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## Pope Francis Call for 24-hours for The Lord 2015

13 March 2015 – 14 March 2015

<http://www.novaevangelizatio.va/content/nvev/en.html>

*"Let us not underestimate the power of so many voices united in prayer! The 24 Hours for the Lord initiative, which I hope will be observed on 13-14 March throughout the Church, also at the diocesan level, is meant to be a sign of this need for prayer."* (From the Message of Pope Francis for Lent 2015)



## President's Message

Colleagues,

Many nurses are looking forward to spring. Lent (spring) is a time for renewal as we offer our prayer, fasting, almsgiving, penances and sufferings to God that He may use them according to His will. We are blessed to be able to participate in the Paschal Mystery at Easter as we rejoice in the risen Christ. Our hope is that we, too will be resurrected when our work on earth is done.

Contributions to Nursing literature of late include many submissions relating to ethics. For example the *ANA Code of Ethics*, the Johns Hopkins Berman Institute of Bioethics Institute and many nursing journals have published articles relating to ethics. This provides a great opportunity for nurses to engage in dialogue about ethics with peers and colleagues to advance nursing and healthcare. We applaud nurses who are active in defeating legislation that devalues life from conception to natural death, as done recently in Colorado. Nursing must use available opportunities to advance the conversation about ethics to improve the climate of healthcare for now and in the future.

NACN is growing; with over 600 members we are pleased to serve our members by supporting their practice. A **membership drive** is available. The NACN member who enrolls the most members between March 1 and June 1 2015 will win membership to NACN for one year. The website contains a link for General membership. The membership nomination form has a space for the nominator to place his/her name (referred by) to receive credit for recruiting the member. We look forward to receiving many new members.

NACN voting for new officers for the 2015-2017 Board is available on the website. The voting deadline has been extended until March 15. Please vote and encourage colleagues to do the same. We are making plans for the 2016 NACN conference and details are forthcoming.

Blessings for the spring.

*Diana M. L. Newman*

Diana M. L. Newman, EdD RN  
President NACN-USA

### \*\*\*2016 Conference\*\*\*

The NACN-USA conference will be co-sponsored with Loyola College of Nursing and held at Loyola CON in Chicago, Illinois in the spring 2016.

## ***HISTORY IN THE MAKING:***

### ***THE NACU-USA AD HOC ARCHIVES/HISTORY COMMITTEE (BRIEF #2)***

The purpose of this new column is to ignite the passions of NACN and affiliated Council members everywhere by exploring the history of Catholic Nurses in America. The Archives/History Committee is pleased to provide this next glimpse into the rich history of the organization and the life of a true nurse leader from the past who helped to set course to the journey that continues for Catholic nursing today. This installment is written by Dr. Marcia Stout and Mrs. Peg Olson, who are members of the Council of Catholic Nurses for the Archdiocese of Chicago and the Lake County council in Illinois.



**Cheryl Hettman, PhD, RN**  
Committee Chair



***WHERE WE HAVE BEEN,  
WHERE WE ARE,  
WHERE WE ARE GOING:  
REMEMBERING MARIE  
COSTELLO, A NURSING  
LEADER***

by Margaret M (Peg) Olson, RN, BSN, CHN, HTCP  
Marcia Stout, DNP, APN, FNP-C, CWON  
(With personal insight offered by Mary Jo Kupst)

#### **Overview of Catholic Nursing Organizations in American**

The history of Catholic Nursing in America started during revolutionary times and continued throughout the development of North America. Religious orders of Catholic nursing sisters provided care to wounded soldiers during the Civil War.<sup>1</sup> Around 1915 nurses gathered in guilds belonging to their schools of nursing, later known as alumni associations. Small groups of Catholic nurses gathered together to discuss moral and ethical problems giving each other support in a climate that didn't abide by their value system. They also sponsored charitable and social efforts. These Catholic nurse clubs were faith based and in Europe Catholic nurses organized into guilds not only for professional reasons, but to support their faith. Through the efforts of an American Jesuit, **Father Edward**

**F. Garesche** (1876-1960), these guilds met from July 18 to 21, 1933 in Lourdes, France and formed the International Catholic Committee for Nurses and Medico-Social Assistants (CICIAMS). This private, international group promotes Christian and professional values in nursing care. It is recognized by the Ecclesiastical Authority, and has a close working relationship with the Holy See, along with all national and international Catholic organizations around the world.

#### **National Council of Catholic Nurse of the United States of America (NCCN)**

In response to the excitement at the formation of the international group, and the encouragement of Pope Pius XI<sup>th</sup> that all nurses should form national councils, nurses in the United States began the NCCN on June 10, 1940.



Father Garesche and His Eminence Samuel Cardinal Stritch were instrumental in spearheading this initiative which took place with the first meeting in Chicago. The first president elected was Mary Kelly from Detroit, Michigan.

#### **Council of Catholic Nurses Archdiocese of Chicago (CCNAC)**

"I place the Catholic Nurses at the foot of our Blessed Lady" - with those words, Cardinal Stritch, on July 26<sup>th</sup> 1954, founded the Council of Catholic Nurses of the Archdiocese of Chicago (CCNAC) as a Marian year tribute to Our Blessed Mother. The purpose of this group was to provide a support structure for the Catholic nurses in the Chicago area and to help in nurturing the growth of their spiritual faith.



**Peg Olson & Marie Costello's niece, Dr. Mary Jo Kupst**

#### **Marie Hughes Costello of Chicago (1913 to 2011)**

An oral history of Marie Hughes Costello was graciously provided by her niece, Dr. Mary Jo Kupst, a professor and pediatric psychologist at the Medical College of Wisconsin, during a recent interview with Peg Olson, at the historic Deer Path Inn (Est. 1850) in Lake Forest, Illinois. Mary Jo recalled that her aunt, Marie Costello, was a great source of inspiration for her and many others in the field of nursing. Her contributions crossed each level of Catholic nursing, including the international, national, and the local Chicago organizations.

Marie Costello was born Marie Hughes, July 29, 1913. She was born at home in Chicago. Both her parents were originally from Ireland. Her parents arrived in the United States while in their 20s, met here,



Father Edward F. Garesche, Founder of the Sons of Mary



## **REMEMBERING MARIE COSTELLO** (CONT'D)

married, and moved to Lake Forest, where Marie spent most of her life. She was one of four Hughes siblings, Winifred, Nancy, Marie, and John. Marie went to school at St. Mary's Parish in Lake Forest and was a very good student. She was involved in the community and volunteered for various organizations from a young age. As a young girl, she worked as baby-sitter for a local doctor and his family in Lake Forest. As she got older, he became a mentor and encouraged her to pursue a career in nursing. She attended and graduated from St. Joseph Hospital School of Nursing, where she later taught and then served on the hospital nursing board.

The Hughes family was a very close and supportive group. Marie's mother, a progressive woman for the 1930's, encouraged Marie to get an education and do the most with it. Mary Jo recalled that her grandmother had often told Marie and her siblings, "To those who much is given, much is expected" and "You are not just doing this for yourself, it is for all people." These were words of wisdom that shaped Marie Hughes Costello's career and heart for service.

As a young woman in her late twenties, she joined the military service becoming a captain in the Army Nurse



**Marie Costello**

Corps from 1942-1946. Almost everyone in the Hughes family had something to do with the war effort at that time. Her brother John was a Marine. While an officer in the Army Nurse Corps, she met her husband in New York where they were married. Her husband was a lieutenant in the Army. Shortly after their marriage, her husband was deployed to Europe.

They had only been married nine months when the telegram came that her husband had been killed. She never married again. Her niece remarked that this was one of the hardest points in her life. After her tour of duty she returned home to continue her education. Marie graduated from DePaul University's School of Education in 1948 with a B.S. degree and a M.A. in 1952. She then became influential for forming new nurses through her teaching role at DePaul University as an Associate Professor from 1952-1967. During a sabbatical, she returned to school at the Catholic University in Washington, D.C. for additional educational coursework.

In the midst of her academic career, Marie Costello was appointed as the first president of the new local organization in Chicago - CCNAC - on July 26, 1954. As a resident of Lake Forest, Illinois and a Professor of Nursing at DePaul University at that time, she brought a great deal to the organization in both leadership and spirit. Marie's niece recalls there being CCNAC luncheons at her home in Chicago and also at Marie's home in Lake Forest. Through the efforts of Marie, and under the guidance of the Council's first Spiritual Director, Monsignor James V.

Moscow, the Chicago Council of Catholic Nurses grew rapidly, and still remains vibrant today.

For many years, Marie Costello was also very active in the National Council of Catholic Nurses-USA (NCCN) [the forerunner to the current National Association of Catholic Nurses-USA (NACN)]. During this time, she became the 11<sup>th</sup> president of NCCN in 1960 (and was previously vice-president from 1956-1960). Marie's niece, Mary Jo, also recalls that her aunt traveled extensively to many locations internationally, including to South America for her work with the NCCN-USA. On the international level, Marie continued her contribution to Catholic nursing through her involvement in the CICIAMS, headquartered in Rome, Italy.

Marie Costello's impact in the world of nursing did not stop there. In 1967, she became Associate Chief of Nursing Education at the Veterans Administration Hospital, Downey, Illinois until 1971. She was Professor Emeritus at DePaul, and in 1971 was asked to develop and coordinate an Associate Degree in Nursing (ADN) program for nurses at the College of Lake County, which was very beneficial as a foundation for further educational advancement in the field of nursing. Often those pursuing a career in nursing would not be able to afford an advanced degree initially. Marie believed that many nurses could benefit from the initial support of the ADN for providing them a good foundation on which to continue to move their career forward. For this work, Marie Costello received commendations from the college and the community.

Throughout her life and teaching career, she was given many honors as an educator. She was in the "Who's Who of American Women," and was a recipient of the "Outstanding Educator of America Award" in 1974, but remained a humble and gracious person. Dr. Kupst shared a story that Marie told her about the occasions when she would bring home a particularly high honor to share with her mother. Her mother was sure to remind her that, "You are who you are, don't let that change you." And, it never did. Marie continued to excel in her field and went on to win the Distinguished Alumni Award at DePaul University in 1981. Also in the 1980's, she again shared her leadership talents in another Illinois Catholic nursing council - the Council of Catholic Nurses in Lake County, where she served as the president and as a board member.

Marie had a great influence on many people and was very encouraging, and she always reminded those she mentored to "keep their feet grounded." Her niece noted that she remained true to her faith in all she did.

### **Final Years**

In later years, Marie transitioned from full-time teaching to part-time consulting. She remained active and involved in a number of different areas including

nursing and many other charitable organizations. One of her volunteer activities was reading to people with macular degeneration at a local retirement community. Ironically, she herself developed macular degeneration in later life and completely lost her sight. Her niece felt that this was probably one of the most difficult points in her life because she loved to read and write and the loss of her sight presented a challenge. But her spirit was strong, and as she moved toward retirement in the Resurrection Retirement Center, she remained active and kept a lovely first floor apartment with a patio full of flowers. "She had a sense of environment," her niece observed, "and she loved beautiful things around her." Her 80<sup>th</sup> birthday was celebrated at the Deer Path Inn in Lake Forest, Illinois with many of her friends and former students attending. Her influence extended to many corners of the globe, in fact, many of the nurses and administrators at the center where she had lived had been her students. At 94 years old, she had developed debilitating arthritis and cardiac issues. While in a nursing home, Resurrection, all the family rallied to see her regularly.

Marie's niece remembered that this was another especially hard time for her aunt, an independent woman for so many years. But being quite practical, Marie realized it was time to accept the extra support. She lived for three years in the nursing home, and at the age of 97, went to live with our Lord on July 10, 2011. Mary Jo recalls that her aunt's funeral was very well attended by family, friends, colleagues, and former students. Her cousin, Father Bob Beaven, conducted the Mass at St. Mary's Church in Lake Forest. Marie was buried in Ascension Cemetery in Libertyville, Illinois in the Hughes family plot.

