



## THE NATIONAL CATHOLIC BIOETHICS CENTER

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October 27, 2017

United States Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

### **Re: HHS Strategic Plan, Draft, FY 2018-2022, Invitation for Public Comment**

Dear U.S. Department of Health and Human Services:

The Catholic Medical Association and The National Catholic Bioethics Center represent over 4,000 members, committed to promoting medical practice that is driven by the highest standards as understood by the Catholic faith and human reason. Both institutions recognize the inherent and inviolable dignity of the human person, and strive within the discipline of medical ethics to enshrine that dignity. Members are comprised of physicians and other health care professionals, ethicists, educators, clergy and vowed religious. Its members are active in all fields of health care and academics and have been consistent advocates for the most vulnerable in our nation---the unborn, persons with disabilities, the elderly and those approaching death.

Our organizations were deeply encouraged by the new *Strategic Plan* of the U.S. Department of Health and Human Services, which recognizes that “life begins at conception,” and emphasizes that any true policy in healthcare must seek “to improve healthcare outcomes for all people, including the unborn, across healthcare settings.” It is our belief, based soundly on science and reason, that human life finds its biological beginning at fertilization (conception), when a unique human being has acquired all of his or her genetic determinants, and enters an organized process of growth and development. This fact, which is beyond any reasonable debate, should strongly undergird all policies that the Department promulgates with the force of governmental authority. We would ask that the *Strategic Plan* include a prohibition for the use of tissue from directly killed embryos and fetuses, as consistent with the recognition of the dignity of all human beings from the moment of conception. We believe such an approach will serve the true ends and wellbeing of the citizens the Department exists to ensure. These ends include the right to life, liberty and the pursuit of happiness as defined in our founding documents.

We are pleased that the new *Strategic Plan* of the Department sets a policy tone which will also assist those who are in a vulnerable state due to disability, illness or approaching the end of life, with an emphasis on true “preventive care.” As we know, in implementing the *Affordable Care Act*, the Department exceeded statutory provisions by treating pregnancy as a disease that must be

prevented by what has become known as the “Contraceptive Mandate.” Of significant concern was the inclusion, under preventive care, of prenatal diagnostic testing, the results of which often equate to preventing birth, not disease. While such testing is necessary and helpful in assuring a safe delivery and perinatal period, the abuses to the life and dignity of the unborn child are patently evident. Again, the Catholic Medical Association and The National Catholics Bioethics Center support an approach that protects the dignity and life of our fellow citizens and allows for the maximal implementation of programs that are in harmony with these guiding principles.

We strongly and resolutely oppose any governmental support for assisted suicide or the veiled practice of euthanasia since they are completely incompatible with sound medical ethics and the practice of medicine that is committed to the “good” of the patient. We encourage the inclusion of a definition of “end-of-life care,” which assures true palliative care of those whose disease conditions are no longer treatable and will result in natural death. These approaches should never include the withdrawal of clinically beneficial care and treatment to hasten death. Particularly vulnerable are persons with disabilities, and the *Strategic Plan* calls for, not only technological assistance, but also community support for self-sufficiency, recognizing the inherent worth, an ability to contribute to society, of all persons. Many societies which have legalized physician-assisted suicide, by their very laws allowing persons with disabilities to be euthanized, negate their innate dignity. Payment models for these, and other persons facing significant health care needs should not incentivize toward the refusal of medically appropriate treatment or refusal of basic care, such as food and fluids. Neither should payment models incentivize types of advance care planning that preclude in-the-moment-of need medical decision-making between patients and their physicians, as is characteristic of Physician Orders for Life-Sustaining Treatment (POLST) and similar documents. Lastly and most importantly, assisted suicide or euthanasia should never be incentivized, let alone supported in any way. The medical profession has historically rejected the idea that a physician should be anything but a healer, and this has been beautifully expressed in the profession’s most solemn oaths.

Once again, we are pleased to support the proposed *Strategic Plan*, that clearly articulates the principle that “life begins at conception,” and should end by “natural death.” Furthermore, we were very pleased to receive the *Guidance on Federal Law Protections for Religious Liberty* from the U.S. Attorney General. Both the Catholic Medical Association and The National Catholic Bioethics Center increasingly are receiving requests for assistance as health care providers’ rights of conscience are being violated. Together, these two documents will be beneficial in securing protections, not only for human life, but for the conscience and beliefs of those in health care trying to protect human life.

Sincerely yours,

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