In Good Conscience

Guidelines for the Ethical Provision of Health Care in a Pluralistic Society

Table of Contents

1 **Executive Summary**

3 **Background**

5 **Preamble**

6 **Core Values Informing the Guidelines**

7 **Guidelines for the Ethical Provision of Health Care in a Pluralistic Society**

General health care guidelines

Guidelines for health care providers and institutions

Guidelines regarding reproductive health care

Guidelines regarding medical surrogates and advance directives

Guidelines regarding informed consent

Guidelines regarding the refusal to provide care

11 **Appendix: Key Assumptions Informing the Ethical and Religious Directives**

13 **RCRC Project Experts**

16 ***In Good Conscience* Response Form**

Religious Coalition for Reproductive Choice

Executive Summary

In *Good Conscience: Guidelines for the Ethical Provision of Health Care in a Pluralistic Society* is a model document to assist health care institutions to develop policies regarding access to health care in general and reproductive health care in particular. Developed by ethicists, theologians, and health care and religious professionals in a project facilitated by the Religious Coalition for Reproductive Choice, the Guidelines have been unanimously endorsed by the Religious Coalition for Reproductive Choice Board of Directors.

The goal of the Religious Coalition for Reproductive Choice in developing the Guidelines was twofold : 1) that *In Good Conscience* will be a unifying moral document with which Americans can advocate for quality health care that respects individual needs and wishes and 2) that individual providers, denominations and health care institutions will use *In Good Conscience* as a guide to providing respectful and conscientious health care.

In Good Conscience has three parts: the *Preamble, Core Values Informing the Guidelines,* and *Guidelines for the Ethical Provision of Health Care Services in a Pluralistic Society*.

The *Preamble:* Fundamental principles, such as the right to health and equal access to health care, the freedom of medicine from sectarian doctrine, the inviolability of conscience in making personal health care decisions, and the centrality of women's health care services to the public's health are under attack in contemporary America. *In Good Conscience* demonstrates that the attack on these values is a challenge to the

legacy of religious thought and practice in this country, which emphasize the dignity of the human person and the inviolability of individual conscience from which we derive secular values like equality and pluralism.

Core Values: In keeping with these principles, *In Good Conscience* affirms a set of core values that people of all faiths can adhere to. These include universal access to quality care, health for the whole community, respect for persons as moral agents, respect for evidence-based medicine, respect for the separation of religion and state, respect for constitutional law, and respect for community stakeholders in health care institutions such as hospitals.

Guidelines: On the basis of these principles and core values, *In Good Conscience* lays out a set of guidelines that would result in the ethical provision of health care for all people:

- **General Health Care** would be informed by respect for the inherent dignity and autonomy of persons as patients.
- **Health Care Providers and Institutions** could expect the institution to support unimpeded professional judgments based consistently on best medical practices.
- **Comprehensive Reproductive Health Information, Care, and Referrals** would be available to individuals and couples seeking medical assistance for sexual or reproductive health.
- **Medical Surrogates and Advance Directives** would be honored by all health care institutions, following state law and widely acknowledged ethical norms.
- **Informed Consent** would reasonably condition the acceptance or refusal of all medical care.
- **Refusal to Provide Health Care** would be balanced by alternate service delivery so that no one would be victimized when another exercises his/her conscience.

Background

Health care decisions, including decisions about abortion, contraception, sterilization, and other forms of reproductive health care, are often guided by ethical and moral values. Since 1973, the Religious Coalition for Reproductive Choice (RCRC) has worked to protect these decisions of conscience and the values and religious beliefs upon which they are made. As well, the Religious Coalition for Reproductive Choice has worked to ensure that accurate, unbiased medical information and access to services are available without religious restrictions or bias.

However, data indicates that individuals and institutions serving the public are increasingly refusing to provide certain health services, claiming that they have religious or moral objections to them and that these objections override the needs and wishes of patients. The trend is clearest in reproductive health services including abortion, contraception, and sterilization and in end-of-life care. As a result, certain services are becoming difficult to access and patients are being denied services without any medical reason.

Several trends indicate the scope of the problem:

- A University of Chicago study of physicians' attitudes correlated with religion ("Religion, Conscience, and Controversial Clinical Practices," February 8, 2007, *New England Journal of Medicine*) found that 14% of physicians surveyed believe it is acceptable to withhold medical options they find morally objectionable and 29% would not refer a patient for a procedure they object to. The study authors concluded that anywhere from 40 to 100 million Americans are being cared for by physicians who place their own views above the needs of their patients.

