

# The Pulse

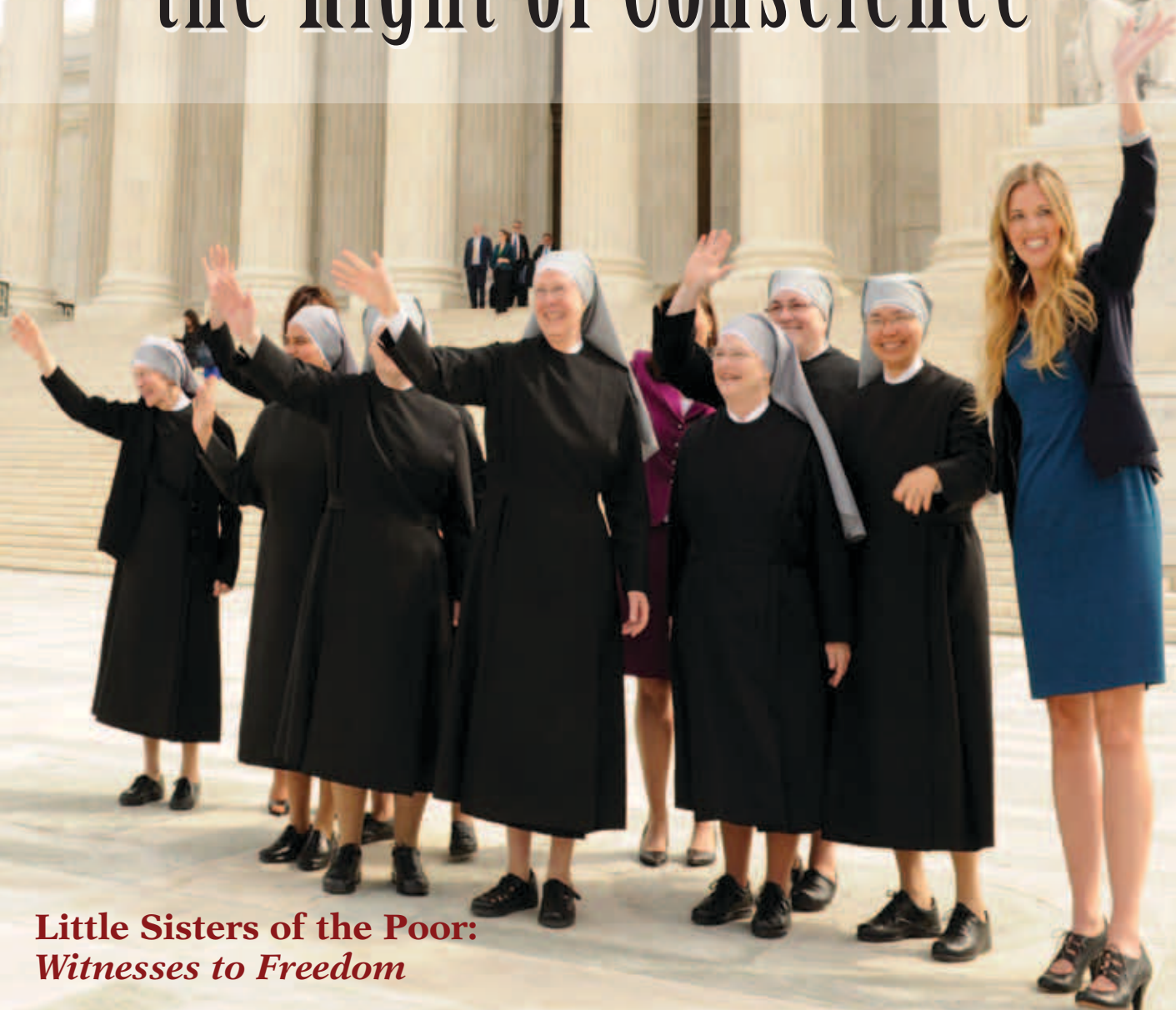
OF CATHOLIC MEDICINE



CATHOLIC  
MEDICAL  
ASSOCIATION

FALL 2016 VOLUME 2 ISSUE 3

## Safeguarding the Right of Conscience



**Little Sisters of the Poor:**  
*Witnesses to Freedom*

### ACLU v. Trinity Health

CMA is at the Forefront of  
Protecting Conscience Rights

### Transgender Ideology

More Than a Battle Over Bathrooms,  
Right of Conscience Threatened

### Ethics & Stem Cell Research

CMA Leads Consortium to Modify  
Stem Cell Research Guidelines

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## HEROES OF RELIGIOUS LIBERTY



Photo courtesy of the Becket Fund

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## CATHOLIC MEDICAL ASSOCIATION



### DEAR CMA MEMBERS AND FRIENDS,

The current edition of *The Pulse of Catholic Medicine* involves conscience rights, a topic we should not have to discuss, but one that may be at the very foundation of our future abilities to practice medicine.

The Catechism of the Catholic Church tells us that “conscience represents...both the ability we have as human beings to know what is good and right and the concrete judgments we make in particular situations concerning what we should do or about what we have already done... Conscience is that inner sanctuary in which we listen to the voice of God...” (CCC p. 314).

The right of religious liberty, the first freedom guaranteed by our Constitution, includes a right to provide and receive health care without being required to violate our most fundamental beliefs. Especially since 1973, when abortion became legal nationwide, federal lawmakers have worked in a bipartisan way to ensure that Americans can fully participate in our health care system without being forced to take part in abortion or other procedures that violate their consciences. These procedures may also include sterilization, contraception, transgender surgery, assisted reproduction, euthanasia, assisted suicide, capital punishment, human experimentation, torture and so forth. An adequate protection of conscience law should protect conscientious objectors from coercive hiring or employment practices, discrimination and other forms of punishment or pressure. They should also include protection from civil liability.

Until recently, there has not been a question of health care professionals’ right to practice according to their conscience. However, with increasing clashes on ethical issues in health care, the rights of physicians and other health care professionals are under attack. It reaches beyond doctors in the examination rooms, hospital beds, emergency rooms and operating tables to pharmacists who choose not to fill prescriptions for abortifacient contraceptives and so-called ‘morning-after’ pills and lethal doses of medications for assisted suicide, to nurses who are asked to assist in any of the above.

We are actively combating these attacks through our prayers and spiritual support of those on the frontlines, and by joining our efforts with other like-minded organizations so that we can be part of the light that can shine on the darkness settling over our profession and culture. In this issue you will read about how the CMA is forming coalitions to make real changes and how these victories will offer us more protection to do what God has called us all to do and be.

God bless you all and thank you for your support of the CMA.

Invite Just One More,  
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*The views and opinions expressed in this magazine are solely those of the authors and do not necessarily represent those of the CMA.*

# Medicine and Politics

BY STEVEN WHITE, M.D.



Photo by John Hartman, M.D.

**P**OLITICS FOR MANY IN HEALTH CARE TODAY has become anathema. Among physicians, conversations regarding politics and the practice of medicine invariably express profound frustration. It is often the result of a reluctant resignation to an overwhelming array of laws and regulations imposed upon us by the government and the insurance industry. Increasingly we are required to submit to rules that do nothing to improve the quality or efficiency of the care we provide or reduce its costs.

So why do we in the Catholic Medical Association remain firmly committed to participation in the political process? Simply stated, we do it on behalf of our patients. We do it to propose solutions in defense of the doctor-patient relationship, the foundation of our vocation. We do it to uphold the right to practice as Good Samaritans in accordance with our best medical and ethical judgment in the interest of the sick we are called to serve. We do it to restore the integrity of our profession and to provide the leadership necessary to develop policies for reforming health care delivery in harmony with Catholic moral and social teaching. We do it in the words of Sacred Scripture, “to be salt... and light” (Mt 5:13-14).

Never before has it been more important for Catholic physicians to dedicate their God-given time, talent and treasure to involvement in the politics of medicine, for in the words of St. John Paul II, “We are facing an enormous and dramatic clash between good and evil, death and life, the ‘culture of death’ and the ‘culture of life.’ We find ourselves not only ‘faced with’ but necessarily ‘in the midst of’ this conflict: we are all involved and we all share in it” (Gospel of Life #28). This culture of death has deeply infiltrated our profession, with devastating consequences for human life and the family. We all have a responsibility to be fully engaged in the political process in order to restore fundamental principles of morality and justice to our health care system.

