This paper discusses ideas on how to incorporate Ethical and Religious Directives for Catholic Health Care Services into a Catholic college nursing curriculum. Questions addressed include: What does the United States Conference of Catholic Bishops say is the purpose of the Ethical and Religious Directives? Is the profession of nursing a particularly difficult one in which to incorporate Catholic teachings? Can we share with our students a code of nursing ethics that supports the Ethical and Religious Directives? Promoting faculty and students’ learning about Catholic teachings may be a step to changing what Blessed John Paul II called the culture of death into one of life.

Blessed John Paul II eloquently asked Catholic colleges and universities to share Catholic teachings with students when he wrote the Apostolic Constitution *Ex Corde Ecclesiae* in 1990. This paper focuses on one Catholic college’s attempt to incorporate the U.S. Catholic Bishops’ *Ethical and Religious Directives for Catholic Health Care Services* into a nursing curriculum.

The United States Conference of Catholic Bishops (USCCB) says that, “The purpose of these *Ethical and Religious Directives* is twofold: first to reaffirm the ethical standards of behavior in health care that flow from the Church’s teaching about the dignity of the human person; second, to provide authoritative guidance on certain moral issues that face Catholic health care today.”

For many years it was my experience that nursing curriculum planning did not include the incorporation of religious documents. After reading *Ex Corde Ecclesiae* in 2001, I hoped to change this in my college’s nursing program and started working to bring awareness to what this document is asking of Catholic colleges. I began researching how schools were using (and not using) the document. This resulted in my 2006 book, *New Hope for Catholic Higher Education: Ex Corde Ecclesiae—A Lay Perspective*.

There are eighty-one Catholic colleges that have schools of nursing in the United States. How many of these schools are now incorporating the *Ethical and Religious Directives for Catholic Health Care Services*...
into their nursing curricula? I am hoping that sharing my own journey will encourage other nursing faculty members at Catholic nursing schools to begin to ask about how these Catholic directives can be used in their own programs. It has been a long journey for the faculty members in the school of nursing where I am employed. We are now linking our nursing students to the Ethical and Religious Directives in the electronic course shells of some of the nursing courses. We are also beginning to engage our students in dialogue about these documents. I have taught nursing for twenty years now and it was only in this year (2012), at a National Catholic Bioethics Center seminar, that I learned about linking my students to the Center’s document, A Catholic Guide to End-of-Life Decisions. This website also has available examples of a Catholic Health Care Proxy and a Catholic Advanced Medical Directive that are guided by the Ethical and Religious Directives and Catholic teachings. These documents can bring into focus a Catholic view of these issues for our nursing students.

The content that is included in a nursing curriculum lends itself very well to the content discussed in the Ethical and Religious Directives. Nurses share in the lives of patients and families at their most vulnerable moments, such as during pregnancy when there are two patients—mother and unborn child. Nurses are there during the birth process when happy families get to meet their newest members. Nurses are also there during the heart-wrenching moments, when newborns are very ill and perhaps near death. A nurse named Jill Stanek gave testimony to the sad times when she cradled newly aborted babies who had unexpectedly lived through the abortion and were left to die. The hospital where this happened was ironically named Christ Hospital.

Nurses are there when previously healthy people enter the emergency room with unexpected tragic accidents and illnesses. It is the nurse who sends a patient off to surgery, and the nurse who circulates in the operating room while surgery is occurring. It is usually the nurse who is the first person the patient sees when he/she wakes up in the post-anesthesia care unit or the intensive care unit post-operatively. Nurses are there when violence interferes in the lives of their patients. Nurses are present to comfort the person who has been raped, the family member whose child was murdered, the teenager who is pregnant and feeling pressured to have an abortion, and the elderly patient who is afraid to sign an advanced directive because he/she does not want some “Dr. Kevorkian” to decide that he/she must die. Nurses are there when chronic lung patients struggle to take their last breath, or when the chronic pain patient who is also dying needs continuing pain medicine.
Nurses are at the forefront when ethical dilemmas occur. Who can forget the sad case of Terri Schiavo, when legal authorities made the decision, against her parents' wishes, to discontinue her feeding tube? One thing is for certain: There were nurses involved in her care. There are also nurses out in the community taking care of elderly patients and families in their homes, as well as school nurses making a difference in the lives of countless school children around the world. As a Catholic nursing school, we are blessed to be able to introduce our nursing students to the Catholic teachings on bioethics and the dignity of the human person. Is the introduction of the Ethical and Religious Directives into the nursing curriculum enough? How can we do it? What more can we do?