Data indicates that individuals and institutions serving the public are increasingly refusing to provide certain health services, claiming that they have religious or moral objections to them and that these objections override the needs and wishes of patients.

- Forty-six states allow individual health care providers to refuse to provide abortion services and 43 of these states allow health care institutions to refuse to provide abortion services, according to reports by the authoritative Guttmacher Institute. Thirteen states allow some health care providers to refuse to provide services related to contraception. Seventeen states allow some health care providers to refuse to provide sterilization services.

- Reproductive health services are largely prohibited in Catholic Church-affiliated hospitals, clinics, out-patient facilities, universities, health management organizations (HMOs), social service agencies, urgent care centers, hospices, and nursing homes, where one in five Americans receives health care.

- Since the mid-1990s, more than 135 business partnerships have been instituted by Catholic and non-Catholic institutions in which the church's restrictions have been applied. Since 1999, there has been a 25 per cent increase in the number of hospitals operated by Catholic-sponsored health care systems.

- Catholic hospitals constitute the largest single group of nonprofit hospitals in the U.S., with over 11% of the nation's total community hospitals and 16.2% of the nation's total community hospital beds.[1]

Unfortunately, the federal government has been taking steps to protect, expand, and institutionalize these kind of behaviors. One troubling example is commonly referred to as the Weldon Amendment. The Hyde-Weldon Conscience Protection Amendment was signed into law in December 2004 as part of the 2005 appropriation for Health and Human Services. The effect of this legislation is to prevent federal, state and local governments from requiring health care entities to provide or pay for abortion-related services. While previous law protected individual health care providers and medical training programs that refused to provide abortion services or training, the new provision also allows large health insurance companies, hospitals, and HMOs to refuse to provide coverage or pay for abortions without reprisals, thus potentially affecting a much larger number of patients. The amendment must be renewed annually and is currently being challenged only in California.

Given these trends, it is not difficult to see that the availability of reproductive services will be further limited unless an effective moral response is mounted. With this goal in mind, RCRC secured funding from the Dyson Foundation in 2005 to assemble an interfaith working group of experts, broadly based ethnically, geographically, and professionally, to develop an interfaith set of moral guidelines for the provision of health care in a pluralistic society. Since then, the group, working under the direction of Barbara Kavadias, Director of Field Services for RCRC, and T. Patrick Hill, Principal Ethicist, Applied Ethics Enterprises LLC, has formulated and unanimously endorsed a comprehensive set of guidelines, entitled *In Good Conscience*. Presented to the Board of Directors of the Religious Coalition for Reproductive Choice, *In Good Conscience* was unanimously approved and adopted in February 2007. We hope that *In Good Conscience* will be a unifying vision from which we can all advocate for quality health care that respects the individual and that individual providers, denominations and healthcare institutions will use *In Good Conscience* to guide them in respectfully and conscientiously providing health care to all.

[1] *Catholic Healthcare Update: the facts about Catholic Healthcare*, Catholics for A Free Choice, July 2002.

Preamble

The promise of American society rests on a set of interconnected values, including respect for equality and pluralism, a clear distinction between the spheres of religion and state, and a shared commitment to provide every person with an adequate measure of public goods and services.

These values derive in significant measure from a legacy of religious thought and practice that emphasizes the dignity of every person, the significance of individual conscience, and the importance of caring for the disadvantaged. Different religious traditions understand these emphases differently, but they remain integral to all traditions.

These same influences appear in the historic commitment of American medicine to respect the autonomy of individual patients and the judgment of medical professionals, to provide for the most vulnerable, and to be informed by scientific rigor. This commitment has produced a health care system that despite its many flaws, nevertheless seeks to mirror the core values and tenets of a dynamic, democratic society.

Religious groups have sought to provide health care services that reach out to the neediest in the community while respecting the religious diversity of the nation. Rooted in an ethic of service to the whole community, the institutions providing these services have earned both public funding and public support.

At this time in American history, however, we find these understandings to be under serious challenge. In response to this broad and multi-faceted challenge, **we affirm these fundamental principles:**

- That a right to health, derived from the inherent dignity of each human being, justifies without qualification an individual's expectations for the provision of timely and adequate health care.
- That the central ethical and humane tradition of providing quality health care to all must be maintained. This includes guaranteeing equal access to medical services; honoring the right of medical professionals to exercise their professional judgment in the best interests of their patients; and recognizing the professional obligation of medical providers to support access to medical care for all people in the interest of the public good.
- That sectarian doctrine should never override the law or undermine the ethical pillars of medicine that require doctors and other health care providers to do no harm, to do positive good, to respect the autonomy of persons, and to heed the principles of justice.
- That an individual's conscience may guide his or her own behavior but may not control or restrict the exercise of conscience in others.
- That the quality and availability of health care services for women affect the health and well-being of their children and families so that limitations to these services have a profound long-term effect on the public's health.

