



National Association of Catholic Nurses-U.S.A.

Where *NURSING, MINISTRY and CATHOLIC MISSION* meet
“Unity in Charity”



www.nacn-usa.org

Winter 2019 Newsletter

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Dear Fellow Catholic Nurses,

As we begin the third decade of the new millennium, I invite you to join your fellow NACN-USA members at the Shrine of the Most Blessed Sacrament in Hanceville, Alabama for our National Conference, June 16-18. See the flyers and cards to print and post in your parishes, hospitals and schools and to share with friends. This year's theme is ***Rediscovering our Roots: Spirituality as a Foundation of Nursing Practice***. Consider presenting a poster or from the podium. The call for abstracts is in this edition with a deadline of March 25th, the Feast of the Annunciation of Our Lord.

We continue to be blessed with the formation of new local councils with the latest queries from Michigan and Kentucky. NACN-USA member and retired Navy Captain, JoAnn Critelli, RN, BSN is speaking in parishes throughout the diocese on Blessed Hanna Chrzanowska, RN, the 1st lay Catholic Registered Nurse to be beatified. Her cause for canonization was promoted by the Catholic nurses of the Krakow Nursing Association! The beatification occurred at the Divine Mercy Shrine outside Krakow in Poland on April 28, 2018. In 2019, nurses from England, Ireland and the United States were privileged to attend the 1st International Pilgrimage walking in the footsteps of Blessed Hanna last spring on the anniversary of her beatification. [A book on her life and an abbreviated booklet are available from Marian Press.](#) Thank you NACN member and President and Founder of Health Care Professionals for Divine Mercy, Marie Romagnano, BSN, RN for facilitating these publication for Bl. Hanna's English biographer, Gosia Brykczynska, PhD, RN.

I would like to again welcome one of our youngest councils, the Cleveland Sodality of Catholic Nurses. I was honored to be invited by founder Clarice DeJesus to speak to the Catholic nurses in the Diocese of Cleveland on a topic near and dear to my heart, redemptive suffering. It was the topic of my MA thesis in Theology from Catholic Distance University. In this time in which it seems that euthanasia, assisted suicide and the misnamed, “medical aid in dying” are resulting in the early death of many Americans, it is so important to understand the meaning and value of suffering and the importance of differentiating between physical pain, psychological suffering and symptom distress when alleviating suffering. Lord help us treasure each human life from conception to the time of death ordained by God.

In this issue see the article by the Chair, Archives and History Committee and Past President (2010-2012), Dr. Cheryl Hettman in which she shared that back in 1956 we were already being impacted by the “culture of death.” On September 10, 1956 in Milwaukee, “Euthanasia – the act of killing someone suffering pain and said to have no chance for

I am pleased to recall that 2020 has been internationally designated “Year of the Nurse and Midwife”. Nurses are the most numerous healthcare workers, and those closest to the sick, and midwives carry out perhaps the noblest of the professions. Let us pray for all of them, that they may do their precious work in the best possible way.

His Holiness Pope Francis, Sunday, 19 January 2020, Angelus



President's Address (cont'd)

survival—was roundly condemned by a speaker at the National Council of Catholic Nurses convention.” In her article, Dr. Carolyn Laabs, PhD, MA, MSN, FNP-BC shares the legal case in which a physician practicing in a facility abiding by the [Ethical and Religious Directives \(ERDs\) for Healthcare Services \(ERDs\)](#) sues the hospital in an effort to prescribe lethal drugs so her patient can ingest these at home in order to end his life. All nurse should have a copy of the ERDs and the Vatican’s [“New Charter for Health Care Workers”](#) from the Pontifical Council for the Pastoral Assistance to Health Care Workers translated to English by the National Catholic Bioethics Center (NCBC).



The World Health Organization (WHO) has declared 2020 as the International Year of the Nurse and Midwife, in honor of the bicentenary of the birth of the founder of modern nursing, Florence Nightingale. As we celebrate the contributions of nurses this year, may God bless each one of you and protect you in your nursing practice whether it be clinical, education, administration, research or another.

Let us bring Christ to those we serve and continue to encounter Jesus in the sick and suffering. For they are our greatest teachers. In Jesus' Holy Name, Diana

“Safe Injection Sites” Doesn’t Represent Proper Intramuscular (IM) Injection Sites

Maria V. Arvonio, BSN, MA, RN, Lower Northeast Regional Director



You may have heard of the term “safe injection sites” and thought the term represents the proper places for intramuscular medication administration. But that is no longer the case. Safe Injection sites are also identified with places where persons with drug addictions are legally permitted to self-administer their own opiates in a “safe environment” free from legal ramifications. It is a place where those with addictions are provided clean needles to administer

their drugs while Nurses observe them via a two-way mirror prepared to administer Narcan in case of an overdose. There are other names for these sites such as “Drug Consumption Rooms (DCR’s), Safe Injection Rooms; Supervised Injection Sites, facilities or centers” (Hartney; Elizabeth October 9, 2019).¹ The purpose of these sites is to decrease the incidence of HIV and deaths associated with use of dirty needles and overdose. But are these sites legal in the USA? Should Nurses be aware of the ethical concerns regarding these sites?

“Drug overdose deaths rose from 16,849 in 1999 to 70,237 in 2017” (National Institute of Health National Institute on Drug Abuse January 2019)². This number continues to climb. Various “Safe Injection Sites” are developing globally to counteract this crisis by offering those with drug addictions a “safe environment” where they can continue their addiction while Nurses, standby to administer Narcan when needed. Mental health counselors as well as other resources and aides are available at the site. *Current HIV/AIDS Reports* on a Systematic Review of literature September 2017, supports the use of Safe Injection Sites, identifying how they “...mitigate overdose-related harms and unsafe drug use behaviors as well as facilitate uptake of addiction treatment and other health services among people who use drugs” (Kennedy; Mary; Karamouzian; Mohammad; Kerr; Thomas.)³ Are these safe injection sites global and legal?

