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Catholic Physicians and the Directives for Catholic Health Facilities

Gerard P. J. Griffin, M.D.

Disagreement arising from the revision of the Code of Ethical and Religious Directives has caused physician and theologian alike to search for a deeper understanding of the application of basic moral principles. Dr. Griffin presents some insights into this common problem.

All physicians share the increasing tensions that arise from conflicting present day moral principles. These tensions are primarily a conflict between ethical and spiritual beliefs and the effects on their daily medical decisions. In his daily life a physician makes decisions that present his conscience with difficult choices that involve human beings and their daily personal lives. A solution must be reached or we will have a more confused profession lacking a clear sense of what is right and what is wrong.

The majority of Catholic physicians have conducted their lives in accordance with the ethical principles enunciated by the magisterium of "The Church" having had complete faith and confidence in the verity of these truths. Their problem was not one of doubt, but one of their ability to faithfully follow a course of action which they had decided was the proper one.

We realize that religion has mystery in it that must be accepted not on an intellectual basis alone but emphasizing beliefs and a spiritual attitude. This does not make it less intelligent, or less to be accepted. Scientific developments are also a mystery and there is still an evolving and developing understanding of nature and natural laws. Nature does not change, but there is much to learn of the mysteries of nature as it has evolved through the centuries.

Our knowledge comes from our intellectual efforts, but we, as Christians, must also accept the inspirations that come from spiritual insights. If we eliminate the concept of a spiritual element and the guidance of the Holy Spirit from our scientific and secular scene, we may have failure in many of our human endeavors. Christianity, with a few notable exceptions, has historically supported scientific developments. At present, it seems that the Church should explore the newer insights into the values of present day secular life.

It was, and is, a shock to Catholics, and indeed to a large majority of our Christian and non-Christian brothers, that the Roman Catholic Church with its solid core of fixed

moral codes and infallible doctrines, should now be faced with disagreement on the practical application of basic moral principles.

The U.S. Catholic Conference has responded to this situation by issuing in 1971, a revision and updating of the *Code of Ethical and Religious Directives* previously published in 1955. They are essentially a reiteration of the previous directives. As such, they enunciate unequivocally and clearly, what is the present position of the Catholic Church on these questions of ethics and morality as expressed in the traditions of the Church, and in the encyclicals of recent popes. We have always looked to the Church to give us guidance and direction on moral and ethical problems. Whether they are infallible or not, they are the present authentic teaching of the Church that must give us practical answers to moral problems through contemporary official statements. Catholic physicians should not judge these pronouncements lightly either from emotional considerations or the practical difficulties of living up to them in our daily lives.

What then, are the reasons that many sincere, well informed, faithful Catholic physicians have problems in receiving these hospital directives as an unchanged code when an updating and possible change was implied? As professional men, very frequently educated with a philosophical background, and many of them now familiar with recent theological and philosophical literature, they experience the intellectual tur-

moil with the Church. This produces conflicts in their own consciences. They recognize that there has been no unanimous opinion among sincere theologians. Their patients have similar difficulties in their daily lives to make complex practical moral decisions. The economical and personal problems of expressing mutual marital love, and of fulfilling the responsible duties of parenthood, make living up to the *Directives* most difficult, perhaps in many cases not realizable. The recent views of the Church in other spheres, specifically ecumenism in the acceptance of the good in all religions and cultures, and in a revision of position on many other non-infallible moral decisions in the light of developing insights and evolving knowledge, have led to the expectation and hope that some of the ethical directives for hospitals and other areas, could and would change, or at least would be expressed as possible for change. The growing scientific competency and actuality to effect many improvements in the health sphere, unthought of in the not so far past, make our knowledge of the laws of nature, of methods of medical therapy and of the psychiatric implications of interpersonal relationships, radically alter our methods of practicing medicine, hopefully for the better. And finally, the promulgation of the *Directives* which are essentially unchanged since they were previously published, but contain the similar promise that "widespread consultation and revision will continue as new knowledge is achieved", has led to the confusion

as to what are the revisions that we can study and discuss with reasonable expectancy of change.

Differing Opinions

There have been publications on the *Directives* that emphasize how opinions differ.

Dr. Eugene Diamond has agreed with the *Directives* in his article in "Hospital Progress" 'A Physician's Views for Directives' stating that "their present form provides most of what was hoped for when the revision was undertaken".¹ Dr. John J. Brennan has similar opinions in his article in the *Linacre Quarterly*, "Quicksands of Compromise."²

Fr. Thomas O'Donnell, S.J., takes the position that the traditional historical teaching of the Church should properly remain unchanged.³ He felt that this is what the Catholic Church teaches — and it is likewise, what, today, many priests and many nuns, and many Catholic doctors and Catholic nurses simply do not believe... it is in reality a very serious crisis of faith.

