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West Simsbury, CT

## Happy 60<sup>th</sup> Anniversary Chicago Catholic Nurses!

In this issue ---- Join us in congratulating the CCNAC



## President's Message

Colleagues,

Nursing values the Person, the Environment, Health and Nursing Practice. Catholic nursing enhances these concepts with the Christian view of love and respect. We are privileged to be able to practice freely within our Scope of Practice. However the current world view may threaten this freedom. Threats to Christian Nursing Practice are local, national and international.

Vigilance is the price of freedom of professional nursing practice. Being alert to threats to our practice that undermine respect for persons is necessary to continue to enjoy the privileges of professional nursing practice. The fall elections coming up provide an opportunity for nurses to vote for those candidates that understand and respect the values of Catholic Nursing.

NACN is thankful to God for the gift of electronic communication. We are pleased to circulate the newsletter and other communications through the internet. For those who do not have access to the internet at home or work, the Public Library provides free internet access and is an important source to consider.

In keeping with our Mission Statement, the goals for the next two years include 1- Reaching out to Regions to develop more local councils and council leadership; 2- Developing State leadership; 3- Improving NACN presence nationally by increasing research and scholarship and participation in local, national and international nursing and health care organizations. Progress on these goals will help in developing the next NACN Conference in 2016. Time and place TBA. Stay tuned.

In thankfulness for NACN-USA and your active participation.

*Diana Newman*

Diana Newman, EDD RN  
President NACN-USA

**NACN-USA Committees:** Membership & Elections --- Education, Practice & Research  
Ethics & Spirituality --- Archives --- Bylaws --- Awards --- Newsletter & Publicity

**On which committee are you called to serve?** Volunteer at [www.nacn-usa.org](http://www.nacn-usa.org) or [catholicnurses@nacn-usa.org](mailto:catholicnurses@nacn-usa.org)

**Follow us on Facebook®: National Association of Catholic Nurses – USA**

<https://www.facebook.com/pages/National-Association-of-Catholic-Nurses-USA/226363700905728>

## *SYNOPSIS OF CONFERENCE PRESENTATIONS (CONT'D FROM SUMMER EDITION)*



### ***CARE OF THE AGING: IN THE STEPS OF THE DIVINE PHYSICIAN***

#### Overview:

The older adult brings a unique set of challenges to the healthcare arena. At the same

time, these challenges provide opportunities for the Catholic healthcare professional to witness to the love of Christ, the Divine Physician. No less than in other populations, good medical practice proves to uphold good moral practice. Specific medical and moral issues common in the older patient will be identified and considered.

#### Synopsis:

For this presentation, I have chosen three issues that cross the medical and moral worlds, which relate to care for the older adult: ageism, advance directives, and death and dying.

Ageism refers to stereotyping and discriminating against individuals or groups based on their age. Medical ageism is typically targeted at the elderly. It may reveal itself as presumptions about the limited recuperative ability of the elderly; judgments about the value or quality of their life; judgments about their desire for (non-) treatment; criteria that characteristically exclude the elderly from treatment protocols exclusively due to age; and language which dehumanizes the elderly patient. As healthcare professionals we can examine our own experiences with medical ageism and promote treatment of the elderly patient in keeping with human dignity.

Advanced directives are said to be "legal documents that allow you to spell out your decisions about end of life care ahead of time." Various forms of advance directives include instruments such as the durable power of attorney for healthcare (healthcare proxy), living will, Five Wishes, POLST (physician order for life sustaining treatment, or POST or MOST, etc.), or even simply a letter or notes in a chart by a physician. The inflexible nature of this document poses many problems.

Other than the durable power of attorney for healthcare, advanced directives seem to suggest that one can predict and control the future of the one's end of life. Many studies have shown the difficulties inherent in the application of these documents including the lack of understanding of choices made by patients. The POLST document differs from other advanced directives in that

it is an order signed by a physician, stating not merely patient preference but generating medical orders to be followed across healthcare facility lines.

To talk about issues related to death and dying, one must first understand that death is defined as the separation of the soul from the body. Science can only observe the signs of death. Hospice care is designed to accompany the patient and family in the dying process. Palliative care, that is attention to the treatment of symptoms apart from the actual disease process, is always an essential element of care for the patient, not only at the end of life. Physician-assisted "death" is now used in place of the term physician-assisted "suicide" as "death" is more neutral compared to the term "suicide," which seemingly attributes fault to the patient. By any name, euthanasia is the deliberate killing of the human person.

Healthcare professionals must not see death as a failure, but neither is it to be reclassified as a good. It is opposed to the nature of the human person while at the same time understood to be inevitable. At all times, not only at the end of life, healthcare professionals are called to navigate an often variable course of events with attention to the patient and his or her family. Patients and loved ones ought to be involved in ongoing discussion in the plan of care, not relegated to definitive choices marked by checkboxes on advanced directive forms or the new purple hospital bracelet that marks the patient as DNR. The political and societal acceptance of euthanasia is a concerning movement in our culture.

As Catholic healthcare workers we are called always to witness to Christ's love, the first commandment of the New Law. No less important is the first commandment of the Decalogue identifying God as the only God, our Creator, and so the One to whom our lives are subordinated. We are called to support the dignity of the human person, with true compassion – suffering with – those who are ill or dying. We are to defend the most vulnerable and accompany those in their last days rather than abandon them. This accompaniment includes attention to their spiritual needs, and in the Catholic tradition, an opportunity for the last sacraments.

Life and health are the responsibility of healthcare professionals. Good medical practice then does not differ from good medical ethics.

