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consider ourselves off the moral hook just because the evil is a side effect and not something directly intended. And so great weight falls on the moral principles, such as the Golden Rule, which measure our moral responsibility for the distribution of the benefits and burdens which accompany everything we do. Finnis briefly touches on this in a section of Chapter 3 that has to do with one’s responsibility for the side effects of one’s actions. He admits that to apply the Golden Rule “one must be able to commensurate burdens and benefits as they affect oneself, in order to know what one considers too great an evil to accept” (pp. 81-82). He adds immediately that the role of commensuration in question here is quite unlike its function within a proportionalist analysis. In this, he echoes official Catholic teaching on, e.g., euthanasia, which, on the one hand, rules out as always wrong the intentional killing of the sick and dying, but, on the other hand, does not insist on the use or continued use of treatments that carry “disproportionate burdens.” Still, one would like to hear more about how this limited commensuration is to be done. Is this something ultimately beyond rational analysis and left to the “discernment” or “intuition” of people who, one at the very least hopes, are devoid of any intent to prevent, damage or destroy basic human goods?

References

2) Nichomachean Ethics, II, 6; 1107a9-17.

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Food for the Journey, Theological Foundations of the Catholic Health Care Ministry
by Juliana Casey, IHM


The Catholic Health Care ministry in the United States is in some difficulty due to financial pressures, staff, and competition within the industry. It is in an identity crisis, articulated by Cardinal Bernardin as moving toward a mixed model of identity, increasingly dependent on those who are not Catholic. (Origenes, May 23, 1991, p 33). Those staffing these institutions once came primarily from religious communities, groups which clearly have not been immune to the dearth of religious vocations. The questions arise from the Catholic Health Care ministry: How do we survive? Do we survive with a Catholic identity? What are the reasons for which we exist? What are the resources we receive from the Catholic traditions to aid our survival?

Sr. Juliana Casey’s small book looks to rally the troops to maintain a Catholic identity in the institutions and the health care itself. She is less interested in the nitty gritty of administering and financing these entities than in inspiring the health care givers to look beyond the pain, stress and difficulties of their work to see the holiness of their work. While many find this support in the wonders their work achieves or in the appreciation of those helped, “for those who serve in Catholic health care, there is still another source of nourishment: the riches of Catholic theology” (p. 1). This gentle journey through some basic themes of Catholic theology is directed to those working in and administering the Catholic health care institutions. Not a scholarly book, it remains

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an attempt to theologize on the experience of Catholic health care (p. 2), and to present the Catholic tradition of theology as a source of nourishment for that in that ministry.

The short book consists of a prologue and epilogue, with eight brief chapters exploring basic themes of the Catholic, Judaic-Christian tradition sandwiched between. An appendix of questions for reflection and discussion for each chapter affirms that this book is designed to be used in discussion among health care workers.

Casey spends the first three chapters stressing God's role in our world, especially through the healing mission of Jesus Christ, and the special dignity afforded the ministry of health care as "the compassion of God reaches people through our compassion" (p. 38). In the Catholic tradition, this is grounded in the Catholic Church's understanding of itself as sacrament. Making this special link between health care and the Catholic Church, Casey outlines the covenant between the two. The Church asks for fidelity to the tradition, active participation, zealous discipleship, and continuing revelation of God's merciful presence in the world (p. 39). In return health care givers ask for continued inspiration, greater recognition, and nourishment through the Church's teaching authority, tradition, and sacramental life (p. 40). This is written in such a way as to make the hierarchy of the Church overhear it as well. Casey is not unaware of the material needs of the ministry.

The rest of the book describes how the tradition provides the food for the health care journey. Health care is a ministry within the Catholic Church. The Church is a vehicle for ensuring this ministry continues (p. 109). Catholic health care exists amid suffering and death, (chapters 4 & 5) and the tradition shows hope is provided even then. This work takes place in the world. It must minister to the poor, and so we must trust and risk at times as we place our resources once again at the feet of the One who gave them to us. Catholic social teaching tells us the former, our faith demands the latter.

This book is well suited for its intended audience, a group of beleagured health care workers long on experience but perhaps needing some spiritual nourishment as they consider who they are as Catholic health care centers and what they must do to survive.

At times the writing is vapid or predictable, its depth perhaps not particularly suited for a graduate course in biomedical ethics. How many ways can one work "food for the journey" into a chapter? And while Casey was clearly targeting her audience, must every one of the stories be connected with nursing? Finally, I don't think it adequately addressed the difficulty of maintaining the Catholic identity and drawing on its traditions when facing the irreversible trend of mixed identity in the institutions.

Yet this little book grew on me. While the subtitle of "Theological Foundations of the Catholic Healthcare Ministry" is more impressive than the actual depth of the presentation of them, it does serve as a fine introduction to the connection between our faith, tradition and the health care we give. It allowed me to step back and see what is happening in hospitals: People are sick, suffering and dying. It effectively told me in its simple manner of presentation that Catholic health care has something special to offer, namely that there is dignity in those who suffer and in those who share in the healing mission of Jesus Christ.

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