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

Where NURSING, MINISTRY and CATHOLIC MISSION meet

"Unity in Charity"

www.nacn-usa.org CatholicNursing@nacn-usa.org Summer 2018 Newsletter

President's Letter

by Diana Ruzicka, RN, MSN, MA, MA, CNS-BC

Writing my last letter to you as President of the National Association of Catholic Nurses, U.S.A. I want to thank you for the honor it has been to serve you, the members. We have accomplished much due to the professionalism, dedication and ingenuity of all of you who volunteered at the international, national and local levels to promote Catholic nursing and Christian values in health care. I want to thank each one of you for your service. Some might say, "but I barely did anything." I would change that to say that every effort matters. And no effort is too little if done with love. We can make varying levels of effort at different times of our lives based upon our personal situations. Thank you for making that effort. It might have been by inviting a friend to conference or inviting them to join. Perhaps you coordinated making T-shirts or reviewed ANA or HHS statements and wrote comments for our organization. Perhaps you kept track of our finances or recruited members for leadership roles. Perhaps you received international or national nursing awards and mentioned your membership in the National Association of Catholic Nurses, U.S.A. Perhaps you brought your Christian values to the workplace and cared for your patients, fellow staff members, students or colleagues with the love of Christ. Every effort to further the mission of NACN-USA and our Lord and Savior, Jesus Christ in the nursing service we provide (clinical, administrative, education, research), it all is important and I thank you.

Over the last week, I have wondered if this was a good time to serve as President with my Mom, Joanna Prunty, suffering a second incapacitating stroke in November 2016 which resulted in her birth into eternal life on May 19, 2018. However, I do think this was good. I was able to fulfill the role of president and also travel back and forth to California multiple times to be with her and my father for extended periods of time. And now, I am overwhelmed and so very grateful for the cards, prayers and so many masses that have been

President's Letter (cont'd)
offered. Our prayers here are so important for the disposition of the soul of our loved ones. Thank you Jesus for the gift of the Divine Mercy Chaplet which I fell asleep praying for my mom when her oxygen saturation dwindled to 59%. Jesus told St. Faustina in the 1930's, *"The souls that say this chaplet will be embraced by My mercy during their lifetime and especially at the hour of their death"* (754). *"At the hour of their death, I defend as My own glory every soul that will say this chaplet; or when others say it for a dying person, the pardon is the same..."* (811). My heart also goes out to my colleagues who have also suffered losses whether illness or death. May God bring healing and peace to all.

On July 1, 2018, Dr. Marie Hilliard, MS, MA, JCL, PhD, RN will assume the role of President. We are so blessed to have her expertise at the helm. Not only has Marie served many years as the Director of Bioethics and Public Policy for the National Catholic Bioethics Center, this last month she was recognized at the United Nations on behalf of Nurses with Global Impact (NWGI) for her exemplary practice impacting the global delivery of health care. Thank you Marie for saying "yes" to serve. **I hope to see many of you at our National Conference, August 2-3 in San Antonio, Texas.** If you have not already done so, please register online at www.nacn-usa.org. Dr. Jane Cardea and her committee have planned an excellent event.

As many of you know, I live in Alabama north of the Shrine of the Most Blessed Sacrament founded by Mother Mary Angelica, foundress of the Eternal Word Television Network. I was blessed to attend her funeral and I make frequent personal pilgrimages to the Shrine. I would like to leave you with some words from Mother Angelica, ***"God from all eternity chose you to be where you are at this time in history to change the world."*** May you listen to the voice of the Holy Spirit in your heart and make a difference.

God bless you. Thank you for all you do.

In Jesus' Holy Name,
Diana

August 2-3, 2018
Historic Menger Hotel
Alamo Plaza 204
San Antonio, TX 78205
800-345-9285

Responding to Healthcare Challenges Influencing Catholic Nursing Practice

Conference Highlights

At headquarters, we are so excited about the great line-up: clinical nurse researchers, mental health clinicians, advocates against human trafficking, Catholic missionaries, cultural diversity and emergency shelter management experts. Our Keynote Speakers are Dr. Mary Lee Barron, PhD, APRN, FNP-BC, professor and expert in Fertility Awareness Based Methods, so appropriate for this 50th Anniversary of Pope Paul VI's landmark encyclical *Humane Vitae* and also, Julie Trocchio, MSN, RN, Senior Director, Community Benefit and Continuing Care at Catholic Health Association. Her expertise lies in examining various models for faith-based health programs including parish nursing, which is so appropriate this year of the beatification of Hanna Chrzanowska, a lay Polish nurse who organized parish nursing in Krakow, Poland. A book on Hanna's life will also be available at the conference.

The Archdiocese of San Antonio is providing a complimentary tour of the Cathedral. There are also 5 historic Missions in San Antonio built in the 1700s: The Alamo (Mission San Antonio Valero), Mission San Jose, Mission Concepcion, Mission Espada, & Mission San Juan.

