



The Importance of the Ethical and Religious Directives for Catholic Health Care Services (ERDs)

Thanks to the United States Conference of Catholic Bishops (USCCB), America is blessed to have an authoritative document to guide Catholic health care institutions and professionals. The [Ethical and Religious Directives](#) for Catholic Health Care Services (ERDs) is now in its sixth edition, and a new revision is underway to update this guide to what constitutes truly Catholic health care and what practices are ethically unacceptable.

When I worked for Human Life International, I had the privilege to travel to 81 countries speaking to bishops, seminarians, journalists, lay leaders, and many others about the Gospel of Life. Many countries had strong pro-life laws, but none had as complete and authoritative a guide to Catholic medical and pastoral care as the USA. The ERDs have proven invaluable to Catholic hospitals and professionals in America.

What makes the ERDs special is the breadth of ethical and pastoral topics covered. This includes the social and spiritual responsibilities of Catholic health care along with the professional-patient relationship. Special attention is paid to the beginning of life and care for the seriously ill and dying. Finally, the topic of collaborative agreements with non-Catholic entities is extensively treated. Cooperating with others can yield great benefits, but we must avoid formal and immediate material cooperation with evil and any ties that cause theological scandal.

The big contemporary issue that the last general assembly of the USCCB agreed would be addressed next is transgenderism. It was not a major problem in the 1990s when the last major revision of the full text of the ERDs was completed. There is certainly a need now for explicit directives pointing out the incompatibility of transgender transitioning and social practices with our Judeo-Christian anthropology. Without this clarity the pressure to conform to cultural demands could cause some institutions to make unethical decisions in their policies.

Our friends and colleagues at the Catholic Medical Association and The National Association of Catholic Nurses have pointed out the severe difficulties facing their members, particularly in secular health care settings. The ERDs help Catholic health care professionals, not just in Catholic hospitals, but also elsewhere, to have their religious and conscientious objections to certain unethical interventions respected. Some individuals are losing their jobs today for simply refusing to submit to policies that require employees to use objectively false “preferred pronouns” that would have a biological male referred to as “she,” etc. The upcoming update to the ERDs will, I hope, provide clear guidance on the whole transgender agenda and practices.

A very good first step in terms of providing Catholic guidance to the medical professions on this issue was the Doctrinal Note on the [Moral Limits to Technological Manipulation](#) of the

Human Body from the USCCB Committee on Doctrine, issued earlier this year. This document speaks to the emerging challenges of transhumanism as well as transgenderism. Thankfully, the Church is addressing these areas of great cultural confusion.

One of the best aspects of these Catholic ethical and religious directives is the way they have incorporated new bioethical insights over time. For instance, directive 58 of the ERDs codified Saint John Paul II's magisterial teaching that medically assisted nutrition and hydration are in most cases ordinary care and therefore morally obligatory. Exceptions to this rule might arise if a patient is incapable of assimilating the food or water or is so close to death that he would receive hardly any benefit from it.

For many years now The National Catholic Bioethics Center has helped Catholic health care institutions fulfill their requirement to implement the ERDs in their apostolate. The Catholic identity of a hospital receives great support when there is a systematic effort to adhere to the ERDs in all its policies and staff education. This makes Catholic health care increasingly different from secular health care. Christ-centered care should be extraordinarily attractive to people. I know that I much prefer to receive care in accordance with my faith and values rather than having to deal with incompatible views of the human person.

Having the ERDs as a living Catholic document to clearly show the mind of the Church in the vitally important area of health care is a blessing. Other countries such as Australia and Canada have started to implement documents similar to the ERDs. The health care ministry in the Church goes back to the very early centuries of Christianity and has continued in an unbroken line to the present. Sadly, many countries today have so centralized health care under government control that independent Catholic medical institutions can no longer exist. A major concern in the US health care reform debate is how to maintain the private sector in medicine where Catholic health care has a major presence.

The ERDs aim to help all Catholics involved in health care to be fully committed to the healing ministry of the Church. This is a most worthy goal that the NCBC has had the privilege of supporting in many ways. We partner with bishops, hospitals, medical professionals, and others like the Catholic Health Care Leadership Alliance, to bring about the kind of Catholic approach to health care that prioritizes respect for the dignity of human persons and their needs, both physical and spiritual.

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