### **Final Thoughts**

Marie Costello was well known for her work in education and for her involvement in various Catholic nursing groups on every level. She was very dedicated to the promotion of Catholic nurses, spiritual literacy, and the unique responsibility that belongs to all those in health care - to being guardians of, and servants of, human life while maintaining the values of the Catholic faith. During times of crisis and decision making in our patients' lives and our own, one's faith remains the true anchor. Marie lived this determination and wanted to see the nursing profession grow and thrive for the sake of others - and that is what she worked for her whole life. Those of us who now try to follow in her footsteps have an obligation to continue her fine work through our international, national, and local organizations, supporting Christian *hope*, which offers a different perspective in all lives and a path to heaven. In this tribute, we respectfully salute Marie Hughes Costello, as a role model of an exceptional Catholic nurse colleague and spiritual leader.

<sup>1</sup>Barton, George, 1897, *Angels of the Battlefield: A History of the Labors of the Catholic Sisterhoods in the Late Civil War*. Philadelphia: Catholic Art Publishing.

## **REQUEST FROM THE**

### **AD HOC ARCHIVES/HISTORY COMMITTEE:**

*Our committee will greatly appreciate your help with this tremendous project. All information will be archived in a newly created database and excerpts will be shared through this column and various other means with our members, affiliated councils, etc. Please email to: Cheryl Hettman, at [hettmanca@hotmail.com](mailto:hettmanca@hotmail.com) regarding any items you may have to contribute. Provide an initial brief description of the item(s), including specific events, locations, etc., and dates, if possible. Also note your name, email address, and phone number. One of the committee members will get back to you. We are interested in either obtaining the original item/ document (if you are willing to part with it) or a copy or photograph of any documents or other artifacts. Even if you do not have specific items but you have information to share, or know other contacts we can get in touch with, these things will also be helpful. On behalf of the Archives/History Committee, thank you in advance, and may God bless you for your assistance!*

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### **ANA CODE OF ETHICS REVISED**

The American Nurses Association has announced the availability of a completely updated *Code of Ethics for Nurses with Interpretive Statements* (The Code). Dr. Marie Hilliard, JCL, PhD, RN, NACN board member and Brother Ignatius Perkins, OP, PhD, FAAN, RN, Dean of Aquinas College School of Nursing and NACN member, were members of the ANA Code Revision Advisory Committee. The NACN-USA has had serious concerns for the need to protect the consciences and religious freedoms of nurses, as well as the need to recognize the limits of patient autonomy. Health care providers are not dispensers of any request by a patient, regardless of the morality of such a request. How well these concerns are being addressed by this new Code will be thoroughly analyzed. It is of grave concern. The NACN-USA, through its Ethics and Spirituality Committee, will be reviewing this new Code and sharing its response with its members in the next newsletter. The Code can be accessed at: <http://www.nursesbooks.org/Main-Menu/Ethics/Code-of-Ethics.aspx>.

ANA will hold an Ethics Conference in Baltimore, MD, June 4-5. The ANA's **Ethics Symposium** will provide specific, action-focused ideas to improve ethical practice in the workplace. Advance rates through May 22. [http://www.nursingworld.org/MainMenuCategories/Conference/ANA-Ethics-Symposium?utm\\_source=Berman&utm\\_medium=All&utm\\_campaign=EthicsSymp15&utm\\_term=ANA](http://www.nursingworld.org/MainMenuCategories/Conference/ANA-Ethics-Symposium?utm_source=Berman&utm_medium=All&utm_campaign=EthicsSymp15&utm_term=ANA)

## **WORLD MEETING OF FAMILIES – PAPAL VISIT VOLUNTEER OPPORTUNITY FOR NURSES**

By Dr. Marie Hilliard, RN, PhD, JCL

The World Meeting of Families was created by St. John Paul II in 1994. Sponsored by the Holy See's Pontifical Council for the Family, it occurs every three years in a different country. This year it will be held in Philadelphia from September 22 through September 27, 2015. It will be highlighted by a visit and Mass by His Holiness, Pope Francis from Friday to Sunday of that period.

In order to anticipate the needs of visitors to the area from as many as 130 countries, a Health Resources Committee, amongst others, has been formed to provide information for the sub-acute needs of participants. The first few days of the event is expected to draw upwards of 10,000 people culminating in the final day with a Mass attracting over 1.5 million people. We expect many of these visitors to have special medical needs in addition to the occasional emergency service. Among these might be the need for prescription drugs, visiting nurses, aides, durable medical equipment replacement or repair, walk in clinics staffed by physicians or nurses etc.

The Health Resources Committee will set up a "virtual office" where nurses can answer calls from visitors to direct them to pre-approved providers to meet their non-emergency needs. The nurses will not convey any medical advice but must be able to direct callers to the appropriate service.

The Committee is seeking nurse volunteers to man the telephone during that week on a rotational basis with nurse resources already available in the Philadelphia area. The duty hours for this have yet to be determined and the number of nurses needed remains unknown as yet. Interested individuals may contact Dr. Jerry Francesco at [drjmf@comcast.net](mailto:drjmf@comcast.net).

### ***EUCCHARISTIC ADORATION SOCIETY***

The **Eucharistic Adoration Society** is a lay initiative founded in Rome in response to Pope Francis' request for prayer, promoting a **worldwide Novena of Eucharistic Adoration in preparation for the October 2015 Ordinary Assembly of the Synod of Bishops**, under the patronage of Saint Thérèse of Lisieux

Co-founded by Christine McCarthy, wife and mother of 6 and Diane Montagna, the Eucharistic Adoration Society is seeking to devote the **first Thursday of each month**, for nine consecutive months, beginning on February 5th and ending on October 1st, the Feast of St. Thérèse of Lisieux, three days before the opening of the Synod.

<http://adorationforsynod2015.blogspot.it/>

#### **List of adoration dates:**

Feb. 5 (St. Agatha)	July 2 (13 <sup>th</sup> Th in Ordinary Time)
March 5 (Second Thursday of Lent)	Aug. 6 (Transfiguration)
April 2 (Holy Thursday)	Sept. 3 (St. Gregory the Great)
May 7 (Fifth Thursday of Easter)	Oct 1 (St. Therese of Lisieux)
June 4 (Corpus Christi)	

## **PRAY FOR THE SYNOD ON THE FAMILY WITH THE EUCHARISTIC ADORATION SOCIETY**

At the Sunday Angelus in St. Peter's Square on December 29, 2013, Pope Francis asked the faithful to join him in praying for the Synod on the Family. He gave to the faithful a special prayer to the Holy Family saying:



*"Dear brothers and sisters, the upcoming Consistory and Synod of Bishops will address the topic of the family, and the preparatory phase already began some time ago. Therefore today, the Feast of the Holy Family, I wish to entrust the synod's work to Jesus, Mary and Joseph, by praying for families throughout the world. I invite you to join me spiritually in prayer as I recite:"*

### **PRAYER FOR THE SYNOD ON THE FAMILY**

Jesus, Mary and Joseph  
in you we contemplate the splendor of true love,  
to you we turn with trust.

Holy Family of Nazareth,  
grant that our families too may be places of  
communion and prayer, authentic schools of the  
Gospel and small domestic Churches.

Holy Family of Nazareth,  
may families never again  
experience violence, rejection and division:  
may all who have been hurt or scandalized find  
ready comfort and healing.

Holy Family of Nazareth,  
may the approaching Synod of Bishops  
make us once more mindful  
of the sacredness and inviolability of the family,  
and its beauty in God's plan.

Jesus, Mary and Joseph,  
graciously hear our prayer.  
Amen.

----- Added by Adoration Society -----

Lord Jesus Christ, Spouse of your One Bride, the Church, we beg you to pour out your grace on the Synod on the Family.

St. Thérèse of Lisieux, pray for us.  
Sts. John Paul II and John XXIII, pray for us.  
Bls. Louis and Zelie Martin, pray for us.  
Sts. Michael, Gabriel and Raphael, pray for us.  
All Holy Angels and Saints of God, pray for us.





## PRAYER AND PARISH NURSE MINISTRY SAVES LIFE DURING MASS

Marian Nowak, DNP, MPH, RN, CSN, FCN  
Assistant Nursing Professor, Rutgers  
University School of Nursing

Last week a parishioner at Christ The Redeemer suffered a cardiac arrest.

Fortunately, the Knights of Columbus purchased an AED for the church. The equipment monitoring and CPR Certification Program is taught by Kathy Benton, RN, MSN, FCN and Marian Nowak, DNP, RN, FCN who are parish nurses. As part of this ministry these nurses have taken the lead in offering CPR certification to both students and adults groups within our parish community for many years. Last week they realized the fruit of their educational outreach efforts.

Last week during mass a parishioner suffered a heart attack. Parish nurses who were attending mass immediately came to his care and one nurse Kathy Benton, performed CPR and used the AED to save this man's life. Father Tom Barcelona, pastor of the church, said, "It is a miracle we had nurses here to help. The entire church prayed the rosary for the heart attack victim as the nurses attended to his medical needs. Now he is hospitalized and is doing well, we expect to see him in church real soon with a full recovery."

Christ The Redeemer Parish in Atco has many ministries; the health ministry is just one way they reach out for the total wellbeing of their community. Marian Nowak, a parish nurse for 14 years, and an Assistant Professor at Rutgers School of Nursing-Camden explains "Our health ministry is a group of doctors, nurses and natural helpers who offer our services in charity for our community. We are blessed to have God works through us to help others in our ministry. Kathy Benton has served as a nurse, helping our church community in so many ways. She is an exemplary nurse who is able to combine her Christian values in her daily practice of nursing. She is a highly skilled and valued member of our church community."

If you would like more information on Parish Nursing contact Dr. Marian Nowak, by calling the parish office at: 856-767-0719 or by calling her at home at 609-704-0026.

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## UPCOMING EVENTS 2015

Registration is Now Open for World Meeting of Families  
<http://www.worldmeeting2015.org>

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

June & October 2015, North American Lourdes Volunteers (NALV), Special Needs Pilgrimage. Nurses, Physicians, Companions & Caregivers Needed. See dates below.  
[www.lourdesvolunteers.org](http://www.lourdesvolunteers.org) or [info@lourdesvolunteers.org](mailto:info@lourdesvolunteers.org)

Jan 31 – Deadline for May 12-18, Warriors to Lourdes – 57<sup>th</sup> International Military Pilgrimage (see below).