Fr. Richard A. McCormick takes a different and opposing view. "It is not what the hospital or the doctor ordered because it does not fulfill the needs of changing practical moral decisions and for other reasons."⁴ Warren T. Reich, Ph.D., takes a similar stand.^{5 6}

Fr. Charles E. Curran stated in *Contemporary Problems in Moral Theology*, that the animal "biological" layer largely retains its own finalities and tendencies, independent of the demands of rationality. The new view is the evolving devel-

opment of man who can modify nature and who is seen more in terms of the interpersonal relations that exist among individual human beings. Absolute certainty of the laws of nature actually would be the greatest enemy of the progress and growth that characterizes modern life and especially scientific progress.⁷

Father David Bowman, S.J. discussed in *Linacre the Ecumenical Opportunity of American Catholic Doctors* as the opportunity for physicians to help build the firmness of respectful dialogue among Christians and other men of good will concerning human sexuality.

The *Report of the Commission on Ethical and Religious Directives for Catholic Hospitals* by the Catholic Theological Society of America states that the *Directives* offer the security of a definite church policy but are also a list of ready-made decisions but not a tool for decision making.⁹

Father Donald O'Keefe, S.J., critically opposes their position.¹⁰

The *Canadian Catholic Medico-Moral Guide* states:

The Guidelines should be read and understood not as commands imposed from without, but as demands of the inner dynamism of the human and Christian life. The Guidelines should serve to enlighten the judgment of conscience; they cannot replace it.¹¹

And finally Vatican II emphasized that pluralism pervades every dimension in our lives:

The document on the Church, "*Lumen Gentium*" defined the Church as all the people of God including separated Chris-

tian brothers. "*Gaudium et Spes*" taught that we must build up the world by the Christian message and must not despise our bodily life.

Religious Freedom — "*Dignitatis Humanae*" is a commitment to talk to the non-Catholic and listen respectfully to him. Fr. John Courtney Murray, S.J., who was one of the main architects of this document had previously emphasized what these concepts meant in *America* in "We Hold These Truths."¹²

In our secular, political and social life, there are similar uncertainties that make our decisions less certain and more difficult.

There is a disquiet in the American spirit. We have not lost faith in the Declaration of Independence but we wonder if we have done and are doing all that we should do... While such disquiet may trouble our conscience in unaccustomed fundamental ways, it is not, after all, a strange phenomenon. No Blue Point exists for its solution.¹³

The Church has emphasized for us that there is a community aspect of salvation rather than individual sanctity alone. This could provide a different insight into the medico-moral problems that stress concern not only with the individual aspects of actions but concern for the total good of the community. Thus the concepts of marriage and divorce, the sexual aspects of marriage, the proper education and support of children, the "population explosion", are all spheres of possible discussion. It is recognized that "liberalizing" or acknowledging a different concept may open Pandora's box. Is this an adequate reason to limit discussion and re-examination, or to change? These are some of the evolving reasons that should under-

lie our understanding of the religious and ethical directives.

Examining the Directives

The following questions concerning the *Hospital Directives* suggest themselves to Catholic doctors for re-clarification. Shall we face the pluralistic opinions of our brethren Christians and acknowledge the problems that we face in our society?

More specifically, the PRE-AMBLE states:

The total good of the patient which includes his higher spiritual as well as his bodily welfare is the primary concern of those entrusted with the management of a Catholic health facility...¹⁴

Can a situation be really bodily good, and morally and spiritually harmful? What are the basic immutable moral absolutes and principles that are not subject to change or different interpretations? As Gregory Baum states:

"A more common objection is that we cannot see through human nature, analyze it as we do a geometric figure and then draw all kinds of conclusions from it as to its proper behavior. We are often too ready, it seems to me, to claim that certain laws and principles are contained in the Natural Law when they are actually only remotely connected with it."¹⁵

Bishop Francis Simons of India stated that the natural laws express a course of action which is reasonable and necessary for man to adopt. The real basis of the Natural Moral law is the welfare of mankind and the greater good of man. These can and are deduced from the general convictions of mankind and the insights of its wisest man, although further clarifications are not to be excluded.¹⁶

It is not clear what are the different competencies in the medico-moral sphere. Do doctors have an equal or greater competency in interpreting the drives and physiological functions that should have an influence on morality more than non-scientific authorities? This warrants study and application.