It's San Antonio's 300th birthday. So, this is a great time to bring your family to savor San Antonio sights, sounds, and tastes. A laser light show will be shown on the Cathedral. Tickets, at group rate, will be available for the first 30 for Fiesta Noche del Rio on the River Walk.

Board of Directors Meeting in San Antonio
August 1, 2018, 2:00 to 5:00 PM:
Continues to Advance NACN-USA Mission

With our recent elections and appointments all but one position of the Board of Directors are filled (Region 7: MW Regional Director). We are incredibly grateful to all willing to serve. The dedication of our Board is amazing and has served us well in advancing NACN-USA's mission. The Board meets monthly and will have a meeting open to observers at our San Antonio National Conference in the Menger Hotel on August 1, 1018 from 2:00 to 5:00 pm, before the formal program begins. You may wish to plan your travel to enable you to be there. If you have not registered for our National Conference go to our web page to reserve your space at this opportunity to engage with other nurses in: "RESPONDING TO HEALTHCARE CHALLENGES INFLUENCING CATHOLIC NURSING PRACTICE." https://nacn-usa.org/conference/2018-conference-san-antonio/.

Historic Menger Hotel, San Antonio, TX
Site of NACN-USA National Conference

We welcome to the Board, Regional Director (Region 1: Upper NE) Renee Frost. Renee is from Connecticut and works as a case manager. She is committed to advancing health care consistent with natural moral law, and her own spiritual development as she prepares to be a Third Order Dominican. She joins the other thirteen members of the Board of Directors, serving our members with diligence and faithfulness to our mission. We hope you get to know them at the National Conference.

Committees --- Are you Called to Serve?
Volunteer online at https://nacn-usa.org/about-us/volunteer-committee/

Awards & Scholarships – This committee publicizes the awards and scholarships of the Association, establishes written/electronic protocol for review and selection of eligible applicants for all awards offered by the Association and provides the names of the selected awardees to the President/Board of Directors for final approval.

Bylaws – This committee annually reviews the Articles of the Association and Bylaws to recommend items for revision or addition. Following review of the Board of Directors the changes are approved by the Membership.

Communications – This committee publishes newsletters, maintains social media platforms and the website.

Education, Practice & Research - This committee works with the President and Board of Directors to determine appropriate educational offerings, practice and research topics and agendas for meetings of the Board of Directors and Association. Develops goals and objectives of any educational offerings of the Association and seeks continuing education credits. Identifies and makes available a list of appropriate, current resources, upcoming conferences and workshops and speakers names and expertise. Develops standardized practice resources to assist nurses and other health care providers to provide Christian nursing care.

Ethics & Spirituality – This committee assures that the Association maintains fidelity to the teachings of the Roman Catholic Church and the directives of the Holy Pontiff. It acts in an advisory role to the membership and BOD related to spiritual and ethical issues that provide information and insight to nurses and other healthcare providers fostering acts of spirituality in their role of caregiver to influence the healing ministry of the person and outcomes of those in their care.

Membership & Elections – This committee promotes and sustains membership, liaisons with nursing schools and national student nursing meetings, seeks and review applications to determine volunteer interested for a committee membership or elected position. Oversees the annual elections.

History in the Making: The NACN-USA Ad Hoc Archives/History Committee (Brief #9)

Once Upon a Time…

by Cheryl Hettman, PhD, RN
Nursing Consultant & Educator; Chairperson, Archives/History Committee; and NACN-USA President, 2010-2012

Like all good stories about things of the past, when we hear the words, "Once upon a time" in respect to our Catholic nursing association, we might expect our senses to be heightened and to be intrigued as we attempt to envision the time, the place, the people, and the meaning of the events being described. And indeed – this is the case each time I read an article from the official journal of the original National Council of Catholic Nurses (NCCN) – *The Catholic Nurse*. As you may recall from Brief #3 in the Summer 2015 Newsletter of our current National Association of Catholic Nurses, U.S.A. (NACN-USA), I told of having discovered the existence of this journal from 1952 until the NCCN disbanded. There were 18 volumes total of this quarterly publication, with just one final issue printed in September 1969.

And so, it was…Once upon a time…when the journal was commonly found in the homes of nurses, in hospitals, and in nursing schools and universities across the country, the Ursuline College library in Pepper Pike, Ohio was no different. Yet, as my quest for learning about *The Catholic Nurse* journal continued, I soon came to know that Ursuline was, indeed, different from most of the others…at least in recent times. Not only did Ursuline subscribe to the journal back in its day, in 2015 they were likely the only university in the country to still have a complete set of all 18 volumes! A couple of other universities did come up as having the set when doing an extensive literary search, but when I contacted them, neither was able to confirm that they had the set in its entirety – only Ursuline did. After arranging for a visit to the library and seeing for myself that the volumes truly did exist, it occurred to me that this might well be the most important historical element representing the work of the NCCN in existence today. Of course, I had to ask the question – "Would they be willing to donate the set to the NACN?" After all, NCCN - now NACN - did not even have *one* copy of even *one* of the journal's issues? Most unfortunately, the head of the library said, "No."

