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# **Catholic Identity in Health Care and the Relevance of the 1994 *Ethical and Religious Directives for Catholic Health Care Services***

by

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"I've got some good news and I've got some bad news," said the captain of the Roman galley as he went down into the slave quarters to break the news to the slaves below.

"The good news is everybody is getting an extra ration of rum for the evening meal." The slaves erupt into cheers at the news.

Asking for silence, the captain continued: "The bad news is that the Emperor is coming on board tomorrow . . . and he wants to learn to water ski!"

In some ways this weekend meeting of the National Association of Catholic Nurses USA is somewhat akin to this little vignette: the good news is that we are together, eating well, as you can see, and celebrating in a very real sense the indisputable fact that Catholic health care, its institutions and its individuals, has performed an admirable service for the Church in America and for American society not only in the past but indeed right to the present day. The bad news is that, to continue this ministry, difficult choices will have to be made and perilous challenges must be confronted and surmounted. From the vantage of some in attendance tonight, it might well appear to be the situation that Catholic health care is trying to learn how to water ski by rowing alone.

## **Catholic Identity in Health Care**

This evening I would like to address the question of how to go about preserving Catholic identity in health care into the 21st century. As the galley

slaves saw it was impossible to water ski by rowing alone, so Catholic health care institutions have come to the realization that in many, many instances it is impossible to survive by going alone. We need the help of others. Hence the importance of a group such as yours: nurses attached to the deep truths undergirding Catholic teaching and willing and able to share experiences with brothers and sisters of a like mind.

You know as well as, if not better than, I what some of the challenges are in the setting of American health care in general: an extremely volatile health care market, the challenge of how to control costs without compromising patient care, the challenges posed by managed care, the difficulty of overcoming the obstacles blocking universal coverage, depersonalization, the denial of death mentality, the practice of RESCUE medicine over PREVENTIVE medicine, the "medicalizing," if you will, of certain moral decisions, and advances in medical technology which are not always unambiguous — these are but a few of the issues that all Catholic health care institutions and professionals in our country have to grapple with these days.

### ***The 1994 Ethical and Religious Directives for Catholic Health Care Services***

In the introduction to Part 6 of the *Ethical and Religious Directives for Catholic Health Care Services* [ERDs], the American bishops talk of the opportunities (the good news) and the challenges (the bad news) facing Catholic health care providers as they face a most unsettling time in the delivery of health care in the USA.

The great opportunity is to serve the common good of American society by our Catholic health care system. The Introduction to Part Six lists a host of pluses:

- i. The healing profession as a whole can benefit;
- ii. the social teaching of the Church can better be implemented;
- iii. the local health care delivery system can be refashioned to provide a better continuum of care for the community;
- iv. responsible stewardship of limited health care resources can be brought about; and
- v. access to basic health care can be given to the poor and the vulnerable among us.

The great challenge, of course, will be to bring these goods about but to do so in a way that will not compromise who we are as Catholic health care providers and as a community of faith; in other words, that we not lose our Catholic identity as we face the challenges of delivering health care on the eve of the third millenium. I pose this question to you, members of the National Association of Catholic Nurses: Can you continue as Catholic health care professionals to be of service to the Church and to American society in a distinctly and recognizably Catholic



way? Of will you be forced to compromise who you are as Catholics in order to remain in the health care field?

### **Catholic Health Care in the Future: Mission Possible?**

Voices have been raised in the Church, from both conservative and liberal camps, to the effect that maybe, just maybe, Roman Catholic health care in America in the 21st century will be, in the words of one, "MISSION IMPOSSIBLE."

To see if we belong, it will be necessary to understand who we are as Catholics. For this I believe it will be helpful to go to what I call the documents of Catholic identity. Three will be incumbent to know as Catholics in general for any walk of life, clerical or lay. Three will be devoted specifically to health care professionals.

#### **The Documents of Catholic Identity in General**

Catholic identity. What is that? It seems to me that there are three documents that speak of Catholic identity to any and all Catholics.

1. first and foremost, there are the scriptures, both Old and New testaments, writings which in their entirety link the Church of the New dispensation with the Jewish people of the Old covenant in a distinctly Judaeo-Christian Way.

