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CHA affirms bishops' teaching role

Dennis Coday | Feb. 1, 2011

Sr. Carol Keehan and Archbishop Timothy Dolan (CNS photos/NCR composite)

The Catholic Health Association acknowledges that the local bishop is the authoritative interpreter of Ethical and Religious Directives for Catholic Health Care Services, the head of the CHA has clarified in recent conversations and an exchange of letters with the president of the U.S. Catholic bishops' conference.

The Catholic Health Association "has always said to sponsors, governing board members, manager and clinicians that an individual bishop in his diocese is the authoritative interpreter of the [Ethical and Religious Directives for Catholic Health Care Services]. We explain that a bishop has a right to interpret the ERDs and also to develop his own ethical and religious directives if he chooses," CHA president Sr. Carol Keehan wrote in a letter to Archbishop Timothy Dolan of New York.

Keehan's letter was dated Jan. 18. Dolan replied in a letter dated Jan. 28.

Dolan wrote: "It was so helpful to hear you reiterate the commitment of the Catholic Health Association to fulfilling the church's healing ministry in complete fidelity to Catholic moral teaching and practice ? Your acknowledgement that the local bishop is the authoritative interpreter of the Ethical and Religious Directives in his diocese is a welcome and crucial component in understanding what is authentic Catholic moral teaching."

Both letters reference "our recent telephone conversations," and in particular a phone call that included Bishop Robert Lynch of St. Petersburg, Fla., a member of the CHA Board. Bishop Kevin Vann of Fort Worth, the bishops' liaison to the CHA, also participated in the conversations, according to the bishops' conference release.

The letters were released by the media office of the U.S. bishops' conference Jan. 31.

A news release from the bishops' conferences says the conversations and letters came "in response to questions raised about the authority of the local bishop in the interpretation and implementation of the Ethical and Religious Directives for Catholic Health Care Services."

That is a reference to the action of Bishop Thomas Olmsted of Phoenix, who in December decreed that St. Joseph's Hospital and Medical Center in Phoenix "no longer qualifies as a Catholic entity" because of an

abortion performed at the hospital in November 2009, which Olmsted deemed a "direct abortion."

After Olmsted's announcement, Keehan issued a statement of support for the Phoenix hospital, saying, ?St. Joseph?s Hospital and Medical Center in Phoenix has many programs that reach out to protect life. They had been confronted with a heartbreaking situation. They carefully evaluated the patient?s situation and correctly applied the ?Ethical and Religious Directives for Catholic Health Care Services? to it, saving the only life that was possible to save.?

Dolan's Jan. 28 letter mentions "future ? moments on the horizon that could present a challenge to both Catholic health care and to the [bishops' conference] ? to reaffirm our commitment ? to our Catholic respect for the right to life, and for religious liberty.'"

Dolan notes in particular the Pitts-Lipinski Bill, which would amend last year's Patient Protection and Affordable Care Act to prevent it explicitly from either providing abortion directly, or funding health care plans and community health centers that do so and provide guaranteee conscience protections for health care providers and institutions.

"It will be very important for the Church to speak with one voice on those occasions, and I would welcome the continued support of the CHA for these issues."

The bishops' conference and the CHA have endorsed the Pitts-Lipinski Bill.

Religion News Service quotes Jeusit Fr. Thomas Reese saying, "The purpose of these letters is to put all this behind them and move on with a united legislative strategy on both the federal and state level."

Reese is a senior fellow at Georgetown University's Woodstock Theological Center.

The full text of Dolan's and Keehan's letters follows.

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Dear Archbishop Dolan:

Thank you again for taking the time to talk with Bishop Lynch and me about CHA's position regarding the ethical and religious directives. I was pleased to hear of your appreciation of the role of Catholic hospitals in providing the healing ministry of Jesus to our country.

I was happy to have the opportunity to assure you that publicly and privately, CHA has always said to sponsors, governing board members, manager and clinicians that an individual Bishop in his diocese is the authoritative interpreter of the ERDs. We explain that a Bishop has a right to interpret the ERDs and also to develop his own ethical and religious directives if he chooses.

CHA has a sincere desire to work with the Church and individual Bishops to understand as clearly as possible, clinical issues and bring the majesty of the Church's teaching to that. We are absolutely convinced that the teaching of the Church, in combination with a clear understanding of the clinical situation serves the people of God very well. CHA has consistently worked to help its members and others have a general understanding of the ethical and religious directives, while at the same time, noting that the local bishop is the authoritative interpreter in that diocese of the directives.