March 21 – Deadline for June 19-25, NALV St. Marianne Lourdes Assisted Pilgrimage for Sick & Disabled.  
[info@lourdesvolunteers.org](mailto:info@lourdesvolunteers.org); 315-476-0026

May 12-18, 2015 – Annual Warriors to Lourdes, A Pilgrimage for Military Personnel for the 57<sup>th</sup> International Military Pilgrimage to Lourdes, France. For more information: [Lourdes@KofC.org](mailto:Lourdes@KofC.org); Register by Jan 2015-  
[www.warriorstolourdes.com](http://www.warriorstolourdes.com)

June 4 & 5, 2015, ANA Ethics Conference, Baltimore, MD

June 19-25, 2015 St. Marianne Lourdes Assisted Pilgrimage for Sick & Disabled. Register by 21 March.  
[www.LourdesVolunteers.org](http://www.LourdesVolunteers.org); 315-476-0026

July 13 – Deadline for October 11-17, NALV St. Bernadette Lourdes Assisted Pilgrimage for Sick & Disabled.  
[info@lourdesvolunteers.org](mailto:info@lourdesvolunteers.org); 315-476-0026

Aug 31 – Deadline for registration – **2015 National Catholic Certification Program Health Care Ethics (Bioethics Certification)**, National Catholic Bioethics Center (NCBC), <http://www.ncbcenter.org/certification>

Sep. 25-27 – World Meeting of Families, Philadelphia

Sep 26 & 27 – Papal Visit - The Holy Father is expected to participate in the Festival of Families, an intercultural celebration of family life around the world, which would be held on Saturday, September 26, and a Papal Mass to be held on Sunday, September 27. Both of these events will be open to the public. (Registration to World Day of Families is not required for the Papal visit)

Oct 1-3 – Catholic Medical Association, 84<sup>th</sup> Annual Educational Conference, Philadelphia.  
<http://www.cathmed.org/>

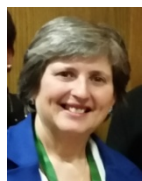
Oct. 4-25 – World Synod of Bishops, Vatican. Theme: "Jesus Christ reveals the mystery & vocation of the family." Pray the Rosary Daily for this event: Participate in the worldwide 1<sup>st</sup> Thursday Eucharistic Adoration (see article).

Oct 11-17, 2015 St. Bernadette Lourdes Assisted Pilgrimage for Sick & Disabled. Register by 13 July.  
[www.LourdesVolunteers.org](http://www.LourdesVolunteers.org); 315-476-0026

2016:  
Date TBD – National Association of Catholic Nurses-USA Meeting, Loyola College of Nursing (CON), Chicago.

July 26-31, 2016 - World Youth Day, Krakow, Poland

## **CULTURAL COMPETENCY, AUTONOMY AND SPIRITUAL CONFLICTS RELATED TO REIKI/CAM THERAPIES: SHOULD PATIENTS BE INFORMED?**



by Maria Marra Arvonio

*The use of complementary and alternative medicines (CAM) such as Reiki is on the rise in healthcare centers. Reiki is associated with a spirituality that conflicts with some belief systems. Catholic healthcare facilities are restricted from offering this therapy because it conflicts with the teachings of the Catholic Church. However, hospitals are offering it without disclosing the spiritual aspects of it to patients. This article will address the ethical concerns and possible legal implications associated with the present process of offering Reiki. It will address these concerns based on the Joint Commission's Standard of Cultural Competency and the ethical principles of autonomy and informed consent. A proposal will also be introduced identifying specific information which Reiki/CAM practitioners should offer to their patients out of respect of their autonomy as well as their cultural, spiritual, and religious beliefs.*

The use of complementary and alternative medicine (CAM) is on the rise. According to the National Health Statistics Report “in 2007, almost four out of 10 adults (38.3%) had used some type of CAM therapy in the past 12 months” (Barnes, Bloom, and Nahin 2008, 4). CAM consists of various non-conventional/non-Western types of therapies or practices which can be offered with (complementary) or without (alternative) conventional medicine (National Center for Complementary and Alternative Medicine 2012a). Some examples of CAM therapies include Reiki, yoga, and therapeutic touch (TT). Reiki is a type of CAM associated with spiritual practices which according to the United States Conference of Catholic Bishops (USCCB) conflicts with Christian beliefs (United States Conference of Catholic Bishops 2009a). In March 2009, the USCCB issued a document, Guidelines for Evaluating Reiki as an Alternative Therapy, prohibiting Reiki from being offered by any healthcare facility, retreat center, or persons representing the Catholic Church (United States Conference of Catholic Bishops 2009b, sec. 12). Other hospitals are not obligated to follow these guidelines. O'Reilly in American Medical News indicated that at least one in five hospitals offer Reiki (O'Reilly 2011). Patients, however, may not be informed of the spiritual aspects associated with it. Should they be? Could lack of disclosure regarding the spirituality associated with Reiki interfere with respecting a patient's right to make an “informed” and autonomous decision when choosing healthcare options? This article will address this question based on the principles of autonomy and informed consent; the Joint Commission's Cultural Competency Standard of Care no. RI.01.01.01; and the Standards of Practice for Culturally Competent Nursing Care (nn. 3 and 5). A proposal will be introduced identifying the need to develop a spiritual consent form disclosing specific information which Reiki/CAM practitioners should offer patients out of respect for their autonomy as well as their cultural, spiritual, and religious beliefs/practices.

## **What is Reiki?**

Definitions from various origins are offered to present the various views regarding Reiki and help eliminate concerns related to religious or medical biases associated with Reiki. The National Center for Complementary and Alternative Medicine was established by the Federal Government to define and monitor research developments regarding the various CAM therapies and products (National Center for Complementary and Alternative Medicine 2012b). It defines Reiki as a type of CAM that utilizes an energy form of healing derived from an Eastern belief system (National Center for Complementary and Alternative Medicine 2012c). Pamela Miles, a published Reiki master, defined Reiki as a healing technique that is based on spirituality and directed towards healing the body, mind, and spirit (Miles 2006). The Reiki Foundation, an international association for Reiki, identified Reiki as originating from the “Buddhist traditions of Shingon and Tendai. ... Many of our members, students, and affiliates have come to Dharma through the pathway of Reiki” (The Reiki Foundation n.d.(a)). Mikao Usui, a Buddhist monk born in Japan on August 15, 1865, was responsible for discovering Reiki and establishing clinics offering it as an Eastern healing therapy. He studied Tendai and Shingon Buddhism, as well as kiko, a Japanese technique of utilizing “life energy” for healing (Rand 1998). After a critical illness in the 1900s, he claimed he received visions and directions regarding methods of healing from Mahavairocana Buddha, the Great Central Buddha. This led him to seek out knowledge about “the esoteric science of healing as taught by Buddha...and energy disciplines that focus on the use of ‘ki’” (The Reiki Foundation n.d.(b)). He claimed he discovered the healing powers of “ki” energy during a 21-day retreat on Mt. Kurama, after he used it on himself to heal his injured toe (Rand 1998). Usui practiced and developed this method of healing based on his study of Buddhism's healing disciplines, and called it the Usui Reiki healing technique (Rand 1998, 19). Although he died on March 9, 1926, before Reiki was utilized in the United States, his method of healing still continues to be utilized internationally (Rand 1998, 20). This was due to Mrs. Takata, a Hawaiian native, who brought Reiki to the United States after claiming she was healed through a series of Reiki treatments offered at a Japanese hospital (Rand 1998, 21). Following this experience, she received Reiki training at a clinic which utilized a form of Usui's Reiki methods. On February 21, 1938, she became a Reiki master and began to train others on how to use Reiki on others throughout the United States (Miles 2006). The information supplied thus far regarding the origin of Reiki and its founder suggests that Reiki is linked to Buddhism.

### **How are Reiki Practitioners Trained?**

In order to become a Reiki practitioner, students must attend an attunement ritual led by a Reiki master. The attunement ritual is a spiritual ceremony that involves channeling Reiki energy from the Reiki master to the student while tracing invisible “sacred” symbols on their heads or hands (Rand 1998, 5, 45–46). The International Center for Training describes the process as one that is attended not only by students and the Reiki master but also by spirit guides (The International Center for Reiki Training n.d.). O’Mathuna and Larimore identified spiritual concerns associated with the spirit guide based on Christian beliefs that “contacting spirits is denounced in the Bible as sorcery, mediumship, and spiritism (Lev 19:26, 31; 20:6; Deut 18:9–14; Acts 19:19; Gal 5:20; Rev 21:8)” (O’Mathuna and Larimore, 2006). The symbols traced on students’ heads represent a covenant between a Reiki practitioner and Reiki energy. Information regarding these symbols is secretly stored by Reiki masters because it is believed that they are sacred and need to be handled with great reverence (Rand 1998, 45–46). Students have reported having visions, messages, and an increase in psychic abilities during and after the attunement ceremony (Rand 1998, 5). Are patients aware of the spiritual nature of Reiki and how students are trained when they are offered it as a form of CAM therapy? Could this information influence the patient’s choice of therapy? The reports of receiving psychic abilities along with the use of “sacred” symbols to obtain power or “energy” during the spiritual attunement ceremony should be of concern to Catholic patients because it conflicts with their faith. The Catechism of the Catholic Church, numbers 2115 and 2116 clearly reject any form of occult practices or divination (Catechism of the Catholic Church 1995).

### **What are Hospitals Disclosing to Patients?**

The Center for Reiki Research identifies hospitals and clinics that offer Reiki (Center for Reiki Research 2003). The Memorial Sloan-Kettering Cancer Center in New York is on this list and confirms on their website that they offer Reiki. They describe Reiki as a gentle touch therapy that is used to aid in stress reduction as well as physiological and emotional well-being, but do not indicate that it is associated with spiritual practices (Memorial Sloan-Kettering Cancer Center n.d.). MetroHealth System, located in Northeast Ohio and affiliated with the Case Western Reserve University School of Medicine, offers Reiki and discloses on their website that their practitioners are volunteers who are trained in Reiki levels I, II, and III (master level), but does not indicate how they are trained (Metro Health n.d.). Portsmouth Regional Hospital offers specific details regarding the history of, origin of, and research related to Reiki. In addition, they indicate that Reiki practitioners

are trained during an attunement process where they are taught the various hand positions used during a session; however, they do not indicate that it is a spiritual ritual involving the transferring of energy from a Reiki master to the student (Portsmouth Regional Hospital n.d.). Is this full disclosure? Are patients being informed that there is a lack of adequate research to indicate its effectiveness or safety because of the inconsistent results obtained from various studies? (National Center for Complementary and Alternative Medicine 2012c) This information is easily retrieved from NCCAM, the federal agency that is officially assigned to define CAM therapies and products; monitor research developments performed using CAM therapies; and identify the benefits and risks associated with them (National Center for Complementary and Alternative Medicine 2012d). Information regarding the lack of sufficient research on Reiki does not appear evident on the hospital websites identified in this article. Could this be considered lack of full disclosure and thereby affect a patient’s ability to make a fully informed and autonomous decision when choosing CAM therapies? Another concern related to Reiki is the issue of licensure and certification. According to the NCCAM, “no licensing, professional standards, or formal regulation exists for the practice of Reiki....No special background or credentials are needed to receive training” (National Center for Complementary and Alternative Medicine 2012e). Individual states are responsible for setting guidelines regulating CAM therapies. Some states require a license for some CAM practitioners, but none require it for Reiki (National Center for Complementary and Alternative Medicine 2012f). In April 2000, the Federation of State Medical Boards developed “Model Guidelines for the Use of Complementary and Alternative Therapies in Medical Practice” for physicians who offer CAM or who refer patients to CAM providers (Board on Health Promotion and Disease Prevention 2005). The guidelines were developed to help ensure that standards utilized in conventional treatments were being followed in the use of CAM therapies. The board emphasized the importance of utilizing “informed consent,” and of reviewing with patients the potential or actual risk and benefits associated with CAM. However, they did not identify a need to reveal the “spiritual risks” that could be involved.

