

NO. 0730
(ITEM FOR REFLECTION AND RESEARCH)
CONCERNING THE ETHICAL PROVISION OF HEALTH CARE IN A
RELIGIOUSLY PLURALISTIC SOCIETY

WHEREAS, the provision of health care is posing new ethical issues for contemporary society; and

WHEREAS, Disciples have historically supported the principle that religious dictates should not be used to limit women's access to a full range of reproductive health services (see Resolutions 7332, 7524, 8345, 8954, 9517); and

WHEREAS, universal access to health care is a growing social justice concern; and

WHEREAS, rapid changes in healthcare technologies and practices have created an abundance of vital information that is not always readily available to patients; and

WHEREAS, there is an increasing trend among health care institutions and individual health care providers not merely to arrive at their own particular decisions and set of values, but further to act in ways which impose these decisions and values upon others, thereby manifesting a lack of respect for the free exercise of conscience by patients and constricting the health services made available to the general public; and

WHEREAS, there is increasing concern for persons to create advance directives to specify end of life choices that would uphold the rights, dignity and desires of the person; and

WHEREAS, the Religious Coalition for Reproductive Choice (RCRC) has developed a set of guidelines which address the issues raised above (see www.rcrc.org for complete report);

THEREFORE, LET IT BE RESOLVED that the 2007 General Assembly of the Christian Church (Disciples of Christ) meeting in Ft. Worth, Texas, in accordance with its understanding of the healing ministry of Jesus Christ and its commitment to the First Amendment protection of freedom of religion and the democratic values that unite our citizens, *recommend for reflection and research* the Religious Coalition for Reproductive Choice (RCRC) "*Guidelines for the Ethical Provision of Health Care in a Pluralistic Society*," a copy of which follows.

Bethany Christian Church, Tulsa, OK
University Place Christian Church, Enid, OK

The General Board recommends that the General Assembly
ACCEPT Business Item 0730 as an Item for Reflection and
Research. (Debate time 12 minutes).

Religious Coalition for Reproductive Choice (RCRC)
“Guidelines for the Ethical Provision of Health Care in a Pluralistic Society”
February 28, 2007

Preamble

The promise of American society rests on a set of interconnected values, including respect for equality and pluralism, a clear distinction between the spheres of church and state, and a shared commitment to provide every person with an adequate measure of public goods and services.

These values derive in significant measure from a legacy of religious thought and practice that emphasizes the dignity of every person, the significance of individual conscience, and the importance of caring for the disadvantaged. Different religious traditions understand these emphases differently, but they remain integral to all traditions.

These same influences appear in the historic commitment of American medicine to respect the autonomy of individual patients and the judgment of medical professionals, to provide for the most vulnerable, and to be informed by scientific rigor. This commitment has produced a health care system that despite its many flaws, nevertheless seeks to mirror the core values and tenets of a dynamic, democratic society.

Religious groups have sought to provide health care services that reach out to the neediest in the community while respecting the religious diversity of the nation. Rooted in an ethic of service to the whole community, the institutions providing these services have earned both public funding and public support.

At this time in American history, however, we find these previous understandings to be under serious challenge. In response to this broad and multi-faceted challenge;

We affirm these fundamental principles:

That a right to health, derived from the inherent dignity of each human being, justifies without qualification an individual's expectations for the provision of timely and adequate health care.

That the central ethical and humane tradition of providing quality health care to all must be maintained. This includes guaranteeing equal access to medical services; honoring the right of medical professionals to exercise their professional judgment in the best interests of their patients; and recognizing the professional obligation of medical providers to support access to medical care for all people in the interest of the public good.

That sectarian doctrine should never override the law or undermine the ethical pillars of medicine that require doctors and other health care providers to do no harm, to do positive good, to respect the autonomy of persons, and to heed the principles of justice.

That an individual's conscience may guide his or her own behavior but may not control or restrict the exercise of conscience in others.

That the quality and availability of health care services for women affect the health and well-being of their children and families so that limitations to these services have a profound long-term effect on the public's health.

Core Values Informing the Guidelines

On the basis of these foundational affirmations, we hold that the provision of health care in a pluralistic society be characterized by the following:

1. Universal Access to Quality Care

Every person regardless of age or condition must be afforded access to quality health care. In America's increasingly profit-driven system, it is particularly urgent to ensure that economically disadvantaged persons enjoy equal access to quality care.

