

# THE NATIONAL CATHOLIC BIOETHICS CENTER



## ETHICS AUDITS AND MISSION

PREPARED BY THE ETHICISTS OF THE NCBC  
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“Catholic health care services must adopt these Directives as policy, require adherence to them within the institution as a condition for medical privileges and employment, and provide appropriate instruction regarding the Directives for administration, medical and nursing staff, and other personnel. . . . Employees of a Catholic health care institution must respect and uphold the religious mission of the institution and adhere to these Directives. They should maintain professional standards and promote the institution’s commitment to human dignity and the common good.”  
—USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (2009), nn. 5 and 9.

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### ❖ SUMMARY ❖

#### Identity and Mission

- Organizational ethics bring ethos into harmony with identity, which hinges on mission and values. The identity and the mission of an organization inform decision making on all levels. • The works of the Church done in Catholic health care institutions are works of *diakonia* (service) and charity, whose identity and purpose are bound up with the Church’s life and ministry. Canonical sponsors, or juridic persons, have a responsibility of stewardship not only in terms of financial and business growth but first and foremost in terms of promoting Christian charity and the internal culture and ethos of the organization. • Pope Benedict XVI’s latest *motu proprio*, *On the Service of Charity*, emphasizes the care of souls, not just material aid, so that Church works are “an expression of the Christian life and sharing in the mission of the Church.”

#### Mission Integration

- JCAHO (the Joint Commission on Accreditation of Healthcare Organizations), recognized nationally for ensuring health care performance standards, clearly states that development of the organization’s mission, vision, and goals is essential and that its mission should be manifest in the delivery of patient care. • The USCCB’s *Ethical and Religious Directives for Catholic Health Care Services (ERDs)* provides principled guidelines on how to translate the Catholic identity, mission, and vision of the organization into an organizational culture and practical decisions and must be adopted by all Catholic health services. Conflicts with the *ERDs* amount to conflicts with the organization’s own identity and mission. • Perhaps the most evident mark of Catholic health care is pastoral care, the provision of the sacraments and spiritual support, integrated with the delivery of medical services, which demonstrates an understanding of the importance of spiritual, not just physical, healing. • Ethics committees assist with the integration of pastoral care and clinical decision making, helping to apply the *ERDs*, navigate challenging clinical situations, and educate personnel about Church teaching and ethics. • The role of vice president for mission integration exists to ensure that the Catholic identity of the organizational culture is preserved, reflected, and promoted, keeping the ethics and values in tune with the mission.

#### Ethics Audits

- The mission of an institution derives from and translates into principles of ethics. • The principles of ethics translate into a lived ethics, an organizational culture, which is the manifestation of the life of the mission. This culture in turn promotes the principles of ethics and the mission. • Audits are periodic reviews of ongoing practices, which provide responses to questions about lived ethics for comparison with the organization’s mission, vision, and ethical principles, encouraging better adherence and a deeper understanding of the institution’s Catholic

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## 2 Ethics audits

identity. There are several recommended levels of audit, including pastoral care, administration, and sponsorship audits. A pastoral care audit, the core mark of the Catholic mission, evaluates the spiritual and sacramental ministry. An administration audit evaluates the organization's living and promoting of its Catholic mission in daily operations and policies. A sponsorship audit evaluates the mission of the organization and its charism as a work of the Church at the highest level.

### ❖ FAQ ❖

**Question 1.** If all Catholic health care services are required to adopt and follow the *Ethical and Religious Directives for Catholic Health Care Services*, why are ethics audits needed?

*Reply:* Unfortunately, some Catholic health care institutions, administrators, and even sponsors are not aware of the existence of the ERDs, let alone the need to adopt them and the requirement that employees respect them. In other cases, they may be aware but simply have not focused on appropriate education, training, and application in communication with the local ordinary, who has authority to ensure the Catholic character of charitable works in his jurisdiction. Other concerns common in the running of health care institutions and systems can easily relegate the ERDs to the background without a targeted effort. Initiating an ethics audit or, better yet, establishing regular recurring audits is a simple way to keep the importance of Catholic identity prominent in the minds of all those involved with the institution.

**Question 2.** Many physicians and medical professionals who work in Catholic health care services are not Catholic. What right does the Church have to interfere in the practice of medicine by requiring them to follow religious restrictions on abortion, contraception, assisted suicide, in vitro fertilization, and other legalized and medically important services?

*Reply:* First, health care organizations have a mission and vision and are expected, by secular accreditation standards (e.g., JCAHO), to promote and implement that mission and vision in the medical care they provide. In a Catholic organization, that mission is Catholic and requires the organization to communicate, educate, and apply practical requirements for advancing it. Second, the legalized procedures described are not services at all, but disservices that violate human dignity and the good of the person. They are only “services” according to a distorted vision of medicine that denies its essential healing and life-promoting nature. Third, an understanding of those procedures as disservices depends on acceptance not of the religious dogmas of the Catholic Church but of the natural moral law, which can be understood through reason alone. Adherence to the ERDs does not require conversion to Catholicism or acceptance of Catholic dogma; indeed, the ERDs require an institution to “treat its employees respectfully and justly” (directive 7).

**Question 3.** An ethics audit suggests an “inquisition.” It may make sponsors, administrators, and employees feel like they are bad people when they are doing so much good. How is this fair?

*Reply:* Health care organizations need accreditation to ensure that the best practices, instruments, and environments are available to their patients, whose good is the primary aim of medicine. Audits to determine compliance with safety regulations and accreditation standards are rightly perceived as good because they both educate and provide constructive criticism. They are not a destructive indictment. Likewise, the primary purpose of an ethics audit is to educate and improve the understanding of Catholic identity, encouraging personnel to make changes where appropriate so that patient care becomes centered as much as possible on the person, including the relational and spiritual dimensions of the person. It is an effort to “raise the bar” as needed to best reflect the noble work of Christian charity for all humanity, of which health care is a principal form.

### ❖ RESOURCES ❖

Mark J. Merdian, “Catholic Health Care Audits: Keeping Catholic Hospitals Catholic,” *Ethics & Medics* 36.4 (April 2011): 1–4. Reproduced by permission.

Joseph J. Piccione, “Organizational Ethics and Catholic Health Care,” in *Catholic Health Care Ethics: A Manual for Practitioners*, 2nd ed., ed. Edward J. Furton (Philadelphia: NCBC, 2009), 289–296. Reproduced by permission.

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