

# In Defense of the Principle of Cooperation: Potential Benefits Offset the Limitations

Steven J. Squires, MA, M.Ed., Ph.D.  
 Director of Ethics  
 Mercy Health  
 Cincinnati  
[ssquires@health-partners.org](mailto:ssquires@health-partners.org)

Because of the complexity of contemporary health care and the traditional nuances of the principle itself, Catholic health care ethicists have questioned the usefulness of the principle of cooperation. This article argues two points. First, of all the principles in Catholic moral theory, the principle of cooperation remains an important feature of moral reasoning in the context of Catholic health care due to its unique nature, application and reputation. Second, there are under-appreciated ways of understanding and employing the principle which illustrate that its positive values outweigh its limitations. This article will first discuss some criticisms that are leveled at the principle within the context of three of its distinctive aspects. In the second section, the article argues that the positive values of the principle outweigh the criticisms raised against it and justify its applicability in contemporary Catholic health care ethics. The principle of cooperation, despite some limitations, remains a valuable principle for moral reasoning in the field of Catholic health care ethics and should not be easily set aside.

## The Nature of Cooperation

Cooperation is distinctive as a specifically relationship-oriented, multiple-agency principle in Catholic moral theology. Other principles do not share such features. The principle of double effect, for example, concerns one moral agent (i.e. the person doing something or refraining from doing something) and one act (or omission) with two foreseen effects. The person applying double effect to a situation also may be the primary agent, though sometimes this individual is a secondary stakeholder, that is, someone who is neither the primary agent nor the recipient of the action or omission. However, this does not negate the characterization of double effect.

A significant number of other Catholic moral principles also involve one agent, one behavior (action or omission), and one primary stakeholder (again, the person or persons most affected by the behavior). In this way, these principles are predominantly individual-focused. For instance, consider the hypothetical case of “Lou,” an 88-year-old man and father of

two, who presents to the hospital in multiple organ system failure. Lou has decision-making capacity and asks for help as he looks to frame his treatment options. Foremost on Lou's mind is dialysis, but he would also like to consider the rapidly escalating hospital bills he is incurring. Someone considering Lou's situation may use the principle of proportionate and disproportionate means (i.e. the ordinary and extraordinary means distinction).<sup>1</sup>

The moral agent, Lou, is also the primary stakeholder; he is the agent making the decision that will authorize the behavior (or interconnected series of behaviors), and he will bear the import of his decision. The context of the principle is individual. Likewise, the same may apply to Katherine, a 51-year-old woman and mother of three, who is framing options, including double mastectomy, for responding to her aggressive, but still localized breast cancer. An analyst may apply the principles of totality and integrity – describing the duty to preserve the body and spirit in total form unless there is a proportionate benefit to the harm or side effects<sup>2</sup> – for the approach with the best outcomes and least bodily harm. Katherine ultimately makes the decision, authorizes a behavior or series of behaviors, and is most affected by the decision. This is also an individual application.

Other Catholic moral principles and theories involve multiple agents focused on a decision, which may or may not involve a series of behaviors toward a desired end, outcome or duty. For

instance, subsidiarity, the common good, and distributive justice may apply to numerous people. There can be many stakeholders. Likewise, multiple persons can make and authorize a decision with considerations affecting the stakeholders. The focus in the application of these principles is the decision itself, and how the decision bears on the, as yet, unachieved goal, consequence or duty.

In contrast to these others, cooperation is of its very nature about relationships with an achieved goal, consequence or duty. The endpoint of cooperation has been determined – it is the evil, injustice or malfeasance committed by the primary moral agent. Unlike single agency principles, cooperation involves at least two agents (i.e., the primary agent and the cooperator), two behaviors (i.e., actions or omissions – the primary agent's actual behavior and the cooperator's potential behaviors), and a relationship of some sort between the agents (i.e., the connection between the principal agent and the cooperator).

### **Application of the Principle**

One has come to expect the application of cooperation in certain paradigm situations. Catholic health care organization and system acquisitions, mergers, and partnerships with other faith-based or secular organizations or systems have become synonymous with the use of cooperation. However, there are other types of situations today that also call for the application of the principle.

