

Minnesota Bishops' Joint Statement on Their Collective Promulgation of the Seventh Edition of the Ethical and Religious Directives for Catholic Health Care Services

February 11, 2026 | World Day of the Sick | Memorial of Our Lady of Lourdes

In November 2025, the plenary assembly of the United States Conference of Catholic Bishops (USCCB) approved the Seventh Edition of the Ethical and Religious Directives for Catholic Health Care Services (ERDs). The ERDs outline the moral principles that govern the provision of health care services in Catholic health care ministries such as hospitals, regional clinics, and long-term-care settings. Today, on the World Day of the Sick 2026, the ERDs are being promulgated by individual canonical decree as particular law in each of Minnesota's six dioceses. In promulgating these directives, the bishops seek to serve their collaborators and fellow disciples in health care ministry by clearly articulating the ethical and spiritual standards of care in this important work of the Church.

CHRIST THE HEALER

In His earthly ministry, Jesus healed people in body and soul. He “came so that they might have life and have it more abundantly” (Jn 10:10). Serving as his hands and feet throughout history, the Church continues that healing ministry. As the ERDs' General Introduction states: “The mystery of Christ casts light on every facet of Catholic health care: to see Christian love as the animating principle of health care; to see healing and compassion as a continuation of Christ's mission; to see suffering as a participation in the redemptive power of Christ's passion, death, and resurrection; and to see death, transformed by the resurrection, as an opportunity for a final act of communion with Christ.”

The purpose of the ERDs is to help Catholic health care ministries live their mission to its fullest in accordance with the dignity of the human person, made in the image of God. They also distinguish Catholic health care as a positive contribution to the mission of competent care of the sick in a just society, and as an irreplaceable witness to human solidarity.

In promulgating the ERDs in his diocese, the diocesan bishop plays a unique pastoral role in ensuring that the important work of Catholic health care ministry reveals the face of Christ to the sick and attends to each person's authentic good—both those in need and those who minister to them. Accordingly, “[a]s teacher, the diocesan bishop ensures the moral and religious identity of the health care ministry in whatever setting it is carried out in the diocese. As priest, the diocesan bishop oversees the sacramental care of the sick.” (*Id.*)

NOTABLE UPDATES IN THE SEVENTH EDITION

The ERDs draw upon centuries of moral reflection upon difficult ethical questions. Through that reflection and experience, a body of moral principles has emerged that can be applied to new circumstances. Those principles are illuminated by faith but can also be known by reason and are accessible to all. It would be a mistake to consider them merely Catholic religious values; they are truths applicable to all people because of our common human origin, nature, and destiny. The fact that some people might not understand or formally accept the natural law does not in any way render void the important truths communicated therein. By God’s design, we all can participate in the truths of God’s creation and providence and find in them true happiness and fulfillment.

As technology advances and cultural values shift, the ERDs must address new circumstances, including developments that would have been unthinkable even a generation ago (see no. 2, below). That is why bishops work with Catholic health care ministries and other experts to apply the principles in the ERDs to concerning new procedures and practices in health care.

Among the important matters addressed in the Seventh Edition of the ERDs, we wish to highlight two in particular: 1) the prohibition on the voluntary stopping of eating and drinking by a patient (VSED) as a form of suicide; and 2) the prohibition on Catholic health care providers offering what is commonly called “gender-affirming care.”

1. Voluntary stopping of eating and drinking (VSED) is suicide, which is always impermissible

The ERDs state that the Church respects patients’ decisions about life-sustaining treatments when done so in accord with Catholic teaching. A patient may forgo extraordinary interventions or treatments for which the benefits are disproportionately low vis-à-vis the burden of those interventions. But as the ERDs also make clear, there is a presumption of providing (and receiving) nutrition and hydration as an ordinary means of care—again, assuming the benefit is not outweighed by the burden (ERD 58).