Then…Once upon a time…between Thanksgiving and Christmas 2017, I received a call from Diana Ruzicka, President of the National Association of Catholic Nurses, U.S.A. informing me Ursuline College had contacted NACN-USA to donate the full set! I received a package from Ursuline College's *new* librarian, and it contained the complete set of *The Catholic Nurse* journal – all 18 bound volumes! As I opened the box, the slightly musty smell of archived lives and legacies leaped from the books inside. The pages of most volumes are fragile, discolored, and slightly tattered – yet preserved for us to learn from and to be intrigued by. In the days ahead, all pages of the journal will be scanned and prepared to be made available for anyone with the desire to know what happened "Once upon a time!" As our Archives/History Briefs continue, periodically you will see articles and other writings – even cartoons – from the journal. In these moments, may you close your eyes and ponder the time, the place, the people, and the meaning of days gone by in our nursing history…and join me in giving thanks to God for the Ursuline College library's tremendous gift to our organization! The first article to be shared will be done in honor of Ursuline College's founding principal, established by Mother Mary of the Annunciation Beaumont of the Ursuline Sisters of Cleveland in 1871, which was to recognize "the need for an institution of higher learning for women" (Ursuline College, 2016). Ironically, it comes from the first volume of *The Catholic Nurse* and was written by a Reverend John J. Flanagan, S.J., the Educational Advisor for the Conference of Catholic Schools of Nursing (1953). *See the article to follow - Enjoy!

COLLEGIATE NURSING AT THE CROSSROADS

by Rev. John J. Flanagan, S. J.

Educational Advisor, Conference of Catholic Schools of Nursing

For several years the Conference of Catholic Schools of Nursing has been occupied with problems of nursing education in general. Because of special pressures, much of that attention was necessarily given to diploma programs and only divided attention to the collegiate schools. Our Council decided at the last convention meeting that we had an obligation to hold a special meeting exclusively for Catholic collegiate programs, so that they would have ample time and opportunity to discuss their own problems.

Collegiate nursing education has for the most part "just grown up." Without a pattern or guide, it has been the victim of many pressures—many of these coming from outside the college or university—many not in accord with practices prevailing for other academic programs in the college.

There are now some 62 Catholic colleges and universities "advertising" degree programs for nurses. Some 4,305 students are enrolled in 42 basic collegiate programs. These include 166 religious. About 3,700 are enrolled in degree programs for R. N.'s in 49 colleges and universities. Included in this number are 322 religious. These programs numerically have reached the point where they are an influence for good or for bad in the nursing profession. Because they furnish a large number of the instructors for our diploma programs and all types of nursing education, the quality of their educational work will exert a great influence on our hospital schools of nursing—but most of all, they will influence the lives and the careers of the young women entrusting themselves to these programs.

It seems appropriate, therefore, that an attempt be made to help our collegiate programs adjust themselves to the needs of the profession, the needs of the health field and the special needs of our Catholic health field. Over the years, in dealing with the problems of the diploma programs, we have learned that it is always helpful to bring together directors of schools of nursing and hospital administrators because both groups have a responsibility in the nursing programs and they must work together. Relying on this experience, we have invited to this meeting academic administrators and nurse administrators in order that they may have an opportunity to discuss administrative procedures and curricula which are of vital importance to each.

There are certain common moot questions in nursing which I think we may eliminate from our discussions here. We are not interested in debating the relative merits of collegiate programs and diploma programs—each is now a well established activity and there is no question of one supplanting the other. We hope to confine our discussions to problems which definitely relate to the collegiate programs.

The first question many of the colleges must be asking themselves is equivalently, "to be or not to be." Should they inaugurate a collegiate program? They ought seriously to ask themselves if a program is actually needed. Are there other collegiate programs in the area? Would another program conflict with existing programs? Would it be impossible for two to flourish where one alone might succeed? Is the student population in the area ready for collegiate nursing? Judging from the enrollment reports, these questions were not always asked. As a result, we have in 8 basic degree programs less than 40 students enrolled (this represents total enrollment for all years of the program). In degree programs for graduate nurses:

6 programs have less than 10 students,
6 programs have 11-20 students,
6 programs have 21-30 students,
23 programs have less than 50 part time and full time students.

The cost of maintaining good programs for such small enrollments seems almost prohibitive. To give anything less than a good program is very unfair to the students.

The second question the colleges should ask themselves is this: is nursing to be a truly collegiate program equal in quality to other collegiate majors or is it to be some kind of a compromise with diploma programs and the standards of weak diploma schools. The plea from nursing to become a part of the college is frequently very eloquent but once inside the door of the college, there is great reluctance to conform to the general requirements of the college. The time has come when nursing groups should make up their minds whether they want to be collegiate or not—too many are enjoying the prestige of the college's name and, at the same time, are attempting to go their own sweet, indifferent and mediocre way.