Europe is well established in this area. In 1986, Switzerland opened the first center in Europe. The Netherlands reported in 2018, the opening of centers in 21 cities. But these facilities have not broken ground yet in the USA; however, Philadelphia, Pennsylvania, is attempting to be the first one in the Nation. Former Pennsylvania Governor Ed Rendell reported in the *Washington Post*, October 2019, “ ...U.S. District Judge Gerald A. McHugh ruled that a supervised injection site, designed to combat the staggering death toll of opioid overdoses by allowing people to inject drugs under medical supervision does not violate the “crack-house” section of Controlled Substances Act” because the site would be operated not “for the purpose of unlawful drug use” but to “save lives”⁴ The US Federal Government has not given a green light to the opening of these facilities. In fact, they are actively attempting to sue Philadelphia and halt the opening of safe injection sites.⁵ Where does Nursing stand ethically on this issue? How are Nurses supporting the principles of non-maleficence and beneficence while observing a person self-administer drugs that can cause their harm and potentially their death? If the same opiate addicted person entered the emergency room, would a Nurses continue to help their addiction by giving them more opiates knowing it would cause the patient more harm? Catholic Healthcare ethics speaks on this topic regarding the principle of cooperation and the need to differentiate between formal and material cooperation when evaluating this topic. Ethicist of The National Catholic Bioethics Center identify types of Cooperation, “Explicit formal cooperation occurs when someone wills the evil action of the principle agent, such as a doctor who openly encourages or recommends a direct abortion. Immediate material cooperation is when the action is so intimately linked with the principal agent’s immoral act that they are nearly

Safe Injection Sites by Maria Arvonio (cont'd)

indistinguishable, as, for example, when an operating room nurse assist a surgeon in a direct sterilization procedure.”⁶ Nurses who administered and/or observe a person self-administer opiates in safe injection sites are considered to be engaged in an “...(immediate material cooperation) ...deemed morally illicit in Catholic health care ethics” (Lefor; Scott).⁷

In conclusion, promoters of Safe Injection sites most likely believe that there is no other alternative to saving lives then assisting those with opiate addiction via clean needles and medical supervision ready to give Narcan in cases of overdose, in my opinion, this is like similar to handing out condoms to decrease HIV/AIDS. What’s next? Nurses be on the alert for Jesus tells us to “*Be sober and vigilant. Your opponent the devil is prowling around like a roaring lion looking for [someone] to devour.*” (1 Peter 5:8).



References:

¹Hartney; Elizabeth. (October 9, 2019). Very Well Mind. Retrieved November 15, 2019 from

<https://www.verywellmind.com/before-you-inject-drugs-unsafely-22433>

² National Institute of Health; National Institute of Drug Abuse. (January 2019). Retrieved November 15, 2019 from

<https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>

³ Kennedy; Mary Clare.; Karamouzian; Mohammad.; Kerr; Thomas. (October 2017). Current HIV/AIDS Reports. Springer Link.

Retrieved November 15, 2019 from <https://link.springer.com/article/10.1007%2Fs11904-017-0363-y>

⁴ Rendell; Edward, Benitez; Jose; Goldfein; Rhonda. (October 15, 2019). We’re launching the nation’s first safe-injection site. We hope it will be one of many. Washington Post. Retrieved November 15, 2019 from <https://www.washingtonpost.com/opinions/2019/10/15/were-launching-nations-first-safe-injection-site-we-hope-it-will-be-one-many/>

⁵Feldman; Nina. (September 6, 2019). Trump administration is in court to block Nation’s 1st supervised injection site. SHOTS: Health News from NPR. Retrieved November 15 2019 from <https://www.npr.org/sections/health-shots/2019/09/06/757484751/trump-administration-tries-to-block-nations-first-supervised-injection-site>

⁶Ethicist of The National Catholic Bioethics Center. (February 2013). Cooperation with moral evil. Retrieved November 15, 2019 from https://www.ncbcenter.org/files/1214/4916/3466/NCBCsummFAQ_Cooperation.pdf

⁷Lefor; Scott. (May 2019). Ethics & Medics. Ret. 15Nov2019 https://www.ncbcenter.org/files/5715/5680/7952/EMMay2019_FINAL.pdf



\$1000 NACN-USA Scholarship Award

Linda Lopp MSN/Ed., RN, Chairperson, Awards & Scholarship Committee

A reminder that NACN-USA offers an annual scholarship award of \$1000 to eligible students!

Complete applications must be received no later than **June 30th**.

Eligibility: The Scholarship is awarded to NACN-USA members who are enrolled and in good standing as “pre-licensure” nursing student in an accredited associate, baccalaureate or graduate nursing program. One scholarship of \$1,000 is available annually. The scholarship award application must be submitted by **June 30**. All applications are evaluated by the Awards Committee chairman and the final selection is made by an ad hoc committee vote.

Applicant Requirements: The following required documents are to be submitted along with the application by email to: CatholicNurses@nacn-usa.org

1. The applicant shall write and email a **self-assessment letter** addressing each of the selection criteria listed below:

Selection criteria for Self-Assessment Letter

- Financial need
- Academic standing
- Specific nursing education goals to promote moral principles within the Catholic context
- Evidence of nursing scholarship and leadership
- Evidence of nursing service based on the integration of faith and health

2. The applicant shall provide **documentation about the program** enrolled. This may include a website link or other document showing the program name, location, curriculum and accreditation.

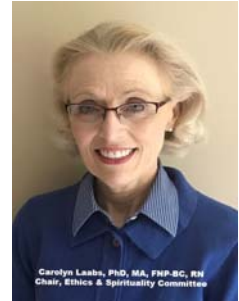
3. The applicant shall request that a letter be emailed to: CatholicNurses@nacn-usa.org from his/her **Pastor** stating that the applicant is an active, practicing Catholic.

4. The applicant shall request that a **letter of recommendation from a nursing faculty member** be emailed to: CatholicNurses@nacn-usa.org. The letters should address the applicant’s progress in the current educational program.

