

Philosophy

The philosophy of the
health, community and
aged care service
which is a ministry of the
Sisters of the
Little Company of Mary



LCM
Health Care

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Contents

Message from the Province Leader	3
Message from the Chair and the NCEO	4
Preface	5
The Little Company of Mary	6
Little Company of Mary Health Care	8
Our Mission	8
Our Values	9
Ethical Standards	10
Staff Selection, Recruitment and Education	10
Access and Quality of Service	12
Legitimate Health Care Goals	12
Information and Consent	13
Informed Consent	13
Privacy	14
Pastoral Care	15
Cultural Considerations	15
The Preservation of Human Life	16
Futile or Overly Burdensome Treatment	16
Palliative Care	17
Care For the Body After Death	17
Organ Donation	18
Human Sexuality and Procreation	19
Surgical, Therapeutic or Other Intervention	19
Abortion, Infanticide	19
Care of the Person who has been Sexually Assaulted	20

Message from the Province Leader

The Congregation of the Little Company of Mary was founded by Venerable Mary Potter in 1877 in Nottingham, England. Mary Potter had an enormous vision to establish a Congregation whose members and all those who work and journey with the Congregation, to 'be for others'. Today as an integral part of Mary Potter's vision and legacy, all those who work within and contribute to LCM Health Care enable us to fulfil our mission by bringing the healing ministry of Jesus Christ to people who are sick, dying and in need.

Through our Catholic health, community and aged care services in Australia we seek to expand and make alive Mary Potter's vision in the 21st Century, creating organisations that are life-giving and filled with hope for the future. In our daily work we respect the sacredness of the gift of life which is a gift from God, and the value and dignity of all people. Through our care and compassion motivated by concern for others each one of us is able to inspire hope, provide a source of strength, and reach out to those who are sick, dying and in need.

This philosophy resource is a valuable guide to assist you to abide by and uphold the philosophy of the Little Company of Mary as you work within LCM Health Care and Calvary. You have the assurance of the prayers of the Sisters of the Little Company of Mary in appreciation of your important contribution to our ministries.

Message from the Chair and the NCEO

As a national Catholic provider of health, community and aged care services, LCM Health Care has a particular responsibility to provide high quality, high values, high performance care within a philosophical and ethical framework that has at its core respect for the inherent value and dignity of human life.

This stance drives all that we do in fulfilling our mission as we bring the healing ministry to the individuals and the communities we serve. Within LCM Health Care we are privileged to have been handed on the heritage, vision and philosophy of Venerable Mary Potter, the Founder of the Sisters of the Little Company of Mary.

Each one of us who works within and contributes to LCM Health Care and our Calvary services plays a significant role in upholding the founding heritage and vision of Mary Potter. Through our everyday behaviours and decisions we demonstrate the values—hospitality, healing, stewardship and respect—that are integral to our responsibility to steward the rich heritage of care and compassion of the Sisters of the Little Company of Mary.

We commend this philosophy to you. It will be a guide to serve clients, residents and patients who seek care, support and assistance from within the Calvary community, as well as a guide to support our work colleagues and volunteers. In upholding our philosophy we demonstrate our respect for all human beings as people created and loved by God. In the Spirit of Calvary we strive to excel in the spirit of 'being for others'.

Preface



This philosophy is addressed to all staff and volunteers, visiting medical, allied health and other health care practitioners associated with Little Company of Mary Health Care. It is a guide to the ethos and ethical standards that characterise our mission in health, community and aged care. The foundations of this document lie in the Little Company of Mary Health Care values of hospitality, healing, stewardship and respect, the values that inspire our conduct.

This is not a comprehensive guide to ethical conduct. That is contained in the 'Code of Ethical Standards for Catholic Health and Aged Care Services in Australia' hereinafter referred to as '*The Code*' (2001) published by Catholic Health Australia and approved for publication by the Australian Catholic Bishops' Conference.

'The Code' examines the basic principles of Health Care in the Catholic Tradition under the following headings:

- ▶ Respect for persons within a culture of life
- ▶ Health care and the mission of the Church
- ▶ The goals of health care
- ▶ Justice in health care
- ▶ Collaboration in health and aged care
- ▶ Respect for personal embodiment
- ▶ Solidarity and the mystery of suffering and death.

'The Code' provides a comprehensive guide to ethical behaviour within all health, community and aged care services under the auspices of the Catholic Church in Australia including those under the sponsorship of the Sisters of the Little Company of Mary.