One of the phenomena in education today is that many colleges and universities well known for good academic courses let down the bars completely for nursing. This, of course, is no service to the cause of nursing and endangers the overall reputation of the educational institution.

References

Flannagan, J.J. (1953). Collegiate nursing at the crossroads. *The Catholic Nurse*, *1*(4), 36-39.

Ursuline College (2016). Ursuline at a glance: Founded. Retrieved from http://ursuline.edu/about/

I should like to list some of the weaknesses in some of our collegiate programs.

1. The college does not exercise administrative control over the selection of students—this is done by hospital school. The college has no control over the faculty teaching in the hospital school—either in selection or supervision—course content and level of teaching is frequently beyond control of the college. This constitutes a sort of farm system in which a magnanimous collegiate administration adopts and blesses with college catalogue numbers the program of a hospital school.
2. Some colleges attempt to give a baccalaureate degree in nursing without a qualified nurse director of the program and without sufficient qualified instructors in nursing. This is one of the educational marvels of the age! Would any college tolerate this arrangement for a chemistry or philosophy department?
3. A collegiate degree implies that the graduate has fulfilled the general requirements for graduation including a major made up of lower and upper division work. It is surprising then to find that in some colleges not a single professional course is offered by the college to justify its degree in nursing. In some colleges no course in nursing beyond the diploma school level is offered. There is at least one instance in which the students receive degrees without even one course in English.
4. In many instances a degree program is made up of equivalently two junior college programs—one a hospital diploma program—the other freshman and sophomore academic courses with little or no upper division work. One wonders how a student can advance to graduate work in nursing with this type of undergraduate program.
5. From the point of view of nursing, some of our collegiate programs are weaker than the better diploma programs sponsored by hospital schools, especially in the clinical areas.

We might ask ourselves at this point why some of these conditions prevail—why has college administration permitted this to happen? In some instances college presidents were led to believe that nursing could be added to the college program without any additional cost. They forgot that any good professional program is expensive and involves salaries for a well

prepared professional faculty. They did not realize that clinical teaching requires more personalized supervision, therefore more faculty members.

In too many instances, colleges have inaugurated nursing only in an effort to give help to a local hospital—not knowing anything about the requirements for a good program. In some cases, Sisterhoods have attempted to set up a nursing program in their own college as a convenience for their own sisters rather than have them go to a recognized program sponsored by another Sisterhood or by a university. In this way they have denied to their sisters the advantages of contact with other educational programs and have to a certain extent promoted inbreeding.

In a sense nursing education in Catholic institutions of higher learning is at the crossroads. It can be raised to a dignified, sound educational program which will insure the graduation of many young women qualified culturally and professionally to enhance the status of the Christian nurse or it can bog down in a hodge-podge of mediocrity which will ultimately bring disgrace to the Church, to the religious orders and the institutions involved.

In fairness I should say that there are many good Catholic collegiate programs as is evidenced by the fact that 18 colleges are fully accredited for basic programs and 11 have full accreditation for programs for registered nurses. It is true also that the deficiencies enumerated are also common to many non-Catholic institutions. However, while collegiate nursing is in the formative stage, I believe we should grasp the opportunity to take some definite leadership in organizing an outstanding system of Catholic collegiate nursing. I see no reason why we should wait for others to set the pattern. The future of collegiate nursing is in the hands of our college administrators. I hope that their ambition will be to emphasize only good collegiate programs. We do not need more programs; we need better ones. We hope that college administrators will be as conscientious in discharging their responsibility towards nursing as they are towards other major departments so that Catholic nursing may rightfully share the prestige of a college or university and, at the same time, may be ready to contribute to the growth of the nursing profession. The graduates of our collegiate programs have an opportunity to promote the Christian spirit of nursing if our colleges and universities will take the necessary steps to prepare them for their opportunities and their responsibilities.

The Heart of a Nurse
at the Heart of Disaster

by Kelly Suter, RN, MSN, MS (Bioethics)
NACN-USA Member, MidAtlantic Region.
Petoskey, Michigan

Having successfully transitioned from a full time emergency room nurse to a disaster relief nurse, the most common question I am asked by fellow nurses is, "how does one get into disaster relief work?" I have a number of ready-made answers and tips for this question. The truth is that entering the disaster relief field does not pose the real problem, surviving and persevering amongst the hardships and heartaches once in the field presents the greatest obstacles.

Like most ER nurses, I vividly remember my first trauma patient. It snowed early the year I graduated from nursing school with just enough snow and slush accumulating on the roads to make them dangerous. One evening a van carrying seven people, including three children, flew off a back road and wrapped itself around a tree. Only one of the adults was transferred to the hospital. She became my first trauma patient. The other adults and the youngest child in the vehicle were unharmed. The 11-year-old and 12-year-old children in the back seat died before they could be extricated from the mangled vehicle.

