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Some important documents of the Roman Catholic Church:

H. John Paul II, pope. Encyclical *Evangelium Vitae*, on the Value and Inviolability of Human Life. Vatican City 1995. AAS 87 (1995) 401-522.

Congregation for the doctrine of the Faith, Instruction *Dignitas personae*, Vatican City 2008. AAS 100 (2008) 858-887; DeS 24 (2010).

Congregation for the doctrine of the Faith, Instruction on respect for human life in its origin and on the dignity of procreation – *Donum vitae*. Vatican City, 1987. AAS 80 (1988) 70-102; DeS 12 (1990).

H. Paulus VI, pope, Encyclical *Humanae vitae*, on the regulation of birth. Vatican City 1968. AAS 60 (1968) 481-503.

These texts can be found on www.vatican.va in many languages.

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2.4. The sick person - the end of life

2.4.1 Absolute respect for human life

The life of every person is a gift of God and the direct consequence of a creating act of God: the creation of the individual human soul, the immaterial principle of life of every human being.

God creates every human being out of love, for the sake of that human being, with the ultimate purpose that he or she will one day be united with Him in His Glory. Death is part of the nature of man, not as a purpose in itself, and not as the end of man's existence, but as a transition to his final destination, the fulfillment of which comes to God. It is therefore out of the question that man could dispose of his own life or let anyone dispose of it.

2.4.2 Maintaining human life

This depends on the circumstances. Human life should be supported and maintained as far as possible with reasonable available means. The principle of proportionality should be considered. One should always try to make sure that the person can prepare himself consciously for his impending death, which is everyone's fate.

2.4.3 Role of the human person concerning the suffering of sick people

The commandment of charity urges us to alleviate and mitigate the suffering of the sick as much as possible with the appropriate means, without the intention of shortening life. The Christian is aware of the fact that it is impossible to take away all suffering, which came into the world as the consequence of sin. The sick and their neighbours should be conscious that a faithful surrender to suffering and its acceptance with the intention to join in the suffering of Christ is salutary and prepares man for his encounter with God.

2.4.4. Criteria for the care of patients approaching death

1. Care should be characterized by a charitable presence and should aim at an accompaniment of the sick person to his/her natural death and at a dignified preparation for the encounter with God.
2. To render the situation as comfortable as possible for the patient, measures should be taken to prevent or to combat hunger and thirst, pain, oppression, the formation of bedsores, anxiety and restlessness.
3. With any measure or treatment that is to be put in place one should consider if it is proportionate to the goal of the care process without however falling into defeatism. One should never omit a measure with the intention of bringing death nearer.
4. When a sick person is no longer able to eat or drink he/she should be offered adequate help. If necessary artificial means (gastro nasal tube, intravenous infusion) should be used. However, one should always consider if such measures still are proportionate to the sole remaining goal of the care that is being given: allowing the sick person to die in a dignified way.

2.4.5 Euthanasia

Euthanasia is the direct and intentional ending of a human life to terminate a situation of life that is unacceptable to the person involved.

One cannot consider as euthanasia the death of a sick person that is not intended but occurs as the consequence of a measure that was meant to alleviate suffering. In such a case the principle of double effect obtains.

N.B. The omission or the discontinuation of a treatment that is not proportional to the purpose of maintaining life is not to be seen as euthanasia.

2.4.6 Rejection of euthanasia by the Church in all circumstances

The Catholic Church rejects euthanasia in all circumstances because it is contrary to the respect for human life as a gift of God. It is also contrary to common sense to take away a person's *being* as a means to end the *circumstances* wherein he is living. Such an act can in no way serve a positive purpose for the sick person and is therefore opposed to the commandment of charity.

The principle of double effect is sometimes inappropriately invoked as a justification. This is false since the ending of the suffering is achieved through an intrinsically wrong act: the killing of a person. The purpose of the act by itself is killing, while the ending of suffering is aimed at, as a secondary effect

2.4.7 Palliative sedation

Palliative or terminal sedation is the reducing or removal of consciousness by pharmacological agents so that the patient is no longer conscious of the pain and discomfort that his disease brings about, without aiming in any way at the shortening of his life. Frequently however, the consequence will be that the patients dies during sedation, in a state of unconsciousness.