The Catechism of the Catholic Church tells us we are called to “take an active part in public life” and that we must all “participate, each according to his position and role, in promoting the common good... (an) obligation inherent to the dignity of the human person.” Additionally, the Bishops of the United States emphasize the importance of our participation in the political process: “In the Catholic Tradition, responsible citizenship is a virtue, and participation in political life is a moral obligation” (Forming Consciences for Faithful Citizenship 2007).

Recognizing the importance of this obligation and the need to reform health care delivery in the United States, the CMA published a document in 2005 entitled Health Care in America: A Catholic Proposal for Renewal. It summarizes various aspects of the crisis in health care and offers a number of policy proposals based

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# CMA is at the Forefront of Protecting Conscience Rights

BY ERIN MAGUIRE

In a culture where the battle for life is as much medical as it is political, the shrewd intervention of moral doctors and the leadership of ethical lawyers could be the weapons needed to win a case against life. This was precisely true in the American Civil Liberties Union (ACLU) v. Trinity Health Corporation case, which called into question the right of 90 affiliated Catholic hospitals not to perform abortions.

The determined intervention of 22,000 pro-life physicians – including the 2,000 members of the Catholic Medical Association – had a definitive impact on the case's dismissal and exemplified the powerful effect this kind of involvement has in the fight for life.

The CMA, the Christian Medical and Dental Association, and the American Association of Pro-Life Obstetricians and Gynecologists joined as a coalition under the leadership of the Alliance Defending Freedom (ADF), the non-profit law firm, to intervene in the case. That intervention resulted in the case being dismissed on April 11, 2016, and despite the ACLU's appeal, the coalition will continue the fight if it becomes necessary.

"The Catholic Medical Association represents authentically Catholic health care providers faithful to the Magisterium of the Catholic Church, and we stand ready to defend our own conscience rights as well as those of institutions who have the same rights base," said CMA President Dr. Lester Ruppertsberger.

According to Ruppertsberger, the case was "an agenda-driven desire to force Catholic hospitals to violate their conscience rights by performing abortions." As proof, he noted that Catholic hospitals house only about 30 percent of United States hospital beds; thus, 70 percent of hospitals can perform abortions. He further noted that about one third of abortions are actually performed at Planned Parenthoods and other private clinics giving women a variety of abortion providers to choose from without the need for Catholic hospitals to perform abortions.

This does not satisfy the ACLU, however. Matt Bow-

man, ADF's senior counsel, agreed.

"The ACLU and its allies are waging a national campaign to force the medical field to be involved in abortion at every level," he said. "If they succeed, women who want a pro-life doctor or hospital that shares their Christian beliefs will be denied that choice, because all women's health doctors and hospitals will be forced to help destroy life."

According to the ACLU's legal complaint, Trinity Health Cooperation denied the "appropriate emergency care to women suffering pregnancy complications, including miscarriages, in violation of the Emergency Medical Treatment and Active Labor Act (EMTALA)."


Interpreting the Act's definition of an emergency medical condition to include abortion, the ACLU argued that it is sometimes medically necessary to perform an abortion in order to stabilize a patient with acute symptoms. However, the ACLU left out the part of the definition that safeguards "the health of an unborn child."

In its intervention, CMA and its allies exposed this omission and asked if the Act required Trinity hospitals or any health care provider to perform abortions when EMTALA "explicitly requires protection of the unborn child." They also questioned whether the complaint considered other federal laws that explicitly ban requiring health care providers to perform abortions, and the federal Religious Freedom Restoration Act that allows for religious objection.

In its complaint, filed Oct. 1, 2015 in the U.S. District Court for the Eastern District of Michigan Southern Division, the ACLU posited that "at least one of the Plaintiff's members has already been denied stabilizing treatment (termination of the pregnancy) at one of the Defendant's hospitals, in violation of EMTALA, solely because that treatment conflicted with the Directives."

The ACLU was referring to the Ethical and Religious Directives for Catholic Health Care Services, written by the United States Conference of Catholic Bishops, which prohibits Trinity and all Catholic hospitals from performing abortions, even if the patient is suffering





from a life-threatening illness. Since “abortion” is the willful destruction of an unborn child the USCCB draws a clear line between the act of abortion and the premature removal of a child in order to save the mother.

Ruppersberger explained that life-threatening conditions in pregnancy, such as severe pre-eclampsia and eclampsia, “can be relieved by delivery or termination of the pregnancy; however, a physician is called by oath to do no harm, and, to do everything possible to save both the mother and the child,” he said. He further explained that in such a life-threatening medical emergency inducing labor to deliver the baby is appropriate standard practice, not performing an abortion. If the severity of the condition necessitates a pre-term delivery, the death of the child is an unintended and unfortunate consequence of the procedure, but not its direct intention. In this situation the physician or hospital would not be deliberately taking the life of the baby to save the mother. “It’s not moral or ethical to do a wrong to effect a right,” he said.

The CMA and its allies also asked if the ACLU had sufficient concrete standing in its speculation about the need for abortions based on hypothetical circumstances.

That very reasoning was used when U.S. District Court Judge Gershwin A. Drain and U.S. Magistrate Judge R. Steven Whalen dismissed the case. They stated that the ACLU had “not explained what medical conditions would place their members at risk, or if any of their members have such a condition that would place them at risk.” The dismissal concluded: “the alleged harm has not risen beyond a speculative nature and is not ripe for review.”

The outcome was a victory for life which Bowman credited to the intervention of the CMA and its affiliates.

“Not only did the judge grant the request for our prolife medical organizations to join the case by recognizing that we have a stake in the outcome of the ACLU’s attack on conscience laws, but also in the court’s decision dismissing the case the judge discussed court precedent that only we, and not the hospital, had argued in our court brief,” he said.

Bowman said the coalition stands ready to oppose the ACLU in this case as well as protect conscience rights in

future cases, including the ACLU’s “broader national campaign to impose abortion on doctors and hospitals.”

Ruppersberger also sees the power for good the alliance could have if they remain united.

“We may become large enough to influence the medical culture and society, or create an alternative group of health care providers available to the general public,” he said. “A group that practices authentically moral, ethical, but scientifically compatible, good medicine for all without discrimination.”



**President-elect Dr. Marie-Alberte Boursiquot spoke on behalf of the CMA before the House Committee on Energy and Commerce in Washington, D.C. this past July to testify in favor of the Conscience Protection Act of 2016. She spoke about the ACLU v. Trinity Health Care case to show why a law like the CPA was needed to protect the rights of medical professionals and pro-life patients. In part she noted, “We cannot allow our government to force hospitals, physicians, nurses, and other health care professionals to stop offering much needed health care because they cannot in good conscience participate in destroying developing life.” Further adding, “This would not only violate their conscience, as Catholics, but force them to violate the Hippocratic Oath.” The CPA passed in a historic, bipartisan vote a week later.**

The Catholic Medical Association helps to defend medical professionals, conscience rights and religious freedom by joining with public interest law firms including Americans United for Life, Alliance Defending Freedom, the Becket Fund, the Bioethics Defense Fund and other legal advocacy groups to file amicus curiae (“friend of the court”) briefs in the most important legal cases of the day.

The following are highlights of some of the briefs filed by the Americans United for Life on behalf of the CMA and other medical groups. For a full list of briefs, please visit the CMA’s website at [www.cathmed.org](http://www.cathmed.org).

2012

#### Before Federal Appellate Courts – Challenges to the HHS Mandate by Private Businesses

**BELMONT ABBEY COLLEGE V. SEBELIUS AND WHEATON COLLEGE V. SEBELIUS (CONSOLIDATED)**

- D.C. Circuit reinstated the cases that had been dismissed by the Federal district court, and ordered the Obama Administration to report back every 60 days — starting in mid-February 2013 — until the Administration makes good on its promise to issue a new rule that protects the colleges’ religious freedom. The new rule was ordered to be issued no later than March 31, 2013.

#### **NEBRASKA V. SEBELIUS**

- Eighth Circuit held the case in abeyance, pending the Supreme Court’s decision in *Hobby Lobby* and *Conestoga Wood*. Following that decision, the cases were dismissed.
- Federal district court had dismissed the case filed by States of Nebraska, Florida, Ohio, Oklahoma, South Carolina, and Texas, along with Catholic Social Services and other individuals and groups.

2010

#### Religious Freedom case filed in Federal Court

**CENZON-DECARLO V. THE MOUNT SINAI HOSPITAL**

- Nurse sued because she was forced to participate in a late-term abortion in violation of the federal Church Amendment and New York law.
- Federal district court for the Eastern District of New York dismissed the case finding that the Church Amendment had no private right of action (under which the nurse could sue instead of suit being brought by a governmental entity on her behalf). This dismissal was affirmed by Second Circuit.