As I took care of my patient, she continuously asked about the kids, repeatedly saying, "I know they were hurt really bad." Law enforcement had already informed us that the children had not survived, but I was told to withhold that information until we knew my patient was stable and without life threatening injuries. My heart ached as I fought to maintain my composure and my mind reeled as I struggled to come up with a 'good' way to tell her the awful truth. About every 15 minutes, my carefully molded exterior faltered and I would quickly find a reason to leave the room and slip quietly into the back hallway of the ER. There, I would let just enough tears fall in order to reconstruct my false exterior.

What is etched in my memory most is the sound she made when I finally told her the truth. It was the sound of agony-a bone-chilling sound that seems to emanate from somewhere deep within the human soul. The sound shook me to my core. After sitting with her for a few minutes, I left her to be consoled by her family who recently arrived and slipped out of the room. As I stood in the back hallway weeping, a fellow ER nurse quietly slipped into the hallway and put her arm around me. I could barely speak but I managed to ask, "Is it always this hard?" In response, she simply squeezed my shoulder and gave me a knowing look- a look that would take me many years to fully understand.

Over the next few years, I became more comfortable as an ER nurse. While the heartache often inherent in ER work never diminished, I learned to box up the heartache, wrapping it with a pretty ribbon and stowing it deep inside, until I was ready to deal with it. I was naïve and still had much to learn, but I was ready for a new challenge. That new challenge came in the form of an earthquake.

In January 2010, a 7.0 magnitude earthquake hit Haiti and killed, according to the Haitian government, at least 220,000 people. As the first images of the devastation emerged, the ER nurse in me decided I wasn't going to sit by without helping. The strength of my resolve startled me. It was instant, final and seemed to be marching forward with or without me. After filling out applications for every international non-government organization I could find, one accepted my request. I took a three-month leave of absence and headed to

Kelly Suter, in Haiti after the earthquake. "I loved to go help at the refeeding tent on my breaks."

At the Heart of Disaster (cont'd)

Kelly Suter, at a clinic in an internally displaced persons camp in South Sudan.

Haiti, unaware that this apparently impulsive undertaking would change the course of my career and life forever.

While the stories of life and loss during that time in Haiti could fill a book, there is one particular experience that has been especially influential in my disaster relief career. Though still in Haiti's dry season, on this one fateful night shift rain was falling heavily. I had been in Haiti for over two months and the stifling heat, fourteen hour shifts, endless encounters with human suffering and a bout of Dengue Fever had all tested the limits of my strength, sanity and resolve.

Due to the rain, the ER building- an old administration building deemed one of the few safe buildings at the State University of Haiti Hospital complex in Port-au-Prince- was again without electricity and running water. With my headlamp strapped in place, I headed to the triage area to collect my first of many patients. She was a first-time mother who was about 27 weeks pregnant with twins and in premature labor. Shortly after my patient's arrival, she delivered a beautiful baby boy. A few minutes later, she delivered a little baby girl. Having no neonatal care unit, we wrapped the babies in blankets and simply placed them in their father's arms. The little boy died about thirty minutes later. Unable to watch another child die, both parents decided to leave the ER and entrust the remainder of their child's life to our care. I walked them to the door; supporting the young first-time mother as she cried out in agony-a sound I was well accustomed to, though no less uncomfortable hearing, by now.

When I returned, the babies were gone and a new patient was on the delivery cot. I quickly searched the room and found two little bundles on an empty cot in a dark isolated corner of the room. The little boy had passed as his father held him, but the little girl was still alive. I picked her up and cradled her in my arms. I didn't want her to die alone, but the ER was especially busy that night and every hand was desperately needed. As I considered my limited options, one of the physicians approached. He looked at the little girl for a moment and then looked at me and said, "Do what you need to do. We will manage". For the next two hours I rocked her, sang to her and watched as her breaths became fewer and further apart while her little heart slowed beneath her tiny ribs. After she passed, I filled out the twin's birth certificates and death certificates- naming them Joseph and Jean after my grandparents. As I walked to the morgue in the rain, a baby cradled in each arm, I lost the composure I had struggled so hard to keep over the years. The knowledge that their chances of survival were low, even in the United States, did nothing to soften the blow. I felt as though my heart had been physically torn from my chest.

Kelly Suter, working with Ebola in Liberia, getting ready to go into the unit

The crushing weight of guilt and failure threatened to overwhelm me as I walked, until- as if the electricity lighting the sky that night had actually hit me- a realization suddenly occurred. My main purpose in Haiti was not to remove every moment or memory of suffering or to save every life, but to be whatever my patients or their family might need in that moment. I was meant to bring even the smallest light into

At the Heart of Disaster (cont'd)
their darkest hour. For some, I was able to offer a second chance at life. For others, like the twins, I was able to ensure that they did not die alone or unloved, a more simple, though no less worthy form of compassion and care. That realization would drive my desire to remain in the disaster relief field and would form the backbone of every future response, from war ravaged South Sudan to disease stricken West Africa. With this knowledge, I am always able to make a difference as a nurse, no matter how awful or hopeless a situation may seem.