2.4.8 The Catholic Church and palliative sedation

The Church accepts palliative or terminal sedation as an ultimate means to alleviate the suffering of a patient on certain conditions; these are:

1. The possibilities of proportional treatment must have been exhausted;
2. Sedation has to be carried out with the clear understanding and completely free consent of the sick person and should be performed according to actual professional standards;
3. Before sedation is started the sick person should have had the opportunity to prepare for the approaching end of his life, by receiving the last sacraments and the fulfillment of social duties.
4. All normal human care should continue to be given to the patient until the moment of natural death, including protection against desiccation, cold and bed sores. This also includes the administration of fluids, by enteral or parenteral way, when the sedation is expected to go on for more than a few days. Personal presence and attention are also among these duties.

2.4.9 Administration of a treatment alleviating suffering that shortens life as a side effect

It is acceptable to give a treatment for the alleviation of suffering even if it brings about a risk of shortening the patient's life, provided that this shortening is not aimed at but is only accepted as an unintended but inevitable side effect. A reasonable proportion between the intended effect and the non-wanted side effect is required. In such a situation the principle of double effect obtains.

2.3 Unnecessary and undesirable treatments and interventions

2.3.1 Changes to the body by pharmacological or surgical interventions

Any such intervention has to be judged by the therapeutic principle or the principle of totality and by the criterion that no violence will be done to human dignity. This means that at any intervention one should consider if the person is not going to be instrumentalised by it and degraded by a purpose that is not in accordance with human nature.

2.3.2 Cosmetic surgery

Interventions of plastic surgery meant to cure defects or deformities that are congenital or were caused by disease or trauma are considered salutary and therefor permissible. However, the Church objects against

interventions that:

1. are merely directed at embellishment or an arbitrary change in the shape of the body (e.g. breast implants to enlarge the breasts, silicon injections etc.);
2. aim at the enhancement or augmentation of natural physical or mental abilities (e.g. leg extension in athletes, brain implants to enhance memory);
3. are aimed at changing the existing external sex characteristics into those of the opposite sex (sex change operations in gender dysphoria);
4. offer an improper solution to the underlying problem (e.g. stomach surgery for obesity).

2.3.3 Impermissible pharmacological interventions

The uncontrolled, non-therapeutic use of the following substances is not permitted:

1. Substances that hamper the normal function of the human consciousness (psychedelic/hallucinogenic substances);
2. Substances carrying a great risk for mental and/or physical dependence;
3. Substances that are designed to enhance the physical performance capacity to abnormal height (anabolic steroids and other forms of doping, cocaine);
4. Substances that stimulate mental performance capacity to abnormal levels (amphetamine and the like).

Apart from the above there are many pharmacologic substances that are being used as a medicine for mental disturbances (depression, anxiety) but are also, uncontrolled and in greater quantities, used to alter or improve one's mental disposition. There are also substances that carry no risk when used in moderate quantities (e.g. alcohol), but that could lead to dependence and addiction. These are permissible when used with moderation.

2.3.4 The general criterion that one should apply in the judgment on the permissibility of the interventions and pharmacological substances in the questions above

Man should live his life in a natural manner, i.e. according to his nature. This means that any form of enhancement, augmentation of the physical or mental level of performance above the normal one, should be banned. There is no objection to the augmentation of the present level of performance in useful abilities by a reasonable use of instruction and training.

2.3.5 Electronic implants in the brain

When these are used with a therapeutic purpose, such as the treatment of Parkinson's disease, obsessive-compulsive behavior, severe anxiety, unexplained untreatable pain or where implants are used to replace a sensory function that was lost (e.g. cochlear implant, artificial retina) there is no moral objection. In all those cases one should keep in mind the therapeutic principle.

2.2 Respect for the human person, acknowledging human dignity

2.2.1 The term 'autonomy of the person' in the light of the teaching of the Church

Autonomy (literally: to lay down one's own law) means authority over oneself as a person and its domains, body and spirit. This can only extend so far as it is not in conflict with natural law and the commandment of love. When we speak about free will, the capacity to strive aiming at doing good in liberty, it is restricted in that sense. Likewise this also holds for the autonomy of the person. Therefore, personal autonomy does not include the free disposal of one's life or the freedom to frustrate life, physical, biological and spiritual capacities, or to endanger one's bodily or mental health deliberately. It also does not allow man to submit his body or his person (including his mind) to experimental action that is contrary to his finality or that might endanger his health and/or his personal integrity.