Part Six of the *Ethical and Religious Directives for Catholic Health Care Services (ERDs)* is primarily concerned with the application of the principle to organizations. An examination of the literature though reveals both individual and organizational applications of cooperation. In fact, the application of

the principle to organizations is a relatively recent development. Chart A lists a number of individual and organizational applications that are addressed in the literature with examples in parenthesis.

Chart A: Individual and Organizational Cooperation Applications Addressed in Scholarship

Individual	Organizational
Assistance in illicit procedures (e.g., abortions, direct sterilizations; note – appearing in moral manuals <sup>3</sup> as well as more recent publications <sup>4</sup> such as CHA’s <i>Report on a Theological Dialogue on the Principle of Cooperation</i> ).	Sponsoring, allowing or initiating groups, messages, and initiatives with controversial content (e.g. policies, procedures, guidelines, or organizational assistance regarding aiding suicide, ‘plus one’ coverage, groups with ‘controversial’ content). <sup>5</sup>
Playing supporting roles (e.g. pharmacist, nurse, physician) as cooperators to a patient’s, or primary agent’s, suicide <sup>6</sup> (a category that Helen Watt expands into categories of the strongly suicidal and the weakly suicidal patient <sup>7</sup> ).	Participating in research with dubious character or protocols (e.g. using embryonic or fetal stem cells, requiring participants to use birth control). <sup>8</sup>
Allowing, prescribing, or distributing contraceptives (e.g. condoms, birth control) <sup>9</sup>	Social injustices and inequities (e.g. partnering with those promoting safe sex, including condoms, to prevent HIV/AIDS transmission) <sup>10</sup>
Allowing, prescribing, or distributing erectile dysfunction substances (e.g. Viagra, Levitra, Cialis). <sup>11</sup>	Certain philanthropic donations or affiliations (e.g. Juvenile Diabetes Research Association, March of Dimes, Susan G. Komen). <sup>12</sup>
Use of prenatal genetic testing and screening (not evils in themselves, but the high potential for abortion makes them a cooperation issue). <sup>13</sup>	Mergers, partnerships, and affiliations with other-than-Catholic organizations (possibly receiving the most attention in literature). <sup>14</sup>
Uses of material and substances from aborted fetuses (e.g. stem cells, research, vaccines). <sup>15</sup>	Physicians’ practice and learning (insurance, residents’ training, unrestricted procedure funds). <sup>16</sup>
Casting a vote for or against unjust (or immoral) legislation and legislators. <sup>17</sup>	

## Reputation of the Principle

Similar to the term ‘futility,’ ‘cooperation’ comes with baggage.<sup>18</sup> In a personal 2010 conversation with theologian and ethicist Jack Glaser, he referred to cooperation as one of the most difficult concepts in moral theology.<sup>19</sup> Other scholars have noted this complexity as well.<sup>20</sup> The principle of cooperation is not only a difficult concept because of the nuances in cooperation’s taxonomy (i.e., the distinctions among the various types of cooperation) which is not described here, it is also difficult to apply in concrete situations, possibly due to the principle’s character described above. Application of the principle takes time and energy, both because of its frequency of use and in view of employing it in a comprehensive and thorough manner. It takes time and energy to use for quality (i.e., thoroughness, comprehensiveness) and frequency reasons.<sup>21</sup>

Such difficulty can lead to frustration, as evidenced by comments by a number of participants in the Catholic Health Association’s (CHA) 2012 Theology & Ethics Colloquium, remarks to the effect that “applying the principle of cooperation can make your head spin.” These comments occurred after nearly a day of working with case studies that involved application of the principle. Similarly, after participating in the fall 2012 CHA webinar on the principle of cooperation, a colleague remarked, “My head hurts.” Ron Hamel, CHA senior director of ethics, makes the observation

that cooperation is “one of the least-liked principles.”<sup>22</sup>

## Exoneration of the Principle

Thus far, I have argued that the principle of cooperation is distinct within Catholic moral theory due to its relationship-based nature, the complexity of its application, and its reputation among theologians. Still, do the complexity and difficulty in application of the principle of cooperation make it prohibitive? One could make such an argument. Indeed, the characteristics discussed above lead some to believe that this moral principle needs ‘an overhaul.’