2009

#### Abortion case

**PLANNED PARENTHOOD V. ROUNDS**

- Brief filed in Eighth Circuit on December 22, 2009. Brief specifically discussed the risks of suicide and suicidal ideation associated with abortion and was in support of a South Dakota requirement that women be specifically informed of these risks.
- Eighth Circuit upheld the required “suicide advisory.”



# 2013

## In the Supreme Court – Challenges to HHS Mandate by Private Businesses

### CONESTOGA WOOD SPECIALTIES CORP. V. BURWELL

- Supreme Court granted review and this case was combined with *Hobby Lobby v. Burwell*. On June 30, 2014, the Supreme Court ruled that a closely-held corporation could not be forced to comply with the HHS Mandate.

## Before Federal Appellate Courts – Challenges to the HHS Mandate by Private Businesses

### HOBBY LOBBY STORES V. SEBELIUS

- Case was remanded to federal district court which was ordered by the Tenth Circuit to reconsider its original decision to deny Hobby Lobby a preliminary injunction against enforcement of the Mandate. The district court eventually issued the injunction, and the Obama Administration appealed this injunction to the Supreme Court. The Supreme Court accepted review (along with review of the *Conestoga Wood* case), ruling against enforcement of the Mandate against closely-held businesses.

# 2014

## Before Federal Appellate Courts – Challenges by HHS Mandate by Religious Organizations

### REACHING SOULS INTERNATIONAL V. BURWELL AND GUIDESTONE V. BURWELL (CONSOLIDATED)

- Tenth Circuit ruled in favor of so-called “accommodation” and ruled that it did not violate the Religious Freedom Restoration Act. The decision was appealed to the U.S. Supreme Court.

### EWTON V. HHS

- The Eleventh Circuit upheld the decision of the federal district court denying an injunction against enforcement of the Mandate. The decision has been stayed pending the final resolution of *Little Sisters of the Poor* and the consolidated cases.

### CATHOLIC DIOCESE OF BEAUMONT, ROMAN CATHOLIC DIOCESE OF FORT WORTH, UNIVERSITY OF DALLAS, HOUSTON BAPTIST UNIVERSITY, AND EAST TEXAS BAPTIST UNIVERSITY V. BURWELL (CONSOLIDATED)

- Fifth Circuit denied an injunction against enforcement of the Mandate.
- U.S. Supreme Court granted review in *East Baptist University* and *Houston Baptist University* cases (consolidated with the *Little Sisters of the Poor* and other cases).

# 2015

## In the Supreme Court – Challenges to HHS Mandate by Religious Organizations

### PRIESTS FOR LIFE V. HHS, AND LITTLE SISTERS OF THE POOR, ROMAN CATHOLIC ARCHBISHOP OF WASHINGTON D.C., EAST TEXAS BAPTIST UNIVERSITY, HOUSTON BAPTIST UNIVERSITY, SOUTHERN NAVARENE UNIVERSITY, ZUBIK, AND GENEVA COLLEGE V. BURWELL (CONSOLIDATED)

- Supreme Court has remanded the cases for further action, specifically with instructions for the parties to reach a compromise that protects the religious freedom of the Little Sisters of the Poor and the other parties challenging the so-called religious “accommodation” in the HHS Mandate.

## Before Federal Appellate Courts – Challenges by HHS Mandate by Religious Organizations

### MICHIGAN CATHOLIC CONFERENCE V. BURWELL

- Sixth Circuit affirmed the federal district court’s denial of a preliminary injunction. This decision was appealed to the U.S. Supreme Court, but no action has been taken pending resolution of *Little Sisters of the Poor* and the consolidated cases.

# 2016

## Religious Freedom case filed in Federal Court

### STORMANS V. WIESMAN (FORMERLY, STORMANS V. SELECKY)

- Awaiting Court’s determination as to whether to hear the case.
- Case involves Washington (State) Board of Pharmacy Rule requiring pharmacists and pharmacies to stock and dispense so-called “emergency contraception.” The Ninth Circuit reversed a lower federal court and upheld the Rule against First Amendment challenges.

# Transgender Ideology: More Than a Battle Over Bathrooms

BY JANE KEMMEY SCHNEIDER

When the Oregon Department of Education issued guidelines last May prescribing how public schools within the state should better accommodate transgender students, concerned parent groups reached out to CMA member Dr. Michelle Cretella for help.

As president of the American College of Pediatricians, a national organization of pediatricians and health care workers, Cretella has been no stranger to advocacy for family values and pro-life issues. A pediatrician for more than 17 years with a special interest in adolescent mental and sexual health, Cretella has written extensively on issues of human sexuality and understood the high stakes involved: in Oregon it would be possible for a 15-year-old with confusion about his or her identity to begin hormone treatments and be prepped for sex re-assignment therapy without parental consent; students would be taught special curricula that would attempt to justify why they were now required to use bathrooms and locker rooms with members of the opposite biological sex; and physicians and mental health practitioners would be forced to not only abide by, but actually approve of the guidelines, while facing perhaps the greatest risk to their freedom of conscience.

Recognizing that the challenges in Oregon would soon be faced by all other states following the issuance of similar recommendations by the Obama administration for transgender policies in school districts across the country, Cretella and the American College of Pediatricians decided to join forces with other physician groups to address those concerns. Together with CMA President Dr. Lester Ruppertsberger, Dr. Dave Stevens, CEO of the Christian Medical and Dental Association, and Dr. Jane Orient, Executive Director of the American Association of Physicians and Surgeons, Cretella penned a statement addressed to Oregon Governor Kate Brown that represented more than 20,000 physicians and

health care professionals. In the letter, which has since been forwarded to governors of other states, the physicians detailed why these guidelines were rooted in a political ideology that would “threaten the health, safety, privacy and learning experience” of all students.

Using science as the basis for their arguments, Cretella and her colleagues disputed normalizing the impersonation of the opposite sex by gender confused youth, teaching gender variance as an innate trait, and eliminating sex-specific private spaces.

## **AFFIRMATION OF GENDER DYSPHORIA HAS NO BASIS IN SCIENCE AND HARMS GD CHILDREN.**

Cretella and her colleagues cited experts in gender development, several also considered longtime ‘gay rights’ advocates, who estimate that between 80 and 95 percent of pre-pubertal children with gender dysphoria (GD) will come to accept their biological sex by late adolescence when they are not allowed to impersonate the opposite sex.

“Consequently, affirmation of pre-pubertal children in their belief that they are the opposite sex is considered by many to be cooperating with a child’s mental confusion,” the letter said, which is damaging because “it impairs their chances of aligning their gender-identity with physical reality and propels them down the path of medical transition.”

Citing the findings in a follow up study that looked at puberty suppression in adolescents with gender dysphoria published in the Aug 8, 2011 issue of the Journal of Sexual Medicine, the letter noted that 100% of children who were affirmed as the opposite sex and treated with puberty-blocking hormones went on to use cross-sex hormones by late adolescence. As a result, these teens are “faced with sterility and the life-time use of toxic hormones that are fraught with serious potential physical and mental health risks,” the letter continued. “Additionally, research among transgender adults indicates that medical transition may not alleviate the elevated suicide rates in the long-term.”

The physicians were referencing the February 22, 2011 Swedish study in the peer reviewed journal Plos One. It found there was a considerably higher rate of suicide and attempted suicide with adults who had undergone sex re-assignment surgery compared to the general population. The study is telling because often suicide rates among gender dysphoric youth



is a reason given for promoting hormone therapy and surgery.

In an interview with *The Pulse*, Cretella acknowledged that individual teachers, educators, physicians and therapists may be well meaning when they encounter children with symptoms of depression or anxiety, but she critiqued efforts to teach children to impersonate the opposite sex as a way to escape their anxiety.

“Collaborating with an underlying problem to the point that you are sterilizing these children is child abuse,” she said.

## **GENDER IDEOLOGY HAS NO BASIS IN SCIENCE AND HARMS ALL CHILDREN.**

The physicians also refuted the claim that ‘transgenderism’ is innate, and likewise asserted in their statement that it has no basis in science. The idea that a child with gender dysphoria is born with a brain that is of the opposite sex of the body is a “fanciful claim,” they said, one that is “biologically impossible,” and which persists in the culture despite scientific objections by medical experts and researchers. Noting that every cell of the human body contains identical copies of a person’s sex chromosomes, they stated that the brains of biologically normal infants are imprinted prenatally by their own endogenous sex hormones at eight weeks of age.