2. Health of the Whole Community

The health of the whole community must not be undermined by the forces of health care privatization and sectarianism.

3. Respect for the Human Being as Moral Agent

People should be free to exercise their moral agency and religious freedom when receiving health care.

4. Respect for the Principle of Informed Consent

The bond of trust between patients and health care providers is built on shared decision-making. Patients or their surrogates must be provided with complete information in order to participate fully in their own medical care.

5. Respect for Evidence based Medicine

The scientific model on which the theory and practice of modern medicine is based must be respected.

6. Respect for Medical Ethics

The philosophical principles on which the theory and practice of biomedical ethics and professional medical ethics are based must be respected.

7. Respect for the Conscience of *All* Parties in Health Care Decisions

No one person may compel another to act against their own conscience. Therefore, as a matter of practice, no one individual's conscience may take precedence over the conscience of another.

8. Respect for Separation of Religion and State

The separation of religion and state makes possible the civic setting in which the ethical provision of health care can coexist with authentic religious pluralism. For this reason the separation must be protected.

9. Respect for Constitutional Law

In keeping with respect for religion–state separation, the constitutional distinction between freedom *for* religion and freedom *from* religion must be maintained.

10. Respect for Community Stakeholders

In light of our diverse and pluralistic society, the interests of all community stakeholders must be respected in the policies, governance and provision of healthcare. People of all economic means must be afforded the opportunity to access quality health care and community resources must be allocated in such a way that no one is shut out, even if it means some sacrifice by others. Cultural and religious pluralism strengthens our society as a whole as we bring to each encounter a rich background of values, beliefs, and practices. Health care institutions should honor their patients, employees, and communities by creating an environment in which difference is respected.

Guidelines for the Ethical Provision of Health Care Services in a Pluralistic Society

The following guidelines have been developed so that denominational leaders and health care professionals can, from their respective positions, bring to bear on the provision of health care the moral vision presented in the underlying principles and the core values of health care as a good to be enjoyed by all in a pluralistic society. Outlined below are six different categories of guidelines that are addressed: General health care, Guidelines for health care providers and institutions, Guidelines regarding reproductive health care, Guidelines regarding medical surrogates and advance directives, Guidelines regarding informed consent and Guidelines regarding the refusal to provide care

General health care guidelines

The inherent dignity and autonomy of each person must be respected and protected regardless of the person's health issues, religious views, or social status. Respecting every person's dignity means that they should enjoy the right to health, the right to health care, to direct access to health care, and to the continuation of that care, regardless of the ownership of the institution from which they seek care.

The personal interaction between caregiver and patient must be paramount in contemporary health care. Both participate in the healing process. The patient expects and has the right to expect the health care professional to employ the highest standard of care and best medical practices unmediated by institutional blocks or preemptions, yet sensitive to his or her spiritual

needs and personal convictions.

The principle of holistic care also obligates medical professionals to remain mindful of possible psychological or spiritual ramifications related to certain procedures and conditions and to refer patients to qualified sources of counseling and support as appropriate.

Institutions that restrict information and/or medical practice because of sectarian commitments in relation to reproductive health options, end of life care, or advanced directives should not be publicly funded and should never be the sole health care provider within a given geographic region.

The transplantation of organs from living donors is permissible when such a donation will not sacrifice or seriously impair any essential bodily function of the donor and the anticipated benefit clearly is proportional to the harm done to the donor. The freedom of prospective donors must be respected and no economic advantages should accrue to the donor.

No person should be obliged to submit to a medical intervention that the person has judged, with a free and informed conscience, *not* to provide a reasonable hope of benefit without imposing excessive risks and burdens on himself or incurring excessive expense for family or friends.

Guidelines for health care providers and institutions

The health care professional expects and has a right to expect the health care institution to support unimpeded professional judgment and medical decisions that are based consistently on best contemporary practices.