5. The applicant shall submit the **formal application** using the form located on the website <https://nacn-usa.org/resources/scholarship-award/>



News Flash - World Medical Association
Opposed to Physician-Assisted Suicide and Euthanasia
Carolyn Laabs, PhD, MA, MSN, FNP-BC
Chair, Ethics & Spirituality Committee



In an October 26, 2019 [press release](#), the World Medical Association (WMA) reaffirmed its long-standing opposition to both physician-assisted suicide and euthanasia. In addition, the WMA asserted that no physician should be forced to participate in or be obliged to make referrals for such activity. This is big news. It is big news because it sends a message to physicians all over the world that they ought not kill their patients and it sends a message to people all over the world that they ought not expect physicians to help patients kill themselves or to euthanize them, even if a patient asks and even if the law says that they can.

Such messages may seem obvious, not news at all - that physicians ought not kill nor be expected to do so. After all, the fifth commandment, "Thou shall not kill," is grounded in the natural moral law which is written on the soul of every person and applies to every person. (See [CCS 1954-1960](#).) Yet, strangely, it is not apparent to everyone. In a culture that has become warped by moral relativism, the objective moral truth that there are some things that no one should ever do, physicians killing patients being one of them, is seen as biased and mistaken, even morally wrong. Thus it is important and news-worthy that the WMA takes a stand in favor of the objective moral truth. But who is the WMA and why would what they say matter?

The WMA is an independent confederation of professional associations representing physicians worldwide. Founded in 1947 in response to World War II and the concern over the questionable state of medical ethics in general around the world, the WMA saw itself, and continues to see itself, as responsible for establishing ethical guidelines for the world's physicians and upholding the highest possible ethical standards in the practice of medicine. Much like today, at the time of the WMA's inception, the custom of administering an oath to physicians upon graduation from medical school, if done at all, had become a mere formality. Ethical guidelines were weak.

The WMA believed that establishing the administration of a proper oath upon graduation would help impress on new doctors the fundamental ethics of medicine and assist in raising the standard of professional conduct. Using the Oath of Hippocrates as a model, the WMA developed the International Code of Medical Ethics and the Declaration of Geneva in 1949. Notably, the 1949 Code stated,

"A DOCTOR MUST ALWAYS bear in mind the Obligation of preserving human life"[and the Declaration of Geneva stated] I WILL MAINTAIN the utmost respect for human life from the time of conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity." (Capitalization original.)

WMA member associations were encouraged to recommend that the Code and Declaration be used in medical schools and by medical faculty. Its use, however, was optional and, as history reveals, its content would be influenced by the ever-changing whims of a culture increasingly under the spell of moral relativism.

The WMA Code and Declaration have been revised and amended numerous times. It is now known simply as the Declaration of Geneva and neither as an oath nor a code but rather as a [pledge](#). The change in language and content matters. Oaths generally carry more moral weight than pledges, which are more like promises. Oaths are validated by an appeal to the transcendent, involve the personhood of the swearer and prescribe consequences for failing to uphold the contents of the [oath](#). Pledges and promises do none of that.

Other notable changes are seen in the most current [version](#) of the Declaration of Geneva. They include:

"I WILL MAINTAIN the utmost respect for human life; [and] I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat." (Capitalization original)

Notice there no longer is mention of the "time of conception." While "respect for human life" is retained, there is no explanation of what that means. The "laws of humanity" are no longer included, which suggests a rejection of the natural moral law. An explanation of what constitutes "human rights and civil liberties" is nowhere to be found.

Needless to say, this ambiguous language leaves the door open for the taking of human life, among other things, as already exemplified by the WMA statement on "Medically Indicated Termination of Pregnancy," in which the WMA is open to direct [abortion](#). Thus, with the watering down of its ethical standards over time, the

World Medical Association Opposed to Physician Assisted Suicide and Euthanasia(cont'd)

fact that the WMA reaffirmed its opposition to physician-assisted suicide and euthanasia is significant and, hopefully, influential.

The American Medical Association (AMA) has been part of the WMA since its inception, continues as a [constituent member](#) today and, like the WMA, is opposed to physician-assisted suicide and euthanasia. Membership in the WMA enhances the credibility of a national medical association like the AMA. This is important, given that there are a multitude of professional associations representing physicians in the US but not all are WMA members. The stance taken by the WMA in opposition to physician assisted suicide and euthanasia can influence the position of its members and of the world community. However, since the WMA's ethical standards have never been binding on its members, there is no guarantee that the individual member countries will take the same stance as the WMA. For example, the medical associations of Belgium, Columbia, and Luxembourg are members of the WMA, but physician-assisted suicide and euthanasia have been practiced there for years. Even so, the WMA's reaffirmation against physician-assisted suicide and euthanasia should give us hope. As legalization continues to be a threat in the United States, the WMA may be a resource we can utilize when defending opposition to these dastardly deeds.

Sadly, according to the [Charlotte Lozier Institute](#), as of June 13, 2019, there are ten states in the U.S. that currently allow physician-assisted suicide, either by law or court decision. According to [Death with Dignity](#), an assisted suicide advocacy organization, there currently are 18 states that are considering legalization of assisted suicide. A number of state medical societies and professional organizations already have taken a position of [neutrality](#), as has the [American Nurses Association](#). While a neutral position may appear benign, to be neutral one first must reject opposition, thus allowing oneself to be open to assisted suicide. Hence even a so-called "neutral" stance still condones the killing of patients and typically does so under the deceptive guise of respect for patient autonomy, a so-called, "[right to die with dignity](#)," and a completely misguided sentiment of compassion. The only morally defensible position is opposition.

