Covenant Health Response to SaveDKH
FINAL 10-17-22

| Directive | Short Answer | Questions & Responses |
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| **Directive 5:** Catholic health care services must adopt these Directives as policy, require adherence to them within the institution as a condition for medical privileges and employment, and provide appropriate instruction regarding the Directives for administration, medical and nursing staff, and other personnel. | **No** | **Does this mean that failure to comply with the ERDs by a physician or other staff would be cause for termination of employment?**<br>The ERDs guide the ethical practice of our clinicians, with the goal to provide standard-of-care medical treatment with dignity and respect for all. While employees and providers will be called upon to comply with the ERDs, we have many options for corrective action based on the facts and circumstances in a given case ranging from additional education, verbal warnings, written warnings and possibly termination. |
| | **No** | **Does this mean that interns/residents/medical students who may receive education at DKH will not be trained in areas such as contraception, e.g., tubal ligation, vasectomies, etc.?**<br>It is important to point out that Day Kimball is not a teaching hospital and is unlikely to provide "training" specific to some of these areas/procedures today. Interns, for example, do not carry licensure to perform procedures. All students and residents will be given opportunities to observe or participate in procedures that are offered and performed within ERD guidelines as is appropriate for their licensure level. They will also have opportunities to ask questions of our employees and providers and when appropriate, to discuss these issues and procedures with patients. Although the ERDs guide our decisions regarding the performance of certain procedures, they in no way limit or restrict our ability to provide education regarding such procedures.<br><br>Interns, residents, and medical students often participate in rotations at multiple locations and at other health care institutions and it is very possible that procedural training in services that are not offered at Day Kimball will occur at these other locations. |
| **Directive 24:** In compliance with federal law, a Catholic health care | **Yes** | **There are instances whereby a patient might request medication to end their life in the case of terminal illness. While this is not yet permitted in the state of Connecticut, SB 88 - An Act Concerning Aid in Dying for Terminally Ill Patients is currently working its way through the** |

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| institution will make available to patients, information about their rights, under the laws of their state, to make an advance directive for their medical treatment. The institution, however, will not honor an advance directive that is contrary to Catholic teaching. If the advance directive conflicts with Catholic teaching, an explanation should be provided as to why the directive cannot be honored. | | **legislature. Should this pass and become law, will Covenant Health Care/Day Kimball support and allow this choice to be made by the patient and their physician?**<br>This is a hypothetical question as there is no way to know now if or when legislation like this would be enacted in Connecticut, or what the final legislation would provide.<br><br>That said, it's important to note:<br>• As is outlined in the ERDs, we value and hold sacred every phase of life, including end-of-life. Therefore, we have opted out of Aid-in-Dying legislation in states where our organizations are located.<br>• We honor advanced directives in nearly all circumstances. It is only in limited specific instances such as medically assisted suicide that we can not participate in such activity.<br>• If a patient requests medication to end their life in a state where Aid-in-Dying laws are enacted, we will explain why we are unable to comply with the request and offer to make a smooth transfer of their health record to a provider of their choice. This process has been in place at our facilities in Maine with no issue since this legislation was enacted in September 2019.<br>• Our providers are fully authorized to discuss available options and answer questions with patients. We encourage every patient, resident and family to ensure they have an individualized plan of care and take advantage of palliative and hospice care offerings. |
| **Directive 25:**<br>Each person may identify in advance a representative to make health care decisions as his or her surrogate in the event that the person loses the capacity to make health care decisions. Decisions by the designated surrogate should be faithful to Catholic moral principles and to the person's | **No** | **Does this mean that the surrogate may not follow the dying person's express Advance Directives if they are in conflict with Directive 24?**<br>In most cases, the authority and range of decision-making bestowed upon a surrogate is established through legal documents, such as a Medical Durable Power of Attorney (DPOA) or Advanced Directive, which are governed by state and federal law.<br><br>In terms of process, it would be a very rare instance that this situation would arise, as current Aid-In-Dying laws typically require the patient to formally make this wish known while medically competent. It is unlikely that this decision would fall to the surrogate.<br><br>We are a health system comprised of hospitals and senior care organizations. Every day we work with patients, resident, their families, and authorized surrogates to honor the wishes of those at end of life. If those in our care request a service that we are unable to offer or do not feel is |

