

**Religious Sisters
of Charity**

Health Service



***Philosophy
and Ethical Code***

**RELIGIOUS SISTERS OF CHARITY
HEALTH SERVICE**

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Philosophy and Mission

Introduction

The founding vision and mission of the Religious Sisters of Charity is to bring the healing love of Christ to the sick and the poor and so participate in the ongoing mission of the Church.

Inspired by the vision of our Foundress, Mary Aikenhead, we acknowledge our past and the creative struggle and enduring faith of all who engaged in this ministry throughout the years. Together with our colleagues and associates we continue to share in the healing ministry of Christ today. We endeavour to respect and live by Gospel values as expressed in our philosophy and mission statements.

PHILOSOPHY STATEMENT

We respect the sacredness of human life.

We hold the view that human life at all stages has special worth: this sanctity of life belongs to all persons from conception to their natural end.

We believe that each and every person is unique and made in the image and likeness of God and therefore should be afforded dignity, respect, compassion and hospitality.

We believe that everyone has a fundamental right to appropriate and adequate healthcare, a right that flows from the very dignity of the person.

We strive to care for and protect the more vulnerable persons who avail of our healthcare services.

We support and reach out to the families and friends of those entrusted to our care.

We strive to foster excellence and to give leadership in our healthcare services.

We support co-operation and collaboration within our healthcare organisations and with external agencies.

Our approach to healthcare is holistic in keeping with our belief that healing is concerned with the whole person and we make every effort to personalise the delivery of healthcare.

We believe in the need for on-going development, education, formation and the promotion of a spirit of mutual trust and respect among all staff in a multidisciplinary approach to caring.

We endeavour within available resources to promote education, research and ongoing development for all employees

We recognise the invaluable contribution made to our Health Services by people of differing religious traditions and welcome their continued co-operation and support. All those who choose to work in our healthcare facilities are made aware of and asked to comply with the core values as expressed in this Mission Statement and the Ethical Code.

If there is a situation where there is a significant conflict of values between the hospital and the patient or between the hospital and the health professional, the respective person will be encouraged to find a solution through dialogue with us.

MISSION STATEMENT

The Mission of the Religious Sisters of Charity is to bring the healing love of Christ to the sick and the poor in the spirit of our Foundress Mary Aikenhead.

Our concern for others, especially those in need, permeates every aspect of the life and work of our services.

In partnership with our colleagues we strive to provide healthcare services that foster our core values of:

Dignity

Compassion

Justice

Quality

Advocacy

The above core values form the basis for our Mission and guide our strategies and decisions.

RELIGIOUS SISTERS OF CHARITY HEALTH SERVICE ETHICAL CODE

Introduction

The purpose of the code

This code offers general guidelines to help to resolve some of the major medical concerns which may arise in our healthcare facilities. The concrete application of these guidelines to the particular case is a matter for the responsibility and prudent judgement of conscience of the persons involved who must take into account all the relevant factors in the situation.

In our Healthcare Service, healthcare is provided in the context of a Catholic ethos, and is interpreted in accordance with its teaching tradition, which is consistent with excellence in Healthcare. It is opportune, therefore, to make explicit in this code some basic principles intrinsic both to this ethos and to good evidence based healthcare practice.

This code aims to preserve and to promote ethical standards which are essential to the delivery of health care that is rooted in a healing and caring practice, with a patient-centred orientation.

GENERAL PRINCIPLES

Respect for the dignity of every person

Inherent in our mission of healthcare is the unconditional respect for the dignity and intrinsic worth of every human being from conception to death. This respect for human dignity extends to all persons who care and are cared for in our services.

The mission of healing shared by all health carers

It is the responsibility of all our health carers to promote the mission of healthcare that is caring and curing for all, whilst always refraining from doing any harm.

Palliative care and care for the dying remains an essential part of our mission.

We acknowledge that effective healthcare seeks the positive promotion of education and good physical and mental health.

Respect for moral conscience

The moral conscience of each healthcare professional must be respected. If a person has a conscientious objection to participate in any form of diagnostic or therapeutic treatment or to participate in research, this will be respected. The individual must not experience any harm or suffering as a result of this objection.