2.2.2 Limitation of autonomy and the consequences for decision making about medical treatments and interventions

It excludes:

1. The disposal of our own life (euthanasia, suicide, intentionally putting one's life in danger);
2. Exposing oneself to substances that unfavorably influence the capacity of judgment, may cause dependency, or bring about unnatural changes in the capacity to perform (like alcohol, illicit drugs and doping);
3. Interventions like surgery for purely cosmetic reasons (e.g. breast enlargement) sex change, neuroprosthetic and similar interventions not aimed at restoration of normal functionality;
4. Exposing oneself to influencing of the mind by systems or agents that are not in accordance with the teaching of the Church (spiritualistic and similar activities).

In fact, all those activities limit real personal autonomy or make it disappear completely.

2.2.3 The authority over the execution of a medical or surgical treatment

This concerns the sick person who asks for the help of a physician and who delegates to the latter the authority to carry out such treatments. It is part of the professional competence of the physician to choose the most appropriate treatment in his best conscience and to propose this to the patient. He or she may only act with the patient's consent after due information (so-called informed consent).

This rule can only be foregone when such consent is impossible and intervention is needed to save and maintain the patient's life.

In such situations, decisions in the name of the patient can be made by a proxy, a person designated by the patient or by law. This person is under the obligation to uphold objective moral criteria for his decision and to exclude all personal interest from the decision process.

2.2.4 Authorisation for decisions about treatment for persons who are not able to do so by themselves, i.e. in those who are considered incompetent by the law

Temporary incompetence may occur through a disturbance of consciousness, coma, psychosis or delirium and permanent incompetence may be caused by a substantial lack of intelligence, whether congenital, by brain damage or dementia. In those cases, decisions may be taken by someone who acts in the name of the person, also called a proxy. This person must always make decisions in the spirit of the person involved, without serving any personal profit or purpose and in accordance with the demands of sound medical ethics. This will generally be a spouse, a family member and sometimes a person assigned by the patient or a legally appointed guardian.

In emergency situations, when rapid intervention is crucial and no opportunity for consultation exists, the physician is authorised to follow his own professional judgment, while he should act as much as possible in the spirit of the patient.

2.2.5 The scope of advanced directives on medical treatment

Those directives can be morally binding for the caregiver if they were made in a well-informed way, of free will and with full understanding. However, the following decisions are excluded:

1. Decisions on a situation that the person involved does not know from his own experience; for the proportionality of a treatment can only be determined in a concrete and actual situation and not by speculation about a hypothetical one;
2. A decision involving an act that is by itself ethically impermissible (e.g. euthanasia);
3. A decision that makes another person an accessory to acts that are morally impermissible.

2.2.6 Obligation to submit as a patient to every treatment that is being proposed

The principle of proportionality should be applied here: One is obliged to undergo treatments that are necessary for the conservation and protection of one's life and health, if they are proportionate. There is no obligation to accept treatments that carry a disproportional burden or have a disproportionately small chance of success. The conservation of life is a great good, but not an absolute one, in view of the final destination of man. When proportionality is lacking this good may give way to the good of the opportunity of dying naturally in a dignified way after due preparation. Here one may think of chemotherapeutic treatment, mutilating surgical interventions or other burdensome interventions with a limited chance of success.

2.2.7 Dealing with harmful side effects of treatments

Harmful side effects of treatment should be judged according to the principle of double effect.

2.2.8 Discussing with the patient any possible harmful side effect of a proposed treatment in advance

What is presented to the patient on this subject depends on the ability of the patient to cope with this knowledge and of the necessity to apply the treatment. Furthermore, the seriousness of the side effect and the chance of its occurrence play a role. For example: if explicit mention of an important side effect will certainly lead to an unjustified misunderstanding about a necessary treatment, one may opt for an indication of the side effect in general terms. One should refrain of being untruthful and primarily aim at the patient's wellbeing so as keep his confidence and not confound it.

2.2.9 Position of the Catholic Church on organ donation as a means of helping to improve the health of a fellow human or even save his life

The Catholic Church sees the donation of an organ to another human after death or during life as an act of charity that is, however, subject to a number of conditions. Namely, it is not permissible if by taking out an organ the life of the donor would be shortened or his health put in danger.