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| intentions and values, or if the person's intentions are unknown, to the person's best interests. In the event that an advance directive is not executed, those who are in a position to know best the patient's wishes—usually family members and loved ones—should participate in the treatment decisions for the person who has lost the capacity to make health care decisions. | | medically appropriate, we provide information about alternative providers, and facilitate the smooth transfer of the patient and/or the patient's health record. |
| **Directive 36:** Compassionate and understanding care should be given to a person who is the victim of sexual assault. Health care providers should cooperate with law enforcement officials and offer the person psychological and spiritual support as well as accurate medical information. A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after | **No** | **Does this mean that this legal procedure would not be permitted even in the case of pregnancies resulting from rape, incest or any other reason that would otherwise be deemed appropriate by the mother and her physician?**<br>It is important to note that elective abortions are not currently performed at Day Kimball Healthcare. Consistent with current practices at Day Kimball, patients who request an elective abortion will receive an explanation as to why we are unable to comply with their request. If a patient chooses to go elsewhere for this service, we will facilitate the smooth transfer of their health record.<br><br>Given that each patient's health factors and personal circumstances are unique, it is important to know the following:<br>• Catholic hospitals operating in the United States are accredited and held to the exact same standards as non-Catholic hospitals.<br>• We will not prohibit providers from answering a patient's questions or from discussing the full range of options available to a patient, including abortion.<br>• The ERDs do not impact the standard of care for patients presenting to our emergency departments with emergent issues related to their pregnancy or sexual assault . Consistent |

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| appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization. It is not permissible, however, to initiate or to recommend treatments that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum. | | with the ERDs and sound medical practice, these patients are provided with all necessary care. If appropriate this includes measures to prevent potential pregnancy.<br>• It is also important to know that the care provided to patients in the emergency room is determined by the unfettered clinical judgment of professional health care providers consistent with the standard of care.<br>  ○ Patients presenting with miscarriages are afforded all necessary care to address the mother's health needs.<br>  ○ Patients with ectopic pregnancies do not implicate the ERDs, as such pregnancies are by definition not viable.<br>• We provide comprehensive psychological, spiritual, and medical treatment for all victims of sexual assault. We provide immediate care and treatment for physical injuries and follow accepted medical and forensic protocols to assure no pregnancy results from the assault and that evidence is collected for law enforcement purposes. |
| **Directive 41:** Homologous artificial fertilization (that is, any technique used to achieve conception using the gametes of the two spouses joined in marriage) is prohibited when it separates procreation from the marital act in its unitive significance (e.g., any technique used to achieve extracorporeal conception). | **Yes** | **Does this mean that in vitro fertilization and other, similar techniques are not permitted and will not be performed?**<br>Day Kimball Healthcare, as a community hospital, does not now provide this level of care. Rather, providers work closely with couples who are trying to conceive. If patients request specialty care that exceeds the expertise of providers on staff, we will provide contact information for appropriate advanced fertility care . |

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<tr><td rowspan="2">Directive 45:<br>Abortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus) is never permitted. Every procedure whose sole immediate effect is the termination of pregnancy before viability is an abortion, which, in its moral context, includes the interval between conception and implantation of the embryo.<br><br>Catholic health care institutions are not to provide abortion services, even based upon the principle of material cooperation. In this context, Catholic health care institutions need to be concerned about the danger of scandal in any association with abortion providers.</td><td>No</td><td>Irrespective of the assertion that “Abortions have never been performed at DKH” (which, incidentally, is open to debate), does this mean that this legal procedure would not be permitted even in the case of pregnancies resulting from rape, incest or any other reason that would otherwise be deemed appropriate by the woman and her physician?<br>Day Kimball Healthcare does not perform elective abortions. This would not change with this affiliation.</td></tr>
<tr><td>Yes</td><td>Would DKH allow immediate, emergency medical care in the case of miscarriage, ectopic pregnancy, and sexual assault, including immediate D&C, surgical intervention and contraception prevention medication?<br>The ERD’s do not impact the standard of care for patients presenting to our emergency departments with emergent issues related to their pregnancy or sexual assault. Consistent with the ERDs and sound medical practice, these patients are provided with all necessary care.<br><br>• Patients presenting with miscarriages are afforded all necessary care to address the mother’s health needs.<br>• Patients with ectopic pregnancies do not implicate the ERDs, as such pregnancies are by definition not viable.<br>• We provide comprehensive psychological, spiritual, and medical treatment for all victims of sexual assault. We provide immediate care and treatment for physical injuries and follow accepted medical and forensic protocols to assure no pregnancy results from the assault and that evidence is collected for law enforcement purposes.</td></tr>
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| **Directive 48:**<br>In case of extrauterine pregnancy, no intervention is morally licit which constitutes a direct abortion. | **Yes** | **Would DKH provide immediate, emergency medical intervention for miscarriage and ectopic pregnancy which would include medication, laparoscopic procedures and abdominal surgeries?**<br>The care provided to patients in the emergency room is determined by the unfettered clinical judgment of professional health care providers consistent with the standard of care.<br>○ Patients presenting with miscarriages are afforded all necessary care to address the mother's health needs.<br>○ Ectopic pregnancies are by definition not viable and do not implicate the ERDs. |
| | **No** | **Does this mean that medically prescribed interventions, that protect a woman's health that result in termination of pregnancy, will not be permitted to treat this condition?**<br>Ectopic pregnancies are by definition not viable and do not implicate the ERDs. |
| **Directive 52:**<br>Catholic health institutions may not promote or condone contraceptive practices but should provide, for married couples and the medical staff who counsel them, instruction both about the Church's teaching on responsible parenthood and in methods of natural family planning. | **No** | **Does this mean that birth control pills, IUDs, tubal ligations, vasectomies, "Plan-B/Morning After pill", etc., may not be discussed, recommended, or provided by a patient's physician if the patient's intent is for the prevention of pregnancy (rather than for treatment of a health problem such as menstrual cycle irregularities, endometriosis, dysmenorrhea, or cancer)?**<br>It is important to know that Covenant Health will not inhibit or limit provider-patient discussions in any manner, including conversations regarding birth control for the sole purpose of pregnancy prevention or to prevent and treat other health conditions.<br>• While it is true that the ERDs prevent us from offering some elective treatments and services when their use is for the sole purpose of pregnancy prevention, we in no way try to prevent a patient from accessing this information or from receiving these services or treatments from another provider.<br>• It is important to know that we offer these procedures, medications or interventions when they are used to treat a medical condition, prevent disease in those at high risk for disease development or ameliorate human suffering, it is permissible under the ERDs even if there may be a secondary effect that otherwise would be prohibited under the ERDs.<br>○ Example: Women's health services and procedures, including oral birth control pills, hormone-eluting implantable uterine devices (IUDs), fallopian tube removal and D&Cs (dilation and curettage) are often performed to maintain health and wellness, to address a medical condition, prevent disease and/or mitigate cancer risks. These services and procedures are permissible under the ERDs, and they will continue to be provided at Day Kimball by Day Kimball providers just as they are today. |