The [International Council of Nursing](#) (ICN), the nursing equivalent to the WMA, is deliberately vague in their position statement on the care of dying [patients](#). Like the many revisions of the code of ethics by the WMA, the ICN currently is in the process of revising its code of ethics. However, unlike the WMA, a [report](#) by the ICN suggests that the Code will not take a clear position on physician-assisted suicide and euthanasia, or perhaps on anything. For example, according to the report, the ICN Code of Ethics is meant to serve as a "living document" that nursing associations around the world may use "to form the foundation for their own ethical standards," and "as a basis for the discussion of health policies," offering "a platform for reflection on the different basic responsibilities nurses have in our increasingly interconnected world," with a focus on "maintaining patients' dignity and respect," defining dignity as, "the expression of humanity, being listened to and heard, being respected and being [trusted](#)."

Be that as it may, the WMA's reaffirmation of its opposition to physician-assisted suicide and euthanasia is good news. Regardless of the position that other organizations may take as they allow themselves to be tossed about by the [waves of moral relativism](#) and enticed into trying to justify the unjustifiable, we still should ground ourselves in the natural moral law which "is nothing other than the light of understanding placed in us by God; through it we know what we must do and what we must avoid" ([CCS 1955](#)). The Catechism teaches:

The natural law expresses the original moral sense which enables man to discern by reason the good and the evil, the truth and the lie ... The natural law is immutable and permanent throughout the variations of history ... Even when it is rejected in its very principles, it cannot be destroyed or removed from the heart of man. It always rises again in the life of individuals and societies ([CCS 1954-1958](#)).

The precepts of natural law are not perceived by everyone clearly and immediately. In the present situation sinful man needs grace and revelation so moral and religious truths may be known "by everyone with facility, with firm certainty and with no admixture of error. The natural law provides revealed law and grace with a foundation prepared by God and in accordance with the work of the Spirit ([CCS 1960](#)).

So let us rejoice and praise God for the WMA's reaffirmation of their opposition to physician-assisted suicide and euthanasia. And let us pray that all people may come to recognize and treasure the gift of the natural moral law and be moved to end the practices of assisted suicide and euthanasia that everyone has the capacity to know, in their heart of hearts, is always wrong.



Encouragement from the Past: Defending Life Never Gets Old

by Cheryl Hettman, PhD, RN

Nursing Consultant & Educator; Chairperson, Archives/History Committee;
and Past NACN-USA President, 2010-2012

From the last *Archives/History Committee Brief #11* in the Fall 2019 Newsletter, you learned about the historical document collection of the former National Council of Catholic Nurses (NCCN) that is housed in the Catholic University of America archives. Also, in the last newsletter, you learned from the article by Carolyn Laabs, Chair of the Committee on Ethics and Spirituality, about the new position statement issued recently by the American Nurses Association regarding the role of the nurse when it comes to patient requests for assistance to end life (Laabs, 2019). When reviewing the historical NCCN documents for what to share with you in this Brief #12, one stood out as very timely in light of what Dr. Laabs had just conveyed regarding the American Nurses Association's change in position on the nurse's role in aiding a patient's death requests. They previously opposed assisted suicide, but now the new position is but a vague, "compassionate response" statement that is left to anyone's interpretation – and elicits an element of legality (...remember...assisted suicide is already legal in several states so far!). This implores us all, as Catholic nurses, and as a Catholic organization, to pay close attention to what is happening in relation to values and morals regarding life - not only to what is happening from a legal standpoint in the public arena, but also within our professional organizations that purport to represent our collective interests as nurses. We must stand firm and lift our voices to make our case for life known whenever situations like this and others that seek to undermine the dignity of life, from conception to natural death. Likewise, we must not forget to encourage our colleagues to do the same.

The notion that Catholic nurses need to be astute about the current climate regarding medical assistance with death is not new, as can be seen in the document that follows from the NCCN historical

SPEAKER CONDEMNNS EUTHANASIA
AT CATHOLIC NURSES CONVENTION;
PRESIDENT EISENHOWER SENDS MESSAGE

9/10/56 - U.

(N.C.W.C. NEWS SERVICE)

MILWAUKEE, Sept. 10--Euthanasia--the act of killing someone suffering pain and said to have no chance for survival--was roundly condemned by a speaker at the National Council of Catholic Nurses convention.

Father Comerford J. O'Malley, C.M., speaking at the gathering's principal banquet, said "there is a need to return to the Christian way of thinking."

He told the nurses that "today when principles are being sacrificed to expediency, when the threat of aggression seems to determine the morality of international affairs, it is urgent that the nurses, who deal with life and death, must reject the theory of killing a man to put him out of his suffering."

President Eisenhower, in a message to the 912 delegates to the convention, said that "I have been especially impressed by your devotion to the welfare of our older citizens and your many activities to help them toward better health, happier living conditions, and more abundant opportunities for recreation and enjoyment..."

A resolution passed on the last day of the eighth biennial convention, pledged the council "to continued efforts to realize for the nursing profession and for society at large the ideals of social justice essential in Catholic morality and proclaimed by Our Holy Father."

Miss Mary Knapp of Akron, Ohio, was elected president of the national council. Other new officers included: Mrs. Marie Costello, Chicago, first vice president; Mrs. Mary Delehanty, Brooklyn, N.Y., second vice president; Sister Ann Majella, Santa Fe, N.Mex., director-Sister; Miss Margaret Foley, St. Louis, director for two years, and Miss Catherine Dempsey, Boston, and Mrs. Richard Fitzgerald, Milwaukee, directors for six years.

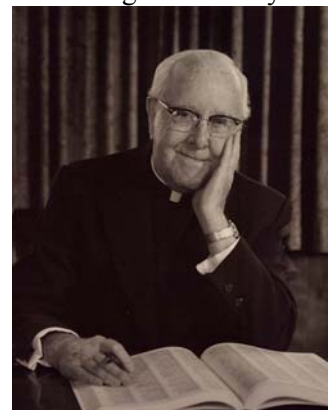
Archbishop Richard J. Cushing of Boston, episcopal chairman of the Nurses Council, was with a pilgrimage in Europe, but he wrote delegates, urging them to "defend your religion by the style and quality of your lives."