Core Values Informing the Guidelines

On the basis of these foundational affirmations, we hold that the provision of health care in a pluralistic society be characterized by the following:

1. Universal Access to Quality Care

Every person regardless of age or condition must be afforded access to quality health care. In America's increasingly profit-driven system, it is particularly urgent to ensure that economically disadvantaged persons enjoy equal access to quality care.

2. Health of the Whole Community

The health of the whole community must not be undermined by the forces of health care privatization and sectarianism.

3. Respect for the Human Being as Moral Agent

People should be free to exercise their moral agency and religious freedom when receiving health care.

4. Respect for the Principle of Informed Consent

The bond of trust between patients and health care providers is built on shared decision-making. Patients or their surrogates must be provided with complete information in order to participate fully in their own medical care.

5. Respect for Evidence-based Medicine

The scientific model on which the theory and practice of modern medicine is based must be respected.

6. Respect for Medical Ethics

The philosophical principles on which the theory and practice of biomedical ethics and professional medical ethics are based must be respected.

7. Respect for the Conscience of All Parties in Health Care Decisions

No one person may compel another to act against their own conscience. Therefore, as a matter of practice, no one individual's conscience may take precedence over the conscience of another.

8. Respect for Separation of Religion and State

The separation of religion and state makes possible the civic setting in which the ethical provision of health care can coexist with authentic religious pluralism. For this reason the separation must be protected.

9. Respect for Constitutional Law

In keeping with respect for religion–state separation, the constitutional guarantee of both freedom *for* religion and freedom *from* religion must be maintained.

10. Respect for Community Stakeholders

In light of our diverse and pluralistic society, the interests of all community stakeholders must be respected in the policies, governance, and provision of health care. People of all economic means must be afforded the opportunity to access quality health care, and community resources must be allocated in such a way that no one is shut out, even if it means some sacrifice by others. Cultural and religious pluralism strengthens our society as a whole as we bring to each encounter a rich background of values, beliefs, and practices. Health care institutions should honor their patients, employees, and communities by creating an environment in which difference is respected.

Guidelines for the Ethical Provision of Health Care in a Pluralistic Society

The following guidelines have been developed so that denominational leaders and health care professionals can, from their respective positions, bring to bear on the provision of health care the moral vision presented in the underlying principles and the core values of health care. Outlined below are six categories of guidelines: Guidelines for general health care, Guidelines for health care providers and institutions, Guidelines regarding reproductive health care, Guidelines regarding medical surrogates and advance directives, Guidelines regarding informed consent, and Guidelines regarding the refusal to provide care.

General health care guidelines

a. The inherent dignity and autonomy of each person must be respected and protected regardless of the person's health issues, religious views, or social status. Respecting every person's dignity means that each person should enjoy the right to health, to health care, to direct access to health care, and to the continuation of that care, regardless of the ownership of the institution from which they seek care.

b. The personal interaction between caregiver and patient must be paramount in contemporary health care. Both participate in the healing process. The patient expects and has the right to expect the health care professional to employ the highest standard of care and best medical practices unmediated by institutional restrictions or preemptions, yet sensitive to his or her spiritual needs and personal convictions.

c. The principle of holistic care also obligates medical professionals to remain mindful of possible psychological or spiritual ramifications related to medical care and to refer patients to qualified sources of counseling and support as appropriate.

d. Institutions that restrict information and/or medical practice because of sectarian commitments in relation to reproductive health options, end of life care, or advanced directives should not be publicly funded and should never be the sole health care provider within a given geographic region.

e. The transplantation of organs from living donors is permissible when such a donation will not sacrifice or seriously impair any essential bodily function of the donor and the anticipated benefit clearly is proportional to the harm done to the donor. The freedom of prospective donors must be respected and no economic advantages should accrue to the donor.

f. No person should be obliged to submit to a medical intervention that the person has judged, with a free and informed conscience, would *not* provide a reasonable hope of benefit without imposing excessive risks and burdens on himself or incurring excessive expense for family or friends.

