

Christology, sacramental theology, Catholic social thought, scripture, the history of the church, moral theology and more. One can always learn the specifics of health law or the techniques of conflict resolution. But learning how to think theologically and to bring the wisdom of 2,000 years of Christian tradition to bear, in grace, on a particular, contextual question of an individual patient's dying or a hospital budget is not a skill that can be learned in assorted courses or the occasional workshop or conference. It is a skill that takes time and training and formation and experience, as well as grace and prayer.

The *CHA Ethics Survey* issues a challenge to those who "do" ethics within Catholic health

care: is it time to reclaim the identity of the Catholic moral theologian for Catholic health care? If the answer is "yes," what will it take to do so? ■

NOTES

1. M. Therese Lysaught, "'Doing' Ethics in an Ecclesial Context," *Health Progress* 88, no. 2: 32-37.
2. Benedict Ashley, Jean deBlois and Kevin O'Rourke, *Health Care Ethics: A Catholic Theological Analysis*, 5th Edition (Washington, D.C.: Georgetown University Press, 2006), 254-255.
3. Tom Beauchamp and James Childress, *Principles of Biomedical Ethics*, 6th edition (New York: Oxford University Press, 2008).

REFLECTIONS ON THE ETHICIST'S ROLE

Future Ethicists?

I write from two perspectives: those of a moral theologian and the leader of mission within Catholic Health Initiatives, a national system with two ethicists on staff.

After reading the *CHA Ethics Survey*, I am struck by the growing reality of pluralism in terms of the education and the personal religious commitments of those who are ethicists in Catholic health care. This has been an issue with Catholic higher education for some time now, and the academy has framed it in terms of Catholic identity. A new wave of neo-conservatism has emerged in response to the growing number of professors who are hired by Catholic universities with degrees from other-than-Catholic institutions.

From the perspective of health care, the issue can be framed in terms of succession planning: Who are the future ethicists? Where are they coming from? How important strategically are they to the future of Catholic health care? This presents at least three challenges:

The first challenge is the need for greater collaboration between academic and health care institutions. If ethicists are to be recruited from theological schools or schools of ministry, how will they gain the other leadership competencies needed to be effective in health care? If

ethicists are to be drawn from a larger background pool, how is the theological competency provided?

The second challenge is ecclesial in nature. Some will argue that because health care is a ministry of the church, the bishop should have a say in whom an ethicist should be. Those who argue this way exaggerate the existent pluralism to justify such intervention. Might there be a move to credential ethicists in Catholic health care in a way the *mandatum* is required for those who teach Catholic theology?

The final challenge will be to assess the capability of health care institutions and systems to provide ethical resources. Probably all leaders in Catholic health care would agree some theological and ethical resource is necessary. Yet given the range and complexity of emergent issues for a growing number of institutions, ethics may be identified as a capability better outsourced to organizations such as the Catholic Health Association.

How will ethics engage in the tradition in a radically new context? It is often said that the second generation of ethics committees strives to be more



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proactive than reactive to issues. This also reflects how ethics may contribute to an organization in the future in terms of requisite ministry formation for leaders. Ethics can be an appropriate portal for issues that surround Catholic identity, not only in terms of classical clinical cases, but also for theological commitments that are imbedded in Catholic social teaching.

These commitments — human dignity, the common good, health care as a basic human good, the meaning of human labor — not only condition and form contrast experiences (that is, human experiences of negativity that evoke indignation and protest), but will need to be projected forward and appropriated in new contexts (e.g. consumerism, the diminishment of the role of labor unions) in order to speak effectively of *Catholic* health care in the future.

At Catholic Health Initiatives, an example of this kind of formation and appropriation occurred when certain markets entertained partnering with Walmart to advance a retail strategy. On the one hand, some congregations of women religious who have called for the boycott are rightly critical of Walmart for some of its labor policies. On the other hand, our lay leaders' ini-

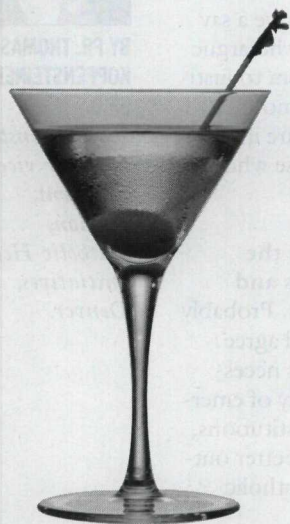
tial reaction was to see the partnership as simply a good (that is, profitable) business decision.

Both groups needed to move beyond their initial assumptions and appreciate the perspective of the other. Through ethical reflection, the groups have moved forward so as to describe a heretofore unorthodox retail strategy as furthering the interests of the health care ministry. This type of critical appropriation is part and parcel of the future of ethics in Catholic health care.

The reflections here side-step the traditional Catholic focus on clinical ethical issues (e.g., end of life, reproductive issues). Those issues are important, are always in the press, and take up an inordinate amount of an ethicist's time. Nevertheless, in the clinical area, Catholic health care can manage with the moral tradition's categories and language, even though theological reflection can easily cast many elements of the tradition into doubt. ■



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The "I'll Just Have One More" Martini

3 oz. gin or vodka
1/2 oz. dry vermouth
3 olives
1 automobile
1 long day
1 diminishing attention span
1 too many

Combine ingredients. Drink. Repeat.
Mix with sharp turn, telephone pole.

Never underestimate 'just a few.'
Buzzed driving is drunk driving.



U.S. Department of Transportation