Rapid changes in health care technologies and practices make it imperative that specific medical decisions be *fully informed*, both medically and morally. Institutional health care providers and individual health care professionals have an obligation to provide accurate and relevant information to patients and to the wider public concerning new medical technologies and practices; to be themselves fully informed about the ethical issues and debates concerning their use; to respect the religious and moral questions that patient brings to her decision-making; and to remain cognizant of the widely differing stances taken toward many health care decisions both within and among various religious communities. Correspondingly, those who provide religious and moral counsel to patients bear their own obligation to be familiar with changing technologies and practices and the ethical issues they raise.

An ethics committee or some alternate source of ethical consultation and ethical education and training should be made available to ensure that policies, practices, and decisions taking place in health care institutions are, and continue to be, properly informed as technologies change. This commitment to ethical considerations also ensures that within reason the personal ethics of the patient are respected.

Health care providers are to respect each person's privacy and confidentiality regarding information related to diagnosis, treatment, and care.

Health care institutions and providers that restrict information and medical practice on matters related to sexual and reproductive health for ethical and religious reasons are obligated to disclose this unambiguously to patients seeking advice and care *before* the patient receives care. If necessary, the provider or institution must immediately effect referral to another provider or institution that will honor the patient's preferences and secure her best medical interests by then providing her with the full range of ethical and religious counsel needed for informed decision-making.

Guidelines regarding reproductive health care

Individuals and couples seeking medical assistance regarding sexual or reproductive health, whether to prevent, terminate, or facilitate reproduction or to achieve sexual self-understanding and adjustment, should be provided information regarding the full range of options available and the advantages and risks associated with each of the options. If the health care provider cannot, because of conscience or religious beliefs, offer the patient full information and provide the treatment freely chosen by the patient, she has the professional obligation to refer the patient to another professional who will provide the desired information and treatment. This is part of any provider's *fiduciary* obligation to act in the patient's best clinical interest—an obligation that is deeply embedded in the patient-provider relationship.

When surrogate motherhood is being considered or recommended, there is an obligation on the part of the health care provider and the sponsoring institution to make sure that the potential surrogate mother is acting without duress; that appropriate legal arrangements have been made to avoid subsequent disagreements about parental rights and obligations; and that the arrangement is not commercially exploitative of any of the parties involved.

Because sexual and reproductive health is related to other dimensions of physical, psychological, and spiritual health, medical providers should provide care that includes these other dimension, or make provisions for such care with other professionals and institutions.

In light of the realities of the role of money in the provision of health care, health insurance companies should not limit coverage to a single or restricted number of services without providing the medical and psychological care that the providers say is indicated.

Women and men should be informed of the full range of contraceptive alternatives and how they work in the human body so that they can use them responsibly to avoid sexually transmitted infections and unwanted pregnancies. They should receive sexual and reproductive education, informed by their moral and, where applicable, religious traditions.

The full range of contraceptive options should be available to women and men, with accompanying information about their proper use, limitations, and medical consequences, if any.

Victims of rape or incest should receive immediate and continuing professional care by medical, psychological, and, if requested, religious personnel. The victim should be informed of medical treatment that can prevent pregnancy and this treatment should be promptly administered upon the request of the victim.

Prenatal diagnostic options, including genetic analysis and counseling, should be encouraged and made available for any woman or couple planning a pregnancy. This care is provided so that informed decisions can be made about the pregnancy itself, about what provisions would be required during the pregnancy, and about plans for the care and support of a child born with physical disabilities or genetic anomalies. Expectant parents should be encouraged to obtain, if desired, the counsel of professionals who bring moral and religious information and insight to the decisions being made.

Women with an unintended or unwanted pregnancy should be informed of and counseled on all of the options available to them.

The ability of a woman to choose to terminate a pregnancy should not be compromised by economic, educational, class, or marital status; age; race; geographic location; or inadequate information.

Medical, psychological, and religious professionals should offer continuing, compassionate care for women who experience conflict or grief following any kind of reproductive diagnosis, such as infertility, or following reproductive loss, including spontaneous, surgical, or medical abortion, adoption placement, or in the case of postpartum depression while parenting.

Persons who are at risk for or who have contracted sexually transmitted infections should receive information and medical care without prejudice.

Persons of all sexual orientations and gender identities and their sexual partners should be treated equally and should receive the same quality of medical care and access to moral and religious counseling that any other patient would receive as they make decisions about sexual and reproductive health.