Encouragement from the Past: Defending Life Never Gets Old (cont'd)

collection. Before you read the document - which though quite brief, really speaks for itself – let me preface the context of the document. It is a short article that appeared in what was known as the “NCWC News Service” on September 10, 1956 – a regular communication of the National Catholic Welfare Conference (NCWC), now called the U.S. Conference of Catholic Bishops (USCCB). Aside from noting officer election results, the article contains advisement offered at the Catholic Nurses convention in Milwaukee, Wisconsin when the idea of euthanasia was beginning to be put forth. The messages shared by Fr. Comerford O'Malley (DePaul University President), then Archbishop Richard J. Cushing (later Cardinal Cushing), and even President Dwight Eisenhower, were insightful and encouraging to Catholic nurses then and should be for us, too, nearly 64 years later. It is my hope that the brief, yet profound words these three important figures provided will be a reminder of the need to follow in the footsteps of the Catholic nurses who went before us by continuing to be vigilant in our support of life in our professional role. It is our duty - and God's law – and all the while we can continue to provide great nursing care with great compassion to all in need.



Mrs. Marie Costello,
Chicago, 1st VP-1956



Fr. Comerford O'Malley,
DePaul University President
(1944-1964)

References

- Laabs, C. (2019, Fall). The American Nurses Association New Position on Assisted Suicide. *National Association of Catholic Nurses-USA, National Newsletter*, p. 13.
- National Catholic Welfare Conference. (1956). Speaker Condemns Euthanasia at Catholic Nurses Conference; President Eisenhower Sends Message. *N.C.W.C. News Service (Domestic)*, p. 8.

NACN-USA 2020 National Conference

June 16-18, 2020, Shrine of the Most Blessed
Sacrament, Hanceville, Alabama
with option to attend *At Home with Jim & Joy*
at EWTN June 15

Call for Abstracts for Podium and Post Presentations

NACN-USA seeks applicants for podium and poster presentations relating to Spirituality in Nursing Practice. As Catholic nurses, we respond to Pope Pius XI 1935 call at the International

Catholic Nurses World Congress in Rome in which the Holy Father called nurses to struggle against "paganism and materialism which insinuated themselves everywhere in order to cast out Christ" and be "first and foremost, and at any cost, full of the spirit of spirituality, of Christianity, of the Christian supernatural." His Holiness stated, "The treasure which your assistance must bring to the infirm is precisely that of spirituality, of the supernatural." He secondarily stressed the need to "bring material, bodily comfort..." and concluded with the need "to be outstanding nurses, technically speaking, you will have to continue improving on what you do, and keep abreast of all that you ought to know.:"



The Mission of this Conference is to draw together Catholic Nurses from all across the country in the commonality of love for Christ at the Shrine of the Most Blessed Sacrament where Christ is continually adored by the Poor Clare of Perpetual Adoration founded by Mother Mary Angelica of EWTN. Faithful to the magisterium, we intend to inspire nurses to see Christ in their patients, and serve God through their position as Nurses, while remaining true to the teachings of our Catholic Church. Attendees will be invited to draw closer to the Lord, join a community of nurses facing similar challenges in healthcare, and learn about integrating spirituality into their care for patients. Bedside nurses, nurse educators, managers, supervisors, directors, advanced practice nurses, and other healthcare workers are invited. This conference has elements of a retreat to renew and objective data and studies for increased learning. We welcome professional nurses of all denominations to join us.



Vision:

Following this Conference, the hope is that those in attendance will return home with a renewed sense of their identity in Christ and a zeal to invigorate their communities by establishing local councils and encouraging membership in their regions. It is our intent that they become strengthened in their efforts as advocates for the dignity of the human person. This conference is also an opportunity for local councils and their members to communicate to the Board of Directors updates and challenges within the local setting.

Conference Pillars

Joy (J)

- Joy in the Catholic identity
- We are Catholic first
- Why our Faith is important and how it impacts our practice
 - Spirituality in daily lives and practice (board members)

Spiritual Tools (T)

- Helps the Catholic/Christian nurse functions in practice
- Daily spiritual life
- Sacraments
- Identifying spiritual warfare and learning how to respond

Healthcare and Ethics (H)

- Ethics and Bioethics
- Current and Future Challenges to Catholic and Christian Nurses
- How to practice as a nurse and maintain Catholic/Christian values
- Controversial Practices

Registration \$295 for members, \$345 for non-members and \$125 for students and religious. Watch website for registration.

Guidelines for Abstract Submission

Administration / Practice / Education / Research (include the following as applicable):

Nursing or Healthcare Topic influencing nursing. Title of Project/Presentation; Rationale; Problem Addressed; Setting; Target Population; Intervention; Outcome, Budget. (For research project in addition include as applicable: Conceptual Framework, Methods, Subjects, Instruments, Data Analysis and Results).

With each abstract, on a separate page from text, submit:

- 1) author(s) name
- 2) credentials
- 3) telephone number and
- 4) email contact

This information is needed for Conference Committee contact, listing in the conference program packet, if selected, and contact hour application documents. The presented text must be 250 words or less and address one or more of the desired conference outcomes. Presentation time is 45 minutes for each podium session to include 10-15 minutes for questions and answer time. Posters are displayed on a table top sharing half of a 2.5' x 8' table.

Submit Abstracts information for review by March 25, 2020, *Feast of the Annunciation of Our Lord*, to:

Dr. Jennifer Hitt at: jhitt@cbu.edu and CatholicNurses@nacn-usa.org

***Completion of the Faculty Biographical Data and Conflict of Interest Form is requirement to initiate an abstract review of a presented document and to apply for approval of education conference contact hours (COI at <https://nacn-usa.org/conference/>).



National Association of Catholic Nurses, U.S.A.

