through information, education of individuals, families and social environments. Preventive health information, as well as teaching programs in industrial or community health centres should be carried out.
7. The family environment is the normal place for the education of children and for the development of married couples. Catholic nurses/midwives should give this the priority it deserves as the basic unit of the society and a domestic Church. Nurses should ensure that they are fully conversant with the teachings of the Church on the family and that they draw inspiration from them.
8. The effectiveness of the nurses/midwives' role depends on the confidence that people have in them and their profession. Nurses/Midwives should therefore uphold the principles of confidentiality, truthfulness and integrity in all privileged information and in the use of methods of communication, especially the emerging social networks.
9. In interpersonal relationships nurses/midwives should act conscientiously and with equal devotion without discrimination of age, sex, race, language, politics, philosophy, or religion.
10. Catholic nurses and other health care providers must help people who are handicapped or aged to live fully and strive to help them develop to their full potentials.

SECTION TWO

SPIRITUAL/PASTORAL RESPONSIBILITIES

PREAMBLE:

Nursing/ Midwifery care is a ministerial instrument of God's out pouring love for the suffering person. It is also an act of love of God shown in the care of a patient by a nurse/ midwife. It is an actualisation and the continuation of the healing love of Christ who went about doing good and healing all manner of diseases. (Acts 10:38)

Above all, it is love for Christ in the patient/client. "I was sick, you cured me"

Profession, vocation and mission meet and, in the Christian vision of life and health, they are mutually integrated. Nursing/midwifery services therefore assume a more exalted meaning as service to life and the nurses/midwives are ministers of life. To serve life is to serve God who himself is life. The Church sees service to the sick as an integral part of its mission. It follows therefore that a nurse/midwife as a therapeutic health care worker is sharing in the pastoral and evangelizing work of the Church. Service to life becomes a ministry of salvation, that is, a message that activates the redeeming love of Christ. Without spiritual health, high technology which focuses on the body offers limited hope for healing the whole person. Therefore, pastoral care is an integral part of nursing/midwifery care of patients. This encompasses a listening presence, help in dealing with powerlessness, pain and assistance in recognizing the salvific meaning of human suffering. When in contact with suffering, nurses/midwives draw inspiration from the Christian vision of the paschal mystery of Christ the saviour. So, they carry out a true ministry, recognized by the Church in the service of life and health.

GUIDELINES:

1. The Catholic nurse/midwife should provide pastoral care and minister to the religious and spiritual needs of all patients by working in close collaboration with the chaplain, local parish or community clergy and in keeping with the religious beliefs or affiliation of every patient.
2. For Catholic patients, provisions for sacraments are an important part of the Catholic health ministry. The nurse/midwife must make every effort to have priests to celebrate the Eucharist and provide sacraments to both patients and staff, particularly the sacrament of reconciliation.
3. Responsive to the patient's desires and condition, a Catholic nurse/midwife, as part of pastoral responsibilities should facilitate the availability of a priest to provide the sacraments of Anointing of the Sick and Viaticum, in recognition of the fact that through this sacraments Christ provides grace and support to those who are seriously ill or are weakened by advanced age
4. An infant in grave danger of death, including those miscarried, should be baptised with if possible, the consent of at least one of the parents. Such emergency baptism should be reported to the nearby parish priest or chaplain of the hospital.

5. Through exemplary lifestyle and professional competence, the Catholic nurse/midwife should bear witness to his/her religious beliefs by a solicitous love for all the sick and by communicating the message of Christianity when and where there is opportunity to do so.

SECTION THREE

THE PROFESSIONAL RESPONSIBILITIES OF THE CATHOLIC NURSE

PREAMBLE:

The social evolution as well as technological advancement and constant changes of the patients, demand from all nurses/midwives flexibility and reorganization of professional practices, assistance and care. Service is a way of life. It is not an occasional activity in the life of a true Catholic nurse/midwife. Nursing/midwifery care demands, according to its nature and its end, total disposition and surrender to help the sick. Such disposition is not necessarily based on free and informed response to the chosen profession but on conscience. Therefore, the quality of the nurse's/midwife's action depend grossly on his/her personality, maturity, ethical values that qualify it and their relational abilities. But Christian and especially Catholic ethical principles enlighten the mind of the nurse/midwife and other health care providers in actual health care situations.

When a person in need of care and a health care provider who accepts to provide, the needed care enters a professional relationship, such relationship requires among other things mutual respect, trust, honesty, and appropriate confidentiality. The resulting free exchange of information must avoid manipulation, intimidation or condescension. Such a relationship enables the patient to disclose personal information needed for effective care and permits the nurse/midwife to use his/her professional competence most effectively to maintain or restore the health of the patient. This relationship between the health care provider and the patient therefore becomes an important part of the foundation on which a proper diagnosis and care are provided. Besides techno-professional competence, the Catholic nurse/midwife has ethical responsibilities. The ethical law founded on respect for the dignity of the human person and on the rights of the sick should illuminate and govern both the research phase and the application of the findings. In fidelity to the moral law, the nurse/midwife actuates his/her fidelity to the human person whose worth is guaranteed by the law, and to God, whose wisdom is expressed by the law.

