

## THE CATHOLIC DOCTOR/NURSE

ONE OF A SERIES OF BOOKLETS AIMED AT HELPING YOUNG CATHOLIC DOCTORS BY DR ANNE-MARIE WILLIAMS, DRs ADRIAN AND JOSEPHINE TRELOAR MARY DOOGAN (MIDWIFE) AND DR JOHN-PAUL O'SULLIVAN

### DO NOT BE AFRAID!



Young Catholics may be daunted when thinking about a career in medicine or one of the health care professions because of the ethical challenges that exist. While we do not seek to deny these challenges, our main message to these young people is: 'Do not be afraid!'. If you feel you have a calling to one of the caring professions, do not let ethical dilemmas put you off. Medicine, nursing and the other health care professions are founded on qualities like diligence, care and charity that are central to the Christian faith. People of faith are needed in these professions. At times of illness and crisis, families need health care professionals who are guided by sound principles and love of Jesus Christ.

Our Catholic faith teaches us about the value of each human being as an individual person of great importance. It helps us to understand the worth of suffering and the effectiveness of prayers for those who are sick. We therefore make every effort to treat the sick with great dignity and respect. It is no coincidence that many of the great hospitals in the country and in the world were founded by religious orders and that the Catholic Church continues to be one of the biggest providers of health care worldwide.

We also need health care professionals who are willing to follow their conscience. We live at a time when trust in doctors and nurses is being slowly eroded. People need to have confidence in their carers without the fear of being 'a burden on society' or having their 'quality of life' judged as worthless. More than ever, patients need to believe that their doctors and nurses are acting in their best interests and that they are acting in accordance with their conscience. As Catholic doctors, nurses and other health care professionals we have a duty to ensure that our consciences are well formed and we need the help of the church to do that).

In recognizing the need to form our own conscience well, we must also recognize that health care has traditionally been a pursuit where professionals are given a broad space to exercise their conscience. In acknowledging that we must:

'..Always be ready to give an explanation to all who ask you the reason for the hope which is in you.'<sup>1</sup>

We must also be ready to respect patients and colleagues who have different views from us.

### THE CHALLENGES

Ethical challenges exist in modern day medicine and we would encourage young people to consider these challenges before they arise. There are various ways to explore these issues before they come up and later we will consider some solutions that the authors of this article found useful. However it is worthwhile recognizing that ethical challenges are usually situation specific and that they vary from person to person and time to time. Let's begin by thinking about times that ethical dilemmas may come up:

#### 1. AT ENTRY INTO MEDICAL / NURSING SCHOOL

Pointed questions have been asked at medical school interview in the past. While it seems reasonable to examine basic ethical ideas at this stage one would not expect to be giving in-depth answers to controversial ethical problems here<sup>2</sup>. Some nursing schools in the UK are starting to interview nursing candidates but we are not aware of ethical issues being raised in these interviews. There is of course a legal prohibition against discrimination upon religious grounds in selection interviews. And if asked about this, candidates may feel able to point out that such questions may be discriminatory or infringe good practice.

---

## 2. DURING MEDICAL / NURSING SCHOOL TRAINING

Most medical / nursing schools in the UK have an ethical component to their course but there appears to be wide variation in how this component of the curriculum it is delivered. Discussing ethical problems and potential solutions is the common scenario so you may be asked to justify your opinion(s) in front of others. This can be a very daunting environment to bear witness to your faith, especially if large groups are involved. In nursing training, we understand that ethical issues are often dealt with on a one-to-one basis with preceptors or tutors when they come up. At the Bristol University Medical School and the University of the West of England, interprofessional learning (IPL) sessions are part of the curriculum for medical, nursing, and psychology students and ethical dilemmas in clinical scenarios have been discussed with tutors,

---

## 3. POST QUALIFICATION

Unfortunately many Catholic health care professionals encounter most difficulty with ethical problems once they leave university to enter further work / training. As mentioned above these problems vary from time to time and person to person. The biggest determinant of ethical problems a Catholic health care professional will encounter still seems to pertain to the specialisation they choose. For example a Catholic ENT Sister will face an entirely different set of dilemmas to that a Catholic Obstetrician. The point is not our specialisation however but the faith we bring to that speciality [we need both Catholic ENT Sister's and Catholic Obstetricians].

It is therefore worthwhile trying to think through the ethical dilemmas associated with your particular career paths before you enter it. Some ethical problems e.g. rationing, consent, access to health care are common to all specialities in the NHS but other problems are relatively more speciality specific. One thing that is common is that many careers in the health care are heavily dependent on the approval of seniors. Refusing to participate in a procedure can sometimes be career negative but more importantly, can FEEL profoundly career negative to those who know, in conscience that they should say no. The attitudes of colleagues can be extremely upsetting and stressful at times so you need to be prepared for this too. Clear thinking and good communication always help in these situations but there may be times where you run into brick walls too. If you find yourself in a situation where communication with colleagues isn't working, it may be best to do what you can to avoid the conflict and seek advice as well as support from other Catholic healthcare professionals e.g. CMA and other doctors/nurses who are charged with your oversight and supervision.