***“...When they say this Chaplet [of Divine Mercy] in the presence of the dying, I will stand between My Father and the dying person not as the just judge but as the Merciful Savior”.***

**Jesus to St. Faustina, 1937**



## **Cultural Competency**

### **Should the Spiritual Aspect of Reiki be Exposed?**

The Joint Commission (TJC) standard of care (January 1, 2012) RI.01.01.01 obligates hospitals to safeguard patient's cultural, spiritual, and belief systems when offering medical therapies to patients (The Joint Commission 2012a). It states that patients' cultural, spiritual, and belief practices can affect their "perception of illness and how they approach treatment" (The Joint Commission 2012b). This standard confirms the need for patients to be informed of the spiritual aspects of Reiki because it conflicts with belief systems that could affect a patient's healing process. Are healthcare practitioners and facilities aware that some CAM therapies such as Reiki, conflict with patients' spirituality or belief practices? Should they have this knowledge before offering it to their patients? There are standards of practices that could confirm the need for healthcare facilities, as well as nurses who offer CAM, to be aware of the spiritual aspects of these therapies before offering them to their patients. Nurses are among the most frequent administrators of Reiki because it is considered a therapeutic intervention that they can offer their patients without the need for a physician's order (Synder and Lindquist 2001). They are obligated by the Standards of Practice for Culturally Competent Nursing Care (n. 3) to be knowledgeable as well as supportive of their patients' spirituality and belief systems (Expert Panel on Global Nursing & Health 2010, 7). Cultural Competence in Healthcare Systems and Organizations Standard, n. 5, states that a hospital's responsibility is to maintain cultural competency by offering their staff education about the various cultures included in the population they serve (Expert Panel on Global Nursing & Health 2010, 8–9). In 2010, TJC suggested that hospitals remove religious objects in a patient's room or cover them if they conflict with a patient's "cultural, religion, or spirituality" (The Joint Commission 2010, 21). The Standards of Practice for Culturally Competent Nursing Care, combined with TJC's standard RI.01.01.01, supports the need to disclose the spiritual aspects of Reiki to patients in order to enable them to make a fully informed and autonomous decision when choosing healthcare options.

### **Are there other Spiritually Linked CAM Therapies?**

Reiki is not the only type of CAM therapy that is connected with religious or specific belief systems. The Pontifical Council for Culture and the Pontifical Council for Interreligious Dialogue identified others, such as yoga and TT, as being linked to New Age practices that conflict with the teachings of the Catholic Church (Pontifical Council for Culture & Pontifical Council for Interreligious Dialogue 2003). Yoga was included in the top ten most frequently used CAM therapies by adults, according to the 2007

National Health Statistics Reports (Barnes et al. 2008, 4). The NCCAM defined yoga as "a mind and body practice with origins in ancient Indian philosophy" (The National Center for Complementary and Alternative Medicine 2013). It is often associated with exercise, but those who practice Hinduism claim that it is also spiritual in nature. Medin reported on an interview conducted with three gurus regarding yoga, and discovered that the goal of it is to purify and control one's mind and senses (Medin 2004). Many disagree that the origin or affiliation of yoga is connected to any specific religion or belief system. However, those who practice Hinduism are actually concerned that their beliefs and ties to yoga are being ignored. In fact, in 2010, there was a group so concerned that yoga was being detached from Hinduism that a campaign titled "Take Back Yoga" was developed to make all people aware of its roots in Hindu beliefs (Vitello 2010). TT is a type of CAM therapy that resembles Reiki. It utilizes the same belief in the existence of an inner energy that when blocked, produces illnesses. Those who administer TT claim that they are able to manipulate this energy known as "prana," in order to bring about healing or relief from symptoms caused by an illness (O'Mathuna and Larimore 2001). Dolores Krieger and Dora Kunz were responsible for developing the technique (Samarel 2006). They based TT on their own beliefs associated with Buddhism and Theosophy (Samarel 2006, 262). Despite the connections that Reiki, yoga, TT, and possibly other CAM therapies may have with specific spiritual or religious practices, patients are not informed. How can healthcare facilities and their practitioners support the ethical principles of autonomy and informed consent without disclosing information about the spiritual dimensions of CAM?

## **Autonomy & Informed Consent**

Autonomy is demonstrated when a patient makes a decision based on a "substantial degree of understanding and freedom from constraint" (Beauchamp and Childress 2009, 101). Could lack of disclosure regarding the spiritual aspects of Reiki be considered a restraint or barrier, preventing patients from making truly informed and autonomous choices? Informed consent is a process that supports the patient's autonomy, enabling a person to freely choose healthcare options. There are three aspects to this process: patient competency and decision-making capacity; disclosure of risks and benefits, as well as identifying possible alternatives (Sugarman 2003). This article's primary concern is the need for practitioners to disclose the "spiritual" risks associated with Reiki. Sugarman agrees that the spiritual aspect of some CAM therapies should be included in the informed consent process, because it may conflict with some patients' beliefs (Sugarman 2003, 248). It was

interesting that he made this suggestion even before the USCCB developed their report on the spiritual conflicts between Reiki and Christian beliefs in March 2009. Despite Sugarman's suggestion, there is no indication, at least among the hospitals identified in this article, that spiritual aspects of Reiki are disclosed to patients. Even basic information regarding the risks and benefits associated with CAM therapies (Reiki) may not be addressed adequately. Caspi, Shalom, and Hoxha conducted an interview in 2011 of twenty-eight CAM practitioners who offered a variety of CAM therapies. The results demonstrated: inconsistent disclosure of information; suggestions of therapies based on opinions versus specific standards or studies; and a lack of concern about obtaining informed consent. Spiritual components of CAM were not identified as risks or benefits. In addition, many practitioners indicated that they often elected not to focus on the risk of CAM with patients, due to concerns that it would interfere with their healing (Caspi, Shalom, and Hoxha 2011). Could this be interpreted as a paternalistic viewpoint?

### **Lack of Spiritual Disclosure & Liability.**

Could physicians be held liable if they refer a client to a CAM practitioner (i.e., Reiki master) without obtaining an informed consent that includes the risks and benefits of the therapy? (Cohen and Eisenberg 2002). In 1957, the courts in the *Slago v. Leland* case ruled that they can be liable if they omit facts that are necessary for patients to make an informed decision when choosing health treatments.<sup>1</sup>

Cohen and Eisenberg (2002) identified a potential malpractice liability risk associated with CAM that dealt with the degree of benefits compared to the potential risks reported in evidence-based studies. They emphasized that if the evidence does not support a high degree of benefits associated with a particular CAM therapy, there may be reason to be concerned about a liability claim (Cohen and Eisenberg 2002). There was no discussion of the actual risks or benefits associated with CAM, nor did they differentiate between physical, emotional, and "spiritual" risk. Berg, Appelbaum, Lidz, and Parker indicated that a decision-causation rule can be applied if it is determined that a patient would have changed a decision if he or she were fully informed regarding the spiritual aspect of Reiki. Terry Ruhl, M.D., identified a concern regarding the spiritual aspects of some CAM therapies and emphasized, "one should not introduce a therapeutic method with spiritual implications to a religious patient without informing the patient of potential conflicts" (Ruhl 2002). The National Council Against Health Fraud posted an article by William Jarvis, Ph.D., regarding Reiki. He also agreed that patients should be fully informed of the spiritual aspects of Reiki, since it can conflict with patients' beliefs (Jarvis 2000). Jeremy Sugarman, M.D., a professor of bioethics and medicine at John Hopkins Berman Institute, is responsible for intensive contributions dealing with

ethical issues associated with informed consent (John Hopkins Bloomberg School of Public Health n.d.). He agreed that physicians should obtain informed consent when offering alternative therapies such as Reiki, especially if the therapy is associated with risk (Sugarman 2003). Is the spiritual risk associated with Reiki substantial enough to warrant its disclosure in the consent? Who decides if it is? TJC stated that patients' spirituality was important and emphasized that it should be respected, not ignored (The Joint Commission 2012a). Studies have also been conducted which demonstrated its importance in relation to health. McCord et al.'s (2004) study of 921 adults discovered that 87 percent wanted their physician to discuss spirituality and 62 percent thought that it may affect their treatment. Yuen, in *The American Journal of Medical Quality*, identified the importance of understanding the difference between religion and spirituality. She emphasized that religion was associated with a particular set of beliefs whereas spirituality was more of an individual's independent search for something divine, but not necessarily linked to a certain belief system. She also stressed that spirituality is an important aspect of healing and should be respected (Yuen 2007). Koenig, George, and Titus (2004) studied the importance of religion and spirituality for elderly patients who were hospitalized. Their study also confirmed the correlation and importance of patients' religious beliefs, spirituality, and the healing process.

### **Proposal for a Spiritual Consent Form**

Practitioners and healthcare facilities that offer Reiki may not be aware of the spiritual conflict attached to this therapy or the pertinent information that should be disclosed when offering it. A spiritual consent form could help prepare the practitioner to disclose specific information regarding Reiki or other spiritually associated CAM therapies. It would also help ensure that all patients are given the same basic information obtained from specific resources, such as the NCCAM and the USCCB. Suggestions on what should be disclosed in a spiritual consent form when offering Reiki include: identifying the spiritual origin of Reiki; discussing how Reiki practitioners obtain energy from a Reiki master; reviewing how Reiki students are trained via a "spiritual" ritual (attunement); and offering information regarding Reiki. This author also suggests offering the USCCB's guidelines regarding Reiki and how it conflicts with Christian beliefs. The USCCB's guidelines are referred to in the spiritual informed consent form provided (Figure 1), which could also be used for other CAM therapies associated with spiritual or religious beliefs/practices. Utilizing a spiritual informed consent form will assist hospitals and healthcare practitioners to respect the spiritual and religious beliefs of their patients, while abiding by the standards of TJC

## Figure 1. Spiritual Consent Form for CAM Therapy Treatment

Patient's Name (please print): \_\_\_\_\_ Type of CAM therapy (circle one): Reiki, TT, yoga, other  
Practitioner's Name (please print): \_\_\_\_\_ Credentials/License (Circle  
one or NA). Name of Institution of Training \_\_\_\_\_ (NOTE): If a spiritual attunement or initiation was  
involved, offer a brief description of the process to the patient including how the energy is obtained- transferred from a Reiki master;  
use of sacred symbols and the presence of spirit guides. \_\_\_\_\_ Identify the spiritual or religious origin of the therapy offered-  
(circle one) Buddhism, Hinduism, Catholic, Other. Offer websites to allow the patient the opportunity to further research CAM  
therapies (check one or both) National Center for Complementary and Alternative Medicine (NCCAM)  
\_\_\_\_\_ <http://nccam.nih.gov/health/whatisacam> United States Conference of Catholic Bishops website, Guidelines for  
Evaluating Reiki as an Alternative Therapy \_\_\_\_\_ <http://www.usccb.org/comm/archives/2009/09-067.shtml> I (Signature  
required): \_\_\_\_\_ have been informed of the spiritual aspects and specific beliefs and/or religions associated with  
\_\_\_\_\_ (Identify the CAM therapy). The practitioner identified their credentials/ license and/or training associated with the  
CAM (note: not all states obligate CAM practitioners to obtain credentials or a license to administer CAM). Information regarding the  
CAM practitioner's training was offered. The practitioner gave a brief explanation of what the attunement process/ritual involved: its  
association with spirit guides, sacred symbols and the transferring of energy from a Reiki master. Material/websites from both  
(NCCAM) and the USCCB were offered. Witness (Signature required): \_\_\_\_\_

### REIKI/CAM THERAPIES (CONT'D)

and cultural competency for nursing care. Respecting patients' cultural, spiritual, and religious beliefs facilitates the healing process, according to TJC (The Joint Commission 2010, 21). Is not medicine's goal to facilitate healing, to do no harm (nonmaleficence) and promote benefits (beneficence)?

