

# Glossary of ERD Terms

Source: *Understanding and Applying the Ethical and Religious Directives for Catholic Health Care Services: An Educational Resource for the Catholic Health Ministry. CHA, Introduction.*

## **ADVANCE DIRECTIVE:**

A document that communicates a person's wishes should they lose decision-making capacity. One type of such document is a Durable Power of Attorney for Health Care in which an individual names someone to make decisions on his or her behalf. This individual is known as a proxy or surrogate decision maker. Another type of advance directive is a living will. This document communicates the person's wishes about medical treatment, that is, the person's preferences about which treatments he or she may or may not want if he or she has a life-threatening condition (cf., ERDs, Directives 24, 25, 28).

## **ALLOCATION:**

Refers to the distribution of limited health care resources.

## **BENEFITS AND BURDENS:**

Benefits are the goals that a medical intervention (in all probability) will be successful in attaining. Burdens are the physical and emotional pain, discomfort, suffering, and/or losses that a medical intervention will impose. Whenever possible, benefits and burdens are determined by the patient. An assessment of the proportion of benefits to burdens is crucial in determining whether or not a particular intervention is ethically required (cf., ERDs, Directives 56 and 57).

## **BEST INTERESTS:**

When individuals are not able to make treatment decisions for themselves and have never had an opportunity to express values and preferences, those making decisions by proxy should base decisions on the person's "best interests," that is, what will most likely contribute to his or her well-being considering the individual as a whole (cf., ERDs, Directive 35).

## **CATHOLIC HEALTH CARE:**

Catholic health care is a ministry of the Catholic Church continuing Jesus' mission of love and healing in the world today. The ministry is led by women and men, both religious and lay, who combine advanced technology and innovative treatment with a tradition of compassionate care. Catholic health care constitutes the nation's largest group of not-for-profit health care sponsors, systems (59), and facilities (over 600 hospitals and 1,200 continuum of care services).

## **CATHOLIC IDENTITY:**

The theological, ethical, and canonical underpinnings of a Catholic-sponsored organization without which the entity cannot be considered a church-related ministry (a non-canonical term).

## **CATHOLIC SOCIAL TEACHING:**

Catholic social teaching refers to that body of documents written by popes, councils and synods of bishops, as well as regional conferences of bishops that apply key themes of the Hebrew and Christian scriptures as well as the Christian theological tradition to political, social, and economic issues in society. It is generally said to originate in the

late nineteenth century with the publication of Pope Leo XIII's *Rerum Novarum* (1891). In a general way, these documents seek to promote justice in the workplace and in the social order, protect those who are needy and vulnerable, and foster peace in the global community through respect for basic human rights and a just ordering of societies.

## **COMMON GOOD:**

Ensuring that the fundamental dimensions of social life — political, economic, religious, etc. — contribute to the flourishing of individuals and communities; contributing to the well-being and flourishing of the larger community (cf. ERDs, Part One, Introduction).

## **COMMUNITY:**

Recognition that we are inherently social beings and, because of this, we have responsibilities to others and to the larger community/society; contributing to the common good.

## **COMPETENCY:**

The ability of a person to make decisions for himself/herself. This is a legal concept and should not be confused with decision-making capacity. It generally requires a formal judicial determination.

## **CONFIDENTIALITY:**

Respect for privacy gives rise to an obligation to respect an individual's right to retain control over private information about him or herself. Such information should not be disclosed to others without the individual's consent. Maintaining confidentiality is not an absolute requirement, but the burden of proof in breaching it is on those who would do so. Confidentiality may sometimes be breached in order to prevent serious harm from occurring to another (cf., ERDs, Directive 34).

## **COOPERATION:**

A principle that assists in the assessment of the moral liceity of an individual's action when that action participates in some way with the wrongdoing of another person. The individual's "cooperation" in the wrongdoing of the other (the principal agent) is said to be "formal" (and morally illicit) if the "cooperator" intends or approves of the wrongdoing. It is said to be "material" if the cooperator's action contributes something to the wrongdoing. If it contributes something essential to the wrongdoing, it is said to be "immediate material cooperation" and is morally illicit. If it contributes something non-essential to the wrongdoing, it is said to be "mediate material cooperation" and can be morally licit for a proportionate reason (cf., ERDs, Part Six, Introduction, Directive 69).