“Every infant boy is born with a brain imprinted by testosterone; every infant girl is born with a brain imprinted by estrogen,” they wrote. “Brain studies of transgender adults that purport to show differences in brain microstructures are of notoriously poor quality and more than likely reflect the fact that long-term transgender behavior alters brain microstructures.” They also noted that the latter is known as the well-established phenomenon of neuroplasticity, whereby behavior alters the chemical and physical structure of the brain.

“There are multiple pathways that can lead to this psychological outcome in certain vulnerable children,” Cretella said in the interview. “There might be some vulnerable personality traits, some biological vulnerabilities, but vulnerability is not the same as being predestined.”

Further, Cretella pointed to the harm done by books being published for children which teach that having a boy or girl body part does not make them a boy or girl, defying science and reality. She termed such messaging “devastating” to the whole concept of identity and reality for children.

“Human sexuality is an objective biological binary trait: “XY” and “XX” are genetic markers of sex – not genetic markers of a disordered body,” the physicians wrote. “The norm for human design is to be conceived either male or female...with the obvious purpose being the reproduction and flourishing of our species. This principle is self-evident.... Children who

identify as ‘feeling like the opposite sex’ or ‘somewhere in between’ do not comprise a third sex. They remain biological boys or biological girls.” Therefore, the statement notes that “normalizing the myth of innate gender fluidity will cause psychological trauma to youth who are not presently confused about their gender identity.”

Therefore, put simply, the bathroom policy is actually an affront to the rights of all students.

“To eliminate sex-specific private spaces in public schools violates all students’ fundamental rights to privacy, safety, and a secure learning environment,” the letter said. “School locker rooms and restrooms exist for the utilitarian purpose of hygiene, not to affirm the self-identified gender of certain individuals. These facilities are traditionally restricted to persons of the same sex for the sound and self-evident reason that the separation protects the bodily privacy of all students, as well as shields girls and women from offensive, criminal or dangerous behaviors of voyeurs, exhibitionists and rapists.”

Cretella and her coauthors give a common sense solution that would respect all students and be the most logical way to accommodate gender dysphoric youth, but she noted in her interview that the challenges have been what she terms a “top-down movement,” in which all logical critique is punished.

Nonetheless, the letter points out that “there are many individuals who are uncomfortable in public facilities for a variety of reasons, including religious beliefs, disability, deformity or discomfort with their body, as well as gender dysphoria. A reasonable accommodation is a single-occupancy restroom available for all students who are uncomfortable with the standard arrangement of sex-specific bathrooms or locker rooms.”

## **MORE THAN A BATHROOM POLICY AT STAKE; RIGHT OF CONSCIENCE AND WORLD VIEW THREATENED.**

Despite the scientific studies and anecdotal evidence surrounding gender dysphoria, many LGBTQ supporters are resistant to accept the facts and have waged attacks on the American College of Pediatricians and other organizations that speak out against it, labeling them hate groups. For many physicians and health care workers, the consequences for adhering to science or for following their consciences

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# CMA Leads Consortium to Modify International Stem Cell Research Guidelines

BY NADIA SMITH

When the International Society for Stem Cell Research, (ISSCR) announced that they were going to be updating their decade old guidelines and were going to take feedback from the international community, the CMA led a consortium to recommend over a dozen modifications to the proposed new guidelines.

ISSCR is an international scientific society based in the United States that sets the standards for stem cell research globally. Although not legally binding, the recommendations are taken seriously and the vast majority of governments use them to set their own policies and laws regarding stem cell research, explained CMA member Jean Baric Parker, a founding member of the Finger Lakes Guild in the Diocese of Rochester, New York.

“Stem cell research is moving so fast these days that the former ISSCR guidelines did not address many of the newer research issues,” Baric Parker said.

She learned about the old guidelines being updated through her work as an ethics committee member for her state’s stem cell research board. Upon review of the proposed new guidelines, she discovered the conscience protection clause for researchers and technical staff was significantly watered down from the 2006 version. This was worrisome because although institutions nationally have their own conscience protection guidelines, ISSCR’s recommendations are international and influence countries that may not have such protection. Baric Parker contacted the national CMA and the National Catholic Bioethics Center to find out if they were aware of the proposed new guidelines. Neither had been, which led to a collaboration to review the

new guidelines and make recommendations.

“Realizing that the ISSCR does not acknowledge any moral distinctions between embryonic and adult stem cell research, it was incumbent upon the CMA to stay engaged in the process in order to make necessary recommendations. This was critical to ensure that conscience protection could be firmly established,” explained Dr. Peter Morrow, CMA’s immediate past president, who helped solidify a cohesive response.

Morrow and Baric Parker joined fellow CMA member Deacon William V. Williams, M.D. and ethicists Father Tadeusz Pacholczyk, Ph.D. and Marie Hilliard, Ph.D., RN from the National Catholic Bioethics Center to review the guidelines, uncovering a number of concerns in addition to the conscience protection clause.

The resulting recommendations dealt with the ethical dangers posed by chimera research – research that aims to grow human organs inside farm animals by adding human cells to animal embryos in ways that risks blurring the line between species; the purchase and sale of aborted fetal tissue; the exploitation of oocyte donors; transparency of cell line origin so that the type of cell line used in a study is clearly noted in all forms of communication related to the research; exclusion of pregnant women from clinical stem cell research; suggesting a shift in research preference from embryonic stem cells to adult stem cells; and strengthening the conscience protection clause so that if scientists, doctors or technicians refuse to carry out any part of research because of conscientious objections, they would be protected from retaliation or job loss.

Additional organizations signed on to the recommendations

including the National Association of Catholic Nurses, the American College of Pediatricians, the National Catholic Partnership on Disability, and the Center for Family and Human Rights, who together with the CMA and NCBC, submitted 13 recommendations of which five were accepted in their entirety or partially (see chart).

Baric Parker echoes the consortium’s satisfaction that although the conscience



Jean Baric Parker

“This successful endeavor would never have taken place without Jean’s diligence and hard work. It was Jean who sounded the alarm about the ISSCR’s proposed revisions and the need for the CMA to become involved. Jean gives us an outstanding example of the CMA’s commitment to upholding the principles of the Catholic faith in the science and practice of medicine.”

— Peter Morrow, M.D., CMA Past President



## CONSORTIUM RECOMMENDATIONS INCORPORATED INTO ISSCR 2016 GUIDELINES\*

GENERAL TOPIC	CONSORTIUM RECOMMENDATION	COMMENT
Scientific Transparency	All communications – scientific and otherwise – should identify stem cell origin (human embryonic, animal embryonic, human adult cell, chimeric, etc.).	The Consortium's proposed language for greater transparency was included verbatim in two different sections. Some written communications currently do not adequately specify cell origin, making it difficult to determine the ethical nature of the research.
Aborted Fetal Tissues	There should be no payment made to facilities for fetal tissues resulting from an abortion and used by scientists in research.	This guideline recommendation was added and was not present in the initial proposed guidelines. The practice was highlighted by the recent Planned Parenthood videos.
Oocyte Donor Protections	Limit oocyte donors and research to one donation cycle, to reduce the occurrence of potential adverse side effects in otherwise healthy young women.	The recommendation aims to protect otherwise healthy young female donors from unnecessary health risks. Because women are paid, there is the added temptation for women to choose to undergo the process multiple times, unfairly appealing to cash-strapped college students and other economically vulnerable women. The new guidelines now stress "limiting the number of donation cycles," vs. "avoiding excessive numbers of cycles" – a modest but important shift in focus.
Pregnancy Protection	Pregnant woman should be excluded from clinical stem cell research given the potential risk to the unborn child.	Not specifically excluding pregnant women as research subjects was a glaring omission in the proposed guidelines and an important addition to protect the health of the unborn child.

*\*It cannot be assumed that recommendations submitted by the Consortium were not also submitted by other organizations; sole credit is not implied.*

clause recommendation was not accepted, other key recommendations were accepted, which might not have been the case had they not collectively voiced their concerns.

She also added that the CMA and NCBC are in the process of submitting a follow-up letter to petition for reinstatement of the original conscience protection clause in future ISSCR guideline updates.

"There is still a great deal of work to do in the area of protection of conscience rights," Dr. Morrow said. "However, we see inroads have been made since our comments and recommendations were submitted."

Marie Hilliard, the director of Bioethics and Public Policy for the National Catholic Bioethics Center and board member of the National Association of Catholic Nurses, agreed: "Our success at ISSCR should encourage us forward."

She points to the National Institute of Health as another

opportunity to form an alliance as the NIH is seeking public comments on proposed changes to its Guidelines for Human Stem Cell Research and on the scope of a NIH steering committee to consider certain human-animal chimera research.