### Conclusion

The evidence offered in this article (standards of cultural competency, standards to safeguard patient's spirituality and beliefs identified by TJC, and the USCCB's document on Reiki) support the need for healthcare practitioners to supply patients with information pertaining to the spiritual aspects of Reiki. If hospitals or Reiki practitioners are unaware that Reiki conflicts with certain belief systems, such as the Catholic faith, they should seek out knowledge to educate themselves according to the Cultural Competence in Healthcare Systems and Organizations Standard No. 5. The hospitals identified in this article offer information regarding Reiki, but they do not include details regarding the spiritual aspects of it and how it is obtained through a spiritual ritual. One hospital offered information that Reiki practitioners were trained in hand positions during an attunement process. However, they did not indicate that this process is actually a spiritual ritual versus a classroom session. This author's belief is that this information could affect patients' decisions when considering Reiki. Hospitals are already familiar with how a religious belief can interfere with healthcare options when offering blood products to Jehovah Witness patients. They have policies that address this issue, and how best to administer care to patients while safeguarding their patients' religious and spiritual beliefs as well as respecting their autonomy. Perhaps a similar policy needs to be developed to address the spiritual concerns related to Reiki, yoga, TT, and other CAM therapies which are associated with spiritual or religious practices. These therapies may conflict with Christian spiritual/religious beliefs and practices. This will enable them to abide by the Standards of Cultural Competency as well as the standards developed by TJC regarding patients' rights.

With permission of: Arvonio, Maria Marra. Cultural competency, autonomy and spiritual conflicts related to Reiki/CAM therapies: Should patients be informed? *The Lincare Quarterly* 81(1) 2014, 47-56.

### Endnotes:

1. Slago V. Leland. No. 17045 (2d 560 October 22, 1957).

### References:

- Barnes, P.M., B. Bloom, and R.L. Nahin. 2008. Complementary and alternative medicine use among adults and children: United States, 2007. Hyattsville: National Center for Health Statistics.
- Beauchamp, T.L., and J.F. Childress. 2009. Principles of biomedical ethics. 6th ed. New York: Oxford University Press.
- Caspi, O., T. Shalom, and J. Holexa. 2011. Informed Consent in Complementary and Alternative Medicine. Evidence-based complementary and alternative medicine. <http://www.hindawi.com/journals/ecam/2011/170793/>.
- Catechism of the Catholic Church. 1995. New York: Doubleday.
- Center for Reiki Research. 2003. Hospitals and clinics that offer Reiki sessions. <http://www.centerforreikiresearch.org/Downloads/HospitalListTable.pdf>.
- Cohen, M.J., and D.M. Eisenberg. 2002. Potential physician malpractice liability associated with complementary and integrative medical therapies. *Annals of Internal Medicine* 136: 596-603.
- Expert Panel on Global Nursing & Health. 2010. Standards of practice for culturally competent nursing care: Executive summary. December 30, 2010. [http://www.tcn.org/files/Standards\\_of\\_Practice\\_for\\_Cultural](http://www.tcn.org/files/Standards_of_Practice_for_Cultural).
- International Center for Reiki Training. n.d. Learning Reiki: The attunement. Reiki. Org. <http://www.reiki.org/faq/learningreiki.html#attune>.
- Jarvis, W. 2000. Reiki. The National Council against health fraud. December 1, 2000. <http://www.ncahf.org/articles/or/reiki.html#attune>.
- John Hopkins Bloomberg School of Public Health. n.d. Jeremy Sugarman. <http://www.jhsph.edu/faculty/directory/profile/27/Sugarman/Jeremy>.
- Joint Commission. 2010. Advancing effective communication, cultural competence, and patient-centered care: A roadmap for hospitals. Oakbrook Terrace, IL: The Joint Commission. <http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinal%20version727.pdf>.
- Joint Commission. 2012a. Standard RI.01.01.01: Rights and responsibilities of the individual. The Joint Commission E-edition. January 1. [http://www.umdj.edu/mdstfweb/The\\_Joint\\_Commission/Rigst%20](http://www.umdj.edu/mdstfweb/The_Joint_Commission/Rigst%20).
- Joint Commission. 2012b. Assessment. In Advancing effective communication, cultural competence and patient-family centered care: a roadmap for hospitals. January 1. Oakbrook Terrace, IL: The Joint Commission.
- Koenig, H., L. George, and P. Titus. 2004. Religion, spirituality, and health in medically ill hospitalized older patients. *Journal of the American Geriatrics Society* 52: 554-62.



## REGIONS & LOCAL COUNCIL – NEWS



### NORTHEAST REGION

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

NE Regional Representative

Marie Hilliard, RN, PhD, JCL, Philadelphia, PA

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In February 2015 the Albany Council of Catholic Nurses was designated an Affiliated Council of the NACN-USA (Bylaws Article XVII; Section 1 Councils)

The *World Meeting of Families-Papal Visit* is being held in the Northeast Region (Philadelphia, PA). Volunteer nurses are being sought to assist with securing the wellbeing of attendees. See article in this *Newsletter*.

### \*\*\*NEW\*\*\* Albany Council of Catholic Nurses

Joan Ribley-Borck, RN, BSN, President

[jborck@nycap.rr.com](mailto:jborck@nycap.rr.com)

The Albany Council of Catholic Nurses is grateful for all the "aye" votes, by the Board of Directors of the National Association of Catholic Nurses-USA (NACN-USA), by which the Albany Council has rejoined with the nation's official organization of Catholic Nurses. At the time of our origin, in 1956, the now National Association of Catholic Nurses-USA's name was the "National Council of Catholic Nurses." We share a rich history with NACN-USA; and, in fact, there is evidence of Catholic nurses in Albany working toward council status after World War II. While I have found no clues as to why the original affiliation severed, we look forward to a joyfully long working relationship with NACN-USA. Our Council is small, 70 members, composed mostly of Roman Catholic Registered Nurses and Licensed Practical Nurses. This year we welcomed eight new members plus our new Chaplain, Rev. Michael Farano. The Board of Directors meets as necessary, and all members meet five times a year. These five events include two Masses, two banquets/meetings, and a fund raiser picnic. Through the past 59 years, we have provided our members with knowledgeable speakers on medical and ethical/moral issues. In the past, some of our Presidents have been able to attend various conferences with other regional nurses in other states. Once again, thank you and God bless our mutual efforts toward our ministry in this vocation of nursing.

### Fall River Council of Catholic Nurses

Betty Novacek, Acting President, Somerset, MA

### COUNCIL(S) IN FORMATION:

#### Diocese of Trenton Council of Catholic Nurses

Maria Arvonio, RN, BSN, MA &

Patricia Sayers, RN, DNP, Trenton, NJ

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### Diocese of Trenton Council Development Activities

By Maria Arvonio RN BSN MA & Karen Haber RN

In April, 2014, **Karen Haber RN** and **Maria Arvonio RN MA**, members of the Diocese of Trenton Council development committee, gathered together at a Pentecost Rally event offered in Ocean Grove, NJ. The event was attended by various cultural groups who joined together to give praise and worship to God and pray for the release of the Gifts of the Holy Spirit.



**Bishop David O'Connell** celebrated Holy Mass for all those who attended.

Ms. Haber RN, who received the NACN-USA nursing student scholarship award a few years ago, was a volunteer at the event. She suggested that the committee set up a table displaying information regarding the organization in hopes that we would be able to share about the potential development of a council in the Diocese of Trenton. Those who came to the table



consisted of Nurses as well as people who knew nurses. Many shared how impressed they were that a "Catholic professional" organization for nurses existed. They also shared their gratitude and prayers regarding the possibility that a council would be developed in the

## Diocese of Trenton (Cont'd)

Diocese of Trenton pending the Bishop's approval. The event allowed the opportunity for the development committee to discuss what the NACN-USA as to offer.

Research posters (developed by Patricia Sayers RN DPN and Maria Arvonio RN BSN MA), which had been accepted for review at previous NACN-USA conferences, were also on display to provide additional evidence of the educational opportunities which the organization offers. In addition, Ms. Haber RN, developed a flyer in three languages to accommodate some of the various ethnic groups who attended the conference. The event attracted about 20 prospective members.



Maria Arvonio, RN, BSN, MA & Karen Harber, RN



### **FREE CONSULTATION SERVICES ON BIOETHICAL ISSUES**

#### **AVAILABLE THROUGH THE NATIONAL CATHOLIC BIOETHICS CENTER (NCBC)**

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

If your question is not related to a time sensitive matter please call the same number during regular business hours 9am - 5pm Eastern Time or use the online Consultation Request Form at

<http://www.ncbcenter.org/page.aspx?pid=1174>.



### **SOUTHEAST REGION**

(AL, TN, GA, FL, NC, SC, VA, DC, WV, MD, DE)

SE Regional Representative

Judie Boyle, RN, MSN Baltimore, MD,

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**Diana Ruzicka, RN, MSN, CNS-BC** of New Market, Alabama received the Julia Greeley Award from the ENDOW Program in Denver, Colorado on February 7,



Terry Polakovic, President & Co-Founder of ENDOW and COL Diana Ruzicka, USA Retired 2015 Julia Greeley Award Recipient

2015. Speaking on the positive impact this program has had on the women at the military chapel on Redstone Arsenal, Alabama, Diana shared the scope of responsibility of the Archdiocese of the Military Services (AMS), a functional diocese of the Church upon which the sun never sets.

Two years after she joined the Army, in 1985, Pope St. John Paul II created the AMS to provide the Catholic Church's full range of pastoral ministries and spiritual services to those in the United States Armed Forces. This includes more than 220 installations in 29 countries, patients in 153 VA Medical Centers, and federal employees serving outside the boundaries of the USA in 134 countries. The AMS provides the Catholic Church's full range of pastoral and spiritual services to those in the Army, Air Force, Navy, Marine Corps, Coast Guard, for the Reserves and National Guard while on active duty and their family members, patients in VA hospitals and member of the State Department and other U.S. citizens serving overseas. Numerically the AMS is responsible for more than 1.8 million men, women and children. The current and 4<sup>th</sup> Archbishop Timothy P. Broglio was appointed by Pope Benedict XVI on November 19<sup>th</sup>, 2007. He approved the ENDOW Program for use in the AMS within 24 hours of request in 2009. Diana recommends every woman in the U.S. study at least Pope St. John Paul II's 1995 "Letter to Women" and 1988 Apostolic Letter, *Mulieris Dignitatem (On the Vocation & Meaning of Women)* and all nurses, *Salvifici Doloris (On the Christian Meaning of Human Suffering)*. [www.endowgroups.org](http://www.endowgroups.org). Though these are usually 8 week study with small groups of 8-12 women, ENDOW also provides speakers to do "ENDOW in a day."



**Mid-South Area Association of Catholic Nurses  
(MSAACN)**

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**COUNCIL(S) IN FORMATION:**

**Baltimore Council of the NACN**

Judie Boyle, RN, MSN, Baltimore, MD,  
[tbboyle@aol.com](mailto:tbboyle@aol.com)



**MIDWEST REGION**

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

MW Regional Representative

Mary Lee Barron, PhD, APRN, FNP-BC, FAANP  
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**Council of Catholic Nurses of the Diocese of Joliet, IL**

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**Council of Catholic Nurses of the Archdiocese of  
Chicago (CCNAC)**

Sheila Coogan, MSN, RN, Chicago, IL  
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**Council of Catholic Nurses of Lake County, IL**

Ginny De Reu, Libertyville, IL  
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**Madonna University Council of  
Catholic/Christian Nurses**

Sister Victoria Indyk, CSSF, PhD, RN  
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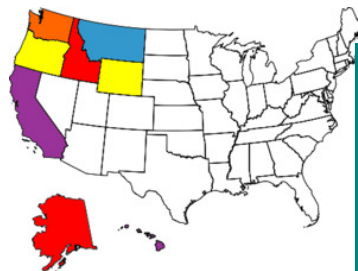
This past summer, (June 5-20), I have spent two weeks in our new Felician Sisters Mission in Haiti located in Jacmel, Haiti. We have a Mobile Clinic that visits 8 rural mountain sites to bring healthcare to the poor and those unable to come down from the mountain for healthcare. Most Haitian people live on about \$2.00 a day and do not have transportation. On the mountain roads, you may see an



**Sr. Victoria Indyk,  
CSSF, PhD, RN**

occasional motorcycle carrying up to four people or a truck carrying many people along with their bags of vegetables and charcoal for fire. There is no electricity in most areas and no sanitation or running water. Most fill up containers of water in local dispensaries. I am returning to Haiti with two nursing students and another faculty for a week Mission trip from Dec. 13-19.

