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ESTABLISHING SUPPLEMENTARY DIRECTIVES AND GUIDELINES TO THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES AS PARTICULAR LAW IN THE DIOCESE OF ROCKVILLE CENTRE

Whereas it is my responsibility as Diocesan Bishop to safeguard the integrity and unity of the truths of the faith, moral principles, and ecclesiastical discipline in the works of the apostolate pertaining to health care in the Diocese of Rockville Centre (cf. canons 392, 394, 678, and 747);

In accordance with canon 29 of the Code of Canon Law, I hereby decree that the following supplementary directives and guidelines constitute particular law in the Diocese of Rockville Centre in concert with the Sixth Edition of the Ethical and Religious Directives for Catholic Health Care Services (ERD’s) which was promulgated as particular law in the Diocese of Rockville Centre on February 4, 2019.

In addition to the ERD’s, I specify for the Diocese of Rockville Centre and all related entities the following:

1. Concerning “Gender Incongruence,” “Gender Dysphoria,” and “Gender Transition”
   a. Health care professionals may not engage in immediate material cooperation or assist in any medical procedures which result in “gender transition.” These procedures and treatments include, but are not limited to, “gender-affirming” psychotherapy, puberty-blocking and cross-sex hormones, and surgical procedures. Health care professionals may not cooperate in any way with any medical or clinical procedures that alter a person’s appearance or behavior for the sake of “gender transition.”

b. When gender transition procedures or treatments are requested, Health care professionals may not refer patients to medical professionals known to provide gender transition procedures or treatments. Health care professionals shall refer patients to a general list of medical professionals or institutions based on their specialty or geographic location. To the best of their knowledge, they will not direct them specifically to those known to provide these immoral procedures or treatments. Providers will maintain a “general practitioner referral list” which will be provided to the patient, which will be updated on a regular basis to exclude providers who practice immoral or intrinsically evil actions (See Section #4 below for additional guidance on the ethics of referral for intrinsically evil actions).
Guidance

Catholic health care ministries, their employed clinicians, or anyone offering clinical interventions within their facilities or on behalf of Catholic health care institutions shall provide, for patients diagnosed with gender dysphoria, only those interventions consistent with ERD #29. Such interventions can include psychotherapy that seeks to explore and understand underlying issues giving rise to patients’ sense of gender incongruence.

Catholic health care ministries, their employed clinicians, or anyone offering clinical interventions within their facilities or on behalf of Catholic health care institutions may not provide, engage in immediate material cooperation with, or refer for clinical interventions for the purpose of “gender transitioning.” “Gender transitioning” is understood here as the deliberate alteration of a person’s appearance or behavior to “affirm” that person’s erroneous perception of his or her sexual identity. Illicit interventions include surgical procedures to remove or reconstruct bodily organs or tissues, medical interventions such as providing or prescribing puberty blocking hormones or “cross-sex” hormones, and “gender affirming” psychotherapy.

The list of proscribed interventions is not intended to include appropriate clinical interventions for patients experiencing disorders of sexual development.

2. Issues in Care for the Beginning of Life

a. Guidance for Directive 36 (Medical Care for Victims of Sexual Assault)

Guidance

Catholic health care ministries shall implement and improve policies and procedures to ensure, with moral certitude, that the nature and timing of any medications provided to prevent ovulation, sperm capacitation, or fertilization will not interfere with the implantation or development of a human embryo conceived before or as a result of the sexual assault.

In order to implement the terms of Directive 36 with integrity in the Diocese of Rockville Centre, Catholic health care ministries, their employed clinicians, or anyone offering clinical interventions within their facilities or on behalf of Catholic health care institutions shall not prescribe, provide, or refer for ulipristal acetate (“ella”) in any sexual assault protocol, given its potential for a lethal post-fertilization effect.

b. Health care professionals may not participate in fertility treatments which do not respect the unitive and procreative ends of the marital act, especially in-vitro fertilization (IVF) and other procedures which produce human embryos outside of the marriage act.


