



# SaskEthics

*An Ethics Newsletter for Catholic Healthcare Organizations in Saskatchewan*

## Discernment needed to know when to cooperate

Dear *SaskEthics* Readers,



**W**e've all been there. Maybe you were a kid and your older brother put you in charge of turning on the garden hose

while he draped it into an unsuspecting sibling's bedroom window. Or maybe you looked the other way when your friend asked to borrow your hedge clippers when a neighbor left his prized (yet hideous) lawn sculpture unguarded for a weekend. Whatever it was, I'm willing to bet that at some point in your life you were involved in something that you knew wasn't right, but you didn't think your involvement made you guilty of the crime. "I thought I was turning on the sprinkler," you told yourself. Or, "I didn't know how he was going to use the clippers, I swear!"

In Catholic ethics, these scenarios fall under the 'Principle of Cooperation,' which helps us to understand whether we have gone too far by participating in something we think is wrong. Whatever the case we are considering, the principle of cooperation gives us several key

questions to ask ourselves to determine if we are going too far.

To understand more about the types of questions we need to ask ourselves, let's take an example from a little closer to the patient bedside, and think about what a nurse should do if she feels uncomfortable starting an IV on someone who is at high risk of using it for illicit drug use.

In any case of cooperation, we need to first establish that we do not want the bad action to occur. (So no, you shouldn't intentionally be part of the plan to flood your sibling's bedroom.) In our case study, let's assume that the nurse involved does not want the patient to use illicit drugs. Now, there are four main questions that the nurse will need to ask himself/herself:

(1) *How good is the thing that I am trying to do?* Providing care for a patient in need is a tremendous good, especially if they are vulnerable and unable to receive care elsewhere.

(2) *How bad is the thing that I am thinking about tolerating?* IV drug use is harmful and does not respect the dignity of the human person. It is also often not in the control of the person who is doing it.



(3) *How close are my actions to the action I disagree with?* Inserting an IV is not as close as, for example, providing the illicit drugs that will be used.

(4) *Is there any other way to accomplish the thing I am trying to do?* For example, can the patient receive the fluids or medications they need orally?

The answers to these questions are situation specific, and it is unlikely that two people will answer any one of them in exactly the same way. Working through the questions is a balancing act where we try to determine how much weight to give each answer. Although cooperation questions rarely give us a clear right or wrong answer, going through these questions together can help us to understand our teammates' perspectives and explore different options for care.

In the case above, for example, in one situation the nurse's discomfort may result in the team finding another, equally

effective, way to deliver medications to the patient. In another situation the nurse may, due to a personal trauma, feel stronger than average about how wrong drug use is, and it may be helpful for a teammate to step in.

Do the questions of the principle of cooperation help you to articulate why some situations bother you, while other ones do not? How would you help a teammate if they were struggling with their involvement in something they believe is wrong?

If you would like to learn more about the principle of cooperation (and I'm sure you do), flip to page 117 of the Health Ethics Guide (which I'm sure is sitting on the corner of your desk).

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