**MaterCare 10th Biennial Conference in Rome**

***Catholic Health Care:  Will it Wither or Whither Can it go?***

**CHALLENGES FACING NURSES AND MIDWIVES**

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**Introduction**

Globally 90% of healthcare is provided by nurses and midwives. They comprise nearly 50% of the healthcare workforce and almost 80% of the professionals working in healthcare (WHO, 2017).

Nurses and midwives are most constantly present in giving care to individuals, sick or well, throughout their lifespan. Care settings extend well beyond hospitals, clinics and services in urban areas to remote rural districts and high risk regions. The care provided includes health promotion, disease prevention, care of the ill, intellectually disabled, perinatal and the end of life care.

Catholic nurses and midwives are guardians and servants of life whose work is based on Gospel values of compassion, dignity of the human person, mutual respect, services to the sick, poor and marginalised, honesty, appropriate confidentiality and responsible stewardship of resources. The dignity of the person is respected regardless of state of health, age, social status, race, religious belief or none. The care provided, in partnership with other health care professionals in sharing God’s work of healing and giving life, has social and spiritual responsibilities in addition to physical and technical dimensions.

Many advances have occurred in nursing and midwifery from the middle of the last century. Education moved from the apprentice type training that focused on medical models to third level education programmes that embrace holistic evidence-based standards of care. In addition, the nurse’s and midwife’s scope of practice has extended and expanded to include some practises that were previously in the domain of the medical professions. These changes were accompanied by concurrent developments in available career options and career progressions in specialist clinical, management, education and research areas of nursing and midwifery.

Whilst all these advances are welcome there are issues of grave concern to Catholic nurses and midwives. Among them are the spiralling disregard for the sacredness of life including abortion, euthanasia, physician assisted suicide, in-vitro fertilisation, instances of nurses working in areas where they cannot exercise conscientious objections without fear of losing their jobs, the efforts to create genetically engineered babies, inequities in assessing healthcare due to lack of finances or due to location such as residing in remote rural areas where services, facilities and personnel are not as available as in towns and cities. In addition, there are the health needs of people in war-torn places, areas of famine, and the plights of migrants and refugees that must touch even the hardest hearted person.

**Main Challenges**

**Working in an increasing secular society**

It has become more challenging for Catholic nurses and midwives to work in the current climate of an increasing secular society. The Church’s role as health service provider is dwindling mainly because falling vocations have left it without the personnel to sustain the role. In many parts of the world health facilities owned and/or managed and staffed by religious personnel are decreasing. In some areas, they have ceased operating completely. Others remain in ownership of the orders and are managed by a trust wherein the Catholic ethos having been passed on through generations is evident by overt mission statements maintained by core employees. Where these facilities are funded by private income there is a tendency not to encounter ethical issues. Problems can arise where the facility is dependent on public finances and where a government can withhold the money needed if the facility refuses to carry out such procedures as in-vitro fertilisation, abortion and euthanasia or where health professionals exercise their human right to conscientious objection. Nurses and midwives who worked in such safe and sheltered environments and who never were placed in positions where they were exposed to or had to make decisions that adversely affected the lives and deaths of those in their care can now find themselves in almost alien work settings.

**Spiritual Care**

Another area that appears to be diminishing or indeed neglected is spiritual care. Sometimes the employment of the pastoral team is reduced or removed altogether when financial allocations to healthcare facilities are lessened. In addition, there may be clear signs of Christian images being removed from facilities such as crucifixes, holy pictures, statues and, at Christmas time, cribs with the excuse that their presence may be offensive to non-Christians. In some instances, there have been policies introduced that prohibit health care employees from asking patients their religion. Health care facilities pride themselves in providing holistic care. Yet, one sometimes finds the spiritual aspect of holistic care tends to be omitted from care plans even though, theoretically at least, many nursing and midwifery models incorporate the spiritual dimension of the person. Virginia Henderson who was a great American nurse theorist and researcher in 1977 said that it was the obligation of the nurse to assist patients to worship according to their faiths. She maintained that if religion was important to a person in health, it will be more essential during illness. Its significance is reflected in some Codes for Nurses. Nurses and midwives have the privilege of the likelihood of being present at the most significant, and frequently the most challenging times in the life journey of their patients. Consequently, they are in an ideal position to pray with and to arrange pastoral assistance for their patients. Issues arise when the care givers are working in facilities that do not permit such actions.