## **DECISION-MAKING CAPACITY:**

Refers to the ability of an individual to make particular decisions in a particular time and place, to be able to make the decision at hand (as opposed to a wide range of decisions). The person making the treatment decision should be able to: (1) understand relevant information about the nature of the treatment(s) and the burdens and benefits and likely outcomes; (2) deliberate on the information in light of his or her values and goals; (3) communicate (verbally or non-verbally) with caregivers.

## **DOUBLE EFFECT:**

This is a fundamental ethical principle very prominent in Catholic moral theology. It maintains that an action with an intended good effect and a foreseeable but unintended bad effect can be considered morally right if four conditions are met: 1) the action in question is neutral or good; 2) what is intended is the good effect and not the bad; 3) the good and bad effects occur together (in other words the bad effect is not the means for achieving the good effect); 4) there is a proportionate reason for allowing the bad effect to occur (cf., ERDs Directives 47, 48, 49, 53, 61).

## **DURABLE POWER OF ATTORNEY:**

Legal directive whereby a person appoints another to be attorney in fact with power to perform certain functions when the person is unable to do so (cf., ERDs, Directives 24 and 25).

## **DIGNITY OF WORK:**

Recognition that work is a sharing in God's work of creation as well as a contribution to humanity; that work is the distinctive human capacity for self-expression and self-realization, that it is the ordinary way for human beings to fulfill their material needs, and enables people to contribute to the well-being of the larger community; creating a workplace that reflects and fosters this view of work — that promotes mutual respect, participation, equitable compensation, growth, and effective use of talents (cf., ERDs, Directive 7).

## **EQUALITY:**

As human beings created in the image and likeness of God, all are created equal and, hence, should be treated equally. Conversely, no one should be treated unequally on the basis of irrelevant differences (cf., ERDs, Directives 1 and 23).

## **HUMAN DIGNITY:**

Respect for the inestimable and inalienable value of every individual; respect for fundamental human rights, including life, food, shelter, education, employment, and health care. Respect for dignity also underscores the fundamental equality of all persons. The notion of human dignity rests on the belief that all human beings are made in the image and likeness of God and, therefore, have an inherent and inalienable value (ERDs, Part One, Introduction; Introductions to Parts Three, Four and Five; Directives 23, 42).

## **INFORMED CONSENT:**

Self-determination implies free and informed consent on the part of individuals who are able to make decisions for themselves. When making decisions about possible diagnostic, preventive, therapeutic, or palliative measures, individuals should have adequate information about their medical condition and the nature of the various alternatives and their likely risks and benefits (including choosing none of the alternatives). They should be able to comprehend the significance of the risks and benefits in light of their personal values and beliefs, and have the capacity to make this decision. Finally, their decision should be voluntary, i.e., there should be as much freedom as possible from coercion, manipulation, and undue influence. Seeking informed consent is usually a process and not a one-time event (cf., ERDs, Directives 26, 27, and 59).

## **INTEGRITY AND TOTALITY:**

These principles dictate that the well-being of the whole person must be taken into account in deciding about any therapeutic intervention or use of technology (cf., ERDs, Directives 29 and 33).

## **INTRINSIC EVIL:**

Refers to actions that are morally evil in such a way that they are essentially opposed to the will of God or proper human fulfillment. The key consideration here is that intrinsically evil actions are judged to be so solely by their object, independently of the intention that inspires them or the circumstances that surround them or the consequences (cf., ERDs, Directive 70).

## **JUSTICE:**

Contributing to the realization of people's basic human needs; ensuring their participation in the human community; operating out of a sense of equity (not equality); fairness in agreements and exchanges; advocating for those for whom justice is not being done; and advocating for the change of structures that inflict injustice. Right relationships in all human interactions (cf. ERDs, Directives 3 and 7).

## **LIVING WILL:**

A type of advance directive that states the desire to die a "natural" death and not be kept alive by extraordinary or disproportionate medical interventions. Living wills become effective on the determination of terminal illness or imminent death, when the patient can no longer participate in decision-making. Generally, living wills specify the kind of medical interventions that an individual does or does not desire when he/she is terminal.

## **MAGISTERIUM:**

The authoritative teaching role of the pope and the bishops (cf., ERDs, Preamble, General Introduction).

## **MINISTRY:**

The service of the members of a Christian community to each other and to the world around them performed in the name of Christ, e.g., education, health care, social services. Ministerial responsibility is conferred on Christians at baptism.