## SOME SOLUTIONS

Our Christian vocation needs to be lived with integrity. We cannot just be Christians on a Sunday; it wouldn't make sense to separate our faith life and our professional life. As educated people, we need to be able to defend our position calmly and logically. This means that alongside your growth in biomedical knowledge, you must also grow in faith and in your knowledge about the faith. Be careful not to neglect your faith or you will risk losing it. Blessed John Paul II explained in his encyclical *Veritatis Splendor*<sup>3</sup> that our consciences need to be educated. Confusion or failure to understand the

Church's teaching in an area of faith or morals should be met with a renewed attempt to increase our knowledge of the truth. Christ's teaching was hard for people in the Gospels to accept and it continues to be rejected by our modern culture. However, once the logic of the Church's teaching is found, it is often considered not only acceptable but truly beautiful. Toward the end of helping you grow in faith during your time we would recommend that you devote some time each week to one or more of the following:

- Personal reading. Try using some the resources at the end of this article. Use those resources that you find easiest to read / interact with.
- Form Study groups. Are there any like-minded individuals in your year or in your course? Is it possible to meet up? (Remember it may also be possible to meet up online or via social networking sites e.g. Facebook?) Do appropriate study groups already exist around the university / college campus > Check notice boards, electronic notice boards, course directors etc.
- Church. Do you have a chaplaincy or a local Parish Church you can attend? These are often a good source of formation. The Parish Priest / Chaplain may be able to help you with your questions or setting up a group. There may already be groups running in the local Chaplaincy / Parish which help you answer your questions? Catholic Churches also provide access to the sacraments too.
- Get energized about your faith. Your university course / peers may well play down ethical aspects of training but this is a false economy. Most Catholic health care students come to wrestle with ethical problems as well as clinical problems at some point in their future.

#### JOB SPECIFIC SOLUTIONS



Be careful with job descriptions and contracts. We know of one trainee in Obstetrics and Gynaecology who was refused an appointment because she would not perform abortions. Abortions are sometimes specified in job descriptions in which case, if you are not prepared to perform them, there is no point in applying for the job.

Obstetrics & Gynaecology is perhaps the best example of a speciality that came into conflict with the ethical principles of Catholic healthcare professionals over the past 50 years. Unfortunately following the 1967 abortion legislation the number of Catholic Obstetricians fell dramatically. This in turn reduced the opportunities of pregnant women to be cared for by an Obstetrician with similar ethical principles to their own, especially in difficult cases e.g. fetuses with disability. Opponents often point to the conscience clause in the 1967 legislation which allowed conscientious objectors to opt out of participation in abortions. However in practice, effective provision for this clause was not made for several decades after the legislation was introduced. This left: embarrassment, intimidation, threats of bad references, discrimination at appointment and occasionally dismissal. Refusing to be involved with abortions is difficult and does require grace, determination and the support of like minded colleagues. Legal battles continue to rage in this field but there has been recent ground for hope with the 'conscience clause'<sup>4</sup>.

In General Practice, it can be difficult for doctors who do not prescribe the oral contraceptive pill to find posts. In refusing to prescribe the pill / implant / depo injection or fit coils, we are asking patients not to impose their morality on us. The Church's teaching on contraception is clear. In not adhering to it, we would be complicit in an immoral act. It should be possible to work around this



situation but colleagues can choose to look on our position as a burdensome one. We can try to appreciate this to some extent by developing expertise in other areas useful to General Practice and we would specifically encourage doctors or nurses who do not prescribe the pill to get a better understanding (+/- qualifications) in natural methods of family planning. These methods are just as effective as contraceptive preparations to avoid pregnancy and they often offer additional benefits as well e.g. improved monitoring of gynaecological health for women<sup>5-7</sup>.

Jobs which involve caring for elderly people (General Practice, Medicine for the Elderly, Palliative Care, Psychogeriatrics) may also present an increase in ethical dilemmas for Catholic Health Care professionals. Assisted suicide legislation has been discussed in UK Parliaments several times over the past decade (and defeated every time) yet it continues to be discussed widely and apparently promoted through some media agencies. If assisted suicide legislation is passed, any possible 'right to die' will lead to a corresponding 'duty to provide euthanasia'. This burden will likely fall on doctors and nurses in the aforementioned specialities. We can be very useful in this field, to show that the positive alternative is Christian love for the elderly, the vulnerable and the dying. Christian hope gives a different perspective to life in this 'vale of tears', which is our path to heaven. When palliative care is good, there will be little call for euthanasia<sup>8</sup>.