"Already we are being challenged to secure similar protections in our own country," she said. "Since researchers seeking funding, notoriety and patents will be quick to advocate for policies that allow for the destruction of human life and risks to the genome to achieve their personal goals, it is imperative that we provide clear opinions concerning the irrevocable risks that such research will promote. That is why our collaborative effort is needed, drawing upon the breadth of expertise a consortium provides, while at the same time encouraging our distinct membership to echo our concerns as broadly and loudly as possible."

# SPECIALIZED TRAINING OFFERED TO CMA MEMBERS AT THE MID-YEAR MEETING

BY MARIO DICKERSON

The media calls and wants your perspective on a current medical issue in the news. Are you prepared to take advantage of this opportunity to get your message across in truth and love? An important bill that will negatively impact the quality of care you provide to your patients is passing through the state legislature. Are you tapped into the people and resources needed to effectively defeat such harmful measures? The good news is that over 60 leaders of the CMA received specialized training in these and other important areas at the Mid-Year Meeting (MYM) on the beautiful grounds of Mundelein Seminary in Mundelein, IL June 9-12, 2016.

Attendees were treated to dynamic presentations and interactive sessions, including Suzanne McCall of Spirit Communications speaking about how to engage the media; Jenny Kraska, President of the National Association of Catholic Conference Directors, highlighting effective ways to partner with state Catholic Conferences; and Dr. David Hilger updating on the CMA's State Director Initiative. Dr. Timothy Millea from St. Thomas Aquinas Guild of the Quad Cities, Dr. Roy Heyne from the Catholic Physicians Guild of Dallas, and Dr. Robin Goldsmith from the Saint Gianna Molla Guild of Northeast Wisconsin all shared best practices gleaned from their own guild experiences.

Other topics included "Lobbying 101," which provided

attendees with the skills needed to educate and inform legislators on key health care policy issues; how to efficiently use CMA's internal communications database so that regional and state directors, as well as guild presidents can run reports and send out email blasts; and a preview of the new mobile and tablet friendly website that was launched in August.

The Board also conducted their business meeting, and as with any CMA gathering, it would not be complete without the Holy Sacrifice of the Mass, time for individual prayer, and fellowship in the evenings.

According to Dr. Diane Gowski, the state director for the Florida Guilds of the CMA, the Mid-Year Meeting "was a spiritual time and a blessing," she said. "The fellowship was inspiring as always and the meeting was informative with hands-on help for practical issues that our guilds face." She attended with three of the seven Florida guild presidents and both Region V co-directors.

The members of the MYM Committee was comprised of Drs. Michael Parker, Chair; David Hilger; Craig Treptow; William Mueller; Tom McGovern; and Lester Ruppertsberger, and have the gratitude of all the attendees for their hard work in putting together this invaluable experience.

Looking to the year ahead, we hope you will consider joining us June 1-4, 2017 for the next Mid-Year Meeting.





**CMA-RS President Brian Bamberger looks on as Executive Director Mario Dickerson addresses the group**



**Regional Directors Drs. Paul Carpentier and Michelle Stanford discuss issues addressed at the MYM.**



**Tampa Bay Guild of St. Philomena President Dr. John Robert Hamill, Jr, Regional Director Fr. Scott Binet, M.I., M.D., State Director Dr. Diane Gowski, Regional Director Dr. Margie Sweeney, St. Gianna Guild of North Central Florida Guild President Dr. Angeli Akey, Immediate Past President and Orlando Florida Guild member Dr. Peter Morrow, Orlando Florida Guild President Dr. Helen Kraus.**



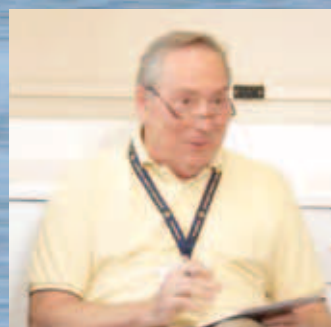
**Dr. Michael Parker leads attendees in Trivia Night game put together by Dr. Tom McGovern on medical and CMA topics.**



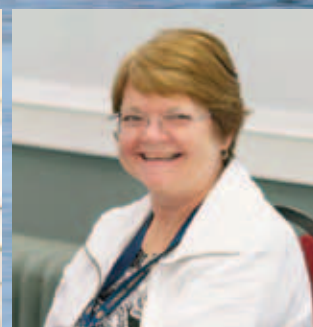
**CMA staff members Linda Donnelly, Director of Membership Services, and Marguerite DeGrassa, Director of Events and Communications, welcome attendees to MYM.**



**Suzzane McCall of Spirit Communications presents media training at the MYM.**



**Dr. Les Ruppertsberger, CMA President**



**Dr. Kathleen Raviele, CMA Past President**



**CMA Presidential Advisor Sr. Mary Diana Dreger, OP, M.D. and CMA President-elect Dr. Marie-Alberte Boursiquot talk with other physicians at the MYM.**

That Still, Small Voice:

## Opposing Physician Assisted Suicide in Medical School

BY AMANDA STAHL

**O**PENING OUR MEDICAL SCHOOL DEBATE ON Physician Assisted Suicide, my not-so-moderate professor announced, “I think this is important because I am a member of Compassionate Choices, an organization that believes in the dignity of dying.” All I could think was, “Dear God, give me patience, right judgment, and courage to find the truth.”

In the United States we are facing an identity crisis: Who are we as a nation? What are our core values, and how should they address justice and compassion for our citizens? As American doctors — and doctors-to-be — we are rolling with political changes that have allowed us to see many of our patients attain health insurance, but it has not necessarily translated to more access to care. Even more importantly, many of these changes have forced us to ask what type of care we want to provide.

In California, Washington and Oregon physician assisted suicide (PAS) is now legal. Oregon’s Death with Dignity Act allows terminally ill adult Oregonians to receive a lethal dose prescription from their physician that they can self-administer. The Oregon Public Health Department reported on February 4, 2016 that in 2015 alone 218 people received the lethal dose, but only 132 people ingested the lethal dose and died. Of those who received the lethal dose, only 61% actually took the prescription, begging the following questions: Why didn’t 39% of patients take the prescription? Why did 218 patients feel that their diagnosis was one neither they nor their families could deal with? Delving further into this report, only five of the 218 patients receiving the prescription were referred for a psychological evaluation. That in my mind is abandonment, reducing the standard of care, and an automatic death sentence.

As a medical school student and a Catholic, I hesitated to jump into my professor’s debate ring for fear of jeopardizing my own medical career. I am thankful for the gift of my 2015 CMA Boot Camp classmates who reminded me that God works with our talents in incredible ways. These blessed colleagues reminded me that Boot Camp gave us the knowledge and the grace to defend our Church and our

profession while simultaneously loving and respecting our secular classmates. We as Catholics believe that both faith and reason lead to truth; I hoped that my argument could engage my classmates’ minds and then their hearts.

Upon giving my classmates a philosophical argument against PAS, without using the words “Jesus, God, or Bible,” I was genuinely surprised at the reaction in the room. I did not hear shouting or grunts of disgust, rather I saw people intently listening and taking notes. Using an Emmanuel Kant essay, the Hippocratic Oath, and positions about PAS from the American Medical Association, I argued that suicide inherently removes our ability to be human by using the human will to abolish the human. Further I prompted that PAS violates our sacred oath as physicians and healers to walk with our patients in their time of need; we cannot as physicians seek to both promote health and at the same time remove the ability to live.

Listening to the PAS proponents I realized the only consistent point they made was autonomy: Both patient and doctor should have the right to decide what they want to do with their own bodies, whether that is maintaining or abolishing life, writing or refusing to write for a lethal dose. These classmates admitted they couldn’t imagine their patient’s suffering and that in providing a lethal dose they would exercise compassion in alleviating another’s suffering. But I didn’t hear arguments that day; instead I heard fear in place of true courage and compassion.

Over the last two years in medical school I have watched the room clear, leaving more and more empty seats. So many of my classmates have decided that medicine is no longer their calling. For those of us left, we have suffered together exam after exam to learn the basic science of caring for another human being. The only unifying ethos I’ve found among current medical school students is that both doctor and patient autonomy are the prime goods, yet we’ve failed to address what that good means, how we plan to interact with our patient, or even more basically what kind of physicians we want to be. The popular ethos of autonomy boils down

*Continued on p24*



## **Stony Brook Catholic Medical Student & Physician Association: Celebrating First Year as CMA Student Section**

BY NADIA SMITH

Little did Katherine Callaghan know that a project about what effects religiosity and spirituality had on the practice of medicine would lead her to start a student chapter of the CMA at SUNY Stony Brook School of Medicine, where she is part of the class of 2018.