Sister Mary Diana Dreger, OP, MD, FACP

## SYNOPSIS OF CONFERENCE PRESENTATIONS (CONT'D)

### CARING & CONSCIENCE IN CONFLICT



The 2014 Convention of the National Association of Catholic Nurses – U.S.A. (NACN–U.S.A.), hosted by Aquinas College in Nashville, TN, created a wonderful venue for attendees to analyze together the impact of social policy on our ability to care for our patients. This

is especially relevant when our consciences are being challenged by the burgeoning ethical dilemmas in health care. Most of us view our nursing as a vocation in the ministry of health care, so consistent with the historical fact that the history of health care is a history of Christianity. From the “Parable of the Good Samaritan” we are called to bind up the wounds of strangers, as if they were our brothers and sisters, whom we are to love as we love ourselves. (*Luke 10: 25-37.*)

The whole history of health care flows from this imperative, from the first hospitals founded by Christians in Rome (Fabiola, 380 A.D.), to the first organized form of nursing care delivery (Benedictine nursing order, 500 A.D.), to the first historically recognized system of health care delivery (Hospitallers, 1113 A.D.). These all are ministries of the Catholic Church. Today, thanks to the dedicated women religious, the largest provider of non-governmental health care in the United States is the Catholic Church. In fact, the first hospital west of the Mississippi River was established by Sister/Saint Elizabeth Ann Seton’s order (Saint Louis, 1830, A.D.). Today, annually, Catholic health care in the United States serves over 5.5 million hospitalized patients and millions more in their outpatient and long-term care settings. (USCCB: <http://www.usccb.org/about/media-relations/statistics/health-care-social-service.cfm>.)

Yet, despite this clear historical fact that health care is a ministry, engaged in long before any governmental agency was established to regulate it, state-licensed nurses and health care agencies are finding themselves viewed as agents of the government, forced to engage in practices that are deemed ethical merely because they are legal. These are violations of religious freedom spawned by secular political agendas, which have redefined our ministry based on eroding sexual mores, and redefinitions of the human person and the protections all human beings deserve.

In addition, there is what appears to be a deliberate distortion of the true meaning of the doctrine of the separation of



church and state enshrined in the First Amendment of the

United States Constitution. The First Amendment of the Constitution states that there will be no government-established religion (“Establishment” clause); but equal in importance, is the second clause, known as the “Free Exercise” clause. The First Amendment states: “Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof.” However, often when persons of faith try to invoke a conscience right in the delivery of health care, they are accused of violating the Establishment clause, as if exercising the right to their beliefs in the public square establishes a state religion. Nothing could be more antithetical to the intention of these constitutional protections. As the constitutional law professor, Stephen Carter, has stated: “For the most significant aspect of the separation of church and state is not, as some seem to think, the shielding of the secular world from too strong a religious influence; the principal task of the separation of church and state is to secure religious freedom.” (Stephen L. Carter, *The Culture of Disbelief: How American Law and Politics Trivialize Religious Devotion*, 1993, 107.)

The list of assaults on religious freedom of health care providers is escalating, from attempts to require pharmacists to fill prescriptions for emergency contraception (*Stormans v. Selecky; and Morr-Fitz, Inc. v. Blagojevich*<sup>1</sup>), to emergency rooms being mandated to administer emergency contraception. A Catholic hospital has been sued for its initial refusal to surgically mutilate a healthy male, who desired breast implants as part of his trans-gendering surgery. (*Catholic News Agency*, January 9, 2008).



A fertility care center, whose philosophy was that children do best in a home where there is a mom and a dad, was ordered to provide fertility care to a lesbian couple (*North Coast Women’s Care Medical Group v. Superior Court*). A surgical nurse, who had given all the appropriate notice that she would not assist at abortions, was forced by her employer, in violation of federal law, to assist at an abortion (*Cenzon-DeCarlo v. Mt. Sinai Hospital*). Other nurses have been threatened with discipline for such refusals and have had to seek recourse to have their rights protected. (*Nassau University Medical Center – Union supports nine nurses disciplined for refusing to assist in abortions*. [*First Things*, May 6, 2010]; *University of Medicine and Dentistry of New Jersey – 12 nurses win agreement after being told they must assist in abortion*. [*New American*, December 28, 2011])

## CARING & CONSCIENCE IN CONFLICT (CONT'D)

Of significant concern is the lack of support for conscience rights by professional associations. In a statement by the American Medical Association's Board of Trustees, it was asserted it: "supports legislation that would



require individual pharmacists and pharmacy chains to fill legally valid prescriptions or to provide immediate referral to an appropriate alternative dispensing pharmacy without interference." (AMA, June 17, 2008.) The

American College of Obstetricians and Gynecologists has asserted that in resource poor areas: "Providers with moral or religious objections should either practice in proximity to individuals who do not share their views or ensure that referral processes are in place so that patients have access to the service that the physician does not wish to provide."

(*The Limits of Conscientious Refusal in Reproductive Medicine*, No. 385, November 2007.). Even the somewhat protective American Nurses Association's *Code of Ethics for Nurses with Interpretive Statements* states that:

"Conscientious objection may not insulate the nurse against formal or informal penalty." (ANA, Prov 5.)

Of even more ominous concern is when religious leaders assert that the law should not be overridden by positions of conscience that are based in religious beliefs. (Religious Coalition for Reproductive Choice, *In Good Conscience: Guidelines for the Ethical Provision of Health Care in a Pluralistic Society*, Feb. 2007.)

Enter into the health care workplace scenario the *Patient Protection and Affordable Care* (ACA). There is no doubt that the ACA has provided many good programs to maintain the health of Americans, from assuring insurance coverage to children with pre-existing conditions and prohibiting lifetime caps on policy coverage, to providing enrollees with disabilities with community based care.

However, the ACA **does**:

- Support programs which include abortion on demand; there also is a provision that could provide direct payment with tax dollars for abortion in three ACA programs, despite President Barack Obama's Executive Order prohibiting such funding (*Executive Order* 13535, March 24, 2010); that very order states that it cannot contravene existing laws; and case law demonstrates that without a statutory prohibition, laws providing for "essential services" are to include abortion (*Beal v. Doe*, 432 U.S. 438, 1977); what is needed is the *Hyde Amendment*, as in other health care appropriation legislation, which prohibits federal tax dollars from being used for abortion;
- Create an Independent Payment Advisory Board (setting Medicare reimbursement rates -Medicare hospital reimbursements will be cut by \$155 billion over the next decade);
- Create a Physician Quality Reporting System ("Pay for Performance" program);

- Penalize hospitals for "preventable" readmissions - a study of 2,200 hospitals found that "safety-net" hospitals that treat a higher number of lower-income patients are "30 percent more likely to have 30-day hospital readmission rates above the national average." (*Commonwealth Fund*, Dec. 2012.)