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| **Directive 53:**<br>Direct sterilization of either men or women, whether permanent or temporary, is not permitted in a Catholic health care institution. Procedures that induce sterility are permitted when their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available. | **Yes** | **Does this mean that DKH and the medical staff will not be permitted to perform procedures such as tubal ligation and vasectomies for purposes of birth control?**<br>We are unable to perform tubal ligations or vasectomies for the sole purpose of birth control. |
| **Directive 58 & 59**<br>In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally. This obligation extends to patients in chronic and presumably irreversible conditions (e.g., the "persistent vegetative state") who can reasonably be expected to live indefinitely if given such care. Medically assisted nutrition and hydration become morally optional | **No** | **Does this apply even if the patient's Advance Directive specifically states that they wish to be removed from all life support measures in this situation?**<br>The ERDs do not require that we keep patients alive in all circumstances and at all costs. We carefully consider the patient's expressed wishes, Advance Directives and clinical condition when withholding and/or withdrawing non-medically beneficial treatment. |

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| when they cannot reasonably be expected to prolong life or when they would be "excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed." For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort. | | |
| **Directive 60:** Euthanasia is an action or omission that of itself or by intention causes death in order to alleviate suffering. Catholic health care institutions may never condone or participate in | **Yes** | **There is currently a bill making its way through the Connecticut legislature (SB88, An Act Concerning Aid in Dying for Terminally Ill Patients), that, if approved and passed into law would permit a patient to self-administer medication to end their own life. Assuming the passage of this bill, would DKH and its medical staff be prohibited from participating in this procedure?** Again, this is a hypothetical question as there is no way to know now if or when legislation like this would be enacted in Connecticut, or what the body of the law would contain. Please see our response to your question regarding Directive 24 above. It should be noted that the actions of |

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| euthanasia or assisted suicide in any way. Dying patients who request euthanasia should receive loving care, psychological and spiritual support, and appropriate remedies for pain and other symptoms so that they can live with dignity until the time of natural death. | | independent (non-employed) medical staff members within their private practices would not be limited or impacted by the ERDs. |
| **Directive 73:**<br>Before affiliating with a health care entity that permits immoral procedures, a Catholic institution must ensure that neither its administrators nor its employees will manage, carry out, assist in carrying out, make its facilities available for, make referrals for, or benefit from the revenue generated by immoral procedures. | **Yes** | **Does this mean that if a patient of DKH or of one of its medical staff/physicians requests a prohibited treatment, the patient's physician is prohibited from providing a referral to a provider who is capable of providing such treatment?**<br>Our providers are in no way restricted from educating patients with respect to providers or locations that may offer prohibited services and procedures. While our providers and staff cannot make a formal referral (recommend a specific provider or call a provider to make an appointment for a patient) for a prohibited service or procedure, we will ensure a smooth transfer of care including timely transfer of a patient and/or their health record. |
| **Directive 75:**<br>It is not permitted to establish another entity that would oversee, | | **It has been proposed that Covenant Health would offer funding to Planned Parenthood in order to provide an alternative source for this procedure. Referring to the above Directives 45 and 75, "Catholic health care institutions are not to provide abortion services, even based upon** |

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| manage, or perform immoral procedures. Establishing such an entity includes actions such as drawing up the civil bylaws, policies, or procedures of the entity, establishing the finances of the entity, or legally incorporating the entity. | | **the principle of material cooperation…" Will the Catholic church really allow this sort of funding to be sent to an abortion provider, even if Planned Parenthood had a local office?**<br>Directive 75 is clear: we would not fund any alternative elective abortion providers, nor have we had any communication with Planned Parenthood or other providers in this regard. |