Pastoral care available to all

We recognise that the overall good of the patient is not only confined to his or her bodily and mental health, but extends to their spiritual well-being. Pastoral care is provided for the personal, spiritual and religious needs of all in our care. Provision of the sacraments is an especially important part of our Catholic Healthcare Ministry. At the same time we endeavour to facilitate pastoral services to all in keeping with their religious beliefs or affiliation.

THE HEALTHCARE-PATIENT RELATIONSHIP

Truth and trust

Both the person in need of healthcare and the professional health carer who assists him or her, enter into a relationship that requires trust and honesty. Inherent in this relationship is the open

exchange of truthful information that is appropriate for the situation and that is needed for therapeutic care.

Confidentiality

The principle of confidentiality and respect for privacy of the individual safeguards the patient's dignity, which must always be respected. However, this principle is subject to standard legal limitations as set out by the law.

Consent

The free and informed consent of the patient is required for medical treatment and procedures **and is normally given in the written form**. As the patient's consent and participation is continuously required in the caring process, patients are entitled to be informed about their condition, the procedures to be adopted, alternate treatment options and the probable effects of treatment options. Ultimate responsibility for ensuring that the patient or, with the patient's permission, his/her representative is adequately informed resides with the patient's consultant, who shall encourage the members of the healthcare team, each according to his/her role, to communicate accurate and appropriate information in a manner which is sensitive to the condition and wishes of the patient or his/her representative.

Where a patient does not have the capacity to give such consent, it is important to determine whether any other person has legal authority to make decisions on the patient's behalf. If so, you should seek that person's consent to the proposed treatment. If a patient is not able to give consent and no other person has legal authority to make decisions on the patient's behalf, the doctor in charge will have to decide what action to take. In making such a decision the following should be considered:

- The treatment option which will provide the best clinical benefit for the patient;

- The patient's previously expressed wishes concerning medical intervention;
- Whether there is likely to be an increase in the patient's capacity at a later stage;
- The views of other people close to the patient who may be familiar with the patient's beliefs and values;
- The views of other healthcare professionals involved in the patient's care.

In an emergency situation, where there may not be time to consult with the people who are close to the patient, the doctor is charged with acting in the best interests of the patient.

Where the patient does not have the capacity by reason of age or minority to give consent such information should be given to the patient's parent or guardian. As appropriate in the circumstances, the child's parent or guardian must be given adequate time and opportunity to make a considered judgement to accept or refuse treatment.

The beneficial healthcare purpose of all procedures

All treatments and procedures carried out on patients must serve beneficial healthcare purposes for that patient.

The integral well-being of the patient as the criterion for intervention.

The integral well-being of the person must be taken into account when deciding about any therapeutic intervention or use of technology, especially if they are likely to cause harm or have undesirable side-effects.

Refusal of treatment

We recognise and uphold the freedom and responsibility of each patient to refuse treatment when he or she can make a competent decision. No patient should be obliged to submit to a healthcare procedure 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 the patient or excessive expense to family or community.

Information and the treatment team

The decision to provide treatment is the responsibility of the patient's consultant. All members of the treatment team have the right to know the rationale for providing a particular treatment which they are asked to perform. All members of the treatment team have an obligation to provide information to the consultant which may be relevant to the decision for that treatment or for the overall clinical care of the patient.

The need for medical research and consent

The advancement of medical knowledge and the adequate teaching of healthcare students may require procedures and tests to be carried out on patients, or other persons, which are of no immediate benefit. The informed and free consent of the patients and other persons undergoing such procedures and tests is always required and must be documented. Such consent may be freely withdrawn at any time. The hospital authority has overall responsibility for the medico-ethical conduct of such procedures. The Research Ethics Committee will be consulted/informed about any ethical decision that is agreed by the hospital authority.

THE DONATION OF TISSUE AND ORGANS

Donation of tissue from donors

The obtaining of tissue for diagnostic, therapeutic or research purposes, or organs for donation from living donors should not cause significant harm. Neither should it deprive living donors of the functional integrity of their bodies. It should not be undertaken without their free and informed consent competently given or in

the case of minors, that of their parents or guardians. The anticipated benefit of the procedure must be proportionate to the harm done or the risk of harm to the donor. In cases of procedures solely undertaken for research purposes, parents or guardians may give consent only if the obtaining of tissue entails no significant risk to the well-being of the patient.