Nurses are left asking themselves, "How are we to provide beneficent, non-maleficent and just care, respectful of informed consent, in such a health care environment?" "Are we moving toward a health care system, such as in Great Britain, in which persons with disabilities are assigned a lower quality of life factor, impacting reimbursement (*Quality Adjusted Life Years*)?" There already is evidence of states adopting "Futile Care" laws, by which patients can be denied care, which others have determined to be futile, without patient consent.

Of great concern is the paucity of conscience protections in the ACA. There is no *Church Amendment*, which states that no entity receiving certain federal funds may discriminate against personnel who, based on conscience, refuse to provide any lawful health service. There is no *Weldon Amendment*, which is included in other health care appropriation legislation, and provides protection against coercion of health care providers and employees related to abortion (although ACA does have conscience protections in terms of providing/participating in abortion). These are significant since the current federal administration has rescinded the *Conscience Rule* of the previous administration, enacting a new *Final Rule* of 2011, which addresses only surgical sterilizations and abortion. (<http://www.gpo.gov/fdsys/pkg/FR-2011-02-23/pdf/2011-3993.pdf>.)

The ACA also is treating pregnancy as a disease, and mandates through its rule-making that virtually all employers/ insurers (including faith-based employers) must provide *with no co-pay*: contraceptive medications and devices including abortifacients, and surgical sterilizations to women. ("Contraceptive/abortifacient Mandate": <https://www.federalregister.gov/articles/2013/07/02/2013-15866/coverage-of-certain-preventive-services-under-the-affordable-care-act>.) The penalties for non-compliance could put a company or ministry out of operation. Fortunately, persons of conscience, at great personal and professional cost, are standing up for conscience rights. To date, 71 of 79 mandate-challenging secular and faith-based employers have been granted court injunctions, as their cases progress.



## CARING & CONSCIENCE IN CONFLICT (CONT'D)

(For an updated list of cases and their status see: <http://www.becketfund.org/hhsinformationcentral/>.) In fact, the U.S. Supreme Court has ruled that the religious freedom of the owners of *Conestoga Wood Specialties Corporation* and *Hobby Lobby Stores Incorporated* have been violated by this Contraceptive/abortifacient Mandate. (*Burwell v. Hobby Lobby* and *Conestoga Wood Specialties v. Burwell*). Of significance is the fact that the NACN-U.S.A. was a party to the *amicus brief* in support of the rights of *Hobby Lobby* and *Conestoga Wood Specialties*, and thus takes great joy in these decisions. Over the last year, the NACN-U.S.A. has been a signatory to five *amicus* court briefs in support of patients' and providers' rights.

By NACN-U.S.A. taking such stands, it is recognizing that nurses and their employers must have their conscience rights respected to enable them to be patient advocates; they should not be forced to be "cooperators" in evil, either through "Formal Cooperation," or "Material Cooperation."<sup>ii</sup> There already is evidence of the federal government hearing our opposition to the violation of religious freedom, and new Rules are pending pursuant to the Contraceptive/abortifacient Mandate. It remains to be seen how consistent they will be with the protections guaranteed by the First Amendment to the U.S. Constitution.

What is clear is that our founders never envisioned such a misapplication of federal powers. Also clear is the prophetic nature of the papal encyclical *Humanae vitae*, a must read for any nurse, not the skewed interpretations by others. The ensuing abuse of women and the family, as well as of our freedom which it predicted are prophetic:

"Who will prevent public authorities from favoring those contraceptive methods which they consider more effective? Should they regard this as necessary, they may even impose their use on everyone. It could well happen, therefore, that when people, either individually or in family or social life, experience the inherent difficulties of the divine law and are determined to avoid them, they may give into the hands of public authorities the power to intervene in the most personal and intimate responsibility of husband and wife." *HV*, no. 17.

The truth of natural moral law, and the consequences of it being violated cannot be denied. As our government continues to attempt to deny our rights, given not only by our Creator, who is the source of all moral law, but also by our U.S. Constitution, we must be ever vigilant and united in our opposition.

Dr. Marie T. Hilliard, BSN, MS (Maternal Child Nursing),  
MA (Religious Studies), JCL (Canon Law), PhD, RN  
Director of Bioethics and Public Policy:  
The National Catholic Bioethics Center

<sup>i</sup> Fortunately, the courts have reversed these rules.

<sup>ii</sup> "Formal Cooperation" occurs when the cooperator intends the same evil as the principal agent. It may be implicit, e.g., a person wants the morally illicit procedure to be offered to sustain employment. "Formal Cooperation" always is illicit. "Material Cooperation" occurs when one does not intend the evil but knowingly contributes to it. It can be "Immediate" (providing an essential circumstance which virtually always is illicit) or "Mediate" (providing a non-essential circumstance, temporarily, for a proportionate good, and may be morally justified if certain conditions exist). "Mediate Material Cooperation" may be proximate or remote, and the closer the link to causality, the greater the justification that is needed. The need for employment could justify "Mediate Material Cooperation."



NATIONAL CATHOLIC BIOETHICS CENTER

### FREE CONSULTATION SERVICES ON BIOETHICAL ISSUES AVAILABLE THROUGH THE NATIONAL CATHOLIC BIOETHICS CENTER (NCBC)



The NCBC offers a free consultation service, by a credentialed bioethicist, who can share with you the Catholic principles for addressing an ethical dilemma involving health care or the life sciences. If you have a specific time-sensitive question concerning such a matter that cannot wait until regular business hours, please call: **(215) 877-2660, 24 hours/day, 7 days/week**. Follow the prompts to leave a message and an ethicist will be paged and respond to your call as soon as possible.

If your question is not related to a time sensitive matter please call the same number during regular business hours 9am - 5pm Eastern Time or use the [online Consultation Request Form](http://www.ncbcenter.org/page.aspx?pid=1174):  
<http://www.ncbcenter.org/page.aspx?pid=1174>.

**NOTE:** The National Catholic Bioethics Center (Center) is a non-profit research and educational institute committed to applying the moral teachings of the Catholic Church to ethical issues arising in health care and the life sciences. The Center provides consultations to institutions and individuals seeking its opinion on the appropriate application of Catholic moral teachings to these ethical issues.