2020 NATIONAL CONFERENCE

*Rediscovering our Roots:
Spirituality as a Foundation of Nursing
Practice*



June 16-18, 2020 Hanceville, Alabama
Shrine of the Most Blessed Sacrament

Optional Show & Tour
EWTN - June 15

NACN-USA.org



Birmingham Airport
BHM



Mahoney and Morris v. Centura Health Corporation
A Lawsuit Worth Watching and Keeping in Prayer

Carolyn A. Laabs, PhD, MA, MSN, FNP-BC
Chair, Ethics & Spirituality Committee

With the legalization of physician-assisted suicide in the state of Colorado by voter referendum in 2016, an interesting legal case against Catholic health care is brewing that is worth keeping an eye on, and keeping in our prayers. Here are some facts of the case.

According to [public records](#), Cornelius ("Neil") Mahoney, who suffers from terminal metastatic liver cancer, approached his physician, Dr. Barbara Morris, on July 22, 2019 and requested her assistance in "aid in dying," as permitted by law in the [Colorado End of Life Options Act](#) (EOLOA). Specifically, the patient requested that Dr. Morris prescribe lethal drugs which he intends to ingest at home in order to end his life. Dr. Morris informed her patient that she was willing to prescribe the lethal drugs except she is prohibited from doing so by the policy of her employer, Centura Health, which not only prohibits prescribing the lethal drugs but also prohibits participating in any part of the process of qualifying a patient for use of drugs for "aid in dying." Centura Health is a joint venture of the Roman Catholic Church and Seventh Day Adventist church. It abides by the Ethical and Religious Directives for Catholic Health Care Services ([ERDs](#)) which explicitly forbid condoning or participating in assisted suicide and euthanasia in any way. Dr. Morris offered to refer Mr. Mahoney to another provider who would prescribe the lethal drugs for him. However, Mr. Mahoney declined the referral, stating that he wished to remain a patient of Dr. Morris and of [Centura Health](#).

Without discussing the matter with Centura, on August 21, 2019 Dr. Morris and Mr. Mahoney filed a lawsuit in the District Court of Arapahoe County in the State of Colorado against Centura for prohibiting its physicians from prescribing aid-in-dying drugs and arguing that Centura's policy prohibiting any involvement in aid-in-dying is broader than the Colorado law allows, in that it impermissibly limits and controls a physician's independent professional judgment concerning the practice of medicine and because Mr. Mahoney intends to ingest the drugs in his home and not on the premises of a Centura [facility](#). (The EOLOA explicitly provides an 'opt out,' allowing a health care facility to prohibit its physicians from writing prescriptions for aid-in-dying medication for patients who intend to take the medication on the premises of the facility.) Dr. Morris and Mr. Mahoney seek a judicial declaration that Centura may not lawfully prohibit Dr. Morris from, or sanction or penalize her for, providing aid-in-dying related services to Mr. Mahoney, including but not limited to, prescribing aid-in-dying drugs for him to use somewhere other than at a Centura facility.

On August 26, 2019, Dr. Morris was terminated from her employment with Centura. The grounds of termination were that she, while fully aware of and in signed agreement with the policy in which she expressly agreed that she would not provide any services that are in violation of the ERDs, violated that employment agreement when, in the words of Centura Health, she, "publicly disavowed the values and beliefs of Centura Health and actively condoned and participated in aid-in-dying care for a patient [and further] has asked the court to compel Centura to allow her, as an employee, to participate in assisted suicide in violation of Centura [policy](#)." According to Centura, rather than encouraging the patient to receive care consistent with Catholic doctrine or transferring care to other providers, Dr. Morris has, within her employment, encouraged an option that she knew was morally unacceptable to her [employer](#).

On September 11, 2019, Centura Health filed a [motion to dismiss](#), arguing that the case should be moved to federal court since it dealt with federal issues. Centura argued that the case involves the Free Exercise and Establishment Clauses of the First Amendment which prohibit compelling a religious health care organization to continue the employment of an employee after that employee has publicly disavowed the ERDs and encouraged a patient to intentionally hasten his death in contravention of the ERDs. It involves Section 702 of the Civil Rights Act that explicitly exempts religious organizations from claims that arise from discipline of employees on religious grounds. It also involves Supreme Court precedent on the right of religious organizations to define and carry out their religious missions. However, on October 4, 2019 the lawsuit was returned to the state court after a judge determined that the arguments by Centura need not be heard in a federal [court](#).

An updated lawsuit against Centura was filed October 7, 2019. Dr. Morris is the sole plaintiff; Mr. Mahoney has decided to step down. The lawsuit has been amended to include claims of wrongful termination, breach of contract, and retaliation against Dr. Morris in violation of EOLOA. It also claims that, contrary to Colorado law that prohibits corporations from interfering with a physician's professional judgment, Centura unlawfully inserted itself into the doctor-patient [relationship](#). Dr. Morris is seeking economic and compensatory damages.

Mahoney and Morris v. Centura Health Corporation: A Lawsuit Worth Watching and Keeping in Prayer (cont'd)

Centura argues that Dr. Morris was not fired for filing a lawsuit but because she breached her employment agreement with the intent to violate Centura's policy of upholding the ERDs. According to Centura:

We are committed to providing health care services consistent with our Christian values. The Colorado End-Of-Life Options Act permits health care providers to opt out of assisting qualified patients in medical aid-in-dying... Centura Health opted out of the Act based on our Christian beliefs to promote and defend the sacredness of every human life.

When a patient is faced with a diagnosis of advanced, life-limiting illness, we inform the individual of Centura Health's treatment options that may include comfort care, palliative care, hospice care and pain control. If a patient has questions about services beyond what Centura offers, we encourage and expect them to ask their health care provider directly. Centura acknowledges the rights of patients to seek aid-in-dying under Colorado law elsewhere. If a patient declines the treatment options available at Centura and requests a transfer to a facility outside of our system, we will transfer the patient in accordance with his or her [wishes](#).

