



THE NATIONAL CATHOLIC BIOETHICS CENTER

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Highlights of the Moral Analysis *regarding a Proposed Combination involving* **Catholic Medical Center and Dartmouth-Hitchcock Health**

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The National Catholic Bioethics Center (NCBC) has reviewed the proposed combination agreement between Dartmouth-Hitchcock Health (D-HH), GraniteOne Health (GOH), Catholic Medical Center (CMC), CMC Healthcare System (CMCHS), and other organizations. NCBC finds it to be morally sound based on traditional moral principles, and in particular based on the Congregation for the Doctrine of the Faith's 2014 guidelines titled *Some Principles for Collaboration between Catholic and Non-Catholic Entities* ([CDF Principles](#)) and the sixth edition of the *Ethical and Religious Directives for Catholic Health Care Services* ([ERDs](#)) published by the United States Conference of Catholic Bishops. The agreement is explicit and reiterative in its respect for Catholic moral teaching, canon law, the ERDs, and the authority of the Bishop of Manchester with respect to CMC and its Catholic affiliates.

Any collaborative arrangement between Catholic and non-Catholic health care organizations raises legitimate concerns about Catholic identity and witness, problematic participation in the immoral acts of others, and the theological scandal that might result even when the arrangement entails no wrongdoing on the part of the Catholic organization. Clarity about what is actually happening, and why, is an important means of educating the faithful and the broader public. This statement, with its short summary of NCBC's moral analysis, is intended to serve as an educational tool. NCBC's moral analyses are always conducted confidentially, so it must be noted that this document for the public is offered at the request of CMC and with the permission of both CMC and NCBC.

CMC engaged NCBC for its health care ethics consultation services early in the process of considering a collaborative arrangement.¹ NCBC is grateful for CMC's diligence in this matter. It has enabled responses to questions and responsiveness to NCBC input that can often be impractical when NCBC is consulted only after a final proposal has already been put together. In those scenarios, when NCBC concludes that a proposed arrangement simply is not morally sound and must be rejected, there is often little or no possibility of reworking it in a manner agreeable to all the parties. CMC's early engagement of NCBC instead enabled a proposal that achieves many of the goals of both parties while respecting and upholding, in no uncertain terms, the Catholic mission, identity, and ethos of CMC.

What follows is a list of notable highlights summarized from the full moral analysis.

¹ NCBC did not conduct an analysis of the agreement from a canon law perspective. A canonical expert was engaged by CMC for this purpose. NCBC's moral analysis nonetheless stipulates that all the norms of canon law must be respected in order for the agreement to be morally sound.

Basic Structure

1. The combined system will be secular: Dartmouth-Hitchcock Health GraniteOne (D-HH GO). It is not created by CMC. CMC will join it. CMC will retain its Catholic identity and assets. The combination does not place any non-Catholic organization under the ownership, governance, management, or financial authority of CMC or its subsidiary organizations. CMC's assets cannot be used to fund practices contrary to Catholic moral teaching.
2. The combination includes a concrete mechanism for the oversight and authority of the Bishop of Manchester with respect to CMC: the co-membership of CMCHS with D-HH GO. Various powers are granted to D-HH GO as a co-member of CMC, yet CMCHS (and through it, the bishop) retains ultimate authority with respect to the Catholic identity of CMC.

Catholic moral teaching: Procedures and referrals

3. The agreement includes clear, detailed, and repeated affirmations of CMC's continued adherence to Catholic moral teaching and canon law, which D-HH GO cannot override.
4. No abortion, in vitro fertilization, sterilization, euthanasia, or any other practice contrary to Catholic moral teaching will be permitted by CMC or its Catholic subsidiaries. The new system will have no authority to force such practices on the Catholic organizations.
5. No Catholic entity or employee will be allowed or required to refer patients for any practices contrary to Catholic moral teaching. This does not apply to transfers of care if a patient requests to go elsewhere. [See this NCBC resource for explanation.](#)

Witness and Scandal

6. A note with contact information for CMC's Office of Catholic Identity will be offered to CMC patients who are referred to other D-HH GO providers for ethically sound purposes, just in case they have questions, concerns, or confusion about any moral issues they may encounter outside of CMC. A note with the phone number for CMC's Office of Catholic Identity will also be posted in Dartmouth-Hitchcock clinics.

D-HH GO Region II President: No authority over immoral practices & not establishing mechanisms

7. Beyond the basic combination structure, the CEO of CMC will initially serve as the President of Region II of D-HH GO. CMC will be part of Region II. D-HH GO will not grant that Region II president any authority over practices contrary to Catholic moral teaching at any D-HH GO facilities in Region II while the CMC CEO is in that role. That is, lines of authority pertaining to those practices will bypass the Region II president altogether.
8. The authority lines pertaining to immoral practices are established by the non-Catholic parties and under the authority of D-HH GO, not CMC.

CMC and the D-HH GO Board: CMC not controlling the larger system, and clear in its Catholic identity

9. Six (6) of fifteen (15) D-HH GO board members will be GOH board members. All GOH appointees to the D-HH GO board who serve on CMC's board will explicitly object to any decisions about implementing or continuing practices contrary to Catholic moral teaching.

Sufficient Reason for Good Acts that Others Will Use for Wrongdoing

1. CMC is not directly supporting—by governance, management, funding, ownership, or referral relationships—any practices contrary to Catholic moral teaching at other entities.
2. The [Catholic moral tradition teaches](#) that a person or organization may sometimes engage in a good act despite foreseen—but indirect and unintended—ways in which it will be used for another's wrongdoing. A proportionate or "sufficient" reason is needed in these cases.
3. CMC first sought out other Catholic partners, but these options were not mutually beneficial.
4. CMC is intending and expecting to accomplish numerous benefits for patients and for its Catholic identity, which suggest a sufficient reason for the combination: e.g., expand inpatient capacity; establish specialty services such as cancer, trauma, behavioral health, and inpatient pediatrics; expand primary care; keep more patient care in New Hampshire rather than sending to Boston; expand access to its heart and vascular institute; grow existing NaProTECHNOLOGY® services for women's health and fertility.