## **NATURAL LAW:**

The natural law has been understood differently by various theologians and philosophers from the classical period to the present day. It can be said to be those core universally binding moral principles that are discerned by human reason. It might also be described as the human participation in the eternal law of God through reason, discerning the order established by God that contributes to human flourishing (cf. ERDs, Preamble, Part Four, Introduction).

## **ORDINARY (PROPORTIONATE)/EXTRAORDINARY (DISPROPORTIONATE) MEANS:**

Ordinary (also referred to as "proportionate") means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community. There is a moral obligation to employ ordinary or proportionate means (cf., Directive 56). Extraordinary (also referred to as "disproportionate") means are those that in the judgment of the patient do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community (cf., Directive 57).

## **PREFERENCE FOR THE POOR:**

Giving priority to the marginalized, the vulnerable, and the disadvantaged, especially with regard to basic human needs and social structures and systems that exclude them from full participation in the community (cf., ERDs, Part One, Introduction; Directive 3).

## **PROXY:**

An individual who is authorized to make treatment and care decisions on behalf of another (cf., ERDs, Directives 25, 26, 27, 28).

## **PRIVACY:**

Respect for human dignity entails an obligation to refrain from unwarranted and unwanted intrusions into spheres that an individual has designated as his or her personal life. Respect for personal privacy is not an absolute requirement, though the burden of proof is on those who would breach it (cf., Directive 34).

## **PROFESSIONALISM:**

The provider-patient relationship is professional in nature and therefore implies a fiduciary responsibility to those being served, that is, the well-being of those being served takes precedence over the interests of health professionals and health organizations. The professional responsibility of clinicians and health care organizations also requires that patients are provided only with that care which is needed and beneficial (cf., ERDs, Part Three, Introduction).

## **RATIONING:**

Refers to the practice of withholding potentially beneficial resources because of limits on those resources.

## **RELIGIOUS CONGREGATION:**

Group of women or men living in Christian community under a specific rule (e.g., Rule of St. Benedict or St. Francis) with a distinctive spirituality and apostolate. A diocesan congregation is one approved only by a diocesan bishop; a pontifical congregation is one approved by the Sacred Congregation of Religious and Secular Institutes (SCRSI). Pontifical congregations have more autonomy in regard to internal government, choice of specific apostolic works, and financial administration (cf., ERDs, Preamble, General Introduction).

## **RESPECT FOR HUMAN LIFE:**

Human life is gift of God and the basis for all other human goods. Because of its origin, it is considered to be sacred and inviolable from conception until natural death (cf., ERDs, Part Four, Introduction; Directives 45, 48, 50, 51, 60).

## **RESPONSIBLE PARENTHOOD:**

While the Church affirms and promotes the responsibility of parents to transmit new life, she also recognizes that there are legitimate reasons to space or even limit the procreation of offspring. These reasons might be physical, psychological, economic or other conditions involving the couple themselves, or their duties toward the welfare of their family, the community, society and the church. In these situations, the Church accepts natural family planning and sexual abstinence as moral means to regulate births (cf. Pope Paul VI, *Humanae Vitae* (1968), no. 10; Second Vatican Council, *The Church in the Modern World* (1965), no. 50; *The Progress of Peoples*, no. 37).

## **RIGHTS:**

A moral claim on some good that is necessary for living a properly human life.

## **SACRAMENT:**

A sacrament in the Catholic Church is one of seven liturgical rites through which God's grace (love) is communicated in a special way to a believer. The sacraments of Reconciliation (or Penance), Eucharist (or Holy Communion, that is, receiving the body and blood of Christ under the form of bread and wine), and Anointing of the Sick are particularly important in health care (cf., ERDs, Part Two, Introduction; Directives 12-20).

## **SCANDAL:**

A wrongful or seemingly wrongful word, action, or omission that tends to incite or tempt another to commit a morally wrongful act (cf., ERDs, Directive 71).

## **SECOND VATICAN COUNCIL (POPULARLY KNOWN AS VATICAN II):**

This was a gathering of the pope and the bishops of the Catholic Church along with observers from Protestant and Eastern Orthodox churches. It was convened by Pope John XXIII in 1962 and concluded under Pope Paul VI in 1965. Its stated purpose was the spiritual renewal of the Church and a reconsideration of the relationship of the Church to the modern world. Among the major topics discussed were the nature of the Church, liturgy, the relationship of the Church to the world, the role of the laity, the pastoral role of bishops, religious freedom and the formation of clergy (cf., ERDs, Preamble, General Introduction).