2.2.10 Conditions of acceptance of organ transplantation by the Catholic Church

1. When organs are taken out after death, (which has to be established according to criteria that are generally accepted.)
2. A living donor may not suffer damage to his health or functioning as a consequence of an organ or tissue being taken out.
3. The donation should occur with the donor's free and full consent; remuneration for donation as such is unacceptable. In donation after death a preliminary written consent is necessary; when this is not available the consent of the bereaved relatives will suffice.
4. Transplantation of gonads and brain tissue is not permitted, since this attacks the identity of the receiver.

2.2.11 Accepted criteria of death by the Church

1. The first criterion of death accepted by the Church is the classical one: complete and lasting cessation of spontaneous circulation and respiration;
2. The second one is total brain death, i.e. the complete and irreversible cessation of total brain activity, as it will normally occur within several minutes after cessation of the circulation. It has to be established beyond any doubt by adequate investigation.

2.2.12 Taking one or more organs from the body of a person in whom total brain death has been established, while circulation and respiration are being maintained or supported by artificial means

In such circumstances taking out organs is permissible because the person must be considered deceased. The soul, the function of the immaterial principle of life, can no longer exert its function in governing the body, because the brain is required as an intermediary. The union of soul and body is broken when the brain has definitively lost its entire function and the person is then no longer present. The dead body is definitively separated from the soul that continues its existence.

2.2.13 Obligation to offer one's organs for transplantation after death

Such an obligation cannot exist. One is completely free in the choice.

2.2.14 The use of animal tissue for transplantation

Xenotransplantation, or the use of animal tissue or an animal organ is permitted for a therapeutic purpose, while due caution should be applied as to the risk of transmission of disease. An exception has to be made for

animal gonads and animal brain tissue; due precautions against transmission of diseases are required.

2.1 Incipient human life

2.1.1 The essence and the purpose of marriage according to the teaching of the Catholic Church

Marriage is a union for life and a communion between a man and a woman. Instituted by the Creator, and based on mutual love, its purpose is the propagation of mankind by the procreation of children who will find, within that communion, a safe place to grow up to be well-balanced people who are to share in God's glory after their life on earth. It is a natural union that was elevated to a sacrament by Christ. In marriage the spouses mutually give themselves to one another in love without restriction, after the example of the sacrifice of Christ to the Father that is prolonged in the Eucharist.

2.1.2 How man should use his capacity to procreate

Man should use his capacity of procreation – his highest biological capacity – in accordance with its purpose: the continuation of the human family; he should do so within the communion of married love, where husband and wife give themselves totally to one another and put themselves at the service of God's work of creation.

2.1.3 The attitude to the use of our sexual capacity

The sexual capacity should be used with great respect for its intrinsic goal which should not be frustrated. It is a supreme expression of mutual love.

2.1.4 Direction of the marital act to fertility

Not every marital act is fruitful and man is free to use this knowledge without, however, actively impeding its intrinsic goal. It is also wrong to use sexual capacity merely to one's or each other's pleasure and to untie its use from its intrinsic purpose, i.e. procreation. This would go against the commandment of respect for human dignity because it makes the body of the partner, or one's own body, a mere instrument of satisfaction of sexual feelings. This would also be contrary to the demand of the complete giving of oneself mentioned above.

2.1.5 A new human comes into being

Through the sexual union of husband and wife the material conditions ("dispositio in materia") that is necessary for the formation of the material substrate of a human being, i.e. the human embryo, to be brought about. However, man only gets his life as an actual human being from the non-material principle of life, the soul, created directly by God for every human being. Every human being is formed by an act of creation of God out of divine love for that human being.

2.1.6 Attitude towards the human embryo

The human embryo should be awarded the same rights and acknowledged to have the same essential properties as any human at any stage of life. Thus the embryo is entitled to unconditional protection and care. The human embryo is a human being from the moment of conception. Whereas the Church never issued a statement as to the moment of ensoulment, the finality of the embryo is indistinguishable from that of any man from conception: to develop into independence and finally come to unite with the Creator. The human embryo

cannot develop into anything other than an independent human being, unless it perishes and dies from a disturbance in its biological development.