You see, my friends, it is not about getting into the disaster relief field but about staying in the disaster relief field. Those pretty boxes full of heartache that I learned to build in my early years as an ER nurse don't work in places like Haiti, South Sudan, East Timor and Liberia. There is no extra space to store them until one feels ready to untie the ribbon and carefully and safely unpack them one by one. The magnitude of human suffering that a disaster relief nurse must see, experience and attempt to remedy, fills that room with boxes until it overflows many times in the course of only a single day. When that room in our hearts overflows, it creates feelings of helplessness, hopelessness and guilt. I have seen amazing disaster relief nurses consumed and destroyed by this overflow and they leave the disaster relief field as quickly as they entered it.

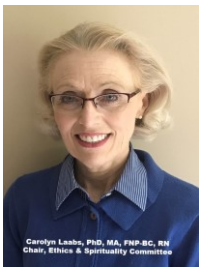
So what is required to remain a nurse in the disaster relief field? First of all, a compassionate heart. A heart that is willing and able to expose itself to some of the cruelest suffering on this earth knowing often the fruit of that heartache and effort cannot be outwardly measured or understood. Though seemingly counterintuitive, the second requirement is a radical vulnerability. A vulnerability that is drastic enough to relinquish the carefully constructed stone-faced exterior and protective heartache-in-a-box coping mechanism. A vulnerability that is willing to embrace and experience any emotion at any given moment, whether it is bitterness and defeat or joy and triumph- a vulnerability that permits one to weep while working or rejoice without restraint at the most insignificant victories. Finally, what is needed to remain in the disaster relief field is courage- the courage to abandon any limit to compassion, the courage to abandon any limit to vulnerability and the courage to set no limit to the distance one is willing to go for a fellow human being.

Kelly Suter in Nepal after the earthquake. She found this sick man in his hut and treated him there.

Free Consultation Services on Bioethical Issues

The National Catholic Bioethics Center 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, call: **(215) 877-2660**, **24 hours/day, 7 days/week.** Use the online form for questions that are not time-sensitive https://www.ncbcenter.org/consultation/submit-request/

Note: The Center's moral analyses should not 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.



Abortion Pill Reversal: *Even More* Information, *Even More* Hope
by Carolyn A. Laabs, PhD, MA, MSN, FNP- BC

In the spring issue of this newsletter we briefly discussed abortion pill reversal and urged every nurse to learn more about it. (See "Abortion Pill Reversal: Information Every Nurse Should Know.") Since then, *even more* information has been learned, thus bringing *even more* hope to women who change their minds after initiating chemical abortion.

Recall that chemical abortion is a two-step process. In the first step the pregnant woman takes mifepristone orally, the purpose of which is to bring about fetal or embryonic death. In the second step she takes misoprostol bucally 24 to 48 hours after taking mifepristone in order to stimulate uterine contractions, expel the child from the mother's body, and complete the abortion process. The FDA approved chemical abortion for use up to 70 days after the first day of the last menstrual period.

Recall also that the hormone progesterone is essential to maintaining a normal, healthy pregnancy and has been used safely in pregnancy for decades. In an article recently published in *Issues in Medicine and Law*, Dr. George Delgado and colleagues describe an observational case series of successful reversal of the effects of mifepristone using natural progesterone. The study looked at 261 successful mifepristone reversals and found that the high-dose oral protocol had a success rate of 68% and the injected protocol had a success rate of 64%. This is even higher than what was found in previous studies and is statistically significant ($p<0.001$) compared with a 20-40% rate of continuing pregnancy when mifepristone is used alone. Moreover, no increased risk of birth defects or preterm births were found in the study population. The authors concluded that reversal of the effects of mifepristone using progesterone is safe and effective.

Some argue that these studies are of little value because they do not meet the gold standard of a randomized, placebo-controlled trial. However, given that the study population consists of women who regret initiating an abortion and wish to save their baby's life, such a study design, in which women would randomly be given placebo rather than progesterone, would be blatantly unethical. Sound ethical research can be done, as the study authors show and encourage, by using randomly controlled trials that compare doses and routes of administration of progesterone so as to confirm which mode of delivery, dose, and duration of progesterone therapy is the most effective and the least burdensome for patients. Nurses certainly can support such research efforts.

Nurses also can support educational efforts. New information learned from this case series is important for nurses to know and to share with patients as part of the informed consent process. As Part Three of the Ethical and Religious Directives of Catholic Health Care reminds us, the principle of free and informed consent is based on the principle of respect for the inherent dignity of the human person, a respect that extends to all persons regardless of the nature of the person's health problem or situation in life. Nurses are encouraged to read this latest article by Dr. Delgado and colleagues and encouraged to learn more about Abortion Pill Reversal.