**Neither the Center's moral analyses nor any other project of the Center should be construed as an attempt to offer or render a legal or medical opinion or otherwise to engage in the practice of law or medicine, or other health care disciplines.**

## 2014 SCHOLARSHIP RECIPIENT

MELISSA KATELLA

MARYMOUNT UNIVERSITY, ARLINGTON, VIRGINIA

In accordance with the NACN-USA mission, we are pleased to continue our annual Scholarship award for our eligible student members in the amount of \$1000.00. This year's application process completed on June 30, with 10 inquiries and 4 completed applications. All applicants are in an educational program or in the planning process for a career in nursing or health related fields.

The applications are closely reviewed by the Awards committee. All applicants this year were quite worthy of the scholarship. The committee was honored to have the level of interest, literacy and passion for the continuing education in the spirit of faith and advocacy that was evident in the applicants' submissions. The winner is the applicant who most closely imbues the principles of the NACN-USA, as outlined in the Mission Statement.

*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.*

It is with great pleasure that I announce the 2014 NACN-USA Scholarship Award winner.



We offer our congratulations to **Melissa Katella** of Holy Guardian Angels Parish in Reading, Pennsylvania. Melissa is a rising junior in the BSN program at the

Malek School of Health Professions, **Marymount University** in Arlington, VA. As Melissa so well stated in her submission, "I am excited to blend my Catholic identity and faith with the rooted passion for nursing." She lives those words in her roles as a Board member of the Marymount Student Nurses Association, member of their Campus Ministry Association, Special Olympics, and the Grate Patrol which serves meals to the homeless in Washington, DC. Melissa also finds time to serve as the Resident Assistant for the Women of Faith resident community and proudly represents Marymount as a Student ambassador.

Please keep Melissa and all of our student applicants and members in your prayers. They maintain their faith commitment to those in most need by moving forward on a sometimes arduous journey. The commitment they make to achieving educational and professional goals is based on their belief of the dignity of human life at all stages. Let us raise them up in prayer!

Pat Bader DNP, FNP-BC, ANP, FCN  
NCAN-USA Chairperson, Awards Committee 2014

## UPCOMING EVENTS

2014

Calendar						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5

### \*\*\*SEPTEMBER\*\*\*

Sep & Oct - National Catholic Certification Program in Health

Care Ethics <http://www.ncbcenter.org/certification>

September 23-26, 2014, CICIAMS XIX World Congress, Dublin, Ireland. [www.catholicnurses.ie](http://www.catholicnurses.ie)

### \*\*\*OCTOBER\*\*\*

October 5-19, **Extraordinary Synod on the Family** convoked by Pope Francis to be held in the Vatican. Theme: The pastoral challenges of the family in the context of evangelization.

October 12-18, North American Lourdes Volunteers, St. Bernadette Lourdes Special Needs Pilgrimage. Nurses, Physicians, Companions & Caregivers Needed.

[www.lourdesvolunteers.org](http://www.lourdesvolunteers.org) or  
[info@lourdesvolunteers.org](mailto:info@lourdesvolunteers.org)

## National Catholic Certification Program in Health Care Ethics



Graduate credit available towards a Master's Degree

The **National Catholic Certification Program in Health Care Ethics** has been developed at the request of many bishops and administrators of health care facilities to provide a credible and systematic formation so that dioceses, hospitals and ethics committees will have advisors better qualified to apply the Catholic moral tradition to challenging contemporary issues in health care. The part-time, year-long program combines a theoretical component with a practically oriented component based on case studies.

**Web-Based Distance Learning Program:** This course is designed for the busy professional. Participants must attend an initial **two-day seminar** held in the fall in either **New Orleans** (Sep 12, 13), **Philadelphia** (Oct 3, 4), or **Bismarck** (Oct 31 & Nov 1). Students then interact independently with an instructor through a series of four learning modules over the course of the one-year program of study. Modules are completed through weekly assignments which include readings and an assessment of each student's theoretical understanding and ability to make practical application of the module content. Students are also given the opportunity to interact with their instructor, NCBC ethicists, and peers through a series of teleconferences and through an online discussion group. **The program will culminate with a required intensive one-day seminar of case studies at the NCBC offices in Philadelphia on May 2, 2015.**

<http://www.ncbcenter.org/certification>



Are you looking for an opportunity for networking, education, resources, and a way to stay connected with those who share your faith and values locally, regionally, nationally, and even internationally?

I would like to invite you to join the National Association of Catholic Nurses - USA and be a part of the Catholic Nurse Voice.

We offer a variety of membership types for Catholic nurses, nursing students, and other health related professionals residing in the United States or its territories, including those who wish to be part of an independent local or regional council affiliated with NACN-USA.

## MEMBERSHIP BENEFITS

- Being part of the Catholic Nurse Voice & networking with those who share your faith and values.
- Spiritual & ethical insights
- Resources & links
- Members only area on the website
- Current issues & news
- Opportunities to serve as officer in a National Organization
- Newsletters
- Educational opportunities & more.

For More information and to apply go to  
<http://www.nacn-usa.org>

Abundant Blessings  
President Diana Newman Ed D, RN  
National Association of Catholic Nurses-USA



Nursing



Ministry



Catholic Mission

## REGIONS & LOCAL COUNCIL – NEWS



### NORTHEAST REGION

(PA, NY, CT, VT, NH, MA, ME, RI, NJ)

NE Regional Representative

Marie Hilliard, RN, PhD, JCL

Philadelphia, PA

[MHilliard@nbcenter.org](mailto:MHilliard@nbcenter.org)

Fall River Diocesan

Betty Novacek, Acting President

Somerset, MA

*Dr. Diana Newman attended the Fall River Council meeting on June 29.*

### COUNCIL IN FORMATION:

Diocese of Trent Council of

Catholic Nurses

Maria Arvonio &

Patricia Sayers

Trenton, NJ

[elishaspirit2003@yahoo.com](mailto:elishaspirit2003@yahoo.com) &

[sayers\\_patricia@ymail.com](mailto:sayers_patricia@ymail.com)

### Dear Friends

Just wanted to share with you that Ms Karen Haber, recipient of the NACN-USA scholarship award, member of the committee for the development of a NACN-USA council for the Diocese of Trenton, is officially an RN. She just shared the great news with me today.

