What are the ERD’s? What do they mean? Are they new?

Let’s explore those questions. Historically, medical-ethical questions first began to be addressed in the 16th century moral manuals. However, the first set of medical moral norms for Catholic hospital in the US was not published until 1921. When these norms proved to be inadequate over time, the more comprehensive Ethical and Religious Directives for Catholic Hospitals (ERD’s) was published in 1949 and was widely adopted by dioceses across the US and Canada. The ERD’s evolved over subsequent years to the present 5th edition published in 2009 called the Ethical and Religious Directives for Catholic Health Care Services.

In the beginning, the implementation of these directives was generally handled by hospital administrations, who were usually members of the sponsoring religious congregation. Since that time, Catholic and non-Catholic lay people have assumed most key leadership roles in Catholic health care. These changes as well as rapid advance in medical and science stimulated an interest in forming or re-vitalizing medical-moral committees in Catholic hospitals. Ethics committees became the vehicle to assure that the ERD’s were the guideline used for ethical decision-making.

Therefore the purpose of the ERD’s is twofold: first, to reaffirm the ethical standards of behavior in health care that flow from the church’s teaching about the dignity of the human person; second, to provide authoritative guidance on certain moral issues that face Catholic health care today.

The directives have been refined and continue to be refined thru an extensive process of consultations with bishops, theologians, sponsors, administrators, physicians or other health care providers. Do the ERD’s provide all the answers or cover all the complex issues that confront Catholic health care today? Unfortunately they do not. Often they create more questions than they answer—nevertheless, they are guideposts to use along the way not only for ethical decision-making for the Ethics Committee but also as a reference for staff and physicians.

The ERD’s consist of six parts which are divided into two sections. The first section serves as an introduction and provides the context in which concrete issues can be discussed from the perspective of the Catholic faith. The second section is in prescriptive form in that they promote and protect the truth of the Catholic faith as those truths are brought to be on concrete issues in health care.

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Although there are six parts to the ERD’s, the ethic consultants focus on Part 4 and Part 5 in the majority of their consults. Here is an example of an ERD—#59 which is in Part 5—Issues in Care for the Seriously Ill and Dying.

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.

The dialogue between medical science, care givers and Christian Catholic faith has for it’s primary purpose the common good of all human persons. It presupposes that science and faith do not contradict each other. The ERD’s were developed to help guide these discussions and decisions.
**Your Back Safety** - The Patient Transport department recently received special training on the use of the Hover Mat. They would be thrilled to use it for any of your difficult to move patients. They know where the pumps are located and are happy to go and get one. Keep your patient comfy and save your back!

**Skin Care.** Please consider the following categories of patients who may need a specialty mattress upon admission: Admit from SNF, LTC, anyone with severely impaired mobility, poor skin condition ( cachectic, “prednisone” skin). Please notify SWAB and discuss the patient status. Remember, to float heels using pillows, the pillows need to be of sufficient height to do that! Many of our pillows are flat as pancakes, so you will need to use two pillows.

**Moving forward…Congratulations to…**
- Randy Goolsby ASN, RN, CMSRN 5 North
- Jillian Geoffrey, BSN, RN, CRRN 8 Rehab
- Jane Graham BSN, CCRN PH Critical Care
- Stacie Kipp BSN, CCRN PH Critical Care
- Colleen Eisman BSN, RN PH Critical Care

**RN Practice Environment Survey (May 2011).** Forty six percent of our direct care nurses completed this survey! Thank you for sharing your feedback. Hopefully, you have all had a chance to look at some of the results on your units/services, but here is a snapshot! The good news is most of our units improved since 2009. Take a look, celebrate and let’s keep moving forward to being a Magnet Hospital in 2012!

Magnet is about creating a culture – a work environment of engaged and empowered associates! The PES results show the progress nursing has made during the last 2 years as we strive to increase our shared decision making structures and promote strong nursing managers who support direct care nurses with resources, education and recognition. Magnet is simply empowered, accountable and collaborative staff demonstrating excellent nursing practice.

**Congratulations SF 5N and PH Inpatient Rehab!**

**NDNQI reports these two units placed amongst the top performing units in the national Pain Care Quality Study!**

**In Relationship-Based Care**
- Colleagues care for each other
- Colleagues listen to each other
- Colleagues treat each other with respect
- Colleagues are “self-responsible”
- Colleagues learn from each other

Koloroutis, 2002