The Ethical and Religious Directives' general introduction states, "in a time of new medical discoveries, rapid technological developments, and social change, what is new can either be an opportunity for genuine advancement in human culture, or it can lead to policies and actions that are contrary to the true dignity and vocation of the human person." Already we are seeing policies such as the HHS mandate that would force Catholic hospitals to pay for insurance coverage to cover oral contraceptives and abortifacient drugs that are against Catholic teachings on the dignity of the human person. Nurses in New Jersey were involved in a lawsuit over being forced to assist in abortions at a hospital or be fired. The Ethical and Religious Directives for Catholic Health Care Services is very clear in part one of the document, when it states: "Within a pluralistic society, Catholic health care services will encounter requests for medical procedures contrary to the moral teachings of the Church. Catholic health care does not offend the rights of individual conscience by refusing to provide or permit medical procedures that are judged morally wrong by the teaching authority of the Church." The American Association of Colleges of Nursing (1990) suggests, "it is the responsibility of nursing education in collaboration with practice settings to shape practice, not merely respond to changes in the practice environment." Sharing the Ethical and Religious Directives for Catholic Health Care Services throughout the nursing curriculum in Catholic nursing schools is one way of educating nurses about the dignity of the human person. This is the first step in shaping nursing practices with respect to Catholic bioethics. Catholic nursing schools have for too long sat by and responded to changes only as they came face-to-face with them. Warner and Misener suggest that nursing "curricula should include opportunities to develop the political advocacy skills needed to influence public policy decisions relative to the allocation of resources toward health and human needs." Catholic nursing schools should send faculty members
to National Catholic Bioethics Center seminars, so that they can become knowledgeable about public policy issues that students should be discussing in the classroom. Some of these issues include hydration and nutrition, end of life, beginning of life, embryonic stem cells, adult stem cells, and ethical dilemmas that nurses are facing today. There is a one-year certification program through the Center that would be invaluable for nursing faculty in a Catholic nursing school. *Ex Corde Ecclesiae* asks faculty to share Catholic teachings with students at Catholic campuses—yet it is clear that faculty cannot share what they do not know. The current certification program would be a great way to educate nursing faculty about Catholic bioethics.

Csokasy states that, “if an institution has a clear mission to guide institutional advancement, faculty must grow in the process of shared vision and goals, while maintaining their own integrity and unique experiences as educators.” Catholic nursing schools should reflect on their mission, which is founded on the teachings of Jesus Christ. With this guide, the *Ethical and Religious Directives for Health Care Services* will be a most valuable tool to incorporate as a thread throughout the curriculum.

The National Catholic Bioethics Center has a public policy department that has a very important job. It “reviews emerging issues, trends, and proposed policies, rules, regulations and legislation, to determine their impact on: the delivery of health care respectful of human life and dignity; the protection of marriage and the family; the rights of conscience and religious liberty of all human service and health care providers and consumers; and the wellbeing of society and the common good.”

Halstead, Boland, and May state that baccalaureate nursing program graduates should possess the following essential qualities: [be a] critical thinker, culturally competent, knowledgeable coordinator of community resources, politically aware, ethically and legally grounded, [an] effective communicator, competent provider of health care, modeler of the professional role, [and] responsible manager of human, fiscal, and material resources.” It is unfortunate that depending on where a nurse goes to find out what is meant by “ethically and legally grounded,” she/he may find different sets of ethics in our world that are in conflict with Catholic ethics and the dignity of the human person.