Congrats to Ms Karen Haber RN

!!!! Great Job. God Bless

Maria Arvonio

Resources for starting a local council are at [www.nacn-usa.org](http://www.nacn-usa.org) under: "About Us" / Local Councils



### SOUTHEAST REGION

(AL, TN, GA, FL, NC, SC, VA, DC, WV,

MD, DE)

SE Regional Representative

*Vacant – Are you called to serve?*

Mid-South Area Association of

Catholic Nurses

Jackie White

Bartlett, TN

[presbred@aol.com](mailto:presbred@aol.com)

### COUNCIL IN FORMATION:

Baltimore Council of the NACN

Judie Boyle

Baltimore, MD

[tbboyle@aol.com](mailto:tbboyle@aol.com)

*Judie Boyle reports, "We have the opportunity to set up a table with the CMA here in Baltimore at a medical symposium which the Archbishop William E. Lori of Baltimore is hosting."*



### MIDWEST REGION

(ND, NE, OK, MN, WI, IL, KY, MO, AR, SD, KS, LA, MI, IA, IN, MS, OH)

MW Regional Representative

Mary Lee Barron, PhD, APRN,

FNP-BC, FAANP

Fenton, MO

[barronml@gmail.com](mailto:barronml@gmail.com)

### MIDWEST REGION (cont'd)

Council of Catholic Nurses of the

Diocese of Joliet, IL

Bernice Judd

Wheaton, IL

[bdsdmj@gmail.com](mailto:bdsdmj@gmail.com)

*The Council of Catholic Nurses for the Diocese of Joliet awarded a \$500.00 scholarship at the June Mass and Luncheon. The Keynote speaker was Kathie Blanchfield, PhD who presented: "Nurturing Spiritual Strength for Self and Others."*

Council of Catholic Nurses of the

Archdiocese of Chicago

Sheila Coogan, MSN, RN

Chicago, IL

[sheilarn22@yahoo.com](mailto:sheilarn22@yahoo.com)

*The Council of Catholic Nurses of the Archdiocese of Chicago celebrated their 60<sup>th</sup> anniversary on July 26<sup>th</sup> with a mass at Sacred Heart Church in Palos Hills, Illinois (see next page).*

Council of Catholic Nurses of

Lake County, IL

Ginny De Reu

Libertyville, IL

[catholicnurses@nacn-usa.org](mailto:catholicnurses@nacn-usa.org)

Madonna University Council of

Catholic/Christian Nurses

Sister Victoria Indyk, CSSF, PhD,

RN

Livonia, MI

[svictoria@madonna.edu](mailto:svictoria@madonna.edu)

### Council News

Let us know what is happening with your council, send news for next newsletter deadline November 15, 2014.



## REGIONS & LOCAL COUNCIL – NEWS (CONT'D)

### HAPPY 60TH ANNIVERSARY CHICAGO!

By Cheryl Hettman, PhD, RN and Peg Olson, RN, BSN, CHN



#### NORTHWEST REGION

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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 your Regional Representative or the NACN-USA office at

[catholicnurses@nacn-usa.org](mailto:catholicnurses@nacn-usa.org)

If you are familiar with the phrase, “the windy city,” you would immediately know that it was in reference to Chicago, which is located on the breezy shores of Lake Michigan. However, on July 26, 2014, it was not the lake winds but the Holy Spirit that filled the air at Sacred Heart Parish



during the Mass of celebration for the 60th Anniversary of the Council of Catholic Nurses of the Archdiocese of Chicago (CCNAC) – or perhaps it was the “spirit” of Sacred Heart’s founding pastor, Monsignor James V. Moscow, who also served as the Spiritual Director of the National Council of Catholic Nurses of the United States when it first began in 1940 – or then again, maybe it was the “spirit” of His Eminence Samuel Cardinal Stritch, who founded the CCNAC on July 26, 1954 with the words, “I place the Catholic nurses at the foot of our Blessed Lady!”



Monsignor James V. Moscow

What a joyous occasion it was, and what an honor to be graced by the presence of the Most Reverend Raymond E. Goedert, D.D., Auxiliary Bishop Emeritus of the Archdiocese of Chicago, and five other priests who con-celebrated. Members of the CCNAC Board of Directors also



#### CCNAC BOARD:

Sitting - Sr. Mary Evelyn  
Giemza, CR

Standing (L to R):  
Carmen Hovanec,  
Sheila Coogan,  
Mary Anna Gercius,  
Donna Cornille,  
Peg Olson

(Missing from photo are  
Marcia Stout & Maureen  
Hanlon)

## HAPPY 60TH ANNIVERSARY CHICAGO! (cont'd)

assisted in the liturgy. Following the Mass, Bishop Goedert and the other priests personally greeted each attendee, among whom were members of CCNAC, along with members of the two other Illinois Catholic nurse groups - Lake County Council and the Joliet Council - as well as other invited guests from near and far.



A very lovely reception was then held at the nearby Camelot Banquets hall, with blessings invoked by the bishop. Along with the excellent food, the conversation was filled with “the buzz” about the longevity of the CCNAC. A collection of historical items brought to the event



by several persons, were on display and enjoyed by all. The history of Catholic nurses groups is as vast as it is intriguing. Current President, Shelia Coogan, was provided inspiration as she recapped the importance of the Council of Catholic nurses. Shelia gave special recognition with a round



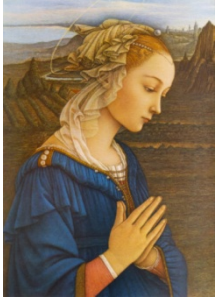
of applause and standing ovation to Sr. Mary Evelyn Giemza, CR, the oldest and longest member of the Chicago group, who has been a member for the past 59 years! Sr. Evelyn previously served as a CCNAC president, and she remains on the Board and one of the most active members still today!