At the heart of scripture we find five wellsprings of Catholic thought which serve as the biblical backbone of the ERDs:

1. God is the creator of all [Gen 1];
2. God is Lord of life and death [Deut 32:39];
3. Human beings are made in the image of God [Gen 1:26-27];
4. Death is the symbol of every disvalue [Deut 30:15-21]; and
5. Jesus Christ is "the way, the truth, and the life." [John 14:6]

2. Next, because of their historical importance as conciliar texts and because of their nearness to us, the documents of the 2nd Vatican Council hold a special pride of place as significant components of Catholic identity.

3. Third comes the long-awaited and much welcomed compendium of faith for the believers of today, *The Catechism of the Catholic Church*.

If there were three books to possess in order to start a Catholic identity bookshelf, the Bible, the Documents of the Second Vatican Council, and *The Catechism of the Catholic Church* would compromise them.

#### **The Documents of Catholic Identity for Health Care Professionals**

For the Catholic health care professional, there are likewise three documents of Catholic identity that should be on all your bookshelves:

1. one is the 1995 encyclical of Pope John Paul II, *The Gospel of Life*, important for its insights into life and death issues that you deal with on a daily basis.

2. Another is a 1994 document promulgated by the Pontifical Council for Pastoral Assistance entitled *The Charter for Health Care Workers*.

3. Important as these are, I would like to focus on a distinctively American document devoted to Catholic Health care in a distinctively American setting. I refer of course to the *Ethical and Religious Directives for Catholic Health Care Services*. If we read it accurately, the ERDs will go a long way in providing us poor galley slaves with the power to teach the emperor how to water ski.

One of the first things we learn from the ERDs is that they are part of a tradition of a Catholic voice for quality health care in an American setting. Indeed, the Catholic bishops of the USA have been urging universal coverage for all Americans since 1919, well before Bill and Hillary.

In a 1981 document, *Health and Health Care*, the American bishops listed six points that comprise the experience of Catholic health care in America:

1. Each person has a basic right to adequate health care;
2. Pluralism is an essential feature of the health care delivery system in USA;
3. A national health care policy should be able to fund sufficient benefits to maintain and promote good health and to treat disease;
4. Consumers ought to have a reasonable choice of providers;
5. Uniform standards are very important components of a quality health care system; and,
6. Methods of controlling cost via incentives are to be encouraged.

### **A Crash Course in Catholicism**

To understand Catholic identity, I would like to take you on a crash course on two of the central features of Roman Catholic thought in general. First and foremost, it is Christocentric through and through. Jesus Christ is the reason we are in health care; the example of this most gentle healer and physician of souls sets the standard for Catholic health care from Our Lord's day down to our own. Our faith teaches us that we encounter the Lord Jesus in the scriptures, in the sacraments, and in the Church.

To this Christ-centered character is added another central insight. Allow me to paraphrase St. Thomas Aquinas: A truth of faith and truth of reason can never contradict each other. Boethius, a contemporary of St. Augustine, gives us the charter of the Christian intellectual enterprise when he said: "Join faith and reason if you can." The reason for this ultimate compatibility is not hard to find: God is the author of all truth, be it a truth of faith such as the Trinity or the Eucharist or a truth of reason such as the knowability of God. Because truth is one, we can indeed join faith and reason. It is the same God who is the God of faith and the God of reason. I will contend that these two elements, Christocentrism and the compatibility of faith and reason, are at the heart of that Catholic identity in health care envisioned in the *Ethical and Religious Directives for Catholic Health Care Services*.



## **A Crash Course on Christmas**

To see these two basic, bedrock realities in action, I want you to imagine that it is Christmas and that we are in front of the crib scene at your local parish. What is it that we find there? Shepherds for one. They came to Jesus because they heard a voice from the heavens addressed specifically to them telling them of the birth of the Savior. As our eyes look over the crib scene, we see in the distance the Magi, coming from afar. Their destination is the same as the shepherds, the birthplace of the child Jesus. How did the Magi get there? They followed a sign, a star in the heavens that guided them to the precise spot where the Great King was to be found.

Both groups, the shepherds and the Magi, have the same goal in mind, Jesus Christ. The shepherds got there because of a divine revelation, faith if you will, in the divine voice impelling them to look and see. In a word, the shepherds arrived because of a supernatural revelation.

