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Position Statement of the Catholic Medical Association Concerning Psychiatric Care of the Clergy

It has come to the attention of concerned Catholic psychiatrists and Catholic physicians of other medical specialties that inappropriate treatment of Catholic clergy is taking place at certain Catholic psychiatric hospitals which are linked to the Church and named after saints of the Church. This statement is produced to provide guidelines for appropriate treatments that are in the best interests of the Clergy and the Church. Although the guidelines focus on treatment of Catholic priests, they apply equally to treatment of our Catholic nuns.

1. Psychiatry is a medical specialty dedicated to medical treatment of individuals with mental disorders. It should not be utilized as an administrative means to punish or isolate a priest (who) has been found in disfavor by his bishop.

2. Optimal treatment of a patient requires a confidential relationship between the physician and patient. A priest who is a patient must be treated with the same dignity and respect as a lay patient. The priest must not be required, pressured or coerced with threats, such as loss of faculty, to waive rights of privileged communication. The priest should not be required to have total exposure to the bishop or other hierarchy. The information provided to the bishop should only contain generic data that would be provided to an employer. That information should be confined to fitness to return to duty, date of return to duty, restrictions at work and whether follow-up care is advised. It is acknowledged that the priest's bishop will have the ultimate decision about the priest's return to duty. However, the priest is not to be held in the hospital because a bishop is not ready to take him back.

3. Privileged communication between a physician and patient excludes issues of criminal behavior. If criminal behavior, such as sexual battery, child molesting, or other acts are an issue, this is to be reported to the appropriate civil authorities as soon as practicable when this becomes known.

4. Catholic facilities that provide inpatient psychiatric treatment should only admit patients that meet the usual and customary criteria for inpatient care. Some of the criteria include that the patient is a danger to self or others: the patient is so disabled that the patient cannot provide for his own basic needs, such as nourishment and personal hygiene; the patient may need high doses of psychotropic medications which require daily monitoring in a hospital setting. There is rarely a need for admission to the hospital for treatment of paraphilias (sexual disorders). A psychiatrist taking care of the priest in the hospital is to make regular visits, preferably daily.

5. Except for unusual circumstances a priest should not be sent to some isolated facility far away from family and friends. He should not be held covertly from his friends unless he specifically asked for this. Outpatient treatment in the priest's own environment for support and recovery is the preferred treatment.

6. The priest is entitled to the patient rights and civil rights of a United States citizen. The priest must be given the option of informed consent which includes alternatives to the treatment offered at the facility. The priest must have the right to a psychiatrist of his choice and to change psychiatrists if that priest so desires. The priest must be given the opportunity of second opinions which must be acknowledged and given reasonable consideration by the facility. The priest must have the right to be transferred to another facility of his choice, if he so desires. The priest must not be held against his will without a civil commitment. The priest is not to be held in the hospital under coercion such as threats of loss of faculty by the bishop. The hospital length of stay (LOS) should be kept to a minimum in accordance with current standards of care in the United States. Extended LOS of 4-6 months as an average stay regardless of diagnosis or severity of illness is not acceptable. Bishops should not attend treatment conferences for the priest. Bishops should not be involved with decisions regarding LOS and discharge date. These are medical decisions to be made between the psychiatrist and the priest.

7. After release from the hospital, the priest is not to have the indignity of "reintegration" into his parish or work location. It is not appropriate nor therapeutic for a representative of the hospital to escort the priest back to the priest's work area and set up committees to oversee the priest's behavior. One such hospital had a female social worker from the hospital bring a pastor back from the East Coast to the Midwest on a commercial airline, which is their usual procedure. This was inappropriate, anti-therapeutic, and an indignity for the pastor. It was a costly, unnecessary expense for the Catholic laity. After discharge, the hospital and its representatives are not to badger and threaten the former patient (priest) to return for follow-up evaluations or treatment unless the priest chooses to do so of his own free will. After discharge the priest must be allowed to pick a psychiatrist of his own choice. This is not to be decided by the hospital nor by the bishop.

8. Catholic psychiatric hospitals should operate in accordance with the philosophy of the teachings of the Church. The Church teaches that homosexuality is morally wrong and the desire for homosexual acts is a disorder. We agree with this teaching. Priests who are patients that agree with this Church teaching should not be treated adversely and labeled as homophobic. We dispute the decision of the American Psychiatric Association (APA) and similar groups that, on the basis of an opinion poll of some of their members, no longer see homosexuality as a disorder. Although the APA view may appear popular, as it has been promoted by the entertainment industry and the media, it has no scientific validity. The APA view has been detrimental and confusing to adults and youth, and contributed significantly to the degradation of the moral values of our culture. We endorse the support groups called *Courage* and *Encourage*, that help homosexuals lead chaste lives and offer help to their families. The groups were developed by the Reverend John F. Harvey, O.S.F.S., enlightened author of the book *The Truth About Homosexuality*.
