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[Book Review of] *Catholic Identity in Health Care: Principles and Practice*, by Msgr. Orville N. Griese

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needed, is an examination of these issues and their relationship to health care, not only for the aged, but for *everyone*. We must find what are true alternatives. We need to examine how similar changes and their results have affected not just health care, but all of society. Callahan is correct in saying that "the elderly do not have an unlimited claim on health resources" (p. 176). No one does. Callahan's setting of limits is appropriate, but to do it out of financial motivation, for a single segment of society (the aged), and presumably by fiat, is neither acceptable nor just. Callahan suggests that, if necessary, society set limits for the elderly (no government-supported life extension beyond a certain age) p. 186. Callahan asks that we admit that we cannot "continue on the present course of open-ended health care ..." He should have stopped there but continues "... for the elderly." A real alternative is that society set limits for itself.

Callahan's final three proposals (pp. 222-223) do lay a foundation for a new approach. The first is that we no longer pursue "without prudent limits, medical goals" which involve high costs, slight "population-wide" benefits, seek indefinite life extension, and primarily benefit the elderly (sic). (Why not rather: allocate our resources to provide universal access to basic health services?) Secondly, he proposes "an integrated perspective on a natural life span." Finally, he argues for a "pervasive cultural agreement" that death is "a condition of life to be accepted", rather than "an enemy to be held off at any cost."

This is an important book. It should help us focus on the most important health care issues that we will have to deal with in the coming decades. The issues present themselves as issues related to cost. The real issues are the values of our society and the denial of limits. The problem is not an economic one; the answers are not economic. This book is a beginning. I hope that Callahan and others will continue the dialogue. The dialogue must move beyond costs and deal with the more fundamental issues which Callahan himself raises.

— Robert J. Barnett
Reno, Nevada

Catholic Identity in Health Care: Principles and Practice

by Msgr. Orville N. Griese

Braintree, Mass. 1987 419 pp. + appendices

The original concept of a "hospital" was developed by the Catholic Church in the Middle Ages. The earliest hospitals were developed for the specific purpose of health care delivery to the poor. The "poor" were defined not only by their economic condition, but also by their social status or a medical condition which might lead to ostracism. The woman pregnant out of wedlock, the leper, the insane, the carrier of sexually transmitted disease or plague were all disadvantaged with regard to their access to medical care. Various orders of nursing sisters made a new apostolate of establishing hospitals for the poor as broadly defined. It has become a cliché of some spokesmen for the so-called post-conciliar Church to suggest that the Church's social mission was more or less discovered after Vatican II.

In this superb volume, Monsignor Griese brilliantly discusses the 20th century identity of the Catholic Church in American health care. The search for minimal standards to upgrade the quality of health care facilities in the United States was begun contemporaneously by two newly formed organizations - the American College of Surgeons and the Catholic Hospital Association. The College of Surgeons developed a publication setting down professional standards, particularly for surgery, in 1915 and this was endorsed by the

fledgling Catholic Hospital Association three years later. It was obvious to most, however, that Catholic hospitals needed an additional set of standards which would refer not only to professional codes of ethics but also to the unique and crucial additional standard of Catholic moral theology. Accordingly, the first Catholic Hospital Code of Ethics was published in 1921. In the subsequent 50 years, this Code underwent revisions and expansions in order to remain current with an advancing technology and an evolving theological scholarship.

Chapters two through ten of Father Griese's book are expositions on the application of certain Catholic principles to health care problems. The chapter on "The Principle of Human Dignity", for example, discusses practical problems of infant baptism and the spiritual needs of non-Catholic patients in Catholic hospitals. This is followed by a discussion of the problem of infertility. The section on infertility is outstanding in its thoroughness and its grasp of current technical procedures, both licit and illicit. There are brief but cogent explanations of the underlying principles which justify or exclude certain methods for treating the infertile couple.

The chapter on the principle of the Right to Life is concerned with the more familiar issues of contraception, sterilization, abortion and the handicapped newborn. It is noteworthy for its treatment of the pastoral care of individuals practicing contraception, the teachings of "Humanae Vitae" and canon law sanctions against abortion participants and accomplices.

The principle of informed consent is discussed largely in the context of terminal illness. The discussion of the ordinary/extraordinary and benefit/burden equations is especially helpful. There are also effective treatments of the problems associated with living wills and food and drink for the terminally ill.

The book is voluminously footnoted and supported by over 700 references to literature. It relies heavily on quotations from papal encyclicals and documents of Vatican II. The discussion on the principle of totality, for example, quotes at length from Pius XII and makes a cogent application of the principle to the so-called "uterine isolation" procedure. The discourse on the principle of double effect relies heavily on references to St. Thomas Aquinas. The discussion of the internal logic of proportionalism and consequentialism is remarkably lucid and insightful.

This book would be an invaluable textbook for courses in medical ethics for nurses and physicians in Catholic institutions.

In these times, when the Catholic Health Association carries attacks on the Hospital Directives by McCormick and Reich in the pages of its official journal and sponsors a book on abortion which turns out to be an apology for the pro-choice position, it is nothing less than inspiring to have access to this kind of volume on Catholic identity in health care.

- Eugene F. Diamond, M.D.
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