A facelift or an entire overhaul of the principle might be throwing the baby out with the bathwater. In its present format, the principle of cooperation remains an asset because of its wide range of applicability, its complex character, and the divergence in perspectives that surface when applying it. I say this for three reasons which are examined in the remainder of this essay—it accurately reflects reality, it is an instrument for “polarity management,” and it can be a means for fostering moral development.

## The Principle of Cooperation Mirrors Reality

Both theologian and attorney Cathleen Kaveny and Jack Glaser make similar poignant observations about cooperation. Kaveny states, “The [cooperation] framework is complicated because life is complicated.”<sup>23</sup> Similarly, Glaser believed

that “cooperation is difficult because it reflects the complexities and nuance of life.”<sup>24</sup> The fact is, the principle of cooperation in all its complexity is a way to analyze complex situations. Any attempt to simplify the principle may end up sacrificing the richness of the details of a situation and compromise the full utility of the principle.

More specifically, at least seven factors go into the analysis of any kind of relationship, affiliation, or partnership where one agent, whether an individual or a group, is involved in some behavior judged to be unethical. Every moral act is composed of an object, intention and circumstances according to St. Thomas Aquinas’ ‘triple font’ theory.<sup>25</sup> Factors one, two and three are the object, intention and circumstances of the principal agent’s (i.e. the one doing wrong) action or omission. Items four, five, and six are the object, intention and circumstances of the cooperator’s (i.e., the one contributing something to the primary agent’s action) action or omission. Seventh (and this factor could include several elements considered as one) is the history or precedent as well as the current status of the relationship, affiliation or partnership. Additional considerations need to take into account proportionality, scandal and duress if they are not accounted for in the circumstances of the principal agent or cooperator. On the one hand, one could try to analyze all these factors, which is complicated and still requires time and human factors. On the other hand, cooperation is available as a mechanism for doing this. “The

principle emerges out of an ever-present reality and attempts to provide a way of addressing that reality.”<sup>26</sup>

### “Polarity Management” and the Principle of Cooperation

Catholic Health Partners’ CEO, Michael Connelly, is a strong advocate of the management concept and method developed by Barry Johnson called “Polarity Management.”<sup>27</sup> “Polarity Management,” in brief, describes a method of managing everyday tensions. These tensions are ongoing, do not have distinct resolutions, and need (i.e. depend on) each other, which differentiates them from other issues and problems.<sup>28</sup>

Two theological underpinnings of the principle of cooperation mentioned by Ron Hamel in *Health Progress* are discipleship and integrity.<sup>29</sup> Discipleship pertains to the Christian mission in the world to advance the Kingdom of God. Doing so requires interaction with those who do not share the same values. Integrity is about living in accord with our identity, including our values. Quite simply, identity (discipleship) and integrity can be compromised when there is complicity in the malfeasance of others.<sup>30</sup> Discipleship and integrity are not just problems, they are polarities. This is the case because they depend on each other, are irresolvable, and thus, have permanency. Because the principle of cooperation assists the understanding of licit or illicit involvement in certain situations, it also serves as an issue-specific mechanism for “polarity management”

between discipleship and integrity.  
**The Principle of Cooperation Can Foster Moral Development**

The greatest potential for the use and application of the principle of cooperation is relatively unexplored. Theoretically, under correct and controlled settings, application of the principle of cooperation is a process that could advance the moral development of those who make use of it.<sup>31</sup>

Psychologists Lawrence Kohlberg and Carol Gilligan both advanced different theories of moral development. As Gilligan explains, and others observe, the difference between the theories is that men reason using “the justice voice” and women reason using the “care voice.”<sup>32</sup> These theories in particular—and their parent category of cognitive-structural theories in general—focus on how people think and categorize that into stages that are set, universal and hierarchical. Advancing from one stage to another happens as a result of assimilation and accommodation.<sup>33</sup> In other words, we only advance morally when we have our prevailing worldview challenged. Because moral development is unlikely to occur in isolation, cooperation issues are best discerned as a group, similar to the process at the 2012 CHA Colloquium, rather than as individuals in isolation from others.