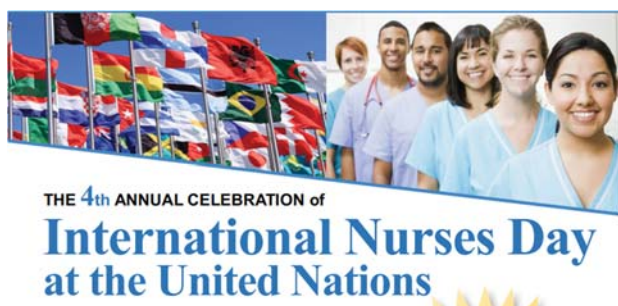
Interviews with Dr. Morris and with the CEO of Centura Health can be heard on [Colorado Public Radio](#). There has been no news of Mr. Mahoney.

These are the facts of the case, as of this writing. It clearly has ramifications for Catholic health care and other faith-based organizations. Further developments and how the court rules are yet to be seen. In the meantime, we pray for all the parties involved. Our hearts especially go out to Mr. Mahoney, as he faces his own death. In the words of the Bishops of Wisconsin in their pastoral letter on end of life decisions:

Death comes to us all. As a people of God, we face it strengthened by our faith in Christ and His resurrection. We face it with the strength gained from the love and concern of our family and friends. We face it with the skilled health care professionals who put those skills at the service of God and neighbor. We face it, above all, with the strength of our own prayers and the prayers of the Church as we call upon Mary, Mother of the Lord and comfort of the sick. We ask in faith, 'Holy Mary, Mother of God, pray for us sinners now and at the hour of our death. [Amen](#).

International Nurses' Day at the United Nations

Friday, May 8, 2020, [Early Bird Registration open now](#)



The 4th International Nurses Day at the United Nations will be held at the Delegates Dining Room, 4th Floor, at the United Nations, New York, New York 10017, Friday, May 8, 2020 from 10am to 2:30pm (EST) sponsored by Nurses with Global Impact. Early bird registration is now open at <https://nurseswithglobalimpact.org/2020-at-the-un/>. NACN-USA members who register to attend should also email Dr. Patricia Sayers, DNP, RN sayerspa@camden.rutgers.edu who will coordinate for a CICIAMS/NACN-USA reserved table(s). Register early. Seats fill up quickly.



Free Consultation on Bioethical Issues

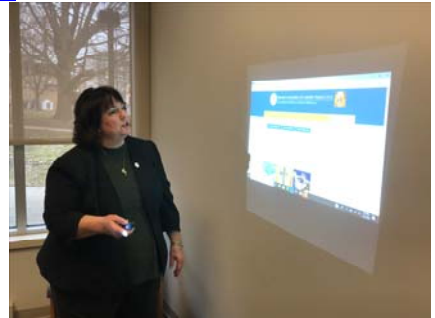
THE NATIONAL CATHOLIC BIOETHICS CENTER (NCBC) offers a free consultation service, by a credentialed bioethicist for assistance in addressing an ethical dilemma involving health care or the life sciences. If you have a specific time-sensitive question concerning such a matter that cannot wait until regular business hours, please call: (215) 877-2660, 24 hours/day, and 7days/week. Follow the prompts to leave a message and an ethicist will be paged and respond to your call as soon as possible. Online consultation at: <https://www.ncbcenter.org/consultation/submit-request/>

Council News

The National Association of Catholic Nurses, U.S.A. MidAtlantic Regional Director, Janet Munday, BSN, RN has been collaborating with nurses in Ohio, Michigan and Kentucky to establish local councils.

Diocese of Columbus Council of Catholic Nurses

On November 21, 2019, NACN-USA member [Teresa Sipos, MSED, BSN, RN](#) obtained the Most Reverend Robert J. Brennan, Bishop of Columbus' permission to form a local council and on January 23, 2020 Janet attended the first local council meeting. Fr. Mark is the Bishop's liaison to the local council is a registered nurse! Father Vinny is a chaplain at St. Thomas More Newman Center where the local council meets on the 4th Wednesday each month at 4:00pm followed by mass with the Newman Center community at 5:30pm. The Diocese of Columbus Local Council of Catholic Nurses focuses on bringing Catholic nursing professionals, nursing professors and the Catholic nursing student together for spiritual support, networking and education in the Catholic ethics. For more information: Trinitycounselingllc03@gmail.com



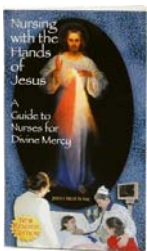
The Catholic Nurses Sodality of the Diocese of Cleveland

The Cleveland Sodality of Catholic Nurses in the Cleveland Diocese held their inaugural mass last summer and meets weekly. They were mentioned today, January 31st in the *Northeast Ohio Catholic* e-newsletter! *"Did you know the Sodality of Catholic Nurses, an organization for active, retired and student nurses meet the first Friday of each month to reflect, renew and deepen their faith from 1-3 p.m. at the Center for Pastoral Leadership in Wickliffe?"* For more information contact Clarice DeJesus at: CNSofCle@gmail.com



Diocese of Lexington, Nurses

On December 31, 2019, The Most Reverend John Stowe, OFM, Conv. Bishop of the Diocese of Lexington granted permission to establish a local chapter writing, *I realize the multiple challenges faced daily by everyone in the health care professions. Nurses are on the front lines of so many aspects of patient care. The desire to practice your profession as a faithful Catholic is admirable and deserves to be supported.* On January 16, 2020 Janet traveled to the Blue Grass State and met with Matthew Fish, RN and the Bishop's liaison, Mike Allen, to discuss forming a local council of Catholic nurses in the Diocese of Lexington, Kentucky.



Divine Mercy Medicine, Bioethics and Spirituality Conference Talks

Marie Romagnano, RN, BSN, CRC, CCM, CLCP, Founder of [Healthcare Professional for Divine Mercy](#) and NACN-USA member has made available FREE online conference presentations from their bioethics conference offered twice a year in New York and Ohio. Listen to these excellent presentations: <https://www.thedivinemercy.org/healthcare>. The Manual for Nurses, *Nursing with the Hands of Jesus*, is also online with 8 CEU's offered.