According to the ERDs (60), the voluntary stopping of eating and drinking (VSED)—starving oneself to hasten death, a practice being increasingly promoted today—is fundamentally different than forgoing interventions such as a feeding tube, when overly burdensome, or the natural loss of appetite that can accompany the dying process. VSED instead intentionally introduces a cause of death apart from the

underlying illness and, therefore, constitutes a form of suicide in which health care providers are enlisted to facilitate. Such an action would be contrary to the healing profession and deny the stewardship of life God entrusts to us. Hospice and palliative care are encouraged by the ERDs as proven alternatives in such situations (61-63).

Catholic health care provider institutions and practitioners should not encourage, condone, or cooperate with a patient's decision to resort to VSED.

2. Treatments attempting to alter a person's sex are not sound science nor consistent with the nature and dignity of the human person

The new ERDs remind practitioners that we should care for any individual who is sick—no matter his or her identity. Such care includes “mitigat[ing] the suffering of those who experience gender incongruence or gender dysphoria...” (ERD 29). But this treatment must be done in accordance with the true nature and dignity of the human person, acknowledging that each person, upon creation, receives a given sex, which must be “accept[ed] ... and respect[ed] ... as it was created.” Authentic health care respects the truth of the human person and is ordered toward healing, not harm. Therefore, ERD 28 prohibits Catholic health care providers and practitioners from administering “medical interventions, whether surgical, hormonal, or genetic, that aim not to restore but rather to alter the fundamental order of the body in its form or function ... [including those] that aim to transform sexual characteristics of a human body into those of the opposite sex or to nullify sexual characteristics of a human body.”

A fuller explanation of the “why” behind the guidance found in ERDs 28-29 can be found in the *2023 DOCTRINAL NOTE ON THE MORAL LIMITS TO TECHNOLOGICAL MANIPULATION OF THE HUMAN BODY* published by the USCCB Committee on Doctrine, and from which these ERDs were developed in part.

STEWARDS OF THE GIFT OF LIFE

As the new edition of the ERDs remind us, quoting Pope Francis, “creation is prior to us and must be received as a gift” (ERD 28). We are stewards of that gift, which seeks to understand and be attentive to the totality of the human person created body and soul in the image and likeness of God with an eternal destiny. Human beings are not merely bodily machines that can be manipulated at will, and health care is not merely ‘science’ in the limited sense of the mechanistic diagnosis and treatment, through chemicals and surgeries, of merely corporeal creatures.

Likewise, patients should not see themselves merely as consumers of health care services who can demand at will from health care professionals treatments and procedures that violate clear ethical principles to do good and avoid evil or that in some cases violate the very nature of medicine itself, which is to heal and not harm—to be stewards of the gift of life not merchants of death (cf. ERD 26).

The ERDs call on patients and health care professionals to reflect on their roles as stewards of the gift of life, respecting their mutual rights and responsibilities as the Church seeks to bring the healing power of Christ into the world through the provision of health care services. Likewise, civil authorities should respect the mission of non-profit Catholic health care because of the value it provides to the community as a whole and respect the freedom to serve in a manner that is consistent with our principles, which, again, are not unique to Catholics but promote the good of all people.

To be sure, providing health care is a challenging endeavor and patients, families, and health care professionals need to exercise prudential judgment in every clinical encounter. The bishops of Minnesota, therefore, reiterate their encouragement to Catholic providers to put in place training and practice protocols, including sound ethics boards, that can help with these decisions and, in difficult circumstances, consult with their diocesan bishop. Similarly, organizations such as the National Catholic Bioethics Center and the Catholic Health Association of the United States have robust resources to guide Catholic health care provider institutions and practitioners in their ministry.

With gratitude to each and every person engaged in this work, the diocesan bishops of Minnesota promulgate the Seventh Edition of the ERDs on this, the Memorial of Our Lady of Lourdes, praying that the Blessed Virgin Mary will intercede for the people of our State and cover them with the mantle of her maternal protection as they protect and care for others, seeing in each person the presence of her Son.

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