Guidelines regarding medical surrogates and advance directives

In compliance with federal law, all health care institutions should make available to patients information about their rights under the laws of their state to make an advance directive regarding medical treatment. Keeping within the law and widely held ethical principles, health care institutions should honor such patients' advance directives.

Any person may appoint in advance someone as surrogate to make health care decisions on his or her behalf in the event that the person loses the capacity to make those decisions. Decisions made by the surrogate should reflect those the person would have made were he or she able to do so, using the standard of substituted judgment. And where the person's treatment preferences are unknown, the surrogate is to make those decisions using the standard of patient best interest.

In the absence of a duly appointed health care proxy, family members, according to the provisions of state law, can be expected to make health care decisions for those who lack decision-making capacity for themselves.

Guidelines regarding informed consent

The free and informed consent of the patient or the patient's surrogate is required for medical treatments and procedures except in any emergency when such consent cannot be obtained and there is no indication that the person would refuse the treatment.

Free and informed consent means that the patient or the surrogate receives all reasonable information about the essential nature of the proposed treatment and its likelihood of benefit, risk of harm, side effects, consequences, and cost; and any reasonable and scientifically based alternatives, including no treatment at all.

The well being of the whole person must be taken into account in deciding on any therapeutic intervention or use of technology. No one should be the subject of medical or genetic experimentation, even if it is therapeutic, unless the patient or surrogate has first given free and informed consent. Where consent is provided by a surrogate, it should only apply if the experiment entails no significant risk to the patient's well being.

Guidelines regarding the refusal to provide care

If, for reasons of conscience or religious belief, a pharmacist chooses not to provide contraception, including emergency contraception, the pharmacist has a professional obligation to refer the patient immediately to another pharmacist at that pharmacy who will provide the contraceptive. If no other pharmacist is readily available, the original pharmacist is professionally and morally obligated to meet the customer's request. Individuals who do not feel that they can meet these standards should not put themselves in a position where they will be called upon to do so.

All pharmacies should provide the full range of contraceptive options, including emergency contraception. If one or more of the pharmacists in the employ of a pharmacy chooses not to provide the full range of contraceptive alternatives, the pharmacy is obligated to have other pharmacists on duty to meet patients' requests and needs. Pharmacies that may find themselves unable to meet their obligations to their community should be free, without fear of lawsuit, to not hire and to fire any pharmacist who refuses to provide contraceptives.

When an attending physician cannot on conscientious grounds fulfill the medical wishes of the patient or their surrogate, the physician should refer the patient to another health care provider who can do so. Professionally there are no grounds, including claims of conscience, for abandoning a patient.

THE RELIGIOUS COALITION FOR REPRODUCTIVE CHOICE

The Religious Coalition for Reproductive Choice was founded in 1973 to safeguard the newly won constitutional right to abortion. The Coalition founders were clergy and lay leaders from mainstream religions, (Disciples among them) many of whom had provided women with referrals to safe abortion services before the Supreme Court legalized abortion in *Roe v. Wade*. The founders believed that there would be at most a ten-year struggle to secure the right to choose. In fact the struggle is far from over. It has changed and intensified, and the stakes are growing.

The Mission of the Religious Coalition for Reproductive Choice is to bring the moral power of religious communities to ensure reproductive choice through education and advocacy. The Coalition seeks to give clear voice to the reproductive issues of people of color, those living in poverty, and other underserved populations.

Today, the Religious Coalition comprises national organizations from major faiths and traditions, religiously affiliated and independent religious organizations such as Disciples for Choice, state affiliates throughout the country, the national Clergy for Choice Network, Spiritual Youth for Reproductive Freedom chapters, The Black Church Initiative, and individuals who support reproductive choice and religious freedom..

While our member organizations are religiously and theologically diverse, they are unified in the commitment to preserve reproductive choice as a basic part of religious liberty.

This rational, healing perspective looks beyond the bitter abortion debate to seek solutions to pressing problems such as unintended pregnancy, the spread of HIV/AIDS, inadequate health care and health insurance, and the severe reduction in reproductive health care services. RCRC supports access to sex education, family planning and contraception, affordable child care and health care, and adoption services as well as safe, legal, abortion services, regardless of income. RCRC works for public policies that ensure the medical, economic, and educational resources necessary for healthy families and communities that are equipped to nurture children in peace and love.