The Little Company of Mary

The Congregation of the Little Company of Mary was founded by Venerable Mary Potter in 1877 in Nottingham, England. It was Mary Potter's vision to establish a religious community, which would not only pray for the dying of the world, but also give Christian care to the sick and dying.

Our mission finds its expression through the original, common and constant ministries of prayer and care of those who are sick and dying. It is expressed in the ministries of the individual sisters and through the apostolic works of the Congregation, such as health care facilities and pastoral centres. It is the call that motivates all service within the local churches and cultures in which the Little Company of Mary is present.

Extract from Constitutions of the Sisters of the Little Company of Mary 1999

The mission of the Sisters of the Little Company of Mary is to give witness to the 'good news' of Jesus Christ, so that it permeates all human and social realities.

This philosophy booklet is issued with the approval of the Province Leader and Council of the Sisters of the Little Company of Mary in Australia.



Our Mission

The spirit of Calvary—we strive to excel in the spirit of ‘being for others’ our mission identifies why we exist.

To bring the healing ministry of Jesus to those who are sick, dying and in need through ‘being for others’:

- ▶ in the Spirit of Mary standing by her Son on Calvary
- ▶ through the provision of quality, responsive and compassionate health, community and aged care services based on Gospel values, and
- ▶ in celebration of the rich heritage and story of the Sisters of the Little Company of Mary.

Our Vision

Our vision identifies what we are striving to become.

As a Catholic Health, Community and Aged Care provider, to excel, and be recognised, as a continuing source of healing, hope and nurturing to the people and communities we serve.

Our Values

Guided by the value of **hospitality** we strive to demonstrate and foster openness to others in a spirit of warmth, compassion, and gracious receptivity. Hospitality demonstrates our response to the desire to be welcomed, to feel wanted and to belong. It is our responsibility to extend this to all who come into contact with our services by promoting connectedness and listening and responding openly.

Healing is the immediate focus of our mission—it demonstrates our desire to respond to the whole person by caring for their spiritual, psychological and physical well being. It is our responsibility to value and consider the whole person and to promote healing through reconnecting, reconciling and building relationships.

Through **stewardship** we recognise that as individuals and as a community all we have has been given to us as a gift. It is our responsibility to manage these precious resources effectively for the future. We are responsible for: striving for excellence, developing personal talents, material possessions, our environment, and handing on the mission of the Sisters of the Little Company of Mary.

Our business relationships and transactions are characterised by their transparency and integrity. Social accountability and community benefit is always a factor in our practice, so that those less fortunate are able to benefit from our business acumen and our commitment to the communities we serve.

The value underlying all others is **respect for human life**, which leads us to cherish and protect life from its beginning to its end. We recognise the value and dignity of every person who comes into contact with our services. It is our responsibility to care for all with whom we come into contact

with justice and compassion no matter what circumstances and we are prepared to stand up for what we believe and challenge behaviour which is contrary to our values.

In accordance with the mission of Little Company of Mary Health Care—to bring the healing ministry of Jesus to those who are sick, dying and in need—we aim to meet the highest standards of care regardless of socio-economic status, age, gender, sexual preference, race, religion, disability, or political beliefs.

Ethical Standards

We have a social contract or covenant with the communities we serve. This sacred and social responsibility challenges us to recognise the ethical dimensions of our acts of caring and curing, healing and restoring to health. Individuals and communities with health care needs make a moral claim on those equipped to help them.

Faithful adherence to Gospel values requires health executives in all our Services to aspire to the highest ethical standards.

Staff Selection, Recruitment and Education

People need to be able to trust those who care for them, and each of us is called to be accountable for providing quality service in whatever role we are employed. Accordingly, all who are associated with our health, community and aged care ministry are required to be informed of our philosophy, and to agree to abide by the ethical principles outlined in

'*The Code*' and this document. It is imperative that we hold ourselves accountable for the integrity of the decisions we make and the actions we take.

Recruitment, education and ongoing formation in terms of the value system of the Little Company of Mary and Little Company of Mary Health Care are essential if we are to continue to deliver health, community and aged care in ways that reflect our values of hospitality, healing, stewardship and respect for human life (see *Code II*, 7.18–7.22).

Therefore:

- ▶ The principles and practice of equal employment opportunity and merit-based selection are adhered to. There will be no unjust discrimination on the basis of factors not relevant to the position, for example, race, gender, age and disability. Staff selection is based on suitability and capability to perform the role in accordance with our values and philosophies.
- ▶ Staff should understand their roles and how they contribute to the mission and values of Little Company of Mary Health Care. All are required to perform in accordance with their position, and to work with others in achieving the goals of their workplace. This accountability and responsibility applies also to our obligations to the communities we serve.
- ▶ We are committed to ensuring that those who are associated with us in our health, community and aged care ministry are given the opportunity to further their personal and professional development through educational and developmental programs.
- ▶ Performance indicators for staff selection, recruitment, performance, professional development and education are developed and monitored as key result areas.