GUIDELINES:

1. The inherent dignity of the human person must be respected and protected by the Catholic nurse/midwife and other health care providers regardless of the nature of the patient's problems or social status.
2. The free and informed consent of the patient or his/her surrogate is required for every procedure except in an emergency when consent cannot be obtained and there is no

indication that the patient would have refused consent to treatment. The free and informed consent requires from the nurse/midwife reasonable explanation and information on the essential nature of the proposed procedure or treatment.

3. The nurse/midwife must take the well-being of the whole person into account in deciding the use of any therapeutic intervention or technology. Procedures that are likely to cause harm or undesirable side effects should be judged only by a proportionate benefit to the patient and with the consent of the patient or health care proxy.
4. The continuous progress in nursing/midwifery demands of the Catholic nurse/midwife a thorough preparation and participation in on-going education, seminars, workshops, personal studies to meet the required competence and fitting professional expertise. Side – by-side with this, they should undergo a solid ethico-religious formation to meet current ethical challenges in the profession.
5. The right to strike which is the right of all workers, applies to health care workers. The exercise of this right does not free Catholic nurses/midwives from their obligations towards their patients, who in all circumstances must be given their due care and attention.
6. Keeping in mind the global concept of health, Catholic nurses/midwives as members of the health team, should collaborate and work harmoniously with other health professionals and pastoral care givers in the health and social fields.
7. Where necessary the Catholic nurse/midwife should participate in the formation of health policies at the parish, diocesan, national and international levels through their representatives in consideration of the Christian concept of the human person and the global meaning of health.
8. Today more than ever, Catholic nurses/midwives cannot act alone or take sole responsibility in the exercise of their profession. In view of this Catholic nurses/midwives should participate in professional associations at local and international levels to enable them find appropriate answers to health problems and ethical questions.
9. Catholic nurses/midwives should inform their conscience by consulting competent Catholic authorities when faced with questions they do not feel competent to answer.
10. Refuse to participate in any action, behaviour, or procedure that is unethical, or which violates the dignity, freedom, conscience, or privacy of self or others, or place others at risk.
11. Engaging in self-care behaviours and activities through a balance of work and leisure time.

SECTION FOUR

RESPONSIBILITIES OF THE CATHOLIC NURSE IN ISSUES OF PROCREATION

PREAMBLE:

The commitment of the Catholic Church to the dignity of the human person continually raises the nurse's/midwife's concern for the sanctity of human life from its very beginning. Proceeding from the will and plan of God, the creator, and prior to the very existence of human society, the first right of every human person and the foundation and condition for the exercise of all other rights, is the right to life, which must be respected and guarded from the moment when the process of human generation begins. Any discrimination against human individuals on any grounds or in any stage of human growth is therefore immoral and a glaring injustice in the strict sense of the word.

The Church's defence of life encompasses the unborn and care of women and their children during and after pregnancy. The Church's commitment to the defence of life is seen in her willingness to collaborate with others to alleviate the causes of high infant and maternal mortality rates through genuine means and methods that are ethical and morally appropriate.

The Church has the deepest respect for the family and for the marriage covenant as well as the love that binds a married couple together. This includes respect for the marriage act by which husbands and wives express their love and cooperate with God in the creation of a new human person. Since the marriage act is joined naturally, Catholic nurses/midwives should therefore lend their services by encouraging couples to procreate responsibly, by removing obstacles and protecting them from invasive techniques unworthy of human procreation.

GUIDELINES:

1. The right to life means that the direct killing of an innocent person is forbidden by natural law. Catholic nurses/midwives should therefore not condone or cooperate directly in any act that is contrary to the natural or moral law.
2. Nurses/Midwives should be able to evaluate or distinguish between strictly therapeutic manipulations, which aim at curing illness caused by genetic or chromosomal abnormalities from manipulation which aims at altering the human genetic heritage. Any manipulation which does not promote the personal wellbeing of the individual must not be supported.
3. Any act of procreation which does not link to the biological and spiritual union of the parents, united in the bond of marriage is illicit and unethical.
4. Any antenatal screening done with a view to treating or correcting a congenital abnormality in an unborn child can be lawful.
5. Any screening done with the intention of carrying out an abortion of a foetus thought to be abnormal is unlawful according to moral principles.
6. Any medical act deliberately done with the intention of directly terminating a pregnancy before the foetus is viable is an abortion.

