

Your faith community is located near a large apartment complex that provides low-income housing to a multiethnic population. Only a few individuals living in the complex worship at your faith community. You notice many children play outside, and it often appears no adults are supervising the children. You would like to start a community garden, food pantry, and community outreach for children to address your concerns. You present your idea to the leadership of the faith community, but they would like to focus on global outreach rather than community outreach.

## ■ Healthcare Ministry within Your Faith Tradition

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### Instructions:

The following questions are an opportunity to explore the healthcare ministry of faith traditions. This exercise can be done as a pre-class assignment, online, or in small groups in a classroom setting. Utilizing the resource list provided may be helpful.

### Questions:

1. Is there a history of your faith community working in the health field or with medical missions? Provide examples of ways in which your faith community (local, regional, national and global) supports health ministries.
2. How does your faith community support concerns about poverty, marginalization of individuals and groups, human trafficking, and family violence in your community, your region, and globally? Share examples of ways your community is actively engaged in addressing these issues.
3. What are your faith tradition's beliefs (social or policy statements) on health or health-related issues?
  - What are your faith tradition's views regarding the end of life? Euthanasia? Suicide? Capital punishment? What are the implications for your practice?
  - What are your faith tradition's views regarding conception and reproduction? What are the implications for your practice?
  - Does your faith tradition have a statement on genetic research? What are the implications for your practice?
  - Identify ways in which these beliefs are consistent with your personal values. Are there inconsistencies? How do you believe you will address these conflicts when the situation arises?
4. What other statements or viewpoints might be distinct to your tradition? What are the implications for your practice?

## ■ Case Studies

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### Instructions:

Review selected case studies either in small groups or as a large group, and discuss the ethical questions presented.

### Case 1: The Parishioner at Risk but Content with Her Circumstances

Sarah Smith, 80 years old, has been a member of her faith community for over 50 years. She provides care for her 60-year-old handicapped son in their three-room home. She has severe osteoporosis and uses a walker. She cannot attend church because she cannot leave her son alone. One of the members of her church visitation program has been seeing her once a week for a friendly chat and prayer. The visitor has asked Marie Matthews, the FCN, to visit Mrs. Smith to determine whether her health and the health of her son are at risk in their present living environment. Mrs. Smith agrees to the FCN's visit. Marie knows that Mrs. Smith has a reputation for being extremely private and very independent.

On her first visit Marie notices that the home is very cluttered and has a strong odor from accumulation of dust, dirt, and mold. The home is heated with a space heater surrounded by stacks of old paperback books. There is little food in the pantry. After several visits, Marie notices that Mrs. Smith has not changed her son's clothing or bathed him for a long time. However, Mrs. Smith seems to be comfortable with their lifestyle and does not see any

reason to change their living arrangements. Her financial support comes from Social Security and a small pension. It is not clear when Mrs. Smith last saw her primary care provider, and she cannot recall when her son was last seen by his primary care provider.

Marie initially encourages Mrs. Smith to apply for services that could be available to her, such as homemaker services, a nutrition program, and financial management services. Marie also tells Mrs. Smith that more volunteers from the church would be willing to visit her and sit with her son while she attends church or sees her primary care provider. Mrs. Smith says that she does not want or need help from any more people and does not feel comfortable leaving her son with strangers.

Marie is concerned about the living arrangements of Mrs. Smith and her son. She is also wondering whether she should notify the Protective Services Unit of Elder Services that Mrs. Smith might be endangering not only herself but her son. However, this action could lead to Mrs. Smith losing her right to care for her son, or even to consideration of conservatorship and guardianship through the courts.

*How far should Marie go in providing "good" for Mrs. Smith and her son, and who should decide what is "good" for them?*

### **Case 2: Protecting Parishioner Confidentiality**

Mr. Dewey, 58 years old, is a respected leader in the faith community and serves on the governance and finance committees. Unfortunately, Mr. Dewey has a long history of alcoholism. This is known by other church members, but few talk about it because Mr. Dewey is considered an important community member. Last week he entered a local alcohol treatment program at his family's insistence and with help from the pastor and FCN. He and his family were explicit in their discussions with the pastor and FCN that they did not want anyone to know that he is currently undergoing treatment for alcoholism.

Becky Smith, the 14-year-old daughter of another faith community member, is a teen volunteer at the local hospital. Several days ago, she delivered a flower arrangement to the substance abuse treatment floor and she noticed Mr. Dewey's name on the card. She told her parents that Mr. Dewey was in the hospital. Her mother immediately called the church office and put his name and hospital room number on the prayer list, which is printed in the faith community bulletin.

Mr. Dewey's family is very angry with the pastor and the FCN. They say their privacy has not been protected and believe that the pastor and the FCN betrayed their confidence. The FCN soon finds out how the information was gained and transmitted. She asks the pastor to visit the Dewey home with her and explain how this mishap occurred. She does not want anyone to think she or the pastor betrayed a confidence. The pastor, however, is not willing to do this. He advises her to just let it blow over and say nothing.

*The FCN does not feel comfortable with this approach. What can she do?*

### **Case 3: Deciding What Is Fair and Just in Nursing Home Placement**

Dana Green is the FCN at a faith community well known for its support of social justice issues and advocacy on behalf of the local community. In the past 15 years, this congregation has helped to build a state-of-the-art assisted living facility and a 60-bed nursing home for its members. Preference for placement in both facilities has always been given to members of the faith congregation. Members of the local community can apply for placement if there are available spaces and if they can pay for the services needed. The nursing home has beds for those who cannot pay, but they must be members of the faith community.

Dana is on a local scholarship committee with Jane Albany, a family friend. Jane asks Dana for help in getting her elderly mother placed in the congregation's nursing home. Jane and her family are able to pay for all services needed by her mother, and they are sure that Dana can do something to support their cause. Dana, however, is aware that Fred Hobbit, a parishioner with few financial resources, is also applying for placement to the nursing home. Dana is torn between advocating for a family friend's mother or for the parishioner, Fred Hobbit, for placement in the one open bed at the nursing home.

*What should the FCN do? What is the faith community nurse's obligation to both parties?*

#### **Case 4: When a Pregnancy Reduction Is Recommended**

A couple in the faith community, Jim and Alice Thomas, have been told that they are expecting four babies. The doctor is strongly recommending that the pregnancy be reduced to two babies. The joy of this long-awaited pregnancy is well known in this small, tightly knit congregation. However, no one except the couple, their parents, the FCN, and the spiritual leader knows about the recommendation.

The FCN does not personally oppose abortion but is well aware that the teachings of this faith community are against abortion. The spiritual leader has met with the couple and their parents, who are long-standing members of the faith community. He has reminded them of the faith community's teachings against abortion and is convinced that reducing the pregnancy amounts to abortion of otherwise viable fetuses.

The spiritual leader asks the FCN to meet with all involved to help the couple make the "correct" decision. He tells her that this is a very difficult ministry, but he knows the FCN will be helpful to the couple and their parents. Whatever is decided, he does not want to know. He will pray for the nurse and knows she will guide the couple to the morally right decision.

*What is the role of the FCN in this situation and what should be done?*