Organs or tissue for therapeutic or research purposes may be obtained from patients who have suffered complete and irreversible brain death, provided such procedure is in accordance with the previously expressed wishes of the patient or, where the patient has expressed no such wish, the consent of the patient's next of kin has been obtained.

Safeguards in transplantation of organs

The hospital authority has overall responsibility for the ethical conduct of organ and tissue donation procedures. As a safeguard in transplantation procedures the team of doctors with responsibility for the recipient shall be distinct from that responsible for the donor. The doctor who determines death should not be a member of the transplant team. In the case of the recipient, the dignity of the donor and the sensitivity of all involved must be fully maintained.

The determination of death

The determination of death should be made by the physician with responsibility for the treatment of the deceased patient. In medical terms the death of the patient is the death of the bodily organism as a whole.

Brain stem death is defined as irreversible brain damage leading to no possibility of independent existence (ref SVUH). Brain stem tests are carried out by two doctors separately and independently; one must be a consultant, the other at least 5 years post registration. Both shall have experience in this field and neither can be a member of a transplant team.

CARE FOR THE BEGINNING OF LIFE

Care for women during pregnancy

Healthcare for a woman during pregnancy aims at securing the well-being both of the mother and her unborn child. There are circumstances, however, in which the organic pathological conditions of the mother require treatments that cannot be postponed until the unborn child is viable. These treatments may be carried out even though the unborn may be harmed or die for the purpose of the treatment of the physical pathology of the mother and her restoration to health. The procedure must never be to secure the death of the unborn but must be to secure the health of the mother.

Benefits of prenatal diagnosis

Prenatal diagnosis could be beneficial:

when the procedure does not threaten the life or physical integrity of the unborn or of the mother and does not subject them to disproportionate risks;

when the diagnosis can provide information to guide preventive care for the mother or prenatal or postnatal care for the child;

when the mother, having being fully informed gives her free consent.

Prenatal diagnosis is not permitted when undertaken with the intention of aborting, considering the option of abortion, or facilitating the abortion of an unborn with a congenital defect.

Benefits of genetic counselling

Genetic counselling may be provided in order to promote responsible parenthood and to prepare those concerned for the proper care and treatment of children with genetic defects.

The intrinsic rights and obligations of prospective parents regarding the transmission of life must always be respected.

Those who decide to accept the possibility of conceiving children with genetic disorders should be supported and not subjected to discrimination or disapproval. While our efforts to treat and prevent genetic disorders are fully justified, the personal dignity and intrinsic worth of able and disabled persons is the same.

The protection of the unborn

Direct abortion is never permitted since it constitutes the intentional killing of the unborn. Also any procedure, the direct purpose of which is to destroy the embryo at any stage of its development, either by preventing it from implantation, or removing it from the womb before it is viable, or by any other procedure is never permitted.

Preservation of bodily integrity

Direct sterilisation of either men or women is not permitted in our healthcare service when its sole immediate objective is to prevent or eliminate fertility. These are procedures which our healthcare institutions may not promote.

Procedures for assisting conception

We recognise the dignity of a man and a woman as spouses, who united in the covenant of marriage are called to be parents of children of equal dignity to them. When due to some bodily impairment spouses are not able to conceive, medical assistance may be provided to them so that they may attain conception in the course of their normal marital relationship.

We consider that any means of assisting conception which cannot correct the condition of the couple's infertility and which bypass the normal marital act in which conception occurs are not acceptable in our health care services.

Extracorporeal conception as is attained, for example, in the process of in-vitro fertilisation bypasses the marital act and is not

acceptable in our health care services. The life and physical integrity of many of the generated embryos are put in grave risk of harm and destruction by the very nature of the process. In our Health Care facilities any such procedures in which we do not respect the life and physical integrity of each human being from conception onwards violate the mission of safeguarding life and health.

Infertility as a bodily impairment affects many men and women. As health carers we are called to enable people to better understand the causes of infertility and to redress those causes. Pastoral care in addition to clinical assistance will be available to infertile couples.