National Association of Catholic Nurses Scholarship

For NACN-USA members who are students in nursing programs, or who desire to attend a nursing program or a non-degree offering program applicable to nursing, may apply for this $1,000 scholarship. Application for scholarship must be submitted by **June 30**. Apply online https://nacn-usa.org/resources/scholarship-award/

The Roy Adaptation Model, Service and Spirituality

by Diana M. L. Newman, EdD, RN
Chair, Membership & Elections
NACN-USA President
(2002-2004 & 2014-2016)

Sr. Callista Roy, PhD, FAAN presented her framework for using nursing knowledge to enhance nursing practice on May 19, 2018 at White's Restaurant in Westport, MA. The Fall River Diocesan Council of Catholic Nurses (FRDCCN) welcomed Dr. Roy. Approximately 20 nurses from Fall River and beyond attended this informative scholarly presentation.

Dr. Roy explained how she developed the Roy Adaptation Model (RAM) as a Masters student at UCLA in 1970 (Roy, 2009). Roy described veritivity as one of the key philosophic principles of the RAM. Veritivty is" A principle of human nature that affirms a common purposefulness of human existence" (Roy 1999, 2018). Veritivity supports the belief held by many nurses and other health professionals that human beings are oriented toward God and their health choices and behaviors lead either toward or away from God.

Roy elaborated that nursing practice must be guided by nursing knowledge. RAM guided practice improves patent care and nurses job satisfaction. She explained that some physicians recognized the improvement in patient care when nurses used the RAM and the physicians asked that the RAM be used for other patient care situations.

Roy describes persons, individuals and groups as adaptive systems. Healthy integration results when adaptive systems cope in ways that promote health. Ineffective coping can lead to disintegration of the individual, family or group. Adaptation can be described as fully adapted, compensatory adaptation or compromised adaptation. The nurse promotes adaptation by facilitating individual, family and community coping. The goals of the RAM are survival, growth, reproduction mastery and person-environment interaction.

The nursing process is applied by assessing the focal, contextual and residual stimuli. The focal stimuli are the stimuli currently confronting the patient; the

Conference Participant, Sister Carole Mello and Sister Calista Roy

contextual stimuli are those factors that are in the background but can be identified, such as family, socioeconomic status, religious preference and residual stimuli are those factors that may not be identified, such as genetic influences, extended family history or other events in the patient's background Dr. Roy's early work in model development led her to describe patient adaptation in four modes. The modes are physiologic, self- concept, interdependence and role function. The physiologic mode includes the physical and chemical processes in the function and activities of living systems. The self-concept mode is the composite of beliefs and feelings that is held about oneself at a given time, formed from internal perception and perceptions of others' reactions. The moral-ethical – spiritual self is part of the self- concept mode. The role function mode is described by the positions one occupies in society. The underlying Need of the role function mode is to know who one is in relation to others in society. Roles can be described as primary, secondary and tertiary. For example, the

Roy Adaptation Model (cont'd)
primary role describes one's marital status, age; secondary roles describe one's occupation; tertiary roles describe one's hobbies. The interdependence mode escribes one's relationship with family, support systems and other social agencies.

Roy describes individuals processing stimuli through the regulator and cognator subsystems. The regulator subsystem involves coping through the neural, chemical and endocrine subsystems. The cognator subsystem involves the cognitive emotive channels such as perceptual and information processing, learning, judgement and emotion.

The RAM provides a holistic framework for nursing. Spirituality is integral to nursing and healthcare and the RAM is an effective means to assess spirituality as one of the aspects of nursing care. The RAM has been used internationally and is an effective model for providing exemplary service for patients, families and communities.

Reference: Roy, C. (1999) *The Roy Adaptation Model (3rd ed)*. Upper Saddle River, NJ. Pearson Education.

Activities on Behalf of Catholic Nursing and the Membership this Quarter

1) NACN-USA joined AAPLOG, ACPeds, CMA, CMDA and the NCBC in a joint letter to the American Medical Association (AMA) voicing opposition to the World Medical Association's proposal to require referral for abortion should a physician not perform elective abortions. Letters sent in Feb and again in April when proposed modification still were insufficient.

2) Provided comments to the American Nurses Association (ANA) on:|

a) Draft Policy Statement on Discrimination

b) Draft Policy on Nurses' Role in the Care of Persons with Intellectual and Developmental Disabilities.

3) New Jersey nurse members of NACN-USA joined many others who testified against physician assisted suicide A1504/S1072-"Aid in Dying." This Bill would allow for the administration of a lethal dose of medication to a terminal patient calling this "aid in dying." It was voted out of the Judiciary Committee and is pending in the Senate. The governor has stated he will sign. Dr. Mimi Nowak testified on behalf of NACN-USA before the Judiciary Committee. NACN-USA sent letters of opposition to the governor and each senator on the Health, Human Services and Senior Citizens Committee. Pray. Our nurses continue to work with the NJ Conference of Catholic Bishops and many other groups to oppose this legislation.