**Functional changes of health care facilities**

Nurses and midwives rarely are invited to be part of the decision-making discussions regarding the changing nature of their work places. They often find changes imposed on them sometimes with an attitude of expected compliance or if they express concerns being told ‘you are free to find employment elsewhere.’

**Conscientious objection**

1. **Abortion**

The human right to exercise conscientious objection is to the forefront of nurses and midwives concerns in varying degrees throughout the world. It is something that has received widespread news coverage over the past decade or so beginning in 2008 with the case of two long-serving experienced Scottish midwives who as conscientious objectors with no direct role in abortions argued they should be entitled to refuse to delegate, supervise and support staff involved in the procedures or providing care to patients during the procedure. Their plea to conscientious objection was upheld by three judges in an Edinburgh court. Their employers appealed this decision and it was overturned by the Supreme Court in London in 2014. At the time the deputy president of the court said that ‘participation’ in her view means taking part in a ‘hands-on’ capacity’ (Brooks, 2014). The judgement effectively decreed that while midwives can opt out of ‘frontline’ abortion work, those in senior positions still must supervise. Indeed, there is evidence, some of it anecdotal, that a number of professional midwives’ associations believe assisting at abortions should be part of the midwife’s role. It was heartening in the last few weeks to see the announcement by the United States Department of Health and Human Services Office for Civil Rights that a Notice of Violation letter finding had been issued against the University of Vermont Medical Center who had infringed Church Amendments (42 U.S.C. 300a-7) by forcing a nurse to assist in an elective abortion procedure over the nurse’s conscience-based objections. The Office for Civil Rights also found that the Medical Center has discriminatory policies that assign or require employees to assist with abortion procedures even after they have recorded their religious or moral objections (US Department of Health and Human Services, 2019).

1. **Euthanasia, Physician Assisted Suicide & Medical Assistance in Dying**

Physician assisted suicide and medical assistance in dying, often camouflaged as death with dignity, are challenges to nurses in some parts of the world. Most of the information I have comes from my colleagues in the USA and Canada. In 2016 in the USA a professional organisation, the American Nurses Association, proposed a policy statement on *The Nurses Role when a Patient Requests Aid in Dying*. In brief, the policy requires nurses to stand by as a patient takes a lethal dose of medication to end their life. The nurse is instructed not to be judgemental. The Association issued the statement for public comment in 2018 with responses requested by April 2019. The outcome published in June 2019 is that nurses are advised to remain objective when patients are exploring this end-of-life option but have the right to conscientiously object to being involved in the aid-in-dying process. The recent decision of the American Medical Association (AMA) to uphold its long-held opposition to physician assisted suicide is welcomed. The decision is a major victory for opponents of assisted suicide and euthanasia. However, this position is not upheld unless the law matches. Unfortunately, in many States the law allows physician assisted suicide and the right for nurses to refuse is in question. For example, when one of our members in New Jersey questioned the law there she was informed by an attorney from a Catholic justice group that the wording in the law of that State does not protect the nurses right to refuse to participate (Nowak, 2019). The Hospice and Palliative Nurses Association (HPNA) in the USA acknowledges that nurses employed in states where aid in dying is legal may experience significant moral and ethical conflict (HPNA, 2017). Its position is that nurses unable to provide care on moral grounds should ensure the ongoing care of the patient by identifying nurse colleagues willing to do so.

The National Association of Catholic Nurses – Canada was established in 2018 primarily in response to Canadian nurses’ moral distress for increased access to medical assistance in dying. The Association was admitted as a member of CICIAMS last September. In 2016, Medical Assistance in Dying became law in Canada. Professional nursing associations and nursing regulatory authorities across Canada endorsed the legal changes that require conscientious objectors to participate by referring a patient who requests the service to a person or persons willing to facilitate the patient’s wishes. In Canada, nurse practitioners are trained and qualified to administer lethal doses of medication to patients that they or others deem eligible for euthanasia (Chavez & McGee, 2019). What sort of image is this of nursing? On one hand nurses are protectors of life, and on the other hand they may be agents of death!

1. **Restricted career choices**

Nursing and midwifery staff shortages in many countries is not helping. In 2018 nurses and midwives represented more than 50% of the shortages in the global healthcare workforce (WHO, 2018). In the past, it was possible and accepted by many hospital managers for those who stated conscientious objections to stand back from procedures without any disciplinary action been taken. Not to be able to work in such an environment now and in the future means that nurses and midwives are denied career choices and possible career progressions. It takes courage to change to another branch of their professions or to leave the health care sector or, God forbid, lose their Catholic values altogether.