## **SELF-DETERMINATION:**

Essential to respecting human dignity is respect for all persons' rights to make their own decisions in accordance with their own values and life goals, while always taking account of their responsibilities to others (cf., ERDs, Directive 28).

## **SEPARATION OF THE ENDS OF MARRIAGE (OR THE MARITAL ACT):**

Based on an understanding of human nature, the Church believes that God created marriage and the marital act with a two-fold purpose — the expression of love (unitive) and procreation of offspring (procreative). These two purposes are intended by God to be inseparable. Hence, every act of sexual intercourse, in addition to being an expression of love, must be open to the possibility of procreation. The deliberate separation of these two purposes (e.g., through contraception or sterilization) is a violation of the order intended by God and is, therefore, morally wrong (cf., ERDs, Part Four, Introduction; Directives 38, 39, 52, and 53).

## **SUBSTITUTING FOR THE MARITAL ACT:**

Just as God has willed that the marital act be both unitive and procreative, so God has also willed that all generation of new life result from the marital act. Therefore, any procedure that substitutes for an act of sexual intercourse in the generation of new life violates God's will and is morally wrong (cf., ERDs, Part Four, Introduction, Directives 40 and 41).

## **SERVICE:**

Response to the needs of others — individuals and communities — promoting their good and well-being to the degree possible. This is sometimes also called solidarity in the Catholic social justice tradition.

## **SPONSOR:**

The public juridic person that has founded and sustained an incorporated apostolate and that has reserved certain corporate powers in the structure of the incorporated apostolate that enables it to exercise its canonical faith and administrative responsibilities in regard thereto. Sometimes referred to as a "religious sponsor" or canonical sponsorship (cf., ERDs, Preamble, General Introduction).

## **SPONSORING GROUP:**

Juridical person (usually a religious congregation, sometimes a diocese) that has ultimate responsibility to control property, establish philosophy, and set policy of a health care facility (cf., ERDs, Preamble, General Introduction).

## **SPONSORSHIP:**

A noncanonical term used to describe the reservation of canonical control by a church entity, usually a religious institute, that founded or sustains an incorporated apostolate. This retention of control need not be such as to create civil law liability on the part of the institute for corporate acts or omissions, but should be enough for the sponsoring institute to meet its canonical obligations of faith and administration 7 regarding the activities of the incorporated

apostolate. Sponsorship involves the reservation of the following corporate powers: 1) to establish the corporation's operating philosophy; 2) to amend the corporate charter and bylaws; 3) to appoint or to approve the appointment of the board of trustees; 4) to lease, sell, or encumber corporate real estate in excess of \$1 million; and 5) to merge or dissolve the corporation (cf. ERDs, Preamble, General Introduction).

## **STEWARDSHIP:**

Recognition that the goods of the earth are gifts of God, given and held in trust for the good of all; caring and prudent use of resources — human and material; recognizing limits in the use of resources; fairness in the use/consumption of resources; and care for the environment (cf., ERDs, Part One, Introduction; Directive 6).

## **SUBSIDIARITY:**

An important principle in Catholic social teaching that maintains that decisions should be made at the lowest, most appropriate level. However, larger social actors should render assistance when smaller, local actors are unable to adequately handle the issue in question (cf., Pius XI, *Quadragesimo Anno* (1931), nos. 49, 79; John XXIII, *Mater et Magistra* (1961), nos. 44, 54).

## **SUBSTITUTED JUDGMENT:**

The form of surrogate decision-making in which the surrogate attempts to establish with as much accuracy as possible what decision the patient would have made if that patient were competent to do so (cf., ERDs, Directive 25).

## **SURROGATE DECISION-MAKING:**

Any person authorized to make decisions on behalf of another person who is no longer able to make decisions for him/herself (cf., ERDs, Directive 25).

## **TOLERATION:**

The principle that claims that it is sometimes morally permissible to "tolerate" evil because the elimination of the evil is not feasible or its elimination could cause even greater evils or sacrifice fundamental goods.

## **UNITED STATES CONFERENCE OF CATHOLIC BISHOPS (USCCB):**

Assembly of hierarchy of the United States and its territories to foster these bishops' collegial concern for Church and society in the United States and throughout the world.

## **VERACITY:**

Honest and truthful communication and behavior.

## **WHOLISM:**

Responding to the whole person — body, mind, and spirit — in the context of his or her relationships; promoting personal development; creating a workplace supportive of all dimensions of the person (cf., ERDs, Introduction to Part Two; Directive 33).