CARE FOR THE DYING

Every person, regardless of their functional or cognitive status, must be afforded all due respect and consideration.

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (WHO, 2002).

Palliative care seeks to integrate and address the physical, psychological and spiritual needs of patients and families as they cope with the effects of advanced and progressive disease.

Palliative care incorporates the care of the dying and includes bereavement support for family members during the course of the patient's illness and following the death of the patient as necessary.

The aim of any life-sustaining means administered to the dying

Careful and continued assessment must be made of the relative benefits and burdens of the specific treatment or investigation when selecting any treatment or intervention, whether for diagnostic or therapeutic purposes. This is to ensure that its use is appropriate to the particular needs of each individual patient. Patients should not be subjected to investigations or treatments which are excessively burdensome and which are unlikely to contribute positively to the patient's well-being and quality of life.

The right to prepare for death

Healthcare professionals should offer support to patients in their preparation for death in keeping with our Philosophy and Code of Ethics. Any action intended to cause or accelerate the death of any patient under any circumstance is considered to be morally wrong and is contrary to the core principles and values of Palliative care.

Analgesic medications and interventions

Medications and interventions intended to relieve pain and distress are frequently employed in palliative care patients. The selection and monitoring of these treatments is critically important so as to ensure that patients derive the maximum benefit with the minimum level of adverse effects.

Nutrition / Hydration

Strict attention must be paid to ensure that the nutritional and hydration needs of patients are appropriately addressed at all times. With the imminently dying patient, the ability to eat and drink will diminish as a direct and irreversible consequence of the underlying disease process. When considering the introduction or continuation of assisted nutrition and / or hydration, a careful assessment of the benefit / burden ratio must be undertaken by a competent clinician.

CO-OPERATION WITH OTHER HEALTHCARE ORGANISATIONS AND SERVICES

Provision of equitable access to healthcare

We recognise and welcome new partnerships which can forge a variety of interwoven relationships and can be a witness to a responsible stewardship of limited healthcare resources, and can be opportunities to provide to poor and vulnerable persons a more equitable access to adequate healthcare.

As we advocate equitable access to healthcare for everyone, we commit ourselves to seek adequate funding for services from government and other healthcare funding agencies.

Respect for the independent identity of voluntary healthcare facilities

We hold that with respect to any partnership of co-operation or source of funding that will affect our healthcare mission, the ethical identity and the Catholic ethos of our services must be respected. Our healthcare services will participate and co-operate insofar as our Philosophy, Mission and Ethical Code are not compromised.

CONCLUSION

The task of continuous education in ethics

Every health carer, both as an individual and as part of the healthcare community, is responsible for preserving and promoting the ethical understanding and integrity of his or her activity and profession. Each one of us is called to regard education in ethics, and avail of opportunities for its development, as part of our overall task of continuous professional education.

The present ethical code and current knowledge

This ethical code draws upon current knowledge and understanding. Particular applications may be modified as scientific investigations, new technological means and ethical insights develop in accord with fundamental moral principles which may arise in the area of healthcare.

The availability of the Religious Sisters of Charity Healthcare Ethics Committee

The Committee provides a resource and referral panel for advice on ethical issues, information on ethical principles, and a resource for on-going education in ethical matters and developments.

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St Michael's Hospital Dun Laoghaire	01 2806901
Caritas Convalescent Centre Ltd Merrion Road, Dublin 4	01 2600609
Our Lady's Hospice Ltd Harold's Cross, Dublin 6W	01 4068700 / 01 4972101
Blackrock Hospice Sweetmans Avenue, Blackrock	01 2064000 / 01 2064098
St Margaret's Centre Donnybrook, Dublin 4	01 2175400
St Monica's Nursing Home Ltd Belvedere Place Dublin 1	01 8557523
St Mary's Centre (Telford) Ltd St Oliver's/Loyola Merrion, Dublin 4	01 2693411
St Patrick's Hospital (Cork) Ltd	021 4501201
St Vincent's Centre Ltd St Mary's Road, Cork	021 4391333
St Patrick's Centre (Kilkenny) Ltd Kells Road, Kilkenny	056 7722170 / 056 7753500

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