Engaging cooperation issues as a group requires commitment from different groups of people. For instance, administrators must advocate transparency

throughout the organization, including the facts surrounding the relevant cooperation issue. A person or team familiar with cooperation must organize and facilitate meetings, assemble information, invite content experts and introduce the principle of cooperation to participants. Organizers invite associates who have an interest or are direct stakeholders in the issue as participants or advocates.<sup>34</sup>

The process assumes the ability of everyone to comprehend cooperation and analyze complex problems. In all probability, members of the group will disagree with regard to the type of cooperation at issue as well as the rationale behind their judgment. They will not likely reveal their moral reasoning in the *selection* of a cooperation category (e.g., “this is immediate material cooperation”). Rather, their reasoning becomes apparent in the *explanation* or defense of that category (e.g., “this is implicit formal cooperation because we know the policy, are breaking it, and intend the wrongdoing”). Cooperation provides a structured maelstrom rife for disputes about both categories and their explanations.<sup>35</sup> These differences can constitute meaningful challenges to prevailing reasoning and, thus, spur on moral development. This is unlikely to occur when considering a cooperation issue in isolation.

Other variables influence moral reasoning and development over one’s lifetime—hypothetical vs. real situations, age,

experience, emotions, and freedom. There is also a complex relationship between moral reasoning and moral behavior. There has been progress in trying to unravel this tangled web of variables with meaningful moral interventions. As one scholar notes, “The study of moral theory and its application to particular moral problems is unlikely to make one a better moral thinker,” to say nothing of moral behavior.<sup>36</sup> Simply, successful moral interventions must be more than the transmission of knowledge. Persons must be able to interact, dialogue and ‘practice’ behaviors. At least a couple of moral interventions with these qualities have been successful.<sup>37</sup> After all, the goal of moral reasoning should be moral behavior. Linking this back to cooperation, discussions about applications have a reasonable chance of affecting moral behavior because the situations are real, require dealing with emotions, and involve the practice of moral behavior. Discussing cooperation issues—including what kind of cooperation something is and why—with colleagues in a structured way is a vehicle for challenging our prevailing worldview and moral perspectives, a vehicle for moral development. Cooperation deals with real situations in which we may feel an investment. It allows us to ‘practice’ being moral, involving mediators and filters such as emotions, rather than the rote study of morality, which does not make one moral. All of these make employing the principle of cooperation uniquely suited for the best chances of moral development.

In conclusion, the very things that annoy us about cooperation—its complex character, wide application, and negative reputation—are its strengths because the principle mirrors reality, “manages polarities,” and provides opportunities for our moral development. Just as with physical exercise, “it’s supposed to hurt.” There are possible rewards or benefits for our toils with cooperation in its current complex format—our growth and development. “*From the fruit of his words a man has his fill of good things, and the work of his hands comes back to reward him*” (Proverbs 12:14).<sup>38</sup>

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<sup>2</sup> Ascension Health, Key Ethical Principles: Principles of Integrity and Totality (Ascension Health, 2011 [cited February 21, 2011]).

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<sup>4</sup> Mike Delaney, “General Medical Practice: The Problem of Cooperation in Evil,” in *Cooperation, Complicity and Conscience*, ed. Helen Watt (London, England: The Linacre Centre, 2005), 132-135; Bishop Anthony Fisher, “Cooperation in Evil: Understanding the Issues,” in *Cooperation, Complicity and Conscience*, ed. Helen Watt (London, England: The Linacre Centre, 2005), 33-38; The Catholic Health Association, “Appendix: The Principles Governing Cooperation and Catholic Healthcare: An Overview,” *Report on a Theological Dialogue on the Principle of*

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- <sup>23</sup> Kaveny, "Striking a Balance between the 'Already' and the 'Not Yet'," 19.
- <sup>24</sup> Glaser, Telephone Call.
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<sup>38</sup> Saint Joseph Edition of the *New American Bible*,  
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