"Any procedure potentially harmful to the patient is morally justified only insofar as it is designed to produce a proportionate good . . . ordinarily, the proportionate good is the total good of the patient himself."¹⁷

This raises the question of what constitutes the total good, if, as Teilhard de Chardin says in *Building the Earth* and *The Divine Milieu*: "The whole universe is sacred and is the lawful goal of man's secular striving."¹⁸ ¹⁹ What are the limits to modify nature if it is for the true and proper secular and spiritual evolution of life on earth? Bishop Simons, quoted above, stated that the real basis of the natural moral law is the welfare of mankind, and Christ preached this is the *love of God and neighbor*.

The *Directives* have been criticized because they discuss at such great length pelvic morality. They point out that:

"The use of the sex faculty outside the legitimate use of married partners is never permitted even for medical or other laudable purposes, e.g., masturbation as a means for obtaining seminal specimens."²⁰

Masturbation is immoral if the deliberate purpose is for sexual pleasure alone. Is it immoral if we "regret the personal pleasure", but require the specimen for the total

good of the husband and wife, e., to help them to complete their married life by becoming parents. It seems to this author that obtaining semen by using perforated condoms actually prevents conception (the entire semen is needed). It is permissible on the assumption that we do not totally prevent conception.

"Donor insemination and insemination that is totally artificial (even if the husband's semen) are morally objectionable."²¹

In this case also, the aim is the total good of the couple, i.e., the procreation of their own children. We are aiding nature, not preventing it, by permitting artificial insemination of the husband's semen.

Sterilization, whether temporary or permanent, may not be used. An operation that purposes whether as an end or as a means, to render procreation impossible, is excluded. (*Directives*).²²

Granted, the end does not justify the means, the total good of the couple may be enhanced by such surgery as tubal or spermatic cord ligation and separation. Is the only purpose of coitus the biological act of sexual pleasure and recreation, or does it express most perfectly, the total union of married life with due regard to the total good of both parties? Can the purpose and construction of an organ of the body or of an act be simply equated with a moral obligation so that the two always coincide, or, is there another criterion, one more directly of a moral order, which imposes on us the duty to "do good and avoid evil?" And which is decisive in making known and imposing a

moral obligation? If the purpose of the act is simply sexual satisfaction, it is clearly a misuse of the physiological function. But coitus is not only animal sexuality, but should be the perfect expression of human love.

Is dilation and curettage of the uterus permissible following rape if done promptly (within hours?) before probable conception? Or, is this contraceptive act not permissible at all? There are many who would answer "yes" to this question.

It is clear that there is much disagreement and reaction to the *Directives*. The desire for clear cut positive and non-infallible *Directives* is to be opposed to the practical difficulty of daily moral decisions based on an informed conscience. In this life, we are not children; we are responsive to our daily human problems and our conscience must be an informed response to daily decisions. Fortunately, many physicians have developed habits which are good. Daily vital decisions are really rare and, I think, if frequent, would make life intolerable. In medicine, our training makes most decisions automatic. But we must make some non-automatic decisions under stress and uncertainty, but hopefully correct.

Changes are occurring. We and the Church have difficulty in accepting change. It is increasingly important for the Church and ourselves to examine and explore the rational foundations for the positions taken in our present ethical conflicts. Certainly, some of the

Church prescriptions have been taken in past historical situations under the pressure of changing conditions on a very different milieu.

To Adapt and Adjust

We do not need to stress the growing difficulties encountered by the Church today because of the increasing decline of ecclesiastical institutions that had long been considered integral parts of the Church. Bruce Vawter stated:

"There has been an extraordinary rolling back of Christian freedom and an extraordinary growth of archconservative authoritarianism of Catholic ghettoism in which all contact with the modern world was condemned as, at best, a waste of time and highly dangerous, and in consequence of which Catholic scholarship was relegated to mouthing outdated and hence ineffective formulas. John Tracy Ellis called it the exceeding high price that the Church has paid in the past, by her members refusing to make the adaptation and adjustment that the constantly evolving character of the human condition requires. It would be a false issue of faith to require of the believer that he adopt the presuppositions of two millennia ago, and it would do little credit to the object of faith that it cannot stand the test of the presuppositions of a later age."²³

In conclusion, the *Ethical and Religious Directives of 1971*, do not give the answers to our present day questions.

1) As faithful Catholics, we accept the teaching authority of the magisterium of the Church to give us moral directives.

2) We hopefully ask that they will be revised soon and will give helpful answers to what are the issues

that we can restudy and discuss in a practical way to guide us in the present day world situations and problems.

3) We hope that freedom of conscience and freedom of action will be given to our non-Catholic brethren physicians in those areas when it is not certain that such actions cannot be accepted. And this should be permitted in Catholic and community hospitals alike.

4) Where the *Directives* are changeable, we have the privilege and duty as physicians, to carry on a mutually respectful dialogue with the magisterium about the practical application of the basic moral principles.

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