At the time, she met Jeanine Morelli, a family physician and clinical assistant professor at her school, along with her husband Peter Morelli, a pediatric cardiologist. The couple became her mentors. With the project in mind, she asked them to discuss how they were incorporating faith into the profession of medicine.

“We had a beautiful, inspiring conversation and I thought it would have been great if other students could have joined us,” recalled Callaghan. “Soon after, Jeanine brought up the CMA. We looked into the organization and appreciated its goals. We decided to apply for a chapter. I also applied for club status at school. We put up a booth at club fest at the beginning of the school year and discovered many Catholic students were interested in our club.”

The rest is history as the saying goes. Callaghan became the founding president and Dr. Morelli the faculty advisor. Over the past year the student chapter has hosted four prayer dinners with discussion on current medical topics. The meetings also included sharing “God moments” and exchanging prayer intentions. The student section hosted its first White Mass with the help of Father James Mannion, the pastor of St James Church in East Setauket, which was attended by area health professionals and SUNY medical students. On campus the student section hosted a Skype lecture with Dr. George Delgado, a family practice phy-



sician and medical director of the Abortion Pill Reversal Program (APR) and Culture of Life Services in San Diego County, who spoke about the program despite calls from some pro-abortion students to have it canceled.

“This was a difficult time for our club,” she said. “I am blessed to have the support of the school administration and the program did run successfully.”

As Callaghan reflects on the past year she is filled with gratitude and hope.

“This club keeps me more connected with God, His constant love and support for me,” she said. “It shows me how we are not alone in this environment that can feel at times unwelcoming to faith. We see each other in the halls, in class, in the hospital and we know we are part of a loving, supportive community. We sit with each other at Mass. We pray for each other. It’s a great resource for me and I hope the other students feel the same way.”

As the new vice president, Callaghan and the newly elected student chapter leadership — comprised of President Edward Carey, class of 2019, Secretary Christina Martin, class of 2018, Treasurer Sarah Justvig, Class of 2018, and Event Coordinator Amanda Owens, class of 2019 — are excited to serve and see what the new school year brings.



On Friday evening, June 10th, 2016, medical students from the surrounding Philadelphia area medical schools gathered for the Holy Sacrifice of the Mass at the Sacred Heart of Jesus Parish in the Queen Village neighborhood of Philadelphia. Afterwards, the students were invited to a homemade meal and fellowship at the new Catholic Center for Young Adults, a center where adults aged 20-40 can live, pray and socialize as a community. There were about 40 in attendance, including CMA physician members Drs. George Isajiw, Frank McNesby, and John Travaline, as well as CMA staff member Louise Mitchell and psychiatrist Dr. Robert V. Desilverio from Drexel University. Father Shaun Mahoney, the chaplain for Drexel University and the Center’s founder, along with CMA student member Tucker Brown invited area medical students and CMA guild members to this event enjoyed by all.

## Q&amp;A

**AMBER DAY, M.D.***Resident Section Vice President***Which of the issues involving conscience protection do you foresee as being the most challenging for future residents?**

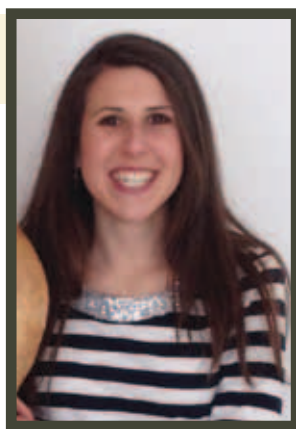
I think one of the most challenging issues going forward will be caring for gender dysphoric patients, at least on the primary care level. With so much transgender legislation, I worry that we will face problems if we refuse to refer for hormone therapy. There is a controversial move in pediatrics right now to offer pubertal suppression for kids who feel they are gender dysphoric until they are older and decide if they want sex re-assignment surgery.

**Have you been negatively affected by your responses to these challenging situations?**

Yes. During my outpatient adolescent rotation, staff instructed me not to see patients coming in for a Depo-Provera injection since I would not prescribe birth control. It is something we agreed upon previously. However, this meant my fellow residents had to see more patients and they were not too happy with me. That being said, I think it is important to remember that following Christ means taking up our cross, and doing our best to bear it with joy.

**How did you approach some of these issues with your faculty or program directors?**

Before I started my adolescent rotation, I went to both the program director and rotation faculty and explained to them why I would not prescribe contraception. I did emphasize that I would learn the information and be prepared to coun-



sel patients about their options, although I would recommend abstinence. The program director and faculty were understanding and willing to work with me. In my continuity clinic, I talked with one of my preceptors early on about not prescribing birth control. Although she did not understand my reasoning and is generally pro-birth control and IUDs in adolescents, she was very supportive of me and willing to help out. I now staff all of my adolescent patients with her during clinic, and she is ok with me not prescribing.

**What advice would you offer residents wanting to ensure their right of conscience?**

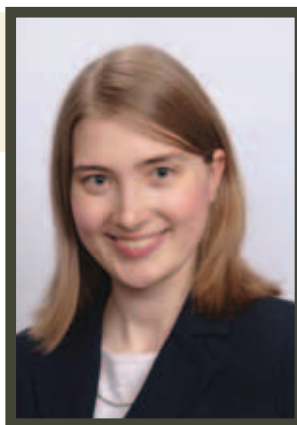
Just be a good resident. If you earn the respect of your program and show that you care for patients and can make good clinical decisions, the program will be more likely to work with you. Work hard and offer to do something in place of prescribing. Be open to having conversations with faculty about your reasons and be able to articulate them well.

**How has the CMA helped in this?**

I have met several mentors who are very much invested in our education as residents through the CMA, and they are just a phone call away when I need advice about a patient situation on the fly. A few months ago, I even called one before rounds to ask some end of life questions. Perhaps most importantly, the prayers of the CMA and the knowledge that I am standing on the shoulders of giants helps me not give up. Not to mention that I met my husband through the CMA, and he is always a great sounding board and support.

## CARA BUSKMILLER, PGY-2

St. Louis University/SSM St. Mary's  
Department of Obstetrics and Gynecology



### Which of the issues involving conscience protection do you foresee as being the most challenging for future residents?

There are two issues that will become big challenges for future residents: physician assisted suicide, especially for medicine and psychiatry residents and gender dysphoria, especially for reproductive endocrinology fellows, surgery residents and endocrinology fellows. Abortion and contraception are now on the back burner as these two issues skyrocket at the speed of social media.

### Have you been negatively affected by your responses to any of these challenging situations?

As I applied for and started residency, I felt helpless and frustrated that it was so hard to find people who believed what I did and who could advise me about what to do. I sifted through a lot of research and Church documents on hormonal contraception and other issues, and wanted to pass on what I learned to others. That led me to produce two videos for residents who do not prescribe contraception, and open a website to pool relevant research. One video is a short piece about residents' experiences, and the second is longer and contains advice and encouragement for those applying for and already working in residency. I was grateful to receive financial support from my local CMA guild and the national CMA organization to produce the videos. Residents are facing huge cultural challenges within their programs. We need more help, especially as professionalism continues to split away from virtue ethics. The website, Conscience in Residency, is meant to address this concern. It will list abstracts on relevant issues from pediatrics to POLST, as well as highlight tough cases that other like-minded residents have faced, and it will provide advice to applicants. It will also feature the videos.

### Were there any resources that you found helpful?

Yes, the CMA was immensely helpful. It first got me on fire to be a strong, enthusiastic Catholic doctor when I was a pre-med eight years ago. Ever since then, I've leaned heavily on the CMA for courage, mentorship and a window to the truth. It was also helpful to speak to residents who had

made the decision not to prescribe contraception before me.

### How did you approach your decision not to prescribe hormonal contraception with your faculty or program directors?

I was upfront at every interview I attended. I asked each program director, "How would you view an applicant who chose not to prescribe

contraceptives?" Only once did someone tell me that this wasn't in line with what they viewed as "mandatory" in OB/GYN training. Many programs were surprised and confused, and some may have lied when they told me they'd try to work something out, but the overall response was positive.

### What wording/analogies seemed to work best for you when talking to faculty?

Some residents find it helpful to use the language of religion and explain that they're going by their "beliefs." Others use "conscience." No matter what word you use, it will have some emotional or political baggage. I use this fact to my advantage and call these my "choices." I admit that these choices arose out of my Catholic faith, but I always emphasize that they were made after significant study.