3. Issues in Care for the Seriously Ill and Dying

a. Palliative sedation is an induced loss of consciousness. This treatment may be employed at end of life if treatments for pain management, severe agitation, or dyspnea have proven futile or ineffective. However, palliative sedation may only be permitted if the patient or their proxy have consented, suicidal intentions have been ruled out, and the patient has been given the opportunity to perform whatever spiritual or religious preparations they deem necessary before death.

b. Voluntary Stopping of Eating and Drinking (VSED) is a voluntary act whereby a patient who can otherwise eat, drink, and digest that which they have consumed without difficulty, stops doing so in order to hasten their death. This is a form of suicide and health care professionals may not participate in it. It is essential to make a distinction between VSED and a normal loss of appetite which can occur at the end of life.

Guidance

In order to implement the terms of Directive 58 with integrity in the Diocese of Rockville Centre, Catholic health care ministries, their employed clinicians, or anyone offering clinical interventions within their facilities or on behalf of Catholic health care institutions shall faithfully uphold and explain the Church’s teaching that nutrition and hydration, including assisted nutrition and hydration, in principle constitute ordinary and proportionate care (New Charter for Health Care Workers, #152; Samaritanus Bonus, V.3.2). In addition, they shall implement policies and procedures to ensure that the provision of nutrition and hydration, including assisted nutrition and hydration, is considered on a case-by-case basis for each patient in a manner consistent with the teachings of the Church.

4. Guidance for ERD Part Six

a. This guidance concerns an authentic ethical standard for referral, especially involving intrinsically evil acts.

Guidance

In order to implement the terms of ERD Part Six, including Directives 70 and 73 with integrity, in the Diocese of Rockville Centre, Catholic health care ministries, their employed clinicians, or anyone offering clinical interventions within their facilities or on behalf of Catholic health care institutions may not provide referrals for clinical interventions that constitute intrinsically evil actions (such as tubal ligations and vasectomies) as defined in authoritative Church teachings and/or the Ethical and Religious Directives, as this would constitute formal cooperation in moral evil. This teaching applies in particular to referrals for intrinsically evil actions including “gender transition” and other actions that involve the direct taking of human life, such as direct abortion, euthanasia, or assisted suicide.
In addition, clinicians may not provide specific information to identify nearby health care providers who are known or believed to offer the unethical procedure a patient is seeking with the intent to facilitate an unethical procedure. While clinicians may be subject to professional and legal expectations, they should not formally cooperate with moral evil even in the face of pressures or demands. Catholic health care ministries should support clinicians in implementing this guidance, for example, by providing legal counsel, risk management and peer review in accordance with Catholic principles.

Additional Explanation: Definitions and Terminology

In medical terms, “referral” is “the process of directing or redirecting (as a medical case or a patient) to an appropriate specialist or agency for definitive treatment” (Miriam Webster Medical Dictionary). In moral terms, a referral involves an intentional action by a clinician/cooperator to assist a patient/requestor, by providing assistance, information, and/or an authorization, to obtain a clinical intervention. When that clinical intervention involves an intrinsically evil act, the assistance of a medical referral constitutes formal cooperation in evil.

A “transfer of care” is understood here as the process of assisting a patient/requestor to initiate a clinician-patient relationship with an individual or institution of the patient’s own choosing (for example, by providing medical records) without authorizing or recommending or directing the patient for any definitive treatment.

These supplementary directives as well as the additional guidance issued to assist those subject to this particular law in the specific situations identified, are to be promulgated as particular law in the Diocese of Rockville Centre on December 12, 2022, in accordance with canon 8 §2, by publication of the text on the Internet Website for the Diocese of Rockville Centre (www.DRVC.org) and by delivery of a copy of this decree to the chief executive officer and the sponsors of all Catholic health care institutions located in the Diocese of Rockville Centre.

These directives shall become effective and binding within the Diocese of Rockville Centre on January 12, 2023, directives or instructions to the contrary notwithstanding (cf. c. 8 §2).

Given at Rockville Centre
this 9th day of December, 2022

Most Reverend John O. Barres
Bishop of Rockville Centre

[Notary Seal]