It was also a pleasure to hear from an invited guest, Mary Keen, MD, who is President of the Catholic Physicians Guild of Chicago. Dr. Keen spoke about the upcoming events of the physician’s group and invited all to attend. She expressed her personal desire for the Catholic nurses and Catholic physician groups to begin working together – how refreshing is that! The final speaker was Cheryl Hettman, PhD, RN,



Sr. Evelyn & Peg Olson in front of the Historical Timeline by Dr. Cheryl Hettman

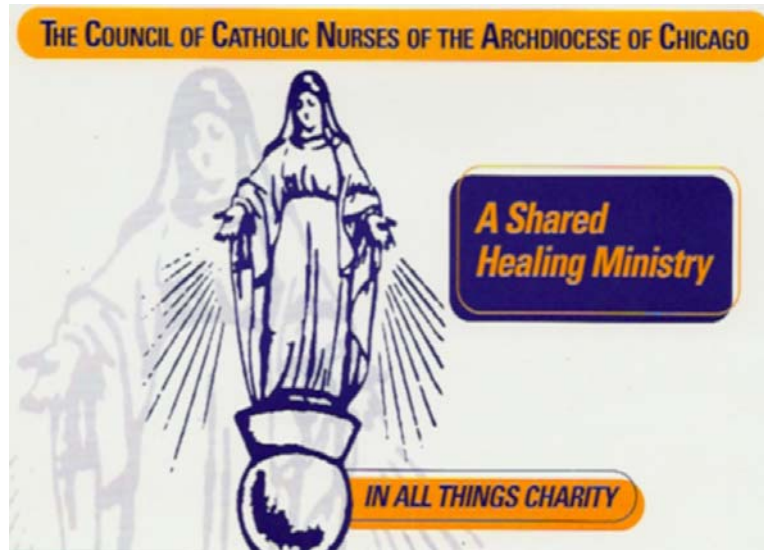
**HAPPY 60TH ANNIVERSARY CHICAGO!** (cont'd)



past-president (2010-2012) of the National Association of Catholic Nurses-USA (NACN-USA). She shared a poster

presentation which provided a timeline of the broad history of our Catholic nursing organizations - at the national and international levels, in addition to the local/regional level – from the early 1900’s through the present time. Despite a few “gaps” in time and a few “bumps” in the road over all the years, Catholic nurse organizations have continued to forge ahead proudly – and faithfully – to carry on their good work for the Lord...with Chicago helping to lead the way on many fronts over the years!

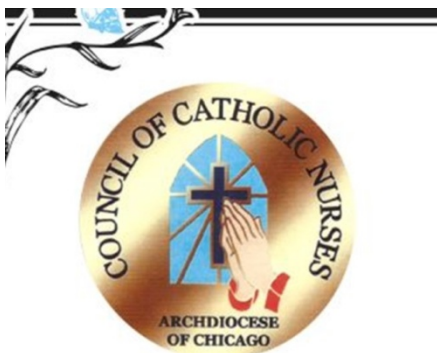
Overall, the anniversary celebration was a great success and enjoyed by all. The CCNAC Board, including the program coordinators (Peg Olson and Donna Cornille), along with all others who were involved in some way in pulling off this wonderful event, are to be commended – and wished all the best for the next 60 years and more to come!



CCNAC 1<sup>st</sup> Logo – Madonna-Picture with Motto



Historical Timeline by Dr. Cheryl Hettman



Dr. Cheryl Hettman, Peg Olson & Mary Pellizzari

## RELIGIOUS LIBERTY UPDATE



### **NACN-USA CELEBRATES SCOTUS DECISION IN SUPPORT OF RELIGIOUS FREEDOM**

Dr. Marie Hilliard, RN, PhD, JCL

The National Association of Catholic Nurses-U.S.A. hails the recent decision of the United States Supreme Court in support of the religious freedom of the

owners of *Conestoga Wood Specialties Corporation* and *Hobby Lobby Stores Incorporated*. These family-owned businesses took the courageous stand of challenging the assault on their religious freedom under the guise of preventative health care, and the Contraceptive Mandate it imposed. While reason would tell us that the Constitution of the United States would demand no less of an affirmation of religious freedom by the Justices of the Supreme Court, the lengths to which the assault on religious liberty have escalated by the federal government, as well as by the judicial activism of other courts, gave reason for grave concern. The federal government had argued that for-profit corporations, and even the individuals running them as incorporators, lose their right to religious freedom. Specifically, in its legal arguments, the federal government refused to acknowledge that corporations can have a conscience.

The Contraceptive Mandate of the United States Department of Health and Human Services, requiring virtually all employers to provide contraceptive, abortifacient and surgical sterilization insurance coverage, at no cost to the employees, regardless of the deeply held moral objections of employers, represented a landmark violation of the Religious Freedom Restoration Act. The bias against persons of faith should give all members of this great land, founded in the name of freedom, great pause. This bias became even more evident when it is understood that at the same time the federal government is willing to respect the rights of corporations which refuse to sell tobacco, or engage in efforts to promote environmental conservation.

In celebrating this reaffirmation of the United States Constitution, and all that it has been established to protect, The National Association of Catholic Nurses-USA. also wishes to thank the families of the *Conestoga Wood Specialties Corporation* and *Hobby Lobby Stores Incorporated* for their courage in defending the sacred right of religious freedom at great fiscal peril. The NACN-USA was a party to the *amicus brief* in support of the rights of these two companies, and thus takes great joy in this decision.

### **NACN-USA OPPOSES “WAR ON WOMEN”**

The National Association of Catholic Nurses – U.S.A. (NACN) joined other professional health care groups in opposing proposed federal legislation that would place all pregnant women and their unborn children at risk. S. 1696: *The Women’s Health Protection Act*, is just the opposite of what its title reflects. It would invalidate hundreds of federal and state abortion-related laws and permit abortion providers to set the standard of care for their patients with no oversight from state officials and no effective remedies for the abortion industry’s deficiencies and frequent malfeasance. S. 1696 adopts the myth that abortion is “essential to women’s health,” and asserts that laws restricting the practice are “medically unwarranted” and “harm women.” In reality, laws regulating abortion have the dual effect of protecting women and their unborn children. Abortion bans (*e.g.* gestational limits and sex-selection bans), health and safety standards for abortion facilities, admitting privileges requirements, regulations on abortion-inducing drugs, reflection periods and other informed consent requirements, and ultrasound requirements—all of which would be invalidated under S. 1696—protect women from the dangers inherent to abortion. NACN is proud of its role in working to defeat this legislation which reflected the real “War on Woman.”