## CONCLUSIONS

As doctors, nurses & health care professionals, we have the great honour of being let into our patient's lives in a very intimate and personal way. We often see people at times of crisis and at times of important decision making. We must therefore not take our responsibilities lightly;

'A unique responsibility belongs to health care personnel: doctors, pharmacists, nurses, chaplains, men and women religious, administrators and volunteers. Their profession calls for them to be guardians and servants of human life. ... Absolute respect for every innocent human life also requires the exercise of conscientious objection in relation to procured abortion and euthanasia. (Evangelium Vitae<sup>9</sup>)

It is now a firm plank of GMC, several Royal Colleges and Dept of Health policy that diversity will be valued in all its forms through the NHS. This is in fact, a real opportunity and assurance to all of us. As Catholics, we must not impose our faith upon others. But by bringing some skills in spiritual literacy, as well as the opportunities that will come from not participating in abortion or contraception (and potentially euthanasia...) we can give our patients a great deal.

## LIST OF RESOURCES:

### BOOKS:

1. Health Care Ethics, A Catholic Theological Analysis. 5th Edition. Ashley, B.M., DeBlois, J, O'Rourke, K.D. Georgetown University Press, Washington D.C. 2006

### ONLINE/OTHER RESOURCES:

2. CMA website: [www.catholicmedicalassociation.org.uk](http://www.catholicmedicalassociation.org.uk)

N.B. CMQ (Catholic Medical Quarterly) – the journal of the Catholic Medical Association UK. It is available as a paper journal as well as online [inc. student subscriptions] for those who prefer to have paper journals.

3. CMF (Christian Medical Fellowship) website: <http://www.cmf.org.uk/>

N.B. CMF also have two paper journal publications (one of which is for students – again if you wish to purchase this paper journal you will find direction via the CMF website).

4. Vatican website: [www.vatican.va](http://www.vatican.va)
5. Catholics in Healthcare, Catholic Church England & Wales website:  
[www.catholicchurch.org.uk/Catholic-Church/The-Bishops-Work/Catholics-in-Healthcare](http://www.catholicchurch.org.uk/Catholic-Church/The-Bishops-Work/Catholics-in-Healthcare)
6. Faith Website: [www.faith.org.uk](http://www.faith.org.uk)
7. Catholic Truth Society: [www.cts-online.org.uk](http://www.cts-online.org.uk)
8. Catholic Faith Exploration Website: [www.faithcafe.org](http://www.faithcafe.org)
9. Bioethics websites :
  - [www.bioethics.org.uk](http://www.bioethics.org.uk)
  - [www.bioethics.org.uk/static\\_content.php?key\\_id=default&page\\_id=news\\_and\\_events](http://www.bioethics.org.uk/static_content.php?key_id=default&page_id=news_and_events)

---

#### REFERENCES:

1. 1 Peter 3:15.
2. Roberts, GD, Porter, AM. Medical student selection--time for change: discussion paper. J of the Royal Society of Medicine 1989; 82:288-291.
3. [www.vatican.va/holy\\_father/john\\_paul\\_ii/encyclicals/documents/hf\\_jp\\_ii\\_enc\\_06081993\\_veritatis-splendor\\_en.html](http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp_ii_enc_06081993_veritatis-splendor_en.html)
4. [www.telegraph.co.uk/news/uknews/8698042/Catholic-nurses-use-Equality-Act-to-protect-their-pro-life-beliefs.html](http://www.telegraph.co.uk/news/uknews/8698042/Catholic-nurses-use-Equality-Act-to-protect-their-pro-life-beliefs.html)
5. Frank-Herrmann P, Heil J, Gnoth C, Toledo E, Baur S, Pyper C et al. The effectiveness of a fertility awareness based method to avoid pregnancy in relation to a couple's sexual behaviour during the fertile time: a prospective longitudinal study. Hum Reprod. 2007 May;22(5):1310-9.
6. Bhargava H, Bhatia JC, Ramachandran L, Rohatgi P, Sinha A. Field trial of billings ovulation method of natural family planning. Contraception. 1996 Feb;53(2):69-74.
7. Hilgers TW, Stanford JB. Creighton Model NaProEducation Technology for avoiding pregnancy. Use effectiveness. J Reprod Med. 1998 Jun;43(6):495-502.
8. [www.bioethics.org.uk/static\\_content.php?key\\_id=default&page\\_id=news\\_and\\_events](http://www.bioethics.org.uk/static_content.php?key_id=default&page_id=news_and_events)
9. [www.vatican.va/holy\\_father/john\\_paul\\_ii/encyclicals/documents/hf\\_jp-ii\\_enc\\_25031995\\_evangelium-vitae\\_en.html](http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html)