2.1.7 The attitude of parents to the embryo that is a result from their communion of love

The parents should accept the developing human being with gratitude as a gift of God that is entrusted to their care and completely depends on them. They should do everything within their power to make sure that the baby is born and is raised in circumstances that are as favorable as possible; they should provide it with a good education within the frame of the stable, familial situation to which they are called in their marriage.

2.1.8 Contraception

Contraception is any act or method that intentionally renders the marital act unfruitful, regardless of the means. It comprises the use of a condom, interrupted coition, oral contraception and, in the broader sense, all pharmacological and mechanical means that render impossible or undo the nidation of an already formed embryo in the mucosal lining of the uterus. Among the latter are the 'morning after pill', intrauterine device (IUD), so-called overdue treatment and curettage.

2.1.9 Rejection of contraception by the Church

It is the judgment of the Church that the separation of the marital act from its intrinsic purpose, is against the nature of man and thus against God's intention. Moreover, the marital act is an ultimate expression of love of the spouses, where they give themselves to each other completely, including fertility and every other capacity. To exclude fertility by measures of temporary or permanent sterilization of one or both of the spouses (condom, contraceptive pill, intrauterine device, and sterilization) inflicts damage to this gift of self in an essential way.

2.1.10 Other moral objections to contraceptive methods

All objections as to their intrinsic morality are connected with the abortive action of the methods. The so-called overdue treatment, the 'morning after pill', the intrauterine device all provide an inhibition to the nidation of the embryo that was formed by conception into the mucosal lining of the uterus. Even the usual oral contraceptives potentially have this effect, when inhibition of ovulation is unsuccessful (at low estrogen dosage). Apart from this the combination pills make the cervical mucus less penetrable to sperm cells.

2.1.11 Condemnation of artificial methods of procreation by the Church

Those methods, where conception is achieved outside the context of the union of man and wife in the marital act, are condemned by the Church because they degrade procreation to a business-like procedure (in the laboratory), where marital love plays no direct part.

This is why artificial insemination, all forms of in vitro fertilization, egg cell donation, cryopreservation of egg cells and surrogate motherhood are rejected.

2.1.12 The Church's view on procreative methods outside marriage of a man and a woman

These are rejected by the Church because marriage between a man and a woman is the natural framework meant by God, where new human beings are to be born and can grow up.

Apart from this, the Church emphasises that every new human being presenting itself should be received with the same unconditional respect for its life and is entitled to the loving care of its parents.

2.1.13 Rejection of procured abortion by the Church

According to many, procured abortion is a serious offence and in the teaching of the Church it is a great evil that, de facto, excludes those involved from the community of the Church. For every human being has a fundamental right to life, to the possibility of development into independence, and to the love of its parents from the moment of conception.

2.1.14 Specific reasons for rejecting procured abortion

1. An incipient, defenseless human being is denied the fundamental right to life by intentionally killing it.
2. The child is thereby degraded to a mere object that can be freely disposed of and its human dignity is therefore denied.
3. This act implies a denial of the marital love of the parents that should be the background of the coming into being of the child and it is a denial of their responsibility as parents.
4. It contributes to a loss of the correct notion within society of the status of the child in the mother's womb and of the priority that love for one's neighbour (i.e. a defenseless child) should have over any advantage, pleasure or desire directed at oneself.

In short: procured abortion can be said to be:

1. murder;
2. the denial of the true human nature of the child;
3. the denial of marital love;
4. a deleterious example that undermines society.

2.1.16 False arguments by supporters of procured abortion and the proof of contrary

False argument 1.

At the beginning of pregnancy the embryo cannot be put on the same level as a human being and is not entitled to the rights that law and custom normally confer on people.

Answer: According to its nature the zygote that originates at conception cannot develop into anything but a human body that by the will of God is ensouled with a human principle of life, i.e. a human person. For from conception onwards all genetic information that is necessary to the development into the definitive form of appearance, is contained in the zygote. This finality gives the embryo the same dignity as every person come to full development.

False argument 2. The woman has total authority over her own body.

Answer: As it was said before, no one has total authority over their body. Moreover the embryo in the woman's womb is not her body, since it is distinct and separated from it as to its genetic content, as to the development and construction of its tissues and its circulation. When taking also into account the arguments proposed in answer 1 the women cannot freely dispose of the embryo. Her only freedom lies in the choice whether or not to engage into sexual intercourse that led to this conception.