Access and Quality of Service

All in need are entitled to receive the highest standards of care without undue delay within the capacity of the service.

Emergency situations will be attended to promptly and appropriately.

Legitimate Health Care Goals

All procedures and treatments must be consistent with *'The Code'* and the values of Little Company of Mary Health Care, against the background of respect for life and health as God given gifts.

The goals of treatment must therefore aim to serve valid purposes such as the provision of diagnostic or prognostic information, improving or maintaining the patient's standard of health by affecting a cure, arresting a health or life-threatening condition, or relieving pain or other distressing symptoms.

Information and Consent

Recipients of our care are entitled to clear information about services available from our health, community and aged care services (see *Code II*, 1.3).

This entitlement includes:

- ▶ A clear, understandable explanation in lay terms of their condition
- ▶ Complete current information concerning diagnosis, treatment and prognosis from the appropriate clinician
- ▶ Information on names, qualifications and titles of the people responsible for the provision of care.

Informed Consent

People themselves have the primary responsibility for making decisions about their health care (see *Code II*, 1.5–1.7; 1.16–1.20).

Their informed decision making requires:

- ▶ An explanation of proposed treatment/s
- ▶ An explanation of risks and benefits
- ▶ Information about alternatives to a proposed treatment
- ▶ Timeliness of information
- ▶ The option to withdraw at any time
- ▶ Notification and consent regarding the use of clinical information for the purpose of research in compliance with relevant legislation, *The Code*, and always respectful of the person.

Privacy

People have rights to privacy and confidentiality—during interview, examination and treatment and in the storage of all written or electronic histories or medical notes (see *Code II*, 1.9–1.11).

The Information Privacy Principles (IPPs) of the *Privacy Act 1988* and the *Privacy Amendment (Private Sector) Act 2000* must be adhered to. These principles, adapted from international standards, balance the public need for information with the interests of individuals in their privacy.

The right to privacy concerns:

- ▶ The right to refuse observation by those not directly involved in treatment and to withdraw consent previously given
- ▶ Selection of those persons to whom information can be divulged or withheld
- ▶ The nomination of a responsible person, to whom all personal information may be divulged
- ▶ Such nominees will be promptly, reliably and courteously informed of significant events or changes in a person's condition
- ▶ Where patients or residents are unable to make known their wishes, information may be shared within the appropriate health care team
- ▶ Patients or residents are given access to a person to whom their complaints regarding treatment and care may be addressed.

Pastoral Care

Integral to our health, community and aged care ministry is the provision of specialist Pastoral Care services that attend to the emotional and spiritual needs of those we care for through a ministry of presence, companionship and support (see *Code II*, 7.16–7.17).

Pastoral Care includes:

- ▮ pastoral visitation, counselling
- ▮ contact with a priest or minister of one's chosen religious denomination
- ▮ staff support and education
- ▮ individual and group prayer and reflection
- ▮ opportunities for participation in meaningful rituals, worship and celebrating the sacraments.

Those who provide Pastoral Care in our health, community and aged care services should have sufficient competency through training and experience and receive ongoing professional support and development so as to be able to effectively contribute to the ongoing care of patients, residents and clients and operate as a member of the broader inter-disciplinary health care team.

Cultural Considerations

The health, community and aged care services of Little Company of Mary Health Care continue the healing ministry of Jesus, whose care and compassion was inclusive of all peoples, regardless of their religious beliefs, cultures and traditions. It is vital that patients, residents and clients receiving care and support in our health, community and aged care services, together with those who support them,

are able to maintain any cultural or religious practices that give expression to their lives and beliefs (see *Code II*, 5.17; 5.24; 7.3).

The Preservation of Human Life

Appreciation of the gift of life involves respect for human dignity and active compassion and service of the common good. God's loving and creative act continues to sustain us in being, and no one has the right to choose directly to terminate the life of another. Any action or omission which of itself and by intention causes death constitutes euthanasia, and is both illegal and contrary to the philosophy of Little Company of Mary Health Care. Such actions are not permitted in any Little Company of Mary Health Care facility or service (see *Code II*, 1.14; 5.20).