Thank you for your efforts and your support of Catholic healthcare.

Sincerely,

Sister Carol Keehan, DC
President and Chief Executive Officer

* * * *

Dear Sister Carol,

Thank you very much for your letter of January 18, 2011, following our recent telephone conversations. It was so helpful to hear you reiterate the commitment of the Catholic Health Association to fulfilling the Church's healing ministry in complete fidelity to Catholic moral teaching and practice during our call with Bishop Robert Lynch of St. Petersburg, a member of the CHA Board. Your acknowledgement that the local bishop is the authoritative interpreter of the Ethical and Religious Directives in his diocese is a welcome and crucial component in understanding what is authentic Catholic moral teaching.

As you, Bishop Lynch and I discussed, any medical case, and especially one with unique complications, certainly requires appropriate consultation with medical professionals and ethical experts with specialization in the teaching of the Church. Still, as you have reasserted, it is the diocesan bishop's authentic interpretation of the ERD's that must then govern their implementation. Where conflicts arise, it is again the bishop who provides the authoritative resolution based on his teaching office. Once such a resolution of a doubt has been given, it is no longer a question of competing moral theories or the offering of various ethical interpretations or opinions of the medical data that can still be legitimately espoused and followed. The matter has now reached the level of an authoritative resolution. Thank you for making clear that the CHA and the bishops both share this understanding of the Church's teaching.

As we look to the future, Sister Carol, there are many moments on the horizon that could present a challenge to both Catholic health care and to the USCCB. But these are also opportunities for us, as a Church, to reaffirm our commitment, especially to the poor and needy, as well as to our Catholic respect for the right to life, and for religious liberty. It will be very important for the Church to speak with one voice on those occasions, and I would welcome the continued support of the CHA for these issues.

Two areas already come to mind: first, the Pitts-Lipinski Bill. Now that the Patient Care Act is being discussed again, we have an opportunity to definitively resolve the outstanding questions about its inclusion of funding for abortion services and for plans that include abortion. I am so pleased that the CHA has expressed its support for this bill as stated in your letter to Congressman Pitts dated January 24, 2011, and that our staffs have recently met and are working together on this and other policy matters. We look forward to CHA's collaboration with the bishops and the USCCB staff as we advocate for the Bill's passage and implementation.

The second area will be to protect the ability of our institutions to carry out their mission in conformity with our faith. As you so eloquently described on the phone, there are increasing political and social pressures that are trying to force the Church to compromise her principles. The Church has felt these pressures in many areas, but for the present I am gravely concerned about the problem of illegitimate government intrusion in our health care ministries. For example, significant and immediate concerns exist regarding the threats to conscience that we already identified while the Patient Care Act was under consideration. These were unaddressed in the final law. We bishops have some specific ideas on how to address this problem, and we would welcome your suggested solutions as well. For the sake of the common good and to assure the moral and doctrinal integrity of the exercise of the apostolate, we should work together to confront this and similar threats to conscience.

Again, Sister Carol, I thank you for your letter of clarification and your personal dedication to the healing ministry of Christ and His Church. I renew to you my profound respect for all of those involved in this apostolate, so close to the heart of Jesus, and am especially grateful for the contribution of our consecrated

women religious.

Faithfully in Christ,
Most Reverend Timothy M. Dolan
Archbishop of New York
President, United States Conference of Catholic Bishops

For more *NCR* coverage of the dispute between Phoenix bishop Thomas Olmsted and St. Joseph's Hospital and Medical Center there, see the following stories:

- **CHA head says position on Phoenix unchanged** [1], by Jerry Filteau
- **CHA affirms bishops' teaching role** [2], by Dennis Coday
- **Despite Phoenix dispute, Bishops? ties with CHA called strong** [3], by John Allen
- **Phoenix bishop's response to hospital ignites questions of authority, identity** [4], by Tom Roberts
- **Withdrawal of Catholic status impacted hospitals' operations little** [5], by Dan Morris-Young
- **Phoenix hospital still belongs to Catholic Health Association** [6], by Jerry Filteau
- **No direct abortion at Phoenix hospital, theologian says** [7], Dec. 23
- **Phoenix hospital to continue 'faithful mission'** [8], Dec. 22
- **Catholic Health Association backs Phoenix hospital** [9], Dec. 22
- **Phoenix bishop removes hospital's Catholic status** [10], Dec. 21
- **Phoenix bishop gives ultimatum to hospital** [11], Dec. 16 and 17.
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- **Ethicists fault bishop?s action in Phoenix abortion case** [14], June 8
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