False argument 3. The child in the womb may be seen or experienced as an aggressor against whom the women is allowed to defend herself;

Answer: The argument of the embryo as an aggressor is a way of deliberately confusing phrasing. It would suppose an agent who, following his nature or not, would aim at harming the mother's integrity. This might occur unconsciously as in the case of a microbial or animal organism, or consciously as in the case of a hostile person.

While it is recognized that pathological conditions and illnesses exist that present themselves in connection with the presence of an embryo, including its placenta in the womb or elsewhere (in the case of an extra uterine pregnancy), one cannot maintain that the embryo, be it as a developing human person or as an organism is the formal cause of such a disease. The problem is rather a disturbance in the mother's body in its ability to deal with the situation of pregnancy, which is physiological in itself.

False argument 4. A child is not wanted or suffers from some defect such that it will be better off not to be born.

Answer: In this argument human life itself and the right to life are made subordinate to a personal opinion on the quality of life of the developing child held by the mother and/or others. This is clearly a false way of reasoning in two ways: Firstly, it is not for man to decide on the life of a fellow human being and, secondly, one should not confuse life itself with quality of life.

2.1.17 Selective abortion

By this term is meant the killing of one or more embryos because of a reason that is based on choice, e.g. when the embryo is seen as supernumerary, its sex is not the desired one, certain genetic properties are unwanted or other deviations from what is desired. This means that, in addition to the rejection of the incipient human being as such, a discriminatory motive is added to the action, thereby excluding this specific human being from existence because of an unwanted accidental quality.

2.1.18 Procured abortion to save a mother's life

One may not intentionally kill a child in its mother's womb to save the mother's life. The choice between two human lives does not belong to man. Also one may not kill the child because one expects that it will die anyway. In all such cases all that is possible to save both lives has to be done.

There may be situations where the life of the mother is in acute danger, and where the intervention that is needed to save her life may bring about the death of the child (e.g. hemorrhage into the abdominal cavity in an extra uterine pregnancy). In such cases, the intervention can be judged according to the principle of double effect.

2.1.19 Experiments on human embryos

Therapeutic experiments, directed at the immediate wellbeing of the embryo can be permitted when due prudence is observed. The use of human embryos – regardless of the way in which they were obtained – for pure scientific research is in conflict with their human dignity, because by the experiments they are being instrumentalized completely. In their vulnerable situation they have a right to the utmost protection. That the embryo will die eventually has no place in the argument.

1.2 Principles

1.2.1 Main principles used in medical ethics

These are:

1. The therapeutic principle or the principle of totality;
2. The principle of freedom with responsibility
3. The principles of sociality and subsidiarity;
4. The principle of proportionality.

In situations of conflict one may refer to the following principles:

1. The principle of choosing the lesser evil;
2. The principle of the action with double effect (shortly: the principle of double effect);
3. The principles of acting to avoid co-operation with evil.
4. Therapeutic principle or the principle of totality

1.2.2 The therapeutic principle or principle of totality

The therapeutic principle, also called the principle of totality, means that any intervention or treatment of the human body or directed at psychical functioning of a person, should always aim at the health and total functional integrity of the person as a whole. It follows that interventions that are solely intended to change the shape of the body, the natural capacity to perform or aim at the abolition or modification of natural capacities, are not permitted.

1.2.3 The principle of freedom and responsibility

The principle of freedom and responsibility means that man must be free to make decisions about medical treatment and interventions and that nobody can force him to undergo these. He is to decide while taking into account adequate information about the nature and the consequences of the treatment or intervention and a reasonable consideration of its advantages and disadvantages. Man is the first one responsible for his own health.

1.2.4 The principles of sociality and subsidiarity

The principle of sociality means that all humans are responsible for each other because they form one community as children of one Father: God.

The principle of subsidiarity means that one should not give authority to any higher official body on matters that can be handled as well at a lower level. In healthcare, this concerns mainly the meddling of governments in the allocation of financial means and treatment options.

1.2.5 The principle of proportionality

Hereby is meant that the burden that a treatment or an intervention involves for a sick person should stand in reasonable proportion to the positive result that one may expect from them. One should take into account the situation of the patient, the experience that is available, and the circumstances such as the availability of the necessary means and expertise. This principle should offer a safeguard against unnecessary and unduly burdensome treatments that could be effective from a purely medical point of view, but would not be life-saving.