Guidelines for health care providers and institutions

a. The health care professional has a right to expect the health care institution to support unimpeded professional judgment and medical decisions that are based consistently on best contemporary practices.

b. Rapid changes in health care technologies and practices make it imperative that specific medical decisions be *fully informed,* both medically and morally. Institutional health care providers and individual health care professionals have an obligation to provide accurate and relevant information to patients and to the wider public concerning new medical technologies and practices; to be themselves fully informed about the ethical issues and debates concerning their use; to respect the religious and moral questions that a patient brings to her decision-making; and to remain cognizant of the widely differing stances taken toward many health care decisions both within and among various religious communities. Correspondingly, those who provide religious and moral counsel to patients bear their own obligation to be familiar with changing technologies and practices and the ethical issues they raise.

c. An ethics committee or some alternate source of ethical consultation and ethical education and training should be made available to ensure that policies, practices, and decisions taking place in health care institutions are, and continue to be, properly informed as technologies change. This commitment to ethical considerations also ensures that within reason the personal ethics of the patient are respected.

d. Health care providers are to respect each person's privacy and confidentiality regarding information related to diagnosis, treatment, and care.

e. Health care institutions and providers that restrict information and medical practice on matters related to sexual and reproductive health for ethical and religious reasons are obligated to disclose this unambiguously to patients seeking advice and care *before* the patient receives care. If necessary, the provider or institution must immediately effect referral to another provider or institution that will honor the patient's preferences and secure her best medical interests by then providing her with the full range of ethical and religious counsel needed for informed decision-making.

Guidelines regarding reproductive health care

a. Individuals and couples seeking medical assistance regarding sexual or reproductive health, whether to prevent, terminate, or facilitate reproduction or to achieve sexual self-understanding and adjustment, should be provided information regarding the full range of options available and the advantages and risks associated with each of the options. If the health care provider cannot, because of conscience or religious beliefs, offer the patient full information and provide the treatment freely chosen by the patient, she has the professional obligation to refer the patient to another professional who will provide the desired information and treatment. This is part of any provider's *fiduciary* obligation to act in the patient's best clinical interest—an obligation that is deeply embedded in the patient–provider relationship.

b. When surrogate motherhood is being considered or recommended, there is an obligation on the part of the health care provider and the sponsoring institution to make sure that the potential surrogate mother is acting without duress; that appropriate legal arrangements have been made to avoid subsequent disagreements about parental rights and obligations; and that the arrangement is not commercially exploitative of any of the parties involved.

c. Because sexual and reproductive health is related to other dimensions of physical, psychological, and spiritual health, medical providers

should provide care that includes these other dimension, or make provisions for such care with other professionals and institutions.

d. In light of the realities of the role of money in the provision of health care, health insurance companies should not limit coverage to a single or restricted number of services without providing the medical and psychological care that the providers say is indicated.

e. Women and men should be informed of the full range of contraceptive alternatives and how they work in the human body so that they can use them responsibly to avoid sexually transmitted infections and unwanted pregnancies. They should receive sexual and reproductive education, informed by their moral and, where applicable, religious traditions.

f. The full range of contraceptive options should be available to women and men, with accompanying information about their proper use, limitations, and medical consequences, if any.

g. Victims of rape and incest should receive immediate and continuing professional care by medical, psychological, and, if requested, religious personnel. The victim should be informed of medical treatment that can prevent pregnancy and this treatment should be promptly administered upon the request of the victim.

h. Prenatal diagnostic options, including genetic analysis and counseling, should be encouraged and made available for any woman or couple planning a pregnancy. This care is provided so that informed decisions can be made about the pregnancy itself, about what provisions would be required during the pregnancy, and about plans for the care and support of a child born with physical disabilities or genetic anomalies. Expectant parents should be encouraged to obtain, if desired, the counsel of professionals who bring moral and religious information and insight to the decisions being made.

i. Women with an unintended or unwanted pregnancy should be informed of and counseled on all of the options available to them.

j. The ability of a woman to choose to terminate a pregnancy should not be compromised by economic, educational, class, or marital status; age; race; geographic location; or inadequate information.

k. Medical, psychological, and religious professionals should offer continuing, compassionate care for women and their partners who experience conflict or grief following any kind of reproductive diagnosis, such as infertility, or following reproductive loss, including spontaneous, surgical, or medical abortion, adoption placement, or in the case of postpartum depression while parenting.

l. Persons who are at risk for or who have contracted sexually transmitted infections should receive information and medical care without prejudice.

m. Persons of all sexual orientations and gender identities and their sexual partners should be treated equally and should receive the same quality of medical care and access to moral and religious counseling that any other patient would receive as they make decisions about sexual and reproductive health.