In addition, I am still teaching nursing full time and have done several community events this Fall Semester including two health fairs, a Halloween Party for All Saints Neighborhood Center in Detroit, and will be having our Annual Christmas party for Cabrini Clinic for the poor in downtown Detroit on Dec. 9.



**NORTHWEST REGION**

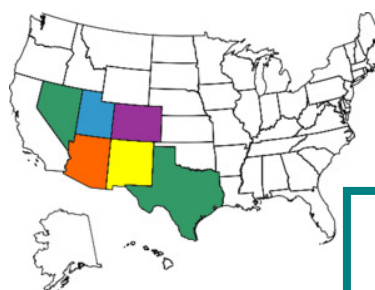
(WA, OR, ID, MT, WY, AK, HI, CA)

NW Regional Representative

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**San Francisco Council of Catholic Nurses**

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**SOUTHWEST REGION**

(NV, UT, CO, AZ, NM, TX)

SW Regional Representative

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**Local & Regional  
Council News**  
Let us know what is  
happening  
with your council.  
Next newsletter deadline  
**May15, 2015**

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

**Membership Drive, March 1 – June 1, 2015**

**You Can Help Grow Our NACN Membership**

Winner (the person to refer the greatest # of new members) get one free year membership in NACN-USA.

New members – indicate who referred you in the "referred by" space on the online application.

Help spread the Catholic Nurse Voice by downloading, printing and sharing our new Membership Flyer.

<https://nacn-usa.org> – Join Online



## RELIGIOUS LIBERTY UPDATE

### NATIONAL CATHOLIC BIOETHICS CENTER BIOETHICS AND PUBLIC POLICY REPORT - NOV2014 Dr. Marie Hilliard, RN, PhD, JCL



The NACN-USA Northeast Regional Chair, Dr. Marie Hilliard, is Director of Bioethics and Public Policy for The National Catholic Bioethics Center, and assists the NACN-USA's Ethics and Spirituality Committee in fulfilling such critical roles for the common good.

- The National Association of Catholic Nurses-USA (NACN) continues to support organizations and their rights to religious freedom, being violated by the U.S. Department of Health and Human Services' *Contraceptive Mandate*. The NACN has joined other organizations committed to the protection of religious freedom in signing onto the following *amicus* briefs, in support of those employers who are legally challenging the violations of their conscience rights: Dordt College and Cornerstone University; the Archdiocese of St. Louis and Catholic Charities of St. Louis; East Texas Baptist University; Houston Baptist University; and Westminster Theological Seminary. These briefs represent a total of seven *amicus* briefs filed by the NACN in support of religious freedom being violated by the HHS *Contraceptive Mandate*. Significantly, NACN-USA signed the *amicus* brief in support of these rights, in the case of *Michigan Catholic Conference, et al., v. Sylvia Burwell, Secretary of Health and Human Services, et al.* Michigan Catholic Conference, et al, has successfully petitioned the U.S. Supreme Court to review the decision of the 6th U.S. Circuit Court of Appeals, which allows HHS to enforce the contraceptive mandate against the constitutionally protected freedoms of these petitioners.
- NACN-USA again has been a signatory to an *amicus* brief in support of sound and life giving health care policies. NACN-USA supports the state of Iowa and the Ruling of its Board of Medicine to protect women from abortions via telemedicine. Planned Parenthood has challenged these safety requirements and the case is before the Iowa Supreme Court. See: <http://www.desmoinesregister.com/story/news/health/2014/09/16/planned-parenthood-of-the-heartland-iowa-supreme-court-telemedicine-abortion/15726317/>.



- The Organ Procurement and Transplantation Network (OPTN), the federally authorized body to develop public policy on safe organ donation and transplantation, issued a request for public comment on their proposal entitled *Policy to Implement the Organ Procurement and Transplantation Network's Oversight of Vascularized Composite Allografts (VCAs)*. As we know, the Catholic Church supports the voluntary charity of organ donation, as a gift of life. However, this proposal would allow living donors to donate hands and feet and facial tissue. The public comment of The National Catholic Bioethics Center and the following notice were made available on NACN-USA's *FaceBook*:

The protections for the safety of the donor and recipient, true informed consent, and bodily integrity will be violated by this policy. Please have your voice heard by December 5, 2014 [comment period now closed], by e-mailing OPTN at [publiccomment@unos.org](mailto:publiccomment@unos.org), asking that this proposal be rejected, citing that you: "Urge an entire rejection of this policy and a redrafting to address the blatant violations of informed consent, donor and recipient safety, and human physical integrity, as well as the prevention of bodily mutilation to the living donor. No living donor should be included in VCA donation policies.

**A new call for public comment on this same issue** ("Membership Requirements for Vascularized Composite Allograft Programs") **has been issued by OPTN**, clearly indicating the intent to allow living VCA donors, even giving the example of the potential of taking a limb from one co-joined twin, when she is alive, to donate to her twin on separation (but before death), since the donor will die anyway. Please make comment to OPTN **by March 27, 2015**, clearly opposing the legalization of living VCA donation, as well as the significantly insufficient credential requirements for physicians engaged in such organ transplantation: <http://optn.transplant.hrsa.gov/governance/public-comment/>.

- Little Sisters of the Poor Ask for Prayers for Their Attorneys, as they Represent the Little Sisters in their Fight for Religious Freedom, Violated by the HHS Contraceptive Mandate.





## CICIAMS UPDATE

(Comité International Catholique des Infirmières et Assistantes Médico-Sociales=  
International Catholic Committee of Nurses and Medico-Social Assistants)  
Dr. Marie Hilliard, RN, PhD, JCL, NE Regional Representative

Having New York City, NY and the United Nations in the Northeast Region provided a unique opportunity for the Region to assist the International Catholic Committee of Nurses and Medical Social Assistants (CICIAMS), a member of the Pontifical Council on the Laity, to have representation at the United Nations. We are pleased to announce that due to the efforts of four of our Region members this representation will continue. As a Non-Governmental Organization, CICIAMS has consultative status with the WHO, ILO, UNICEF and the Council of Europe. Four of our Region members have



Patricia Staley, RN, NACN-USA member representing CICIAMS to the United Nations

volunteered as CICIAMS representatives for this role with the United Nations, and been approved by CICIAMS, and have secured United Nations approval: Dr. Patricia Sayers; Ms. Maria Arvonio; Dr. Marian Nowak; and Mrs. Patricia Staley. In fact, meetings are being attended and CICIAMS, voice is being heard. We are, indeed, grateful for such dedication to nursing and the health of the international community by these fine representatives of NACN-USA



Maria Arvonio, RN, BSN, MA; Dr. Patricia Sayers, RN, DNP & Dr. Marian (Mimi) Nowak, DNP, MPH, RN, CSN, FCN  
NACN-USA members representing CICIAMS at the United Nations

## RELIGIOUS LIBERTY UPDATE

### LITTLE SISTERS (CONT'D)

On December 8<sup>th</sup>, 2014, the *Little Sisters of the Poor* had their day in court before the Tenth Circuit Court of Appeals in Denver. The U.S. Department of Health and Human Services (HHS), through its *Contraceptive Mandate*, is requiring virtually all employers, regardless of their opposition on grounds of conscience, to provide to their employees through their benefit plans coverage of contraceptive drugs and devices, including abortifacients, as well as surgical sterilizations. The *Little Sisters* present perhaps the best and clearest example of a religious organization that is faced with an existential threat by the HHS



*Contraceptive Mandate*

(see: <http://blog.archny.org/steppingout/?p=3076>). A victory by the *Little Sisters* will send a clear message to the U.S. Supreme Court, and will increase the chances that other religious non-profits will be protected from the ruinous fines that would be imposed under the *Mandate*. A defeat could subject the *Little Sisters* to as much as \$50 million in fines for following their conscience -- that would force them out of their significant ministry to the elderly and infirmed, and also send an ominous message about the future of religious freedom in America. A decision is pending. Please continue to hold the *Little Sisters* and their attorneys in prayer.



## REFLECTIONS ON BEING A CATHOLIC NURSE IN NACN-USA, CICIAMS & PCHCW

By Marylee Meehan, RN, MA

Today I pray your hearts are filled with joy as we begin our journey through this year of 2015. I would like to reflect briefly on the year 2014 in regards to being a Catholic nurse in NACN-USA, CICIAMS and the Pontifical Council for Health Care Workers (Pastoral Care)

It is the spring of 2014 when the President of the Pontifical Council for Health Care Workers (PCHCW) H. E. Archbishop Zigmunt Zimowski, Monsignor, calls a meeting for all of his members and consulters. The purpose of the meeting is to reflect on the past five years of the Council's achievements and prepare for the next five years of activities for the Council. One project is already progressing and that is the updating of the **CHARTER FOR HEALTH CARE WORKERS**. His Excellency reminds us that the discussions are to be open and that confidentiality is to be held up. He also commends CICIAMS as his strongest member at the Council. My heart fills with joy! I am so proud of all our members and humbly accept this profound acknowledgement on behalf of all our CICIAMS members around the world.

At the conclusion of the final meeting, we each have the deep honor of being introduced to the Holy Father, Pope Francis. I said just one word to him, that was



## REFLECTIONS(CONT'D)

By Marylee Meehan, RN, MA

“gratis”, and the Holy Father responded, “Will you pray for me?” In astonishment I replied, “I already do pray for you and will continue to do so!” My heart fills with joy and the Pope’s photographer captures this extra ordinary moment in my life!

Just as the summer season is ending and the fall season is beginning this Catholic nurse is now in Dublin, Ireland for the CICIAMS XIX World Congress, “*Protecting Family Life: the role and responsibilities. of Nurses and Midwives.*” The Irish are known for doing great things and they did it again at this Congress. The venue fills and they make a profit of 20,000 Euros for CICIAMS. NACN-USA is privileged to have Dr. Marie Hilliard speak on the topic of *Protecting Family Life in Pan America*. In addition, our Immediate Past President of NACN-USA, Alma Abuelouf gives a presentation on

*Families as Carers for the Elderly in Pan Americas*. As a Past President of NACN-USA and Immediate Past President of CICIAMS my heart fills with joy again to see them presenting at the international level and representing our national organization and country. At the Hospitality Night, six of us from the USA and an American priest represent our country on stage as we each raise and wave our American Flag and sing, “*You’re A Grand Old Flag.*” Yes, once more my heart fills with joy!



Time moves on quickly and it is now mid fall. Four of us from NACN-USA, Dr. Marian Nowak, Dr. Pat Sayers and Mrs. Maria Arvonio and I find ourselves in Rome and at the Vatican. We are attending the PCHCW’s Annual 29<sup>th</sup> International Conference. The topic of the conference is “*The Person with Autism*

*Spectrum Disorders: Animating Hope*”. The conference is always held at the New Synod Hall, Vatican City.

Once again, we have presenters for around the world. Our minds race to keep up with all the knowledge



spilling out from the speakers’ minds.

Networking abounds at the conference luncheons. Our three Catholic Nurses from New Jersey and I enjoy the whole experience of attending this very prestigious international conference at the Vatican. Maybe some of you will join us at the next conference in November 2016 and let your hearts fill with a new kind of joy

Please pray for the Holy Father, Pope Francis.

I just receive a notice that Msg. Zimowski has had surgery in a hospital in Warsaw, Poland. Please pray for him also.