1.2.6 The principle of the choice for the lesser evil

In a situation of conflict, where one is forced to choose between two actions that both have an unwanted secondary effect, one has to choose the one with less bad consequences. It is obvious that any option that is intrinsically evil (e.g. taking a human life) should be rejected beforehand.

1.2.7 The principle of double effect

This principle concerns any action that has two effects, one that is intended and favorable and a second adverse one that is not intended, but that one is ready to accept as unavoidable. Four conditions have to be met:

1. The action should not be intrinsically bad;
2. The intention behind the action has to be good;
3. The favorable effect may not be the consequence of the adverse effect;
4. A reasonable proportion should exist between the favorable and the adverse effect to the benefit of the favorable one, and a serious motive to accept the adverse effect is required.

1.2.8 The principle of the cooperation with evil

One is never allowed to co-operate in an action that is evil. Principally, it is not allowed to co-operate in any action that is illicit, unless the co-operation is indirect, necessary and remote and only if there is a compelling reason to do so.

The following distinctions apply:

- According to the intention:
 - Formal and material co-operation
- According to practical involvement:
 - Direct and indirect co-operation

Concerning indirect material co-operation one should distinguish:

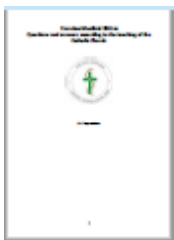
- According to the proximity or the involvement:
- Near and remote co-operation
- According to necessity:
- Necessary and unnecessary co-operation

Explanation: *Formal* co-operation means that one agrees with the intention of the principal author of the action even though one does not perform the act oneself.

Material co-operation means that one's own action is part of the action under concern, while it may be that one does not agree with that action, but one is in some way forced to cooperate and/or to be involved, necessarily or unnecessarily, directly or indirectly. Formal co-operation with evil is always illicit. Material co-operation is also illicit, especially if it is direct, near and/or necessary. Material co-operation may be excused if it occurs under duress or if the rejection of indirect, necessary and remote material cooperation would entail serious consequences for the person involved, which can then be seen as a situation of duress.

Apart from formal or material co-operation one should avoid to cause scandal by consenting publicly to an evil act or omitting to condemn it when one is in a position to do so, even if one is not participating in the act.

Preface



This section of the website shows texts from the booklet "Concise Medical Ethics in Question and Answer form according to the teachings of the Catholic Church". The texts are from the October 2014 edition. On this website, the titles above the topics are not in a question-and-answer form, but in a statement form. The intention is that the texts are written in such a way that they can also be understood by people who are not medically or ethically trained.

For those who want to read further:

Catechism of the Catholic Church
Charter of Healthcare Workers
MCME: Manual of Catholic Medical Ethics

The menu on the left will guide you through the chapters of this booklet. The [original version in question-answer form](#) can also be downloaded from this website.

1.1 Basic understanding and some definitions

1.1.1 Ethics

Ethics is the science in the domain of philosophy that studies human actions in relation to their being morally good or bad, i.e. in as far as those actions are good or bad by themselves or by the intention of the person who is executing them. Circumstances can play a part in the judgment.

There are many different schools in ethics that judge actions by criteria such as those derived from natural law, from Revelation, from other religious sources, but also on the basis of efficacy, efficiency, organization, complexity, utility etc. In concrete situations, one may arrive at concordant conclusions with people of different backgrounds, whereas there is disagreement on the fundamentals. It is, therefore, necessary to base each ethic judgement on the same sound principles. According to the background, the criteria will differ and systems of practical rules will emerge that are called morals.

This section of the website book is based on the moral teaching of the Catholic Church.

1.1.2 Medical ethics

Medical ethics is that part of ethics that is confined to actions concerning the biological and psychical nature of man, actions that aim at improving his health, at preventing disease and/or to bring about favorable changes in failing life functions.

1.1.3 Standards of catholic medical ethics

Catholic medical ethics find its standards and background in the teachings of the Roman Catholic Church. These teachings are based on the Gospel of Jesus Christ and its interpretation by the tradition of the Church. The Church is continuing this interpretation by the authority of the Pope and the bishops in community with him and with the assistance of the Congregation for the Doctrine of the Faith in particular.