Guidelines regarding medical surrogates and advance directives

a. In compliance with federal law, all health care institutions should make available to patients information about their rights under the laws of their state to make an advance directive regarding medical treatment. Keeping within

the law and widely held ethical principles, health care institutions should honor patients' advance directives.

b. Any person may appoint in advance someone as surrogate to make health care decisions on his or her behalf in the event that the person loses the capacity to make those decisions. Decisions made by the surrogate should reflect those the person would have made were he or she able to do so, using the standard of substituted judgment. And where the person's treatment preferences are unknown, the surrogate is to make those decisions using the standard of patient best interest.

c. In the absence of a duly appointed health care proxy, family members, according to the provisions of state law, can be expected to make health care decisions for those who lack decision-making capacity for themselves.

Guidelines regarding informed consent

a. The free and informed consent of the patient or the patient's surrogate is required for medical treatments and procedures except in any emergency when such consent cannot be obtained and there is no indication that the person would refuse the treatment.

b. Free and informed consent means that the patient or the surrogate receives all reasonable information about the essential nature of the proposed treatment and its likelihood of benefit, risk of harm, side effects, consequences, and cost; and any reasonable and scientifically based alternatives, including no treatment at all.

c. The well being of the whole person must be taken into account in deciding on any therapeutic intervention or use of technology. No one should be the subject of medical or genetic experimentation, even if it is therapeutic, unless the patient or surrogate has first given free and informed consent. Where consent is provided by a surrogate, it should only apply if the experiment entails no significant risk to the patient's well being.

Guidelines regarding the refusal to provide care

a. If, for reasons of conscience or religious belief, a pharmacist chooses not to provide contraception, including emegency contraception, the pharmacist has a professional obligation to refer the patient immediately to another pharmacist at that pharmacy who will provide the contraceptive. If no other pharmacist is readily available, the original pharmacist is professionally and morally obligated to meet the patient's request. Individuals who do not feel that they can meet these standards should not put themselves in a position where they will be called upon to do so.

b. All pharmacies should provide the full range of contraceptive options, including emergency contraception. If one or more of the pharmacists in the employ of a pharmacy chooses not to provide the full range of contraceptive alternatives, the pharmacy is obligated to have other pharmacists on duty to meet patients' requests and needs. Pharmacies that may find themselves unable to meet their obligations to their community should be free, without fear of lawsuit, to not hire and to fire any pharmacist who refuses to provide contraceptives.

c. When a health care provider cannot on conscientious grounds fulfill the medical wishes of the patient or their surrogate, the health care provider should refer the patient to another health care provider who can do so. Professionally there are no grounds, including claims of conscience, for abandoning a patient.

Appendix:
Key Assumptions Informing the Ethical and Religious Directives

The Roman Catholic "Ethical and Religious Directives for Catholic Health Care Services", despite their claim to universality, can be read as an explicitly sectarian theological statement about health care provision that have had a widespread effect in limiting reproductive and end-of-life care in institutions that serve the public and receive public funding. The Directives were developed by the Committee on Doctrine of the National Conference of Catholic Bishops and approved as the national code by the full body of bishops at its June 2001 General Meeting. The Directives establish the boundaries of morally permissible medical care in accordance with Roman Catholic teaching, and their application depends on appeal to the authority of local Bishops.

The USCCB addressed the issue of the application of their Directives to a pluralistic society by stating:

> "…, within a pluralistic society, Catholic health care services will encounter requests for medical procedures contrary to the moral teachings of the Church. Catholic health care does not offend the rights of individual conscience by refusing to provide or permit medical procedures that are judged morally wrong by the teaching authority of the Church." (Ethical and Religious Directives for Catholic Health Care Services, Fourth Edition, pg 5).

However, stating that there is not offense to individual conscience and there being none are two different things. Religious refusals for medical care that *In Good Conscience* demonstrates are morally acceptable to both the wider interfaith and secular society are, under the Directives, widespread. The Directives prohibit the provision of abortion, contraception, emergency contraception, voluntary sterilization, and assistive reproductive procedures such as in vitro fertilization in hospitals, clinics, out-patient facilities, universities, health maintenance organizations (HMOs), social service agencies, urgent care centers, hospices, and nursing homes that adopt these Directives as policy. Since the mid-1990s, more than 135 business partnerships have been instituted by Catholic and non-Catholic institutions in which the church's restrictions have been applied. Hospitals affiliated with the Catholic Church, which constitute the largest single group of nonprofit hospitals in the U.S., over 11% of the nation's total community hospitals, are required to operate under the Directives. One in five Americans receives some of their health care in a Catholic Church-affiliated institution.