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## NEW HAMPSHIRE REGISTERED NURSES NEEDED – 8 WEEK SUMMER CAMP JUNE 21 – AUGUST 22, 2015

Camp Bernadette is currently seeking three registered nurses for an 8-week camping season and one week of staff training from June 21-August 22. Applicants must have a New Hampshire license or compact license valid for New Hampshire, a background in working with children, and a willingness to work with others.

Duties include arrival screenings, dispensing of daily medications, handling medical emergencies and first aid, and scheduling doctor's appointments when needed.

We offer a competitive salary, on-camp housing, meals, and laundry. Staff children between the ages of 6-15 receive free tuition during the period of employment at either Camp Bernadette, or our brother camp, Camp Fatima.

Camp Bernadette was established in 1953 by the Roman Catholic Diocese of Manchester, NH. We strive to provide a caring community where girls feel a sense of belonging, try new activities, and build memories that last a lifetime.

Interested applications may call or email Jenn Whalen-Sirois, Resident Director Camp Bernadette, at (603) 848-8129 or [jsirois@campsfatimabernadette.org](mailto:jsirois@campsfatimabernadette.org). For more Information visit our website at [www.campsfatimabernadette.org](http://www.campsfatimabernadette.org).





***PONTIFICAL COUNCIL OF HEALTH CARE WORKERS' (PCHCW) XXIV INTERNATIONAL CONFERENCE, NOVEMBER 20-22, 2014***

NACN-USA members contributed to open scholarly dialog highlighted during the in the Pontifical Council of Health Care Workers' XXIV International Conference November 20-22, 2014. Following presentations of cutting edge research and statistics, language translation technology of the Vatican Synod Conference Room, facilitated an open exchange among healthcare researcher, religious leaders, attending professionals, and family members from every continent. Collectively, conference participants provided evidenced based recommendations to enhance Church efforts to better meet needs of persons and families facing autism spectrum disorder challenges.



**Dr. Patricia Sayers, Maria Arvonio, Archbishop Zimowski, President, PCHWC, Marylee Meehan, Member PCHCW & Mimi Nowak**

A focus of concern was the fact that persons and families experiencing autism may live in isolation from their community as well as their church. Causes of isolation discussed included 1) the lack of knowledge of how to communicate with those with this disorder; 2) misunderstandings of what causes the disorders as well as 3) lack of education on how to teach them and invite them to share in the sacraments. In response recommendations were openly discussed.

Maria Arvonio RN MA of NACN-USA shared her experience as a volunteer catechist for children with autism. Mrs Arvonio noted that catechist teachers are not

**Dr. Pat Sayers, Mimi Nowak & Marylee Meehan at St. Peter's Basilica, Vatican City**



taught educational methods to accommodate special learning needs. In addition, materials provided are not appropriate for teaching or communicating with persons with autism. Mrs. Arvonio's nursing background enabled her to develop materials to access personalized needs and co-design teaching plans and tools with children and their parents to prepare autistic children for receiving the sacrament of Holy Communion.



**Dr. Pat Sayers, Marylee Meehan, Sr. Juliana, PCHCW Office in Rome, Mimi Nowak & Maria Arvonio**

In the conclusion of the conference, Archbishop Zimowski (President of the Pontifical Council of Health Care Workers) summarized recommendations regarding Mass accommodations, sacramental access / accommodations, and the need to reach out and welcome persons with Autism and all disabilities and their families to Church functions in every parish world-wide. Archbishop Zimowski expressed appreciation for the valued input from all present. And, acknowledged that what was reviewed and discussed will be referenced to better serve families and those suffering from Autism Spectrum Disorders throughout the Church.

The highlight of the entire conference was the opportunity to have an audience with Pope Francis. Pope Francis blessed all those present and gave a personal blessing to every wheelchair bound attendee present. It was an experience we will never forget.

While at the Vatican, Mrs. Meehan (Pontifical Council of Healthcare Workers members, past CICIAMS President and NACN-USA member) graciously shared ideas of how NACN-USA members can become more active in CICIAMS. In addition, Dr Nowak and Dr Sayers shared their faith based online project entitled "Cultural/Spiritual Toolbox" being implemented in NJ hospitals. In addition, there was also ample time to walk through the city, enjoying true Italian food and of course pick up lots of treasures to bring back home.

# THE NATIONAL CATHOLIC BIOETHICS CENTER



## ETHICAL ISSUES REGARDING EARLY INDUCTION OF LABOR

PREPARED BY THE ETHICISTS OF THE NCBC  
FEBRUARY 2013

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“Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child. ... For a proportionate reason, labor may be induced after the fetus is viable.” —USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed., nn. 47, 49.

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### ❖ SUMMARY ❖

- In most developed countries, the earliest gestational age for fetal viability is twenty-three weeks. About 17 percent of children born at this age survive, many with major disabilities.
- In every pregnancy, there are two interdependent patients, mother and fetus, and their interests sometimes conflict. When such a conflict occurs after fetal viability, the burdens associated with continuing the pregnancy compared to the burdens of early induction of labor must be carefully weighed for each patient in an attempt to achieve the best clinical outcomes for both.
- In some cases, early induction after viability may give a baby a chance to live. In fetal hemolytic disease, for example, incompatibility between maternal and fetal blood means that the baby is likely to die if the pregnancy continues, even though the mother remains largely unaffected.
- In certain severe cases, the principle of double effect may allow for early induction of labor before viability, where the premature birth or the demise of the baby is foreseen but unintended.

#### **Examples of morally acceptable grounds (proportionate reasons) for early induction of labor**

- Serious intractable maternal illness may be caused by the pregnancy itself, as when a pathology arises from the placenta or in infected membranes, which will need to be delivered if the mother is to survive. This may occur, for example, in cases of preeclampsia or HELLP (hemolysis, elevated liver enzymes, and low platelet count) syndrome. Also, intrauterine infection (chorioamnionitis) to expel infected membranes may occur after preterm premature rupture of membranes. Such a case is usually treated with expectant management—that is, the mother is given antibiotics and steroids and closely monitored. Early induction of labor to expel infected membranes may be justified if evidence arises of a significant risk to the mother’s life.

#### **Examples of morally unacceptable grounds (disproportionate reasons) for early induction of labor**

- The presence of fetal anomalies does not in itself justify early induction of labor. Lethal anomalies include anencephaly, some cases of trisomy 18 (Edwards syndrome), and trisomy 13 (Patau syndrome); nonlethal but seriously disabling anomalies include trisomy 21 (Down syndrome) and neural tube defects. Early induction after viability may be performed for a proportionate reason, such as a need to manage the delivery medically.
- Emotional distress to the mother from the pregnancy does not justify early induction of labor. The death of the baby is not a treatment for the mother’s emotional distress and cannot be justified.

#### **An example of controversial grounds**

- A woman with severe heart or pulmonary disease may not be able to tolerate the added stress of increased blood volume from normal placental blood flow during pregnancy. It is unclear whether she may undergo an early induction. Although the placenta causes the increased blood volume in the mother, this is a normal part of pregnancy, not a pathological condition per se. The weakness of the mother’s heart or lungs is not directly remediated by early induction, so there is significant doubt as to whether the principle of double effect can be validly applied in this case.

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

## ❖ FAQs ❖

### **Question 1.** What is viability?

*Reply:* Viability is the ability of a neonate to survive outside the womb, even when survival requires the use of life-sustaining technology. In most industrial countries, fetal viability occurs at a gestational age of about twenty-three weeks and a fetal weight of at least 400 g (14.1 oz).

Early induction performed before viability necessarily causes the death of the baby and may be performed only in the gravest circumstances. When early induction is performed after viability, the baby has some chance of surviving. (Survival of babies born at twenty-three weeks' gestation is about 17 percent, and many survivors have major disabilities.)

### **Question 2.** When may early induction be permitted?

*Reply:* Any act that directly causes or hastens the death of the child is forbidden. Early induction before viability can occasionally be justified in very grave circumstances, however. To evaluate this, we assess each case using the four conditions of the principle of double effect. All four conditions must be met for early induction to be permitted: (1) The act itself constitutes a good or is morally neutral; that is, early induction is performed to directly treat a very serious threat to the mother's life (e.g., expel infected membranes). (2) The good effect (treating the pathology of the mother) is intended, and the bad effect (the death of the baby), while foreseen, is not intended. (3) The baby's death is not the means by which the mother's disease is treated. And (4) the good of saving the mother's life is proportionate to the bad effect (that is, the death of both mother and baby), and no other reasonable alternative is available.

These conditions are sometimes met in cases where the threat to the mother's life is caused not by the baby but by intrauterine infection or disease of the placenta, as in chorioamnionitis, pre-eclampsia, or HELLP syndrome. In such cases, early induction may be justified to remove the pathologic tissues. The baby's death is foreseen but not intended.

Early induction after viability, when the baby has a chance of living, can be performed only for reasons proportionate to the risks, as when the delivery needs to be performed immediately to safeguard the health of the mother or child.

### **Question 3.** Why isn't early induction (or termination by other means) permitted in cases where the baby has anomalies and the mother is emotionally distressed by the pregnancy?

*Reply:* Any method of terminating a pregnancy for the purpose of causing the death of the baby by prematurity or that constitutes a direct attack on the fetus—a dilation-and-curettage (D&C) or dilation-and-extraction (D&E) procedure, for example—is never permitted.

A procedure that causes the baby's death in order to spare the mother's feelings can never be justified. In terms of the principle of double effect, the baby's death constitutes the means by which the mother's feelings temporarily are spared, which violates the third condition.

### **Question 4.** Can the principle of double effect be used to justify the termination of a pregnancy in the case of a woman with severe cardiac or pulmonary disease, who may not be able to tolerate the added stress of increased blood volume from normal placental blood flow during pregnancy?

*Reply:* Some say it can, but to others the principle of double effect cannot be applied in such a case, since early induction is being used to terminate a normal pregnancy, not to treat the condition causing the problem—that is, the mother's weakened heart or lungs. Early induction in such a case appears to be simply a lethal attack on the baby for the purpose of removing the strain of the pregnancy on the mother, which cannot be justified.

## ❖ RESOURCES ❖

Monica Rafie and Tracy Winsor, "Hope after Poor Prenatal Diagnosis: A Catholic Response," *Ethics & Medics* 36.10 (October 2011): 1–4. Reproduced by permission.

Nancy Valko, "The Case against Premature Induction: Mothers, Children, and Anencephaly," *Ethics & Medics* 29.5 (May 2004): 1–2. Reproduced by permission.

THE NATIONAL CATHOLIC BIOETHICS CENTER  
6399 Drexel Road, Philadelphia, PA 19151 • 215.877.2660  
[www.ncbcenter.org](http://www.ncbcenter.org)





**MESSAGE OF  
HIS HOLINESS POPE FRANCIS  
FOR THE  
23rd WORLD DAY OF THE SICK 2015**

*Sapientia Cordis*  
**“I was eyes to the blind, and feet to the lame”  
(Job 29:15)**

*Dear Brothers and Sisters,*

On this, the twenty-third World Day of the Sick, begun by Saint John Paul II, I turn to all of you who are burdened by illness and are united in various ways to the flesh of the suffering Christ, as well as to you, professionals and volunteers in the field of health care.

This year’s theme invites us to reflect on a phrase from the Book of Job: “I was eyes to the blind, and feet to the lame” (Job 29:15). I would like to consider this phrase from the perspective of “*sapientia cordis*” – the wisdom of the heart.