### What advice would you offer residents wanting to ensure their right of conscience?

First I would say, do not be afraid. You are not a burden because you "can't" do things. You are a warrior standing in the breach when it's not easy.

Second, don't proselytize. Don't portray your choices as "what's best for patients" in front of attendings or PDs who are board certified. Just propose.

Thirdly, be a friendly and hardworking resident. This goes a long way to dispell concerns about workload or being anti-science.

Lastly, be humble: you and I and expert bioethicists don't know everything about the body, or about the medications and technologies we use. We need to listen to those who oppose us, even those who want to restrict our right of conscience. The more we listen, the better we can pray and the better we can respond to situations.

**Conscience in Residency** is a new project that aims to connect residents, and boil down medical ethics into practical recommendations. The website, to be launched this fall, will also feature hard cases and testimonies from residents who have made the ethical choices even when programs were not excited about it. To learn more or contribute your story, go to [conscienceinresidency.wordpress.com](http://conscienceinresidency.wordpress.com).



The **Saint Gianna Molla Guild of Northeast Wisconsin** has been at the forefront of educating physicians and laymen alike, and engaging in political advocacy to protect conscience rights since its inception in late 2012.

The Guild's educational efforts on the various issues concerning how the right of conscience is being attacked involves formal events which frequently includes nationally recognized experts. President Robin Goldsmith, M.D., representing the Guild, has initiated petitions, signed letters, instigated and participated in implementing legislation on the local and national levels. Dr. Goldsmith has also spoken multiple times throughout the Diocese of Green Bay on conscience rights. This topic is an integral part of her diocesan series on the Gospel of Life, already into its third year. The Guild has made pertinent documents available on its website, and sends many e-mails to promote the protection of conscience rights. Dr. Goldsmith and the Guild have also supported efforts on the state level through the Wisconsin CMA Guilds.



Board Member Dr. Alex Tretinyak, Chaplain Father Richard Klingeisen, President Dr. Robin Goldsmith, Vice President and Treasurer Dr. Susan Allen, and Secretary Dr. Robert McDonald.

**Miami Guild of the Catholic Medical Association** members Marina Obispo, M.D., and Felipe E. Vizcarrondo, M.D., both pediatricians, were interviewed on Radio



Sandra Rodriguez, M.D.

Paz, the Spanish speaking radio station of the Archdiocese of Miami. Dr. Obispo's interview was focused on the significance of being a Catholic mother. Dr. Vizcarrondo's interview covered ideologically led treatment of children with gender dysphoria, and how this intervention harms children. He also discussed the American College of Pediatricians declaration regarding the bathroom issue as a member of ACP. A third member Sandra Rodriguez, M.D., an adult and geriatric psychiatrist, spoke to the Catholic Psychotherapists Association regarding psychiatric medications. The presentation focused on pharmacologic treatments of major psychiatric disorders, with emphasis on the Catholic understanding of the dignity of the human person and the morally ethical use of psychotropic medications in conjunction with appropriate psychotherapies.

With the help of the national CMA, the **Catholic Healthcare Professionals of Houston Guild** co-sponsored a Converging Roads conference that featured several national experts discussing the topic of how to care for patients at the end of life while respecting their human dignity. In partnership with the St. John Paul II Foundation and other co-sponsors that included the Archdiocese of Galveston-Houston and the University of St. Thomas, the one-day conference brought together 125 local physicians, nurses, chaplains, students and social workers. The conference included the Holy Sacrifice of the Mass and culminated in the third annual Hippocratic Oath Banquet with keynote speaker and CMA member Dr. William Toffler, who shared what he's learned about caring for dying patients and the best way to respond to a patient's request for assisted suicide.



"It was really an invaluable event where medical providers learned practical, Catholic aspects of end of life care," said Guild President Dr. Carla Falco. "We are grateful to the CMA for helping our sponsorship of this awesome event."

The **St. Luke's Society of Orange County Guild** provided the CMA medical presence at the private retreat for the United States Conference of Catholic Bishops held in Huntington Beach this past June.

The CMA's 'The Doctor Is In' table was stocked with blood pressure cuffs, stethoscopes and other necessary medical supplies ready to treat any of the retreat participants had the need arose. Several bishops stopped by the CMA table, however, not for personal medical reasons but to discuss the work of the CMA, and pertinent medical and ethical issues of the day.



"For us, it was an experience of a lifetime to be in deep conversation and collaboration with such prayerful minds and hearts," said Guild President Dr. Mary J. Kotob. "Several said they appreciated being able to get specific medical details directly from doctors working up-to-date in our respective fields."



# Heroes of Religious Liberty

BY SISTER CONSTANCE VEIT

**Editor's note:** The following reflection was written by Sister Constance Veit, the director of communications for the Little Sisters of the Poor, upon learning that the US Bishops' Conference chose her order among the "Witnesses of Freedom" for their fearless fight against the HHS Mandate. That fight took them all the way to the Supreme Court where they were vindicated. They have become an icon for religious freedom, and a beacon of hope for many on the frontlines fighting to safeguard the right of conscience. For that reason and because conscience protection is the theme of this issue of *The Pulse*, the Little Sisters of the Poor were chosen to appear on the cover.

Each year since 2012, Catholics in the United States have observed the Fortnight for Freedom in preparation for Independence

Day. The theme set by the U.S. Bishops' Conference for this year's Fortnight was "Witnesses to Freedom."

Fourteen men and women who bear witness to freedom in Christ – one for each day – were proposed for our reflection during those two weeks. Thirteen of these figures have already passed from this world into heaven and the majority of them are martyrs. The lone "person" who is still alive? The Little Sisters of the Poor!

We Little Sisters were shocked to find ourselves on a list of freedom fighters. I began to realize the significance of this when I read a reflection on the Fortnight by Archbishop William E. Lori, chairman of the USCCB Ad Hoc Committee for Religious Liberty. "Reflecting on the lives of these great men and women can show us how we might serve as witnesses to freedom today," he wrote. "They love their country, yet this love does not surpass their love for and devotion to Christ and his Church ...







Photos on page 1, 20, 21 and front cover courtesy of the Becket Fund

By pondering the lives of these exemplary Christian witnesses, we can learn much of what it means to follow Jesus Christ in today's challenging world. We pray that over these two weeks, the grace of God will help us to grow in wisdom, courage, and love, that we too might be faithful witnesses to freedom."

We realize that in light of our Supreme Court case we Little Sisters of the Poor have become a symbol of courage to many people. As the bishops' list of witnesses for freedom demonstrates, countless Christians down through the centuries, and in our own time, have shed their blood and given their lives for the faith.

I am both humbled and embarrassed to find us listed in their company, because I truly believe that our courage is quite relative. Our suffering is of the type that Pope Francis recently called "polite persecution." After all, we Little Sisters have not been imprisoned or had to resist to the point of shedding blood!

I have always found the parable of the useless or unprofitable servants in Luke's Gospel rather unpalatable, but in light of our current notoriety I have come to appreciate it. This is the parable where Jesus tells his apostles, "When you have done all you have been commanded, say, 'We are unprofitable servants; we have done what we were obliged to do'" (Luke 17:10). Like the useless servants in the Gospel, we Little Sisters have done only what we should have done

in standing up for life and religious liberty.

We profess to be daughters of the Church – how could we not uphold her teachings, especially when they touch on something as basic as the right to life? Surely, we never thought our cause would go all the way to the Supreme Court, but we believe that all happened according to God's plan.

As I reflect back on the experiences of the last three years, I thank God for the vast cloud of witnesses who have supported us every step of this journey, beginning with our legal team at the Becket Fund, whose constant good cheer and professional expertise were heaven-sent. They are the real heroes. We also owe a huge debt of gratitude to all the people around the world who offered their prayers and sacrifices for our case.

Finally, we are indebted to our foundress, Saint Jeanne Jugan, and to the generations of Little Sisters who have gone before us, many of whom persevered through much more trying circumstances than anything we have had to face, including religious persecution. If we are a beacon for our contemporaries in this struggle for religious liberty, it is only because we stand on the shoulders of giants.

*This reflection originally appeared on The Little Sisters of the Poor's website [www.littlesistersofthepoor.org](http://www.littlesistersofthepoor.org) and it appears here with permission.*

upon Catholic principles of social justice. The intention was to promote a discussion of alternatives to health care reform between those who supported a patient-physician centered, market driven approach and advocates of a government-controlled system of health care. Nonetheless, the Affordable Care Act was passed. It has done very little to correct the problems of a decade ago and operates in violation of fundamental tenets of Catholic teaching. You can familiarize yourself with the CMA document at [cathmed.org](http://cathmed.org) under Resources / Health Care Reform. It remains relevant as a foundational document for further development and discussion. Despite the outcome of the health care reform debate of 2010, the CMA is committed to political advocacy and established the Health Care Policy Committee to “advise and assist the Board of Directors in staying abreast of socio-political and cultural events and trends which affect the practice and delivery of health care.”