The theological commitments underpinning the Ethical and Religious Directives for Catholic Health Care Services are not universally accepted by Catholics or non-Catholics. Rather, the Directives establish the boundaries of morally permissible medical care in accordance with Roman Catholic teaching as interpreted by the U.S. bishops' conference. This appendix points out just two of the key particularly Roman Catholic, and hence sectarian rather than universal, assumptions that inform the Directives.

Subordination of Reason and Natural Law to Revealed Truth

The theological commitments underpinning the Ethical and Religious Directives for Health Care Services not only differ from the tenets of many non-Christian faiths but differ as well from the strong beliefs and commitments held by many non-Catholic Christians and by Roman [American] Catholics who do not subscribe to every precept laid down by the local ordinary or bishop.

In the Preamble to the Directives, the bishops declare: "The moral teachings that we profess here flow principally from the natural law, *understood in the light of the revelation Christ has entrusted to his Church…*" (emphasis added)

The bishops subordinate the universal human capacity to discern what is right and good to a specific revelation that they say has been entrusted by Christ to the Catholic Church. The bishops have every right to take this position, but it is not a foundation for ethical thinking that can claim wide appeal in a pluralistic society. All appeals to natural law are directed back for final adjudication to the keepers of a particular religious tradition with its own notions of what God wills in and through the figure of Jesus Christ.

Subordination of Medical Science and Judgment to Episcopal Oversight

While not every bishop in every diocese seeks to exercise direct influence over health care matters, the fact that the Directives *expect* and *entitle* someone who lacks professional clinical training to do that is troublesome. Hospital and medical staff serving in Catholic institutions may find themselves subordinating best medical practice and patient best interest to the canonical authority of the local ordinary or bishop. The resulting hardship for patients who cannot receive the care they legitimately want is unacceptable. Equally unacceptable are the ethical crises for health professionals who are unable to provide the care clinically called for.

Although the Directives assert that "science and faith do not contradict each other," the decisive role assigned to bishops in regard to ethical matters appears to put faith leaders in the position to control outcomes in some instances regardless of what medical science and medical judgment might recommend.

RCRC Project Experts

Rabbi Richard. F. Address. D.Min

Rabbi Address is Director, Department of Jewish Family Concerns: Union for Reform Judaism New York City, NY, and adjunct faculty member at the Hebrew Union College-Jewish Institute of Religion (New York). He is also a columnist for JewishFamily.com. Rabbi Address sits on the Advisory Board of the Kalsman Center for Judaism and Health and the Board of the Shepherd's Center of America.

Reverend Geoffrey B. Curtiss

Rev. Curtiss is Rector of All Saints Episcopal Parish, Hoboken, NJ. He serves as Vice President of the Christ Hospital Board of Trustees, which has just removed itself from an attempted partnership with Bon Secours' Health System, and is Senior Vice Chair of the Canterbury Board of Trustees (the owner of Christ Hospital), representing the Episcopal Bishop of Newark, the Rt. Rev. Mark Beckwith in this capacity. Rev. Curtiss has lead and served on a variety of Christ Hospital committees; currently he is involved with the Quality Improvement, Pastoral Care and Education, Oversight, and Nominating Committees.

Rev. Dr. Larry Greenfield

Dr. Greenfield is Executive Minister of the American Baptist Churches of Metro Chicago and Editor/ Theologian-in-Residence at Protestants for the Common Good in Chicago, IL. He is an ordained minister of the American Baptist Churches USA, and has served as a pastor, campus minister, seminary teacher, dean, and president. He was vice-president and director of research for the Park Ridge Center for the Study of Health, Faith, and Ethics in Chicago,
a co-founder of the Religious Institute on Sexual Morality, Justice, and Healing, and a consultant/author for a curriculum on religion and sexuality for Planned Parenthood/Chicago Area. He is a board member of the American Civil Liberties Union of Illinois and the Religious Coalition for Reproductive Choice of Illinois as well as other educational, civic, and religious not-for-profit organizations.

T. Patrick Hill, Ph.D

Dr. Hill is consultant to the project, with chief responsibility for chairing and coordinating the work of the interfaith working group that spearheaded the work of the project. He is Principal Ethicist at Applied Ethics Enterprises LLC, Red Bank, NJ, is Senior Policy Fellow at the Edward J. Bloustein School of Planning and Public Policy at Rutgers, The State University of New Jersey, and Clinical Research Ethics Consultant at the Cancer Institute of New Jersey, New Brunswick, NJ.