The Magi got to Bethlehem by following a natural phenomenon, an unusual star, something in the natural order of things. In a word, the Magi arrived because of a natural event. Every Christmas we re-create once again these two ways of getting to know of the presence of the divine in our lives. Every Christmas we see again the genial insight of our Catholic heritage that faith and reason not only can but, indeed, must be joined. This is the natural explanation of why the Catholic Church is in health care. The same God is served by faith and reason. The example of the Magi and the shepherds continues to guide us as well.

### **The ERDs and Catholic Identity**

The ERDs are replete with this basic tenet of our Catholic identity: a truth of faith and a truth of reason, a truth of science, can never contradict. One way this is translated into the health care setting may be phrased as follows: if it's good medicine, it's good morals. A second way this may be translated into the health care setting poses on certain occasions a notable task for Catholic moralists, physicians, and health care professionals, namely, to demonstrate that the obverse of this statement is likewise true: if it's good morals, it's good medicine.

We see these basic components of a Catholic approach to quality health care at work in the General Introduction to the ERDs:

The dialogue between medical science and Christian faith has for its primary purpose the common good of all human persons. It presupposes that science and faith do not contradict each other. Both are grounded in respect for truth and freedom.

In the same section of the same document we read the following:

In a time of new medical discoveries, rapid technological developments and social change, what is new can either be an opportunity for genuine advance in human culture, or it can lead to policies and actions that are contrary to the true dignity and vocation of the human person. In consultation with medical professionals, church leaders review these developments, judge them according to the principles of right reason and the ultimate standard of revealed truth, and offer authoritative teaching and guidance about

the moral and pastoral responsibilities entailed by the Christian faith. While the church cannot furnish a ready answer to every moral dilemma, there are many questions about which she provides normative guidance and direction.

A Christ-centered approach and the ultimate compatibility of faith and reason are the two major operative principles animating the ERDs that help form the core of Catholic identity. Remember the ultimate destination of the shepherds and the Magi: it is Jesus Christ, made known by a special revelation and made known in the shining of a star. Catholic identity is a blend of the natural and the supernatural in health care.

### **The Five Pillars of Catholic Morality**

As you read the ERDs pay special attention to how Faith and Reason serve to undergird the five pillars of Catholic moral reflection and Catholic identity.

FAITH is exemplified in two areas especially: one is sacred scripture to which we have already made reference, the second is the Magisterium of the Church. The General Introduction to the ERDs alone contains no fewer than twenty scriptural references. Two direct references to the concept of "Magisterium" are buttressed and supplemented by more than twenty others devoted to "Catholic moral teaching."

REASON is found in the dialogue taking place between the Church and science, in the use of the categories culled from the natural law, and in the role of the well-formed conscience which is able to unite all the strands together on the walk of faith.

Surely it is not a coincidence that the word "nature" and its cognates appears seventeen times in the text of the ERDs. The four uses we find of "conscience" all bespeak the dignity of the human person made in the image and likeness of the Creator. The Catholic health care provider is exhorted in the closing words of the General Introduction to the ERDs: "As new knowledge and new technologies expand, each person must form a correct conscience based on the moral norms for proper health care." Join faith and reason if you can indeed.

### **A Crash Course in the ERDs**

The ERDs are divided into six sections. Each begins with a theological reflection; each ends with a list of directives meant to guide health care professionals in understanding how to provide quality health care with a decidedly Catholic imprint. After the crash course on Catholic thought, how about another in the ERDs?

Part One treats THE SOCIAL RESPONSIBILITY OF CATHOLIC HEALTH CARE SERVICES. In it we find, as it were, that the prime directive for Catholic identity in health care is rooted in the Gospel of Jesus Christ and in his example with the sick and suffering of his day. Especially is it shown in the defense of the dignity of the human person, from the first moment of the process of conception to the last moment of natural death. It sees Christ in all of our brothers and sisters to whom we minister, especially the poor. The operative



word here is DIGNITY, used no fewer than 20 times in the ERDs, and a reality that stands at the heart of the enterprise of Catholic health care: the dignity of the poor, the dignity of women, the dignity of the unborn, and the dignity of the elderly.