**Supports for nurses and midwives**

* **Regulatory authorities**

Nurses and midwives often look for guidance as to what to do when faced with ethical dilemmas. They need to be aware of supports available to them. One often finds their first port of call is their relevant regulatory authority. Regulatory authorities operate within the legal framework of their countries or States within countries and are therefore bound by their laws. They generally have a Code of Conduct, or a Code of Practice or a Code of Ethics that is intended to be guidelines for their registrants. They may or may not include such words as ‘the nurse or midwife provides care for all stages of life.’ I have yet to see one that defines life as being from conception to natural death. Some refer to the right to conscientious objection but this, as we have seen, is open to various interpretations in law.

* **Catholic associations**

There is an onus on Catholic associations such as CICIAMS and its members to provide information and support to nurses and midwives in ethical matters. This is done by promoting their existence, aims and objectives, providing education programmes that include professional, educational, spiritual and cultural dimensions that attract not only members but non-members, issuing invitations to join the association or at least to attend meetings or indeed social gatherings, and the availability of members for support and advice. Such associations generally have published ethics guidelines that provide information relevant to the professions. Members of the Ethics Committees within the associations are available to respond to specific queries. In CICIAMS this is generally done by email although person to person conversation is also possible.

* **The Church**

The Church provides guidance on healthcare ethics through various publications for example *The New Charter for Health Care Workers* issued by the Pontifical Council for Health Pastoral Care in 2016 and through various publications of national episcopal conferences in addition to their education programmes.

**Confronting the challenges**

To confront the challenges nurses and midwives:

* must remain faithful to Gospel values and respect life. This often requires courage in making bold decisions when strongly tempted to become manipulators of life, or even agents of death
* strengthen our faith in our personal relationship with God and educate ourselves regarding the doctrines and moral teachings of the Church. With God’s grace and our steadfastness as Catholics we can continue to defend life and ethical principles
* recover our professions as vocations. Being a nurse or midwife is more than just a job but a truly special vocation in response to God’s call. It is a direct sharing in the healing ministry of Christ. When seen as a vocation nurses and midwives are encouraged to mentor and teach the next generation so that correct values of compassion, honesty and integrity would be instilled.
* come together to support each other in faith, prayer, life, education, mentoring and mission.
* keep up-to-date with new procedures and treatments and ensure they have been evaluated to demonstrate that they respect life and human dignity (Pope Francis, 2019/05)
* network and collaborate with other Catholic healthcare groups in providing a united front to overcome the challenges that are common to all
* be aware of the United Nations Declaration on Human Rights (1948) under which individuals have a right to freedom of conscience and religion. When exercising conscientious objection bear in mind the advice of Pope Francis when speaking to the Italian Catholic Association of Healthcare Workers last May. He said *the choice of objection must be made with respect and humility so that it does not end up becoming a reason for contempt or pride*.
* embrace inclusivity in all aspects of the human person, reach out to society and speak on moral and social issues including misconducts such as rape, sodomy, domestic violence and so forth.
* Continue with activities that are successful, seek opportunities and use occasions whenever they are presented and arise. These may consist of the provision of programmes aimed at educating the wider community on such topics as the right to life, adolescent health, fertility health, natural family planning, healthy living, and empowerment through health promotion, disease prevention and human rights, alleviation of poverty, assistance with human mobility and vulnerable populations such as migrants and refugees and so forth. I would like to share with you the powerful motto of the Eswatini Catholic Nurses Guild *See Christ in Every Person, In Every Person See Christ.*

**Conclusion**

When I saw the theme of this conference, specifically the question *Catholic Health Care: Will It Wither?* I was consoled by the fact that Catholic health care was not considered to be dead as much as the mass media would lead the general population to believe. It is my contention that this is not the case. Instead I see it as a time of transition and hope in the Church and in society. But we must not become complacent nor indeed give in to helplessness when faced with apparent obstacles to Catholic teachings. If we concede to helplessness, we collude to desperation.

To end I quote Pope Francis’ thought for the day on 29 July 2019:

*The Lord gives us a vocation,*

*A challenge to discover the talents and abilities we possess*

*And to put them to the service of others.*

(Pope Francis @ Pontifex)