The American Nurses Association (ANA) has a code of ethics that nursing schools share with students. I found it most unfortunate that when I met the President of the ANA at a conference in Louisiana, she stated that this organization is pro-choice, strongly supporting a woman’s right to choose. Of course she did not finish the sentence: the right to choose to kill an unborn baby. It is telling that she also used the convenient
language of “pro-choice” instead of “pro-abortion.” Language, however, does not hide the truth. The organization fails to be a patient advocate for the unborn child. Since this national nursing organization refuses to stand up for the most vulnerable among us, as a Catholic nurse I cannot support them with my membership. Catholic nursing schools should inform students that the ANA believes that it is excellent ethics to stand up for “women’s reproductive rights.” Once again, note the hidden language of “women’s reproductive rights,” as opposed to “the right to kill” an innocent child. The *Ethical and Religious Directives for Catholic Health Care Services* stands in direct contrast with the view of the American Nurses Association. Who will stand up for unborn children’s right to take their first breath? Who will acknowledge the injury that so many women have experienced as a result of making the choice of abortion? The Catholic Church is a tireless advocate for the unborn, and a tireless advocate for women who have been harmed both emotionally and physically by this choice. This is evidenced by the Church’s support of the Catholic women’s ministry to women who have experienced abortion, Rachel’s Vineyard. A Catholic nursing school must be an advocate for the unborn, for women, and for the dignity of the human person in every stage of life from conception until natural death.

An alternative Code of Nursing Ethics written by Brother Ignatius Perkins, OP, Ph.D., R.N., FAAN, and Marie T. Hilliard, JCL, Ph.D., R.N. (2012) respects the *Ethical and Religious Directives*. It was shared at the National Catholic Bioethics Center’s September 2012 seminar by Dr. Hilliard, who is both a registered nurse and canon lawyer and the Director of Public Policy at the National Catholic Bioethics Center. I plan to share this *Code of Nursing Ethics: A Call to Care and Healing*, with nursing faculty on our campus.

Some concrete ideas to help nursing schools thread the *Ethical and Religious Directives for Catholic Health Care Services* into their curricula include building learning assignments such as: 1) Students will discuss the *Ethical and Religious Directives* as they relate to end of life and beginning of life issues; 2) Students will compare and contrast the *Ethical and Religious Directives* with the HHS mandate proceeding from the Affordable Care Act; 3) Students will write a reflection comparing *A Nursing Code of Ethics: A Call to Care and Healing* with the ANA Code of Ethics; 4) Students will read the *Ethical and Religious Directives*, and discuss which directives would guide the nurse, working in a Catholic hospital, on the bioethics issue of nutrition and hydration; 5) Students will select the *Ethical and Religious Directives* that address embryonic stem cell research, and small group discussion can revolve around how this is different from
the Catholic teaching on adult stem cell research; 6) Students will read the National Catholic Bioethics Center’s *A Catholic Guide to End of Life Decisions* (http://www.ncbcenter.org/page.aspx?pid=347) and compare it with the Oregon Death with Dignity Act (http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/index.aspx); 7) Students will research the name changes that the organization *The Hemlock Society* has been through and share their thoughts on why they think the name changes occurred, and they will contrast the goals of the Hemlock Society with the goals of the National Catholic Bioethics Center; 8) Students will read the article on the United States Conference of Catholic Bishops’ website, “John Paul II: On Death with Dignity” (http://old.usccb.org/prolife/programs/rlp/Mindling05.shtml), and write a reflection on how this view of the dignity of the human person is different from the view presented in the Oregon Death with Dignity Act.

I hope this article is an encouragement to nursing faculty who are working in Catholic schools of nursing to continue to move forward in the important job of incorporating the *Ethical and Religious Directives for Catholic Health Care Services* into the nursing curriculum. We owe it to our students to get it right.

**Notes**


3. S. Carpenter, *New Hope for Catholic Higher Education: Ex Corde Ecclesiae—A Lay Perspective* (Bloomington, Ind.: Author House Publishing, 2006). I have presented ideas from my book on my own campus, as well as at the 2010 national conference of the Society of Catholic Social Scientists (SCSS). I have also shared a poster presentation of these ideas about ways to incorporate the document on Catholic campuses to the Louisiana State Board of Regents. My book manuscript was hand delivered to Pope John Paul II six months before he died. I was told that my manuscript brought a smile to his face. The published copy was hand delivered to Pope Benedict XVI in August of 2006. I was blessed with an endowment to be able to travel to Rome for the general audience of Pope Benedict XVI and to pray at the tomb of Pope John Paul II.


11. Ethical and Religious Directives for Catholic Health Care Services, 8.