Meet and Learn with Catholic Nurses around the World
**7th Congress of the English-Speaking African Region
 of CICIAMS – September 2020**

On behalf of International Catholic Committee of Nurses and Medico-Social Assistants (CICIAMS), the Catholic Nurses Association of Kenya invite you to register for the 7th Congress of the English-Speaking Region.

Theme: *Embracing Nursing Leadership in Non-Communicable Disease Management to Enhance Holistic Care.*

Congress Dates: 9, 10, 11 September 2020, Kenya School of Monetary Studies,
 Nairobi, Kenya
 Excursion Date: 12 September (Optional)

More information at <https://nacn-usa.org/news-events/nacn-usa/>
 and questions at: info@caritasnurseskenya.org



CICIAMS Executive Committee & Council Meet in Rome



*Dr. Pat Sayers, RN and
 Dr. Mimi Nowak, RN
 outside the Vatican*

The CICIAMS Executive Committee and then Council met in Rome on November 18-21, 2019. In attendance from the United States were NACN-USA members Dr. Marian (Mimi) Nowak, DNP, MPH, RN, CSN, FCN, FAAN, CICIAMS Pan American President and Dr. Patricia Sayers, DNP, RN, CICIAMS UN/DPI Representative. Dr. Nowak attended the [Executive Committee](#) meeting with the presidents from the other three world regions: Africa, Europe and Asia along with the CICIAMS International President (Ireland), Secretary General (Nigeria), Treasurer (England), and Spiritual Advisor (USA). The secretary from the CICIAMS office in Rome also made a visit. On the second day of the meeting the [Council members](#) joined the Executive Committee.

At the meetings the regional presidents provided consolidated reports from member countries. The Executive Committee discussed current and future projects. Discussions also included finances, membership and 2020 elections.

Dr. Nowak discussed establishing a Master in Public Health (MPH) program between the USA and Dr. Khosi Mthethwa, Head of the Professional Committee, Eswatini Kingdom. There were also discussion of developing a nurse midwifery mentorship program with Ms Anne Wawire, Head of the Midwives Committee from Moi University School of Nursing in Kenya. Mimi also continues to liaison with Fr. Ken Sleyman, Tenshi Catholic College Nursing School professor and Spiritual Advisors for Japanese Catholic nurses discussing a PenPal program between Catholic nurses in the USA and Japan.

Mimi and Pat had a chance meeting with EWTN's Joan Lewis at our favorite Italian restaurant outside the Vatican! Joan Lewis then shared about their fortuitous meeting in Rome on the [December 4th and 6th episodes](#) of *At Home with Jim and Joy* that featured the National Association of Catholic Nurses, U.S.A.



Pat Sayers and Mimi Nowak meet EWTN's Joan Lewis in Rome

Call for Nominations --- Closes February 15, 2020

The Membership and Elections Committee is seeking NACN-USA Members interested in serving in leadership positions on the Board of Directors for the 2020-2022 term (July 1, 2020 to June 30, 2022).

1) **President Elect** (assumes Presidency 2022-2024 then Immediate Past President 2024-2026)

2) **Corresponding Secretary**

3) **Regional Directors** for the four even number regions:

Region 2 - Lower Northeast (NY, NJ, PA, DE, MD, DC)

Region 4 - Southeast (AL, NC, SC, TN, GA, FL, Virgin Islands, Puerto Rico)

Region 6 - SouthCentral (TX, OK, AR, LA, MS)

Region 8 - SouthWest (NV, UT, CO, AZ, NM)

Open for appointment (now to June 30, 2021) or election

Region 7 - Midwest (ND, SD, MT, ID, WY)

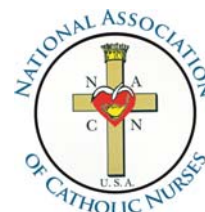
Region 9 - Pacific (WA, OR, CA, AK, HI, GU, MP, AS)



There are also opportunities to serve on the committees: Archives & History Ad Hoc; Awards & Scholarship; Bylaws; Education, Practice & Research; Ethics & Spirituality; Membership & Elections; Communications (Newsletter & Publicity / Social Media / Website). [Complete the volunteer packet](#)

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 professionals who support the mission and objectives of the NACN-USA
- To advocate for those in need through efforts which integrate faith and health



NEWSLETTER

For the next edition, send your submissions by e-mail to:

courtneystathis@gmail.com, and CatholicNurses@nacn-usa.org

Winter (published in Dec.): Nov. 15

Spring (published in March): Feb. 15

Summer (published in June): May 15

Fall (published in September): Aug. 15

Please join in welcoming Marigrace Frances Stathis born on 10Dec2019! Congratulations Courtney and John-Patrick (JP)!

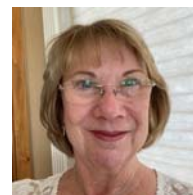


Newsletter Editor: Do you have expertise in writing and assembling newsletters? We are seeking a NACN-USA member to volunteer to collect articles, write content and publish the newsletter quarterly. Are you called to serve?

NACN-USA MEMBERSHIP

Membership dues are \$50/yr and can be paid via the website <http://www.nacn-usa.org/>

Thank you for renewing. Welcome to those joining. Invite a friend to join!



*Suzanne Gullotta,
RN, MHS, FNP-BC
Membership Chair*

XXVIII World Day of the Sick – 11 February 2020

*"Come to me, all you who labour and are burdened,
And I will give you rest" (Mt. 11:28)*

Read our Holy Father, Pope Francis' message at:

http://w2.vatican.va/content/francesco/en/messages/sick/documents/papa-francesco_20200103_giornata-malato.html

#EWTN2020

Catholic Nurses



2020 NATIONAL CONFERENCE

REDISCOVERING OUR ROOTS:
SPIRITUALITY AS A FOUNDATION
OF NURSING PRACTICE



JUNE 16-18, 2020 | SHRINE OF THE MOST BLESSED SACRAMENT
HANCEVILLE, ALABAMA | NACN-USA.ORG

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