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Renewing Hearts: Catholic perspectives in valve replacement surgery for those who use intravenous drugs


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SI/HUM Abstract

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Renewing Hearts: Catholic perspectives in valve replacement surgery for those who use intravenous drugs

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Introduction: The incidence of infectious endocarditis has been increasing, particularly among those with a history of intravenous drug use (IVDU). Although current bioethics literature supports valve surgery as treatment for this patient population, clinical guidelines and literature continues to provide unclear recommendations for physicians. Catholic bioethics may provide a different perspective to re-contextualize the recommendations of secular ethics.

Methods: A PubMed search was used to gain background information regarding the incidence of infectious endocarditis and current treatment guidelines, as well as historical and current ethical considerations. Search terms included: “infectious endocarditis,” “IE,” “intravenous drug use,” “IVDU,” “ethics.” Related citations were also reviewed to find additional publications. Catholic ethical perspectives were gathered from the resources available on the United States Conference of Catholic Bishops, Vatican, and National Catholic Bioethics Center websites, and the Catechism of the Catholic Church. A theoretical case was developed to highlight the areas in which Catholic principles may provide relevant guidance.

Results: Historical ethical concepts such as medical futility or distribution of limited resources have largely been replaced with changing understandings of addiction and increased accessibility of valve surgery. Current ethical recommendations stress that IVDU does not constitute a contraindication. Whereas secular ethics primarily rests upon the principles of autonomy,

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beneficence, non-maleficence, and justice, Catholic ethics emphasizes the concept of human dignity. Highlighting the dignity of both patient and physician provides an additional framework to guide clinical decision-making.

Discussion: Both secular and Catholic ethics supports the equitable provision of valve surgery for patients with infectious endocarditis and a history of IVDU in the absence of other contraindications. While there remains unclear clinical guidelines, surgeons may remain hesitant to perform these operations. Catholic principles such as dignity may provide a different perspective to help resolve the discrepancies between ethical recommendations and clinical practice.