Futile or Overly Burdensome Treatment

Treatment may be legitimately forgone if it is either futile (i.e. makes no significant contribution to cure or improvement or sustaining life) or is overly burdensome to the patient or to others (i.e. the benefits hoped for do not justify the foreseeable burdens of treatment for the particular patient). The benefits of treatment include preserving life, slowing disease, maintaining or improving health or relieving pain and discomfort (see *Code II*, 1.13–1.16).

Palliative Care

Palliative care is at the heart of the works of the Sisters of the Little Company of Mary and is given with special love, compassion and respect. Persons are supported to live out their lives and to prepare both emotionally and spiritually for death.

Dying is a unique experience for each person, their family and friends. It comprises physical, psychological, social, spiritual and cultural elements. We believe that palliative care for people living with a life limiting illness, or living with a condition which has no prospect of cure, should be holistic: taking into account the needs of the patient or resident and family.

The aim of palliative care is to enhance the quality of life while life remains: it does not seek to prolong life by treatments or procedures that are burdensome, intrusive or without therapeutic benefit.

The administration of medication in symptom control, particularly the management of pain is a necessity and an entitlement, even though it may cause loss of consciousness, reduced lucidity or even shortening of life (see *Code II*, 5.6–5.7; 5.20).

Care For the Body After Death

After death has occurred, the body is to be tended with dignity and reverence, respecting the person whose body it was (see *Code II*, 3.24; 5.21).

Organ Donation

The desire of persons to donate organs after their death is acknowledged as an act of solicitude for future generations. The responsible staff must carry out this procedure with sensitivity for the feelings of the relatives of the deceased. Even if a person has expressed a wish to donate organs after their death, the family and/or patient representative must be informed of the patient's wish, and agree to the procedure. In order to ensure the viability of the organs for transplantation, it is permissible to keep a body on artificial life support after the person has been declared dead according to the criterion of whole brain death.

The obtaining of tissue for research or therapeutic purposes should not deprive living donors of the functional integrity of their bodies, nor be undertaken without their free and informed consent given in writing.

Respect for human dignity requires that the body is not used as a 'commodity' but rather is treated as a precious embodiment of the person. The use of the brain or gonadal tissue is contrary to the sanctity and uniqueness of one's personal and reproductive identity. Examples of such prohibited procedures include attempting to form a human embryo other than by the fertilisation of a human ovum by a human sperm, deliberately causing twinning by fission of an embryo, or attempting to gestate a human embryo outside the womb.

Tissue used for stem cell research and transplantation may not be taken from a live foetus. Foetal tissue may only be obtained from foetal material resulting from natural miscarriage, or cord blood. An anencephalic infant deserves the same respect as any other living infant, and their organs may not be taken for transplantation or research (see *Code II*, 3.14–3.30).

Human Sexuality and Procreation

Every conceived child has a right to be carried in the womb, brought into the world and brought up within marriage. Artificial insemination, invitro fertilisation, and surrogacy arrangements are not in keeping with the dignity of marriage and of children as the fruit of married love (see *Code II*, 2.8; 2.10–2.14).

Surgical, Therapeutic or Other Intervention

The significance of the conjugal act (marital intercourse) lies in its unitive and procreative meanings and potential. Procedures with the direct purpose of sterilisation or contraception are not to be performed (see *Code II*, 2.5–2.6; 4.12–4.13).

Abortion, Infanticide

From the moment of fertilisation until the moment of natural death any directly intended termination of human life by active or passive means is not permitted; this includes any harmful non-therapeutic experimentation on the human embryo. The use of abortifacient devices or medications, e.g. intrauterine devices, to prevent pregnancy is likewise prohibited.

Some procedures, treatments or medications which have as their purpose the cure of a serious pathological condition of the mother, and which cannot be postponed until the child is viable without endangering the mother's life, are permitted. However, such interventions must not involve a

direct assault on the unborn child, must not be intended to cause the child's death, nor pose an unwarranted risk to the child's life or health in the circumstances, even if it is foreseen that they may or will result in the death of the child (see *Code II*, 2.26–2.31).

Care of the Person who has been Sexually Assaulted

A person is entitled to defend themselves against the continuing effects of rape or sexual assault. A woman who has been sexually assaulted is morally permitted to try to prevent conception if it has not occurred, but the direct destruction of the human embryo or the use of abortifacients is morally wrong. Appropriate inquiries or tests should be made to ensure that any measures designed to prevent ovulation or fertilisation would not involve any significant risk to a developing embryo (see *Code II*, 3.6–3.9).