4) HHS Rules

a) HHS Rule Protecting the Religious Freedom and Conscience Right of Healthcare Practitioners, Professionals and Organizations – NACN-USA co-signed a letter drafted by First Liberty. In its current form the proposed rule provides an enforcement mechanism for 25 federal conscience laws, such as the Church, Coasts-Snowe and Weldon Amendments.

On behalf of Catholic Nursing (cont'd)

b) HHS Conscience Rule – Supported the HHS Conscious Rule in an Op Ed article in The Hill in opposition to and response to an American Nurses' Association against nurse' conscience protection.

c) HHS Rule that would block federal Title X funding from any organization that provides women with or refers them for abortions. Comments open until July31, 2018.

5) Supreme Court of the United States (SCOTUS) Amicus Briefs co-signed by NACN-USA:

a) Masterpiece Cakeshop v. Colorado Civil Rights Commission – SCOTUS held that the Civil Rights Commission's action in assessing a cake hop owner's reasons for declining to make a cake for a same-sex couple's wedding celebration violated the free exercise clause.

b) Medical/Scientific Brief in Cook v. Harding et. al. on Surrogacy Physical burdens and Risks.

The International Catholic Committee of Nurses

Comité International Catholique des Infirmières et Assistantes Médico-Sociales

CICIAMS is an independent Private Association of the Faithful, an international association recognized by the Ecclesiastical Authority with close working relationship with the Holy See, along with National and International Catholic Organizations. CICIAMS has delegates at the United Nations (UN) and the World Health Organization (WHO). Members of NACN-USA are members of CICIAMS.

Geraldine McSweeney, CICIAMS International President (center) followed by Gosia Brykczynska, PhD, RN (blue) and Marie Romagnano, RN carrying lamps behind the relics of Blessed Hanna Chrzanowska

Seven members of NACN-USA serve in International positions. On behalf of CICIAMS, Dr. Patricia Sayers, Delegate to UN/DPI UNICEF testified before the United Nations Population and Development Commission in response to their theme: Sustainable cities, human mobility and international migration. The testimony can be heard on the United Nations website at: http://webtv.un.org/search/7th-plenary-51st-session-commission-on-population-and-development/5769173998001/ (1:27:25 to 1:31:41) and is available on the NACN-USA website.

On April 28, 2018, our International President, Geraldine McSweeney participated in the beatification ceremony of Hanna Chrzanowska, the 1st lay Catholic nurse to be beatified. Her cause for canonization was brought forth by the nurses in the Diocese of Krakow with whom she worked and taught. Adjacent to our "Events" tab on the website is information about Hanna, her first miracle and a slide presentation available for members to download and share.

The CICIAMS XX World Congress will be held at the Riverside Majestic Hotel in Kuching, Sarawak, Malaysia September 4-7, 2018. The theme: Education for Sustainable Health; Engaging Development, Respecting Life. Dr. Patricia Sayers and Dr. Mimi Nowak will represent NACN-USA at this meeting.

Dr. Marie Hilliard, MS, MA, JCL, PhD, RN Recognized at the United Nations

Dr. Pat Sayers, Marylee Meehan, Awardee-Dr. Marie Hilliard, Dr. Mimi Nowak and Maria Arvonio

Dr. Marie Hilliard, MS, MA, JCL, PhD, RN, Director of Bioethics and Public Policy at the National Catholic Bioethics Center, was honored at the 2nd annual INTERNATIONAL NURSE'S DAY AT THE UNITED NATIONS for her exemplary practice impacting the global delivery of healthcare. On behalf of Nurses With Global Impact (NWGI), Deborah O'Hara-Rusckowski, RN, MBA, MTS, DM, founder of NWGI, presented the award on Friday, May 11 at the United Nations. In her letter to Marie she wrote**,** *"Your work truly demonstrates the idea that ordinary nurses do extraordinary things."* Congratulations Marie. We are so proud of you.

Prayers from The Summit in Cape Cod:

For those contemplating suicide. Heal them and give them meaning and purpose.

For those addicted to and selling drugs, heal them and bring them to an honest profession.

That health and fitness activities recommended and practice by Christians will be consistent with the teachings of Christ and His Church.

Please add these petitions to your daily prayers.

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

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Articles must be received by the following deadlines to be considered for the newsletter:
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 send your submissions by e-mail to: Courtney Donahue MS, RN, FNP-BC, PCCN, Newsletter Editor at courtneygdonahue@yahoo.com,

NACN MEMBERSHIP:
Membership dues are $50/yr and can be paid via the website http://www.nacn-usa.org/ Thank you for renewing. Welcome for those joining.

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