1. This “wisdom” is no theoretical, abstract knowledge, the product of reasoning. Rather, it is, as Saint James describes it in his Letter, “pure, then peaceable, gentle, open to reason, full of mercy and good fruits, without uncertainty or insincerity” (3:17). It is a *way of seeing things infused by the Holy Spirit* in the minds and the hearts of those who are sensitive to the sufferings of their brothers and sisters and who can see in them the image of God. So let us take up the prayer of the Psalmist: “Teach us to number our days that we may gain a *heart of wisdom*” (Ps 90:12). This “*sapientia cordis*”, which is a gift of God, is a compendium of the fruits of the World Day of the Sick.

2. *Wisdom of the heart means serving our brothers and sisters.* Job’s words: “I was eyes to the blind, and feet to the lame”, point to the service which this just man, who enjoyed a certain authority and a position of importance amongst the elders of his city, offered to those in need. His moral grandeur found expression in the help he gave to the poor who sought his help and in his care for orphans and widows (Job 29:12-13).

Today too, how many Christians show, not by their words but by lives rooted in a genuine faith, that they are “eyes to the blind” and “feet to the lame”! They are close to the sick in need of constant care and help in washing, dressing and eating. This service, especially when it is protracted, can become tiring and burdensome. It is relatively easy to help someone for a few days but it is difficult to look after a person for months or even years, in some cases when he or she is no longer capable of expressing gratitude. And yet, what a great path of sanctification this is! In those difficult moments we can rely in a special way on the closeness of the Lord, and we become a special means of support for the Church’s mission.

3. *Wisdom of the heart means being with our brothers and sisters.* Time spent with the sick is holy time. It is a way of praising God who conforms us to the image of his Son, who “came not to be served but to serve, and to give his life as a ransom for many” (Mt 20:28). Jesus himself said: “I am among you as one who serves” (Lk 22:27).

With lively faith let us ask the Holy Spirit to grant us the grace to appreciate the value of our often unspoken willingness to spend time with these sisters and brothers who, thanks to our closeness and affection, feel more loved and comforted. How great a lie, on the other hand, lurks behind certain phrases which so insist on the importance of “quality of life” that they make people think that lives affected by grave illness are not worth living!

4. *Wisdom of the heart means going forth from ourselves towards our brothers and sisters.* Occasionally our world forgets the special value of time spent at the bedside of the sick, since we are in such a rush; caught up as we are in a frenzy of doing, of producing, we forget about giving ourselves freely, taking care of others, being responsible for others. Behind this attitude there is often a lukewarm faith which has forgotten the Lord’s words: “You did it unto me” (Mt 25:40).

For this reason, I would like once again to stress “the absolute priority of ‘going forth from ourselves toward our brothers and sisters’ as one of the two great commandments which ground every moral norm and as the clearest sign for discerning spiritual growth in response to God’s completely free gift” (*Evangelii Gaudium*, 179). The missionary nature of the Church is the wellspring of an “effective charity and a compassion which understands, assists and promotes” (ibid).

5. *Wisdom of the heart means showing solidarity with our brothers and sisters while not judging them.* Charity takes time. Time to care for the sick and time to visit them. Time to be at their side like Job’s friends: “And they sat with him on the ground seven days and seven nights, and no one spoke a word to him, for they saw that his suffering was very great” (Job 2:13). Yet Job’s friends harboured a judgement against him: they thought that Job’s misfortune was a punishment from God for his sins. True charity is a sharing which does not judge, which does not demand the conversion of others; it is free of that false humility which, deep down, seeks praise and is self-satisfied about whatever good it does.

Job's experience of suffering finds its genuine response only in the cross of Jesus, the supreme act of God's solidarity with us, completely free and abounding in mercy. This response of love to the drama of human pain, especially innocent suffering, remains for ever impressed on the body of the risen Christ; his glorious wounds are a scandal for faith but also the proof of faith (cf. *Homily for the Canonization of John XXIII and John Paul II*, 27 April 2014).

Even when illness, loneliness and inability make it hard for us to reach out to others, the experience of suffering can become a privileged means of transmitting grace and a source for gaining and growing in *sapientia cordis*. We come to understand how Job, at the end of his experience, could say to God: "I had heard of you by the hearing of the ear, but now my eye sees you" (42:5). People immersed in the mystery of suffering and pain, when they accept these in faith, can themselves become living witnesses of a faith capable of embracing suffering, even without being able to understand its full meaning.

6. I entrust this World Day of the Sick to the maternal protection of Mary, who conceived and gave birth to Wisdom incarnate: Jesus Christ, our Lord.

O Mary, Seat of Wisdom, intercede as our Mother for all the sick and for those who care for them! Grant that, through our service of our suffering neighbours, and through the experience of suffering itself, we may receive and cultivate true wisdom of heart!

With this prayer for all of you, I impart my Apostolic Blessing.

*From the Vatican, 3 December 2014,*

*Memorial of Saint Francis Xavier*

[http://w2.vatican.va/content/francesco/en/messages/sick/documents/papa-francesco\\_20141203\\_giornata-malato.html](http://w2.vatican.va/content/francesco/en/messages/sick/documents/papa-francesco_20141203_giornata-malato.html)

## REIKI/CAM THERAPIES (CONT'D)

McCord, G., V.J. Gilchrist, S.D. Grossman, B.D. King, K.F. McCormick, A.M. Oprandi, S. Schrop Labuda, B.A. Selius, W.D. Smucker, D.L. Weldy, M. Amorn, M.A. Carter, A.J. Deak, H. Hefzy, and M. Srivastava. 2004. Discussing spirituality with patients: A rational and ethical approach. *Annals of Family Medicine* 2: 356–361.

Medin, A.R. 2004. 3 Gurus, 48 questions matching interviews with SRI T.K.V. Deskikachar, SRI B.K.S. Lyengar & SRI K. PattabhiJois. Namarupa. Fall. [http://www.namarupa.org/magazine/nr03/downloads/NamaRupa\\_03\\_02.pdf](http://www.namarupa.org/magazine/nr03/downloads/NamaRupa_03_02.pdf).

Memorial Sloan-Kettering Cancer Center. n.d. Integrative medicine: Individual therapies. <http://www.mskcc.org/cancer-care/integrative-medicine/individual-therapies>.

MetroHealth. Reiki: About our volunteer Reiki practitioners. <http://www.metrohealth.org/body.cfm?id=4162&oTopID=4162>.

Miles, P. 2006. Reiki: A comprehensive guide. New York: Penguin Group. National Center for Complementary and Alternative Medicine. 2012a. CAM basics: What is complementary and alternative medicine? NIH National Center for Complementary and Alternative Medicine, February. <http://nccam.nih.gov/health/whatiscam?nav=gsa>.

National Center for Complementary and Alternative Medicine. 2012b. About NCCAM. NIH National Center for Complementary and Alternative Medicine. January. <http://nccam.nih.gov/about?nav=gsa>.

National Center for Complementary and Alternative Medicine. 2012c. Reiki: An introduction. NIH National Center for Complementary and Alternative Medicine (NCCAM). April. <http://nccam.nih.gov/health/reiki/introduction.htm?nav=gsa>.

National Center for Complementary and Alternative Medicine. 2012d. NCCAM Facts-at-a-glance and mission. September. NIH National Center for Complementary and Alternative Medicine. <http://nccam.nih.gov/about/ata glance>.

National Center for Complementary and Alternative Medicine. 2012e. Reiki: An introduction. NIH National Center for Complementary and Alternative Medicine. April. Found in section "training, licensing and certification." <http://nccam.nih.gov/health/reiki/introduction.htm?nav=gsa>.

National Center for Complementary and Alternative Medicine. 2012f. Credentialing CAM providers: Understanding CAM education, training, regulation, and licensing. January. NIH

National Center for Complementary and Alternative Medicine. <http://nccam.nih.gov/health/decisions/credentialing.htm>.

National Center for Complementary and Alternative Medicine. 2013. Yoga. NIH National Center for Complementary and Alternative Medicine. April. <http://www.nccam.nih.gov/health/yoga>.

National Research Council. 2005. Complementary and alternative medicine in the United States. Washington, DC: The National Academies Press.

O'Mathuna, D., and W. Larimore. 2001. Alternative medicine: The Christian handbook. Grand Rapids, MI: Zondervan.

O'Mathuna, D., and W. Larimore. 2006. Alternative medicine: The options, the claims, the evidence, how to choose wisely. Grand Rapids, MI: Zondervan.

O'Reilly, K.B. 2011. Demand drives more hospitals to offer alternative therapies. Amednews.com. October 4, 2011. <http://www.ama-assn.org/amednews/2011/10/03/prsd1004.htm>.

Pontifical Council for Culture & Pontifical Council for Interreligious Dialogue. 2003. Jesus Christ the bearer of the water of life: A Christian reflection on the "New Age." In *L'Osservatore Romano* (English) August 13–20. Baltimore, MD: The Cathedral Foundation.

Portsmouth regional Hospital. n.d. Reiki. [http://www.portsmouthhospital.com/your-health/condition\\_detail.dot](http://www.portsmouthhospital.com/your-health/condition_detail.dot).

Rand, W.L. 1998. Reiki the healing touch: First and second degree manual. Southfield, MI: Vision Publications.

Reiki Foundation. n.d.(a) The Reiki Foundation. [http://www.asunam.com/reiki\\_foundation.htm](http://www.asunam.com/reiki_foundation.htm).

Reiki Foundation. n.d.(b) The Life of Mikao Usui. The Reiki Foundation. [http://www.asunam.com/life\\_of\\_mikao\\_usui.htm](http://www.asunam.com/life_of_mikao_usui.htm).

Ruhl, T.S. 2002. Spiritual informed consent for CAM. [Editor's Correspondence]. *Archives of Internal Medicine* 162: 943. [www.archintermed.com](http://www.archintermed.com).

Samarel, N. 2006. Therapeutic touch: Healing based on theosophy and science. *Quest Magazine*, 94: 127–31. <http://www.theosophical.org/publications/quest-magazine/1297>.

Sugarman, J. 2003. Informed consent, shared decision-making, and complementary and alternative medicine. *Journal of Law, Medicine, & Ethics* 31(Summer): 247–250.

Synder, M., and R. Lindquist. 2001. Issues in complementary therapies: How we got to where we are. *Online Journal of Issues in Nursing* 6(2): Manuscript 1. <http://www.nursingworld.org/MainMenuCategories/ANA/Marketplace/ANA>

Periodicals/OJIN/TableofContents/Volume62001/No2May01/Complementary TherapiesIssues.html.

USCCB. 2009a. Reiki therapy unscientific, "inappropriate for Catholic institutions," say bishops' guidelines. United States Conference of Catholic Bishops, News release, March. <http://old.usccb.org/comm/archives/2009/09-067.shtml>.

United States Conference of Catholic Bishops. 2009b. Guidelines for evaluating Reiki as an alternative therapy. USCCB. Committee statement. March. [http://old.usccb.org/doctrine/Evaluation\\_Guidelines\\_finaltext\\_2009-03.pdf](http://old.usccb.org/doctrine/Evaluation_Guidelines_finaltext_2009-03.pdf).

Vitello, P. 2010. Hindu group stirs a debate over yoga's soul. *New York Times*, N.Y./Region. November 27, 2010. <http://www.nytimes.com/2010/11/28/nyregion/28yoga.html?pagewanted=all>.

Yuen, E.J. 2007. Spirituality, religion and health. Editorial. *American Journal of Medical Quality* 22: 77–79. Doi: 10.1177/1062860606298872.



# National Association of Catholic Nurses U.S.A

where NURSING, MINISTRY and CATHOLIC MISSION meet



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

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

**Objectives:**

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



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

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

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

Winter (published in December): November 15

Spring (published in March): February 15

**Summer (published in June): May 15**

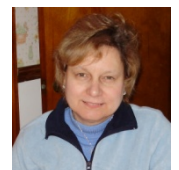
Fall (published in Sept.): August 15



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