Attachment B

Below is a sampling of the restrictions on health care services imposed by the Ethical and Religious Directives for Catholic Health Care Services.

A full copy of the Directives is available at: http://www.usccb.org/issues-and-action/human-life-and-dignity/health-care/upload/Ethical-Religious-Directives-Catholic-Health-Care-Services-fifth-edition-2009.pdf.

Directive 1
A Catholic institutional health care service is a community that provides health care to those in need of it. This service must be animated by the Gospel of Jesus Christ and guided by the moral tradition of the Church.

Directive 5
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.

Directive 9
Employees of a Catholic health care institution must respect and uphold the religious mission of the institution and adhere to these Directives.

Introduction to Part III: The Professional-Patient Relationship
When the health care professional and the patient use institutional Catholic health care, they also accept its public commitment to the Church's understanding of and witness to the dignity of the human person. The Church's moral teaching on health care nurtures a truly interpersonal professional-patient relationship. This professional-patient relationship is never separated, then, from the Catholic identity of the health care institution.

Directive 24
In compliance with federal law, a Catholic health care institution will make available to patients information about their rights, under the laws of their state, to make an advance directive for their medical treatment. The institution, however, will not honor an advance directive that is contrary to Catholic teaching.

Directive 28
Each person or the person's surrogate should have access to medical and moral information and counseling so as to be able to form his or her conscience. The free and informed health care decision of the person or the person's surrogate is to be followed so long as it does not contradict Catholic principles.

Directive 36
A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization. It is not permissible, however, to initiate or to recommend

treatments that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum.

Introduction to Part IV: Issues in Care for the Beginning of Life
The Church cannot approve contraceptive interventions that "either in anticipation of the marital act, or in its accomplishment or in the development of its natural consequences, have the purpose, whether as an end or a means, to render procreation impossible."

Introduction to Part IV: Issues in Care for the Beginning of Life
Reproductive technologies that substitute for the marriage act are not consistent with human dignity.

Directive 42
Because of the dignity of the child and of marriage, and because of the uniqueness of the mother-child relationship, participation in contracts or arrangements for surrogate motherhood is not permitted.

Directive 45
Abortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus) is never permitted.

Directive 48
In case of extrauterine pregnancy, no intervention is morally licit which constitutes a direct abortion.

Directive 52
Catholic health institutions may not promote or condone contraceptive practices.

Directive 53
Direct sterilization of either men or women, whether permanent or temporary, is not permitted in a Catholic health care institution.

Introduction to Part V: Issues in Care for the Seriously Ill and Dying
Suicide and euthanasia are never morally acceptable options.

Introduction to Part V: Issues in Care for the Seriously Ill and Dying
While medically assisted nutrition and hydration are not morally obligatory in certain cases, these forms of basic care should in principle be provided to all patients who need them, including patients diagnosed as being in a "persistent vegetative state" (PVS), because even the most severely debilitated and helpless patient retains the full dignity of a human person and must receive ordinary and proportionate care.

Directive 59
The free and informed judgment made by a competent adult patient concerning the use or withdrawal of life-sustaining procedures should always be respected and normally complied with, unless it is contrary to Catholic moral teaching.

Directive 60
Euthanasia is an action or omission that of itself or by intention causes death in order to alleviate suffering. Catholic health care institutions may never condone or participate in euthanasia or assisted suicide in any way.

Directive 61
Patients experiencing suffering that cannot be alleviated should be helped to appreciate the Christian understanding of redemptive suffering.

Directive 70
Catholic health care organizations are not permitted to engage in immediate material cooperation in actions that are intrinsically immoral, such as abortion, euthanasia, assisted suicide, and direct sterilization.

Introduction to Part VI: Forming New Partnerships with Health Care Organizations and Providers
New partnerships can be viewed as opportunities for Catholic health care institutions and services to witness to their religious and ethical commitments and so influence the healing profession. For example, new partnerships can help to implement the Church's social teaching.