

Cooperation with Philanthropic Organizations

Is it morally permissible for a Catholic health care organization to participate in or support the activities of philanthropic groups like the March of Dimes, Susan G. Komen for the Cure, the Juvenile Diabetes Research Foundation, or the Alzheimer's Foundation? This question arises frequently, especially during those times of the year when many such organizations hold fund-raising activities. These organizations (and so many others) have praiseworthy missions and accomplish enormous good by way of education, providing community services, funding local programs, and funding research to prevent, treat, or cure terrible diseases. Many such organizations have also been accused of supporting, in various ways, procedures that are contrary to Catholic Church teaching, particularly abortion, research using aborted fetal tissue, human embryonic stem cell research, contraception, and sterilization. Because there is considerable variation among the organizations regarding their association with morally prohibited activities, it is not possible to give a univocal response to the question above. Each situation must be evaluated on its own. However, it is possible to identify some considerations for developing a well-informed position on a case-by-case basis.

First, it is essential to determine whether the particular organization does, in fact, support some behavior deemed to be immoral, as well as the nature of that support (i.e., Is the support a major or minor part of the organization's work? Is it relatively private or very public, and hence, a potential cause for scandal?). Usually, much can

be learned from a thorough examination of the organization's Web site (especially position statements, advocacy agendas, guidelines for research proposals, and research protocols that have been granted funding) and educational materials. The more central the problematic behaviors are to the organization's work and activities, and the more public its support of them, generally, the greater the challenge this becomes for the Catholic organization.

Second, what is the nature of the Catholic health care organization's involvement with the philanthropic organization? This can vary from making contributions, participating in events, and co-sponsoring events to using educational materials, implementing programs developed by the organization, receiving and making use of organization funds, being honored by the organization, and serving on committees and boards. Might the Catholic health care organization's involvement contribute to the wrongdoing, or could it lead to scandal?

These are the two principal concerns from a moral perspective. Regarding the first, the Catholic entity must not contribute to the wrongdoing in any substantial manner (e.g., making monetary contributions to support human embryonic stem cell research). In the language of the principle of cooperation, the involvement cannot be immediate. At most, it can be mediate (non-essential) when there is a proportionate reason (e.g., the good that can be accomplished by the organization's other activities). And the more remote the involvement is (that is, the more distant from the wrongdoing), the better. Some of these groups are involved in formal cooperation because they approve of activity that

is deemed to be immoral (such as human embryonic stem cell research) and support that activity either through funding or in other ways. Needless to say, the Catholic organization should never be involved in formal cooperation, that is, it should never intend or approve of the wrongdoing.

In most cases, the Catholic organization is likely facing mediate material cooperation. It is pursuing some good in collaboration with a group that may be involved in some way and to some degree in activities judged to be seriously immoral. These philanthropic groups are not themselves performing the activities, but they may be approving of them or promoting them (formal cooperation) or facilitating their occurrence through funding (immediate material cooperation). In some instances, they themselves may be involved in mediate material cooperation.

Regarding the second concern, the Catholic entity needs to be vigilant. Scandal, strictly speaking, means "leading another into sin" (*Catechism of the Catholic Church*, #2284) It is conceivable that a Catholic health care organization's involvement with a philanthropic group that very publicly and strongly supports abortion, or physician assisted suicide, or human embryonic stem cell research could lead to confusion about the church's teaching or could diminish the importance of the church's teaching for some individuals, thereby contributing to their own wrongdoing. A more likely consequence might be a weakening of the Catholic organization's witness to life and the impact that it could have on people in the community and within the organization itself. The potential impact upon the community and associates of a Catholic organiza-

tion's involvement with any philanthropic group involved in some way in wrongdoing is a matter for careful discernment. Very often, scandal or other negative consequences can be avoided with good communication. It should be noted that scandal in the strict theological sense is not the same as disturbing the sensitivities of some people.

There are some who would not want Catholics or Catholic organizations to be involved in any way with philanthropic groups that are associated in any way with actions judged to be seriously immoral. (Consider how many this would likely be!) This seems both unrealistic and contrary to the Gospel. The church exists in a sinful world. The only way we would be able to keep our hands totally clean is to retreat from that world. This is not the Catholic tradition, nor is it in keeping with the Gospel. Jesus did not isolate himself or walk away from wrongdoers. His mission was precisely *to* wrongdoers (which is all of us in various ways and to various degrees). By not collaborating with such groups (where morally possible), Catholic health care organizations would be absenting themselves from major efforts to prevent, treat, and cure a host of very serious diseases and medical conditions, and assist those affected by them and their families; miss opportunities to witness to their own values and moral convictions; and fail to provide any kind of transformative influence. In these types of situations, the Catholic health care organization must avoid unacceptable forms of cooperation and be vigilant about the possibility of scandal, while contributing to the enormous good that can be achieved and witnessing to what it believes in. ■

An Erosion of Conscientious Objection?

In the February 8, 2007, issue of the *New England Journal of Medicine*, there appeared an article ("Religion, Conscience, and Controversial Clinical Practices") reporting the results of a study relating to conscientious objection among physicians. The University of Chicago study examined physicians' judgments about their ethical rights and obligations when patients request a legal medical procedure to which the physicians object for religious or moral reasons. 1,144 physicians responded to the survey.

In sum, the results were reported as follows: 63 percent of physicians believe it is morally permissible to explain their moral objections to patients and 22 percent believe it is not; 86 percent of physicians believe they are obliged to present all options to patients, while 8 percent do not; 71 percent believe that physicians are not obliged to refer patients to another physician who does not object to the procedure, while 18 percent do not. The authors of the article concluded that "many physicians do not consider themselves obligated to disclose information about or refer patients for legal but morally controversial procedures" (p. 593).

The reaction to the article/study was swift and strong with much, if not most, of it condemning physicians who supported conscientious objection. There appeared to be little or no tolerance for the rights of conscience in clear favor of patient autonomy and the patient's "right" to receive legal procedures or treatments that he or she requests. There were similar reactions a few years ago when a few pharmacies and pharmacists refused to dispense certain medications,

especially emergency contraception.

Undoubtedly, this is a complex issue and the medically and legally legitimate needs of patients must be taken into account in any thorough discussion of conscientious objection for health professionals. But the hostile reactions to health professionals' "following their conscience," together with efforts by many states over the past several years to enact legislation requiring employers to provide contraceptive drug coverage in their health plans and hospitals to provide emergency contraception, even in the face of claims that these practices would violate the religious and moral beliefs of these employers and organizations, seems to suggest an erosion of conscientious objection in our society. If, in fact, this is what is happening, the consequences could be dire. ■