7. Extra corporeal conception attained e.g. in the process of in-vitro fertilisation, bypasses the marital relationship and is not ethically justified. In addition, these procedures put the life and physical integrity of many of the generated embryos at risk. Any procedure which does not respect the life and physical integrity of each human being from conception violates the very medical mission of safeguarding life and health, and are not ethically justified.
8. In the event of difficulty to procreate, gynaecological intervention will be lawful, provided that the physical and spiritual unity of the conjugal act of the couples is respected.
9. Heterologous fertilization (any technique used to achieve pregnancy using gametes from a third party other than the spouses) is not permitted because it contradicts the marriage covenant, the unity of the spouses and the dignity proper to the parents and the child.
10. Homologous artificial fertilization (that is, any technique used to achieve pregnancy using the gametes of the two spouses joined in marriage), is prohibited when it separates procreation from the marital act in its unitive significance.
11. The Catholic Church forbids all forms of contraceptive practices. Catholic nurses/midwives should counsel married couples on the church's teachings on responsible parenthood and methods of natural family planning.
12. The Catholic nurse/midwife should offer compassionate physical, psychological, and moral care to those persons who have suffered from the trauma of abortion and the sorrow of infertility.

SECTION FIVE

CARE FOR THE DYING AND SERIOUSLY ILL

PREAMBLE:

When the health of an individual deteriorates to an irreversible and fatal state, the person enters a terminal state of earthly existence. For the individual, life is particularly and progressively precarious and may be painful. The psychological and spiritual detachment which death signifies and implies is now added to illness and physical suffering. Consequently, the terminally ill patient needs human and Christian accompaniment which a nurse/midwife must bring to bear in his/her relationship with the patient.

One of the primary purposes of care for the dying patient is the relief of pain and suffering. Effective management of pain in all its form is therefore critical in the appropriate care of the dying. The most important assistance is the "loving presence" at the bedside of the dying patient. This makes the patient feel alive. The dying person should not be dismissed as incurable and abandoned to his own family, but the whole family unit should be assisted by the loving care of the nurse/midwife. Interacting and integrating care with the assistance of the chaplains, social workers, family members and friends allow the patient to accept death and live out life until its natural end.

For a Catholic nurse/midwife, serving life means assisting it to its natural completion. Life is in God's hands. He is the Lord of Life. He alone decides the final moment. Every faithful servant guards this fulfilment of God's will in the life of every person entrusted to his/her care. He/she does not consider himself/herself the arbiter of death. Nor does he/she consider himself/herself the arbiter of anyone's life either.

GUIDELINES:

1. In all circumstances, Catholic nurses/midwives must provide basic care and relieve pain, but the Church teaches that there is no moral obligation to use disproportionate means and that the patient has right to refuse them.
2. Catholic nurses/midwives should not participate in any act directly aimed at shortening or suppressing life. Euthanasia, in all its forms is morally unacceptable, even when requested by the patient.
3. In good clinical practice an awareness of the condition and prognosis for the patient may occasion a change in the focus of treatment from cure to palliative care.
4. Catholic nurses/midwives should help patients to die according to their religious beliefs and strive to put at their disposal the means of their own religion and for Catholics, the sacraments of the sick.
5. Nurses/Midwives should take care to alert the family to the spiritual dimensions of human existence.
6. The certification or determination of death should be made by the physician or competent medical authority in accordance with responsible and commonly accepted scientific criteria.
7. A patient has a moral obligation to use ordinary or proportionate means of preserving his/her life. Proportionate means are those that in the judgement of the patient offer a reasonable hope of benefit and do not entail excessive burden or impose excessive expense on the family.
8. A Catholic nurse/midwife caring for a patient in danger of death from illness, accident or advanced age should provide the patient with appropriate information to help him understand his condition and so have the opportunity to discuss with family members.

CONCLUSION:

Since the Catholic nurse/midwife is a professional who seeks to accomplish the healing ministry within the Christian frame work as Jesus would do, it is therefore pertinent that he/she recognizes that healing for the body is from God and is part of the wonderful grace of God that brings salvation to the world, and the Catholic nurse/midwife may have to take risk even at the expense of personal comfort to fulfil this ministry.

To achieve this ministry therefore, the Catholic nurse/midwife must operate according to the mind of Christ and the Church. He/she should therefore seek to preserve life and not destroy it. In facing this duty, the nurse/midwife is bound to encounter some ethical problems and needs guidance and guidelines in making good and moral decisions. This will not only be for the good of the patient but will also count for the salvation of the soul of the nurse/midwife as a civic and moral responsibility.

As a model of Christ's life and messenger of his words, we as Catholic nurses/midwives have been gifted and commissioned to embrace the promise to care that is an authentic encounter with Jesus Christ. The care of the sick, the highest form of the *Imitatio Dei*, when viewed in partnership with Jesus the author of all life, is a very special privilege in the stewardship of creation because it cares for the human person, the summit of God's creative act.

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