### **ABORTION INDUCING DRUG LEGISLATION**



The Fifth Circuit Court of Appeals upheld the abortion-inducing drugs regulation in Texas: *Planned Parenthood of Greater Texas Surgical Health Services, et al., v. Attorney General Gregory Abbott, et al.* Americans United for Life’s *amicus* brief on the case was filed on behalf of a number of professional associations. The Texas Legislature enacted a law which included a provision protecting women from the dangerous and unapproved protocols for the use of abortion-inducing drugs. A lower court struck down this law, mistakenly accepting Planned Parenthood and other’s arguments that there are some women for whom surgical abortions are not an option and who might “need” chemical abortions after 49 days (thus, expanding the use of chemical abortions, and thus, all abortions). The National Association of Catholic Nurses–U.S.A. joined the following associations in attempting to support the State of Texas, as its law to protect women (and at the same-time restrict unsafe chemical abortions) was challenged: the Association of American Physicians & Surgeons, the American Association of Pro-Life Obstetricians & Gynecologists, the Christian Medical Association, Catholic Medical Association, The National Catholic Bioethics Center, Alabama Physicians for Life, and the National Association of Pro Life Nurses. While the NACN-U.S.A. is opposed to all forms of abortion, it recognizes the benefit of supporting pro-life efforts to limit abortion through incremental legislation.

# THE NATIONAL CATHOLIC BIOETHICS CENTER



## THE PRINCIPLES OF COOPERATION WITH MORAL EVIL

PREPARED BY THE ETHICISTS OF THE NCBC  
FEBRUARY 2013

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“If a Catholic health care organization is considering entering into an arrangement with another organization that may be involved in activities judged morally wrong by the Church, participation in such activities must be limited to what is in accord with the moral principles governing cooperation.”  
—USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, 5th edition, n. 69.

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### ❖ SUMMARY ❖

- Catholic health care services and health care professionals may face the prospect of assisting immoral actions in direct or indirect ways. The distinctions between types of cooperation are important in determining what constitutes a morally licit action.
- Cooperation is the free and knowing assistance of an individual or institution (the cooperator) in an immoral act performed by another individual or institution (the principal agent).

#### **Formal Cooperation Is Always Illicit**

- Explicit formal cooperation occurs when someone wills the evil action of the principal agent, such as a doctor who openly encourages or recommends a direct abortion.
- Implicit formal cooperation happens when a person, for the sake of a good aim, establishes the structure (procedure, protocol, or contractual agreement) by which a specifically described immoral action will take place, grants formal approval to an immoral action, or wills the principal agent’s evil action as the means for achieving some other good. This can be a very common pitfall in institutional collaboration, particularly in prescribing medications, filling prescriptions, and making referrals, as when a doctor who opposes abortion refers a woman to a place where he knows she will obtain a direct abortion.

#### **Material Cooperation May Be Licit with a Proportionate Reason**

- It is immediate material cooperation when the action is so intimately linked with the principal agent’s immoral act that they are nearly indistinguishable, as, for example, when an operating room nurse assists a surgeon in a direct sterilization procedure. Many consider such cooperation to be always illicit, others consider it licit with only the gravest of reasons, as when one’s life or a good of similar weight is a stake. In practice, it is virtually never licit.
- Mediate material cooperation occurs when there is a degree of causal (not physical) separation between the action and the principal agent’s immoral act. The degree of causal distance may vary along a scale from proximate to remote.
- In proximate (mediate) material cooperation, there is little causal distance from the immoral action, as when a pharmacy technician delivers the abortion pill, RU-486, to a patient’s room.
- In remote (mediate) material cooperation, there is significant causal distance from the immoral action, as when a janitor cleans the laboratory where he knows that in vitro fertilization takes place.
- To be licit, indirect assistance given to an immoral action must have a proportionate reason. In other words, there must be a proportionate good to achieve or evil to avoid, which must be greater or lesser in proportion to the gravity of the foreseen evil, the degree of causal distance, the dependence of the immoral action on the act of cooperation, the reasonableness of other alternatives, and other prudential judgments.

#### **Theological Scandal May Make Illicit an Instance of Material Cooperation That Would Otherwise Be Licit**

- Scandal, or the perception of wrongdoing that leads others to wrongdoing, may be caused by an act involving licit cooperation that would be difficult to explain to inexpert audiences. Foreknowledge of probable and incorrigible scandal makes the cooperation illicit.
- Scandal may often be addressed with proper information, transparency, and education.
- Scandal assessments for ecclesiastical institutions and works ultimately rest with the local ordinary.

For further information, visit the NCBC website at [www.ncbcenter.org](http://www.ncbcenter.org).  
To request a consultation, go to [www.ncbcenter.org/page.aspx?pid=1170](http://www.ncbcenter.org/page.aspx?pid=1170) or call 215-877-2660.

❖ FAQs ❖

**Question 1.** I am a Catholic cardiologist working at a secular hospital that performs abortions. By working here, am I involved in illicit cooperation with evil? Is it necessary to work in a Catholic institution to avoid illicit cooperation?

*Reply:* The type of cooperation in which you are involved is remote mediate material cooperation. The causal distance between your good actions in caring for cardiology patients and the immoral direct abortions is vast: your good work brings revenue to a hospital that uses a portion of it to finance heinous immoral activities. Yet even remote material cooperation requires a proportionate reason to be justified. In your case, the material assistance is minimal and causally remote, and it is outweighed by the great goods of your livelihood, your healing ministry, and the Catholic witness you can bring by not hiding your faith or your opposition to abortion and by developing respectful human relationships with your colleagues and patients. Achieving a respected position within the institution may aid your ability to effect change over time.

**Question 2.** I am employed by a social services agency. I distribute clean needles to heroin users as part of a needle exchange program to reduce the transmission of HIV and save lives. I also help with rehabilitation to help users break free of dependency, and so I am very much opposed to dangerous, habit-forming drug use. I care very much about these people, and I want to make sure they stay as healthy as possible, so my aim is to promote their health and perhaps save their lives. Is this morally acceptable?

*Reply:* The distribution of clean needles with the aim of promoting health and saving lives, protecting heroin users from the dangers associated with the means of their drug use, appears to be an instance of implicit formal cooperation with evil. Despite your irreproachable intention of safeguarding health and life, the means by which that good aim will be achieved is an act of harmful, abusive drug use. In other words, your good aim implicitly contains the evil means of heroin use: the immoral act of injecting the drug with a clean needle is the means by which the users' health will be protected. It is impossible to separate your intention for their good health from the intention that harmful drugs be injected, since the former is dependent on the latter. Your efforts to help curb drug use in other ways are laudable and important, but they do not change the moral assessment of this act.