Part Two, "THE PASTORAL AND SPIRITUAL RESPONSIBILITY OF CATHOLIC HEALTH CARE, places great emphasis on the life of the spirit that should animate authentic Catholic health care. This section deals with the sacramental aspect of Catholic health care, which goes to form part of that core of Catholic identity. The ministry to the whole person characterizes Catholic health care. Section two is devoted to the faith aspect of the faith and reason duo.

As an elucidation of the dignity of human person which serves as the leitmotif of the ERDs, Part Three on the Professional-Patient relationship deals with the issues of informed consent, proxy decision making, privacy and confidentiality, the treatment of victims of sexual assault, and the formation of ethics committees.

Protestant ethicist Paul Ramsey has said that it is the mark of a civilization to see how it treats life at the edges, that is, at its very beginning and at its very end. This is the same thought of John Paul II in *The Gospel of Life*. Parts Four and Five of the ERDs attempt to deal with those areas of human life that the great religions of the world have traditionally ascribed to the power of God. In the words of Deuteronomy 32:39: "See now that I myself am He. There is no God beside me. I put to death and I bring to life." God is Lord and master of life, we are God's stewards.

This insight forms the basis of identifiable Catholic identity in issues of life and death. Indeed, the word "steward" and its cognates appear no fewer than eight times in the ERDs. What it means is that God is God and we are God's creatures. "God is Lord of life and death, we the in-between."

As a part of that identifiable Catholic approach to issues of life and death, we find that the Church has a built-in partiality for the family as the proper locus of human sexual expression, an insight that translates into Church teaching on matters of infertility. This stress on the family as the heart and soul of Catholic social teaching is part of Church teaching on the ineluctably social character of the human person.

In matters pertaining to care for the dying, the Church is neither idealist nor vitalist but definitely and decidedly realist. The reality of death is acknowledged, to be sure, yet the ability of medical science to prolong artificially the moment of death is not regarded in Catholic teaching as always and everywhere to be utilized. Perhaps the 'Hail Mary' can serve us in good stead. Remember: we pray NOW and at the hour of OUR DEATH. Not the hospital's, not the physician's but OUR death.

### **Part Six: "Like Walking Through a Minefield"**

I'm not giving away any trade secrets when I say that Part Six, along with the Appendix, is one of the contentious sections of the 1994 edition of the ERDs. Perhaps it's because of the unsettled health care situation in this country; perhaps it's because of the difficulty of the material and the complexity of the situations



with which it deals. Whatever be the reason, it is probably not far off the mark to say it is "like walking through a minefield." You foot soldiers of Catholic health care might well be able to appreciate that military analogy. Are you ready for some explosive commentary?

In a delicious play on words, as we walk gingerly through the minefield, we are always endeavoring to remember that the church is saying in effect that in certain aspects of health care, "This teaching, this is MINE, this teaching helps define who I am as a follower of Jesus Christ." Regarding those prohibited procedures such as procured abortion and physician assisted suicide, in vitro fertilization and direct sterilization, the Church says by her teaching on these issues: These are not health care!

Since there is much uncertainty in the health care situation in the country, it is perhaps only natural that we expect to find some in the ERDs. These Directives have been in a state of constant development. The ERDs have been revised in the past and will continue to be revised in the future. Perhaps our discussion today will help us see what be done to bring about the next step. Don't be surprised if one area to be extensively redone will be Part Six and the Appendix.

As we go through Part Six of the ERDs and begin to traverse the minefield of partnerships, the bishops give some sound advice that we do well to consider as our first line of defense. I find three points particularly pertinent, two are DOs, one is a DON't.

1. Catholic health care providers: DO Involve the local bishop as early as possible in the partnership process.

An attentive reading of the ERDs will see that this advice, mentioned in Directive 67 directly, has already been intimated in Directive 8 in the section that dealt with the social responsibility of Catholic health care services. While the bishop alone, of course, does not constitute the Church, our understanding of the Church is tied very closely to the bishop's role in the local community of faith. Catholic identity is at stake.

2. Catholic health care facilities: DO look first to other Catholic health care institutions when facing the partnership-collaboration question.