1.1.4 Basis of the formulation of those standards by the Church

The basis of these formulations is the commandment of love of Christ which includes all other commandments of God, and on natural law that is founded on natural law.

1.1.5 Christ's commandment of love

This commandment is a double one: 'You must love the Lord your God with all your heart, with all your soul, with all your strength, and with all your mind, and: You must love your neighbour as yourself' (Matt 22, 37-39).

1.1.6. Natural right

The natural right of man is what is due to man on the basis of his being human, i.e. on the basis of *what man is*. This right is determined by natural law, i.e. the system of laws that God laid down in his creation and that thereby applies also to man. Man is able to know this through natural reason.

1.1.7 Natural law

Natural law is the entire complex of the most fundamental principles of morality. It is written in the soul of all men. It is nothing but the light of reason that God bestowed on us; because of it, we know what we should do and what we should avoid. It is invariable and its most important precepts are formulated in the Ten Commandments.

1.1.8 Natural law imperative

The Church takes the stand that natural law is an objective fact that man cannot withdraw from, without being untruthful, since it naturally belongs to man to know it.

1.1.9 Acceptability of principles generally used in secular bioethics ethics

The following principles, based on consensus, are generally put forward:

1. The principle of the autonomy of the person
2. The principle of beneficence, i.e. of wanting to do well
3. The principle of non-maleficence, i.e. of causing no harm
4. The principle of justice.

These principles are of great importance but deserve further precision and clarification.

1. Autonomy of the person is not unlimited and does not cover the authority over one's life as such, which is a gift of God. Autonomy has limitations where decisions are concerned that are incompatible with human dignity and the consequences thereof.
2. The principle of beneficence is in conformity with the commandment of charity ("love wills the other good").
3. The principle of non-maleficence is of the same order. Both principles are to be used bearing in mind the well-being of the entire person, his life, his integrity and his finality as a human being.
4. The principle of justice should be applied correctly. Here it means that every man is to be given or allowed what is due to him by natural law, on the basis of his being human. Applying justice which is based on materialistic systems, or justice as laid down in civil law, is not appropriate.

1.1.10 Way of thinking of the Church in its interpretation of precepts emanating from Revelation and natural law?

The Catholic Church starts from a realistic philosophy, meaning that man is able to know the objective truth,

that finally is in God, by applying his reason based on the observation of creation and from Revelation; man should let himself be guided in his actions by the objective values that are contained in this knowledge. This excludes ways of thinking that are based solely on subjective values, on materialism, relativism, utilitarianism, proportionalism and consequentialism.

1.1.11 Man according to the Catholic Church

Man is a composite living being that consists of a material body and an immaterial soul – that is the principle of life of man and the bearer of his highest capacities: intelligence and free will. These make man a person; for by these capacities he can reflect on himself and his finality and be responsible for his acts.

1.1.12 Human dignity

Human dignity is the quality that confers on every human being the right of respect for his life and integrity as a person.

1.1.13 Basis of human dignity

Human dignity rests primarily on the fact that God created man after His image and likeness. This means that in man there are capacities that were directly conferred on him by God as a reflection of His own being, i.e. reason and free will.

Moreover, human dignity is based on man's finality: the goal that God creates for every man and with which he must agree, out of free will. This goal is to achieve eternal happiness in the contemplation of God's glory after temporal life on earth.

1.1.14 Immediate consequences of the dignity of man

These consequences are:

1. One should preserve human life if possible;
2. One may not intentionally kill a human being;
3. One should not instrumentalize a human being, i.e. use him or her as a means to a purpose that is alien to him, to his wellbeing or his finality.

1.1.15 Intentional killing of a human being

Nobody is allowed to intentionally kill another person on personal authority, for whatever motive. This indictment is based on the principle of human dignity.

This does not include inflicting death as a means of self-defense (which is necessarily involuntary) and the right that the lawful authority may have to apply a death sentence as punishment for a very serious offense, where the justification is the protection of the community.

1.1.16 Instrumentalizing the human body

It is not allowed to make the human body, be it one's own body or that of a fellow human, an instrument of an activity that aims at something that is alien to the wellbeing, the integrity and/or the finality of the person.

Any instrumental use of the human person and his body should always take into account his wellbeing and integrity and demands his full and well-informed consent (and, in the case of labour in tenure, a reasonable remuneration).