Mr. Stephen F. Hutchinson

Stephen Hutchinson is Chancellor and General Counsel for the Episcopal Diocese of Utah, Salt Lake City, Utah. A member of the Disciplinary Policy and Procedure Task Force for the Episcopal Church, he is also a member of the Board of Trustees of St. Mark's Hospital; past member of the Standing Commission on Constitution and Canons of the Episcopal Church and former chief disciplinary counsel for the Utah State Bar. Formerly, he served on the American Bar Association Standing Committee on Professional Discipline and the Utah Supreme Court Advisory Committee on Professional Ethics and Discipline

Ms. Barbara Kavadias

Ms. Kavadias is the Director of Field Services for the Religious Coalition for Reproductive Choice (RCRC) and project leader of the interfaith working group that developed the Guidelines. Prior to joining the national staff, she was the Executive Director of the New Jersey RCRC. Ms. Kavadias is a past President of the National Council of Jewish Women-West Morris Section, serves on the Community Relations Committee of Metrowest Jewish Federation and the Adult Education and ritual committees at her synagogue, Morristown Jewish Center, Beit Yisrael. She began her pro-choice work in Wisconsin where she founded a student group, became the co-chair of a statewide pro-choice task force, and was appointed by the governor to the Adolescent Pregnancy Prevention and Services Board.

Rev. Peter Laarman

Rev. Laarman is Executive Director of Progressive Christians Uniting, a Southern California network headquartered in Los Angeles, and Senior Minister Emeritus of Judson Memorial Church in New York. Rev. Laarman writes and lectures frequently on issues of faith, public ethics, and public morality. In 2006 he published a book of essays under the title, *Getting on Message: Challenging the Christian Right from the Heart of the Gospel.* Rev. Laarman chairs the board of Faith Voices for the Common Good, based in Oakland, and participates actively in the development of the Center for Faith and Public Life in Washington, DC. While in New York he served on the board of Planned Parenthood New York City and led its Religious Leaders Task Force.

Elizabeth Lyster, MD, MPH

Dr. Lyster is an ob/gyn in private practice in Laguna Beach, CA. She is Trustee-at-Large on the Board of Directors, Temple Beth El of South Orange County and Chair of the temple's Rituals Committee. She is also a member of the American College of Obstetricians and Gynecologists, the American Medical Women's Association, and Physicians for Reproductive Choice and Health.

Professor Khaleel Mohammed

Prof. Mohammed is in the Department of Religious Studies, San Diego State University, San Diego, CA, and is a member of the Foundation for the Study of Abrahamic Religion, the Religious Leadership Council (the advisory council for Clergy for Choice of the Religious Coalition for Reproductive Choice). He is a specialist in Islamic law, providing responses to Muslim questions (www.forpeoplewhothink.org).

Ms. Jacinta Montoya

Ms. Montoya is Executive Director of the Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR), Denver, CO. In 2004, she was the recipient of Choice USA's Top 30 Under-30 Activists for Reproductive Choice Award. She is a member of the LUZ Reproductive Justice Think Tank, the National Advisory Committee of National Latina Institute for Reproductive Health, the Advocacy Committee of Colorado Coalition for Girls, the Protect Families Protect Choice Coalition, and the Healthy Women Healthy Babies Task Force Advisory Committee. She is also a board member of the Colorado Coalition Against Sexual Assault and Women's Lobby of Colorado, Inc.

Rev. Amy R. Stapleton

Rev. Stapleton is the National Field Organizer for the Methodist Federation for Social Action, an independent network of United Methodists working on issues of peace, poverty, and people's rights. She is an ordained Elder in the United Methodist Church and currently attends Dumbarton United Methodist Church in Washington, DC. Previously a hospital chaplain and campus minister, Rev. Stapleton focused on justice and peace issues while in seminary and spent time in the West Bank, South Africa, Zimbabwe, and India, working on human rights issues with indigenous persons.

Debra Stulberg, MD

Dr. Stulberg is a Fellow in the Department of Family Medicine and MacLean Center for Clinical Medical Ethics, The University of Chicago Pritzker School of Medicine, Chicago, IL. She is a co-founder of the Midwest Access Project and formerly served on the Board of Directors of Medical Students for Choice and the Advisory Board of the Preserve Project of Physicians for Reproductive Choice and Health. She was a co-founder of the West Suburban Hospital Merger Watch Coalition formed to oppose the Catholic takeover of West Suburban Hospital. She is a member of the Religious Practices Committee of Kehilath Anshe Maarav Isaiah Israel synagogue, Chicago.