The American bishops put it this way:

Because of the potential dangers involved in the new partnerships that are emerging, an increased collaboration among Catholic-sponsored health care institutions is essential and should be sought before other forms of partnerships.

The story of the Holy Family is illustrative. If Mary thought Joseph had the boy and if Joseph believed Jesus was with Mary, is it any great surprise that there might well be failure to communicate even among believers? True enough in many instances, yet the sound advice given by the bishops ought not to be overlooked as we attempt to make our way ever so carefully through the minefield.

What makes the alliance with Catholic institutions preferable, notwithstanding some rather lively in-house fights, to be sure, is the fact that, as the ERDs puts it: "The risk of scandal cannot be underestimated when partnerships are not built upon common values and moral principles."

One way we can rephrase this concern for Catholic identity voiced by the bishops is clearly implied in the ERDs. If I may be allowed to fashion a third principle to add to our list of DOs and DONTs:

3. Catholic health care providers: DON'T underestimate the risk of formal cooperation, given the complexity of partnership possibilities.

Cooperation proves a most elusive concept to pin down. This is especially true in the complex questions regarding partnerships and mergers and collaborative ventures. Why? IMPLICIT FORMAL COOPERATION can creep into the picture.

In formal cooperation, the person supplying the cooperation desires that the evil happen; In material cooperation, the person supplying the cooperation does not desire that the evil happen, but chooses to cooperate in the evil. As the Appendix of the ERDs phrases it, implicit formal cooperation is attributed when, even though the cooperator denies intending the wrongdoer's object, no other explanation can distinguish the cooperator's object from the wrongdoer's object.

### **A Guide To Partnership Proposals**

If all areas of collaboration among Catholic health care services have been explored and found impracticable for one reason or another, when partnerships with non-Catholic health care providers seem more feasible given the realities of location, finances, etc. there are several principles to be kept in mind, five to be exact, which may help us unravel the complexities of partnerships.

1. Cooperation must be mediate material, never formal or immediate material.
2. A partnership can only do together what all partners agree to be appropriate. This means that while the partnership need not be under FULL CATHOLIC SPONSORSHIP, it must nevertheless observe the ERDs as respecting the 'corporate conscience' of the Catholic partner.
3. Morally illicit procedures cannot be provided on the Catholic campus.
4. Any morally illicit procedure(s) provided on campuses of non-Catholic alliance partners must be excluded from the new alliance corporation through separate incorporation for governance, administration, and finance.
5. All publicity should be straightforward regarding the need to form an alliance for the survival of a worthy apostolate, the good achieved by rationalizing health care is to the patients' benefit, the exclusion of immoral procedures from the partnership (while these services may still be available on the campuses of some partner[s]; and this publicity should also appear in the promotional literature of the Catholic hospital.

### **Conclusion: Two Roads Diverged**

"Two roads diverged in a yellow wood." So begins a poem by Robert Frost. This fork in the road experience has hit Catholic health care providers in a



forceful way in recent times.

Perhaps the story of the philosophy building at Harvard University would be helpful to ponder. At the start of this century, as Emerson Hall on the campus of Harvard was being constructed — to house the philosophy department, no less — the members of the philosophy department were asked to consider a motto to be emblazoned on the edifice. As the legend has it, the Harvard philosophers chose the dictum of Protagoras of Abdera, a noted Greek Sophist who lived several centuries before Christ: "Man is the measure of all things."

When the philosophers at Harvard returned after their summer vacation, lo and behold, Harvard President Charles Stearns Eliot had seen fit to place another inscription over Emerson Hall: "What is Man that Thou Art Mindful of Him?" a verse taken from Psalm 8, verse 5.

There is a world, nay rather a worldview of difference, between the two possible inscriptions. Either humanity is in total charge of its own affairs with no reference to its Creator or else human beings are engaged in a loving dialogue with the God who created them, male and female, in His image and likeness.

Which shall it be, Catholic health care professionals? The Sophist or the Psalmist? Which shall it be, the sage or the saint? Which shall it be, the monologue or the dialogue?

"Two roads diverged in a yellow wood  
and sorry I could not travel both and be one traveler  
long I stood" . . .

and chose the path of being a Catholic health care professional, and that, my friends, has made all the difference, all the difference in the world.

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