**Question 3.** I am a nurse at a secular hospital and I prepare patients for surgery. Sometimes they go into surgery for surgical sterilization. I don't ever go in the operating room, but I'm concerned that this is wrong. I'm married and have four children, and it was very difficult to find this job. My wife does not work, and our health care coverage is through my job. I know my supervisor and am sure I'll lose my job if I refuse to prepare certain patients. What can I do?

*Reply:* You are involved in proximate mediate material cooperation, which is serious but may be justified to preserve a great good or avoid a great evil, that is, with a proportionate reason. You first need to be sure the risk of losing your job is real, since respectful communication may allay your fears and avert the cooperation. If you are certain that the loss of your livelihood, or other serious harms, are real—which seems to be the case—then the cooperation may be justifiable.

❖ RESOURCES ❖

NCBC Ethicists, "Cooperating with Non-Catholic Partners," in *Catholic Health Care Ethics: A Manual for Practitioners*, 2nd ed., ed. Edward J. Furton (Philadelphia: NCBC, 2009), 265–270. Reproduced by permission.

William Newton, "Avoiding Cooperation with Evil: Keeping Your Nose Clean in a Dirty World," *Homiletic and Pastoral Review*, September 21, 2012, <http://www.hprweb.com/2012/09/avoiding-cooperation-with-evil-keeping-your-nose-clean-in-a-dirty-world/>. Reproduced by permission.



## CICIAMS UPDATE

(Comité International Catholique des Infirmières et Assistantes Médico-Sociales=International Catholic Committee of Nurses and Medico-Social Assistants)

The CICIAMS XIX World Congress on *PROTECTING FAMILY LIFE: THE ROLE AND RESPONSIBILITIES OF NURSES AND MIDWIVES* will be held September 23-26, 2014 at the All Hallows College, Drumcondra, Dublin, Ireland.



Our Immediate Past President, Alma Abuelouf and NE Region Representative, Dr. Marie Hilliard will both represent NACH-USA and present at the congress. Please check the CICIAMS web site [ciciams.org](http://ciciams.org) for more information. The Programme and Registration Form for CICIAMS XIX World Congress are available on the Catholic Nurses Guild of Ireland's website – [www.catholicnurses.ie](http://www.catholicnurses.ie). There will be a CICIAMS General Council Meeting the day before the Congress. Those attending should arrive a day early.



<http://www.ciciams.org/> ; General Secretariat, St. Mary's Bloomfield Avenue, Dublin 4, Ireland, Email: [ciciams@eircom.net](mailto:ciciams@eircom.net)

### PONTIFICAL COUNCIL FOR HEALTH CARE WORKERS (PASTORAL CARE) (PCHCW)

#### Annual November Conference - AUTISM

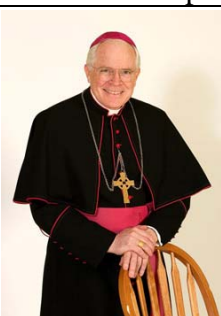
Marylee J. Meehan, R.N., M.A., Member of the PCHCW



H.E. Msgr. Zygmunt Zimowski, Archbishop, President of the Pontifical Council for Health Care Workers (for Health Pastoral Care) announced the program at the prestigious international conference this year will be on AUTISM. It will be held November 20-22, 2014 at the Synod Hall at the Vatican. All CICIAMS members are invited to attend as well as are other health professionals and family members of those who have a loved one with autism.

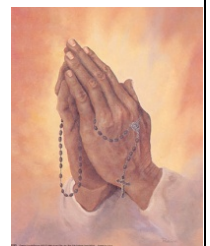
Further information regarding registration and accommodations in Rome will be forwarded to our members once the information is received by MaryLee Meehan in mid September. Please plan to attend this outstanding conference.

This picture was taken at the *2012 Synod of Bishops* held in the Synod Hall at the Vatican. The annual PCHCW November conferences of this Pontifical Council are held in the Synod Hall. Please note the Holy Father Pope Benedict is in the picture. MaryLee Meehan is in the top corner of this picture.



#### COUNTERING WITH PRAYER THE PROPOSED BLACK MASS IN OKLAHOMA CITY

A Satanic Black Mass has been scheduled for September 21 in Oklahoma City's Civic Center. As part of Satanic worship, a Black Mass attempts to invert the action and meaning of the Eucharist in order to mock Christ's sacrifice and worship Satan through an orgiastic ritual of pain and perversion. It blasphemes everything which we hold as sacred and redemptive; and the spiritual dangers it poses ought not be dismissed. Since the Civic Center has not responded positively to the pleas of the Archbishop of Oklahoma City not to host this event in a tax-payer supported public venue, Bishop Slattery is asking the faithful Catholics in the Diocese of Tulsa to fight this blasphemy through prayer and fasting. A novena of fasting & prayer was held the nine days prior to the Assumption. Should these prayers not effect the cancellation, he requested that every priest in the Diocese conduct a Eucharistic Holy Hour on September 21 at the same time (7:00pm) as the profanity in being celebrated in Oklahoma City. He also asked that Eucharistic Processions – *especially outdoor processions* – be arranged as part of these holy hours. NACN-USA members, let us join the faithful in the Diocese of Tulsa in prayer and Eucharistic Adoration. <http://www.dioceseoftulsa.org/>





National Association of Catholic Nurses-USA  
c/o Diocese of Joilet  
Blanchette Catholic Center  
1655 Weber Road  
Crest Hill, IL 60403

**\*\*\*Please share this newsletter with nurses in your diocese.**

**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:**

- 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



*Our Lady of the Immaculate Conception,  
Our Patroness, Pray for Us!*

**EDITOR'S NOTE:** We invite you to submit manuscripts, news briefs, prayer requests, poetry, anecdotes, photos, and/or articles that would be of interest to Catholic nurses across the United States.

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

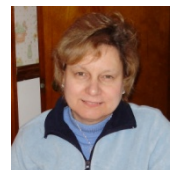
Fall (published in Sept.): August 15



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

**NACN MEMBERSHIP:**

Current dues are \$35/yr and can be paid via the website <http://www.nacn-usa.org/> or a check mailed to the treasurer at: Denise Quayle, 564 Franklin Farms Road, Washington, PA 15301. Please enter the year the dues are for on the check. Thank you for renewing. Welcome for those joining.



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