Rev. Dr. Lloyd Steffen

Dr. Steffen is Professor of Religion Studies and University Chaplain at Lehigh University, Bethlehem, PA. He serves on the Board of Directors of the Religious Coalition for Reproductive Choice, has been Vice-Chair of the Board and is currently Secretary. He is also a representative to the United Nations for RCRC. A professor and teacher with specialization in philosophy of religion and ethics, he is the author of six books, including *Life/Choice: The Theory of Just Abortion (*1996, 2000) and *Abortion: A Reader* (1998). He is a member of the Institutional Review Boards for Human Subjects Research at Lehigh University and Haverford College, and of the Ethics Committee, St. Luke's Hospital, Fountain Hill, PA.

Thank you for your interest in *In Good Conscience.*

If you would like more information about the ethical provision of health care in our country, please fill out and fax or mail the form below or sign up on our website www.rcrc.org.

YOUR NAME: ______________________

ADDRESS: ______________________

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Check as many as apply:

- ☐ I would like the Religious Coalition for Reproductive Choice to make a presentation to my congregation or organization about *In Good Conscience*
- ☐ I would like information about introducing a resolution to my denomination in support of *In Good Conscience*
- ☐ I would be interested in having my organization or congregation become an endorser of *In Good Conscience*
- ☐ Our hospital board/ pharmacy/ clinic/ doctor's office would be interested in adopting *In Good Conscience* as a policy statement that shows our commitment to ethically providing health care for all
- ☐ I have been denied services for contraception, emergency contraception, abortion or other reproductive health care services and would like to share my story. Please contact me.

Please return completed form to:

In Good Conscience, Religious Coalition for Reproductive Choice,
1025 Vermont Avenue, NW, Suite 1130 , Washington DC 20005
or fax to 202-628-7716

Religious Coalition for Reproductive Choice Educational Series

The Religious Coalition for Reproductive Choice produces a wide range of publications on religious views about reproductive health and choice. For a full list of RCRC's publications, please visit our website, www.rcrc.org.

The publications in our Educational Series may be ordered online at www.rcrc.org/issues/resources.cfm.
One set of all statements is $10.

Respecting the Moral Agency of Women. Virginia Ramey Mollenkott, Ph.D., explains why reproductive choice is at the heart of morality and justice. **ED1**

Personhood, the Bible, and the Abortion Debate. Dr. Paul Simmons' study of Biblical teachings refutes claims made by fundamentalists and conservative political groups. **ED3**

Abortion: Perspectives From Jewish Traditions. Rabbis Richard J. Shapiro and Raymond A. Zwerin provide Reform and Conservative thinking about abortion and fetal life. **ED5**

Abortion: A Christian Ethical Perspective. Dr. John Swomley provides compelling answers to basic questions. **ED6**

How Good Women Make Wise Choices. Rev. Nancy Rockwell shows how Biblical tradition validates free choice for women. **ED7**

The Really Good News: What the Bible Says About Sex. Rev. Debra W. Haffner, M.P.H., discusses Biblical statements about a variety of sexuality issues. **ED8**

The Continuum of Choice in Sanatana Dharma. Swami Abhipadananda and Swami Jyotir Vakyananda interpret the meanings of reproductive choice in Hindu tradition. **ED10**

From Infertility to Spiritual Abundance. Reverend Dr. Linda Mercadante explores spiritual and religious aspects of infertility. **ED11**

Sexuality as a Locus of Spirituality. Kee Boem So constructs a healthy view of human sexuality in relationship to spirituality. **ED12**

Human Stem Cells: Research and Respect. Betty B. Hoskins, Ph.D., offers a framework for research with embryonic stem cells that addresses moral and scientific considerations. **ED13**

Freedom, Responsibility, and Reproductive Choice: A Pagan View. Judy Harrow, President of the New Jersey Association for Spiritual, Ethical, and Religious Values in Counseling, explains the views and values of paganism. **ED14**

Islamic Tradition and Reproductive Choice. Scholar and Imam Khaleel Mohammed reviews Islamic law and tradition. **ED15**

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Questions? Call us at 202-628-7700 weekdays from 9 to 5 EST. Email: info@rcrc.org. Website: www.rcrc.org.

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