I have the privilege to serve as Chair of this committee, which is currently engaged in a host of activities. We are developing a national network of CMA members to establish effective relationships with local, state and federal legislators with whom we can share our concerns regarding the vital issues in health care. We met last year in Washington D.C. with Rep. Paul Ryan, Rep. John Fleming, M.D. and others in Congress to discuss the need for comprehensive conscience protection for all health care providers. Along with many oth-

ers, our efforts favorably influenced the historic vote in the House this past July in favor of the Conscience Protection Act. We will continue to advocate on behalf of conscience rights until a bill is passed in the Senate.

In addition, our Committee will assist in coordinating opportunities to testify before state and federal legislative bodies on critical areas of interest including abortion, euthanasia and controversies surrounding end of life care, alternative models of medical care, vaccines, medical marijuana and others. We are also forming alliances with other like-minded medical organizations, such as the Christian Medical and Dental Association, American Association of Pro-Life Obstetricians-Gynecologists, American College of Pediatricians, Association of American Physicians and Surgeons, as well as many other professional organizations to work collaboratively in strengthening our voice in the public square. Where our members are active in their secular medical organizations at the county, state and national levels, we are bringing the Catholic perspective into discussions in areas of common interest. Planning is underway for a special edition of the *Linacre Quarterly* dedicated to Catholic social teaching as related to health care reform covering a wide range of topics from ethics to economics with authors from here and abroad.

One other very significant project is a health care forum to be held later this year bringing together Catholic physicians with representatives of the United States Conference of Catholic Bishops and leading experts from the fields of health care policy, social justice, business, bioethics and government. Discussions will focus on the responsibility and the opportunity we have as the Church to develop new recommendations designed to uphold the sanctity of life and family, to defend rights of conscience, and to provide access to affordable, quality health care in an economically sustainable fashion.

Each of you has something valuable to contribute to this work. The CMA is committed to providing opportunities for every member to become involved. If you have a particular interest or experience in the realm of public policy please contact our new Director of Public Policy, Tara Plymouth, at [plymouth@cathmed.org](mailto:plymouth@cathmed.org).

A recent pastoral letter written by Bishop James Conley, Episcopal Advisor of the CMA, acknowledges that in the midst of the anti-Christian cultural environment of our day, there is a great temptation “for all of us to withdraw... into those places which we believe are safe, places in which we think we might be spared from the evil of this world.” However, he encourages us to recognize that now is the time for healing, not lamenting so “we must be committed to carrying the healing mercy of Jesus Christ to this world...as missionaries and disciples of mercy.” Our prayer is to daily answer this call.

## SAVE THE DATE

2017

*Mark your calendars for these upcoming 2017 CMA events:*

- **January 27:**  
March for Life in Washington, D.C.  
*Join other CMA members as we march together in defense of life.*
- **June 1-4:**  
*Mid-Year Meeting at the University of St. Mary of the Lake in Mundelein, IL.*
- **June 19-25:**  
*Boot Camp at St. Charles Borromeo Seminary in Wynnewood, PA.*
- **September 7-9:**  
*The 86th Annual Educational Conference at the Sheraton Denver Downtown Hotel in Denver, CO.*





## Medical Miracles: We need your help!

The next issue of *The Pulse of Catholic Medicine* will feature medical miracles – those cases that may not be officially proven, but which show how Jesus truly is the Divine Physician. We encourage you to share your stories as a way to inspire and show how necessary faith is in the practice of medicine. Please submit your story for consideration to Nadia Smith, editor for The Pulse at [pulse\\_editor@cathmed.org](mailto:pulse_editor@cathmed.org) by Friday, November 4th. Submissions should not exceed 700 words. We appreciate your consideration and participation.



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## OPPOSING SUICIDE ■ *Continued from p14*

to moral relativism, which fails to define objective right and wrong, what we can do as physicians versus what we should do as physicians. In the discussion of medical ethics and PAS maybe we need more deontology. Maybe we need more philosophy in medical school. Maybe my generation needs a rationalist slap in the face to say that moral relativism isn't the answer to our politics, our medical therapies, or how we express our beliefs.

My generation of health care providers cannot be defined simply by autonomy and moral relativism. Our medical education merely shows that we have the ability to first learn the basic science, and then to think, to weigh the choices in front of us. This education doesn't tell what is the right choice, what is good and just in itself.

What, or better who, had inspired my generation to be doctors in the first place? Neither intricate science nor the possibility of money and prestige drew me into health care. For me the pursuit of medicine was and is about helping

others lead a life well-lived. Only once we have established physical wellness can we contemplate the higher things in life, what it means to live well in relation to each other and our Creator, what it means to die well in the arms of those we love. Being a doctor is about the mission to heal and comfort, to walk with patients on their life journeys through trials of their body, mind, and spirit. The only way we can walk with our patients and honor their dignity is to learn the basic science, but we are also called to take this relationship one step further. We must learn the art of medicine in cultivating virtue in our patients, our peers, and ourselves.

As I listened to my partner in the debate, one of my Catholic comrades, he reminded my class about a physician's core trait. There in the word "compassion" we find the exact reason why physician assisted suicide can never be a viable treatment we provide: Compassion –from the Latin word *compati* meaning "to suffer with."

*Amanda Stahl is a second year medical student at the Philadelphia College of Osteopathic Medicine.*

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## TRANSGENDER IDEOLOGY ■ *Continued from p9*

can be significant.

Co-author Dr. Dave Stevens, CEO of the Christian Medical and Dental Association (CMDA), noted in an interview with *The Pulse* that the government is more than willing to jump into the issue and get between the doctor and patient. He explained that with more than 50 percent of physicians working as employees, and many others working in group practices, peer pressure and pressure from the LGBTQT community can be considerable. The threat exists of the loss of Medicare and other federal funding for a hospital or physicians' group, or for an individual doctor who does not abide by the notion that the Title IX prohibition against discrimination on the basis of sex, also includes gender.

He knows this is the experience of many working in health care who are increasingly being pressured to go against their conscience or lose their livelihood, pointing to a recent CMDA survey conducted of over 17,000 physicians, dentists, pharmacists and health care workers. It revealed sobering findings: 40 percent of those surveyed, who were mostly Christian, said that they had experienced pressure to compromise their Christian commitment in the workplace; one out of four reported having been discriminated against or had lost a job, promotion or educational opportunity because of their position on an ethical issue and 95 percent said they viewed the problem as getting worse.

Dr. Lester Ruppertsberger, CMA president and coauthor

of the letter, agrees and for that reason believes joining forces with other physician organizations such as the ACP and the CMDA is critical in preventing this change in the construct and base of health care being done legislatively by federal or state mandate, and even the Supreme Court.

"Some other voice has to be present... to speak out in this culture," he said. "All of these organizations individually have tiny, little voices but when we combine, we can be a louder voice. We might have enough critical mass to be able to have a voice that people will listen to, a voice of reason and of common sense."

Ultimately Cretella explained in the interview that society is engaged in a culture war – a war between Nihilism and Christianity. It is a war of worldviews, in which nihilists – driven by their ideology – routinely misrepresent science.

"If Nietzsche is right that there is no God, then all things are permissible – man is his own god and individual autonomy can, should and will trump reality itself," Cretella said. "Science is not a tool to discover reality, but rather a tool for man to create his own reality. Biological design does not provide guidance for human flourishing but rather presents boundaries to be manipulated and transcended."

The end result is "a shift in the entire moral order," she added, with the goal to suppress "Christianity in general, and Catholicism in particular, because it's the world view that stands in the way."

*Nadia Smith contributed to this article.*

# Bringing Joy through Healing

Today's world has left many wounded physically, spiritually and emotionally. It is easy to get lost, but the CMA is helping many return to peace and wellbeing.

Your support of the CMA helps to restore hope and bring joy. Whether it is through the media, working to change policies, educational events, evangelizing health care, forming a new generation of leaders or raising awareness on important issues, the CMA is making a difference and re-establishing joy.

Ours is a profound joy that goes deeper than a smile; rather it lights a fire within, bringing peace to the soul. We have all experienced that kind of joy. Now is the time to share it with others.



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