

'Ethics is Central to Catholic Health Care'

Fr. Kevin O'Rourke Shares His Thoughts on the Role of Today's Ethicists and the Future of the Profession

Fr. Kevin O'Rourke, OP, J.C.D., S.T.M., is widely recognized as having an extensive and profound influence on Catholic health care and Catholic health care ethics. His career, now spanning 36 years as a moral theologian, continues today as professor of bioethics at the Neiswanger Institute for Bioethics and Health Policy, Loyola University Chicago Stritch School of Medicine, Maywood, Ill.

HP: How has Catholic health care ethics changed since you entered the field?

Fr. O'Rourke: When I entered the field in 1971, the focus was on individual clinical issues — questions related to death and dying, for instance; whether to continue or withdraw treatments from dying patients when those treatments were burdensome for the patient and of negligible benefit. Those are still important, but other, broader questions have arisen, questions that are more organizational, economic

and social in nature, such as the need to provide care for people who can't afford it. Organizational changes include the trend for small, independent hospitals to become part of larger systems, and religious congregations joining together to co-sponsor institutions. Many mergers and acquisitions have taken place, and businessmen now act as trustees. Each one of these changes has been accompanied by new ethical questions for Catholic health care.

HP: What advice do you have for ethicists working in Catholic health care today?

Fr. O'Rourke: One thing I would stress is that ethics is central to Catholic health care. Ethicists do not come in from the outside as some sort of police, or as something added on. Ethics was always present in medicine. It was reflected in the primary medical principle "do no harm." In order to do no harm, to know what is beneficial for a patient, you need to



Fr. Kevin O'Rourke (center) with Fr. Benedict Ashley, OP, (right) being mentored in clinical medicine in 1982.

have knowledge of ethics. Was ethics present a hundred years ago without being emphasized as a separate discipline? Yes it was. But it wasn't until the 1960s that it became obvious that medical people were assuming too much responsibility, making too many decisions for people, often without even consulting the patient. What I'd say to people in health care ethics is that they should never think of themselves as operating from an inferiority position. Ethicists have a responsibility not just to patients, but also to administrators and physicians, to make sure ethics is recognized as an integral part of health care.

HP: What about people considering entering the field. What would be important for them to know?

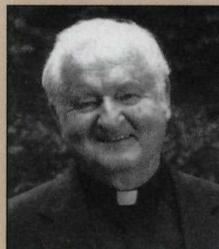
Fr. O'Rourke: The first thing I would try to impress on people starting out in Catholic health care ethics is that it is practical and pastoral; it seeks to improve the lives of patients. In other words, it is not an academic or a speculative science, and it can't be learned exclusively from textbooks. Someone going into ethics might have academic preparation — it could be in theology, or a law degree, or master's degree or doctorate in health care ethics — but without clinical experience, I don't think people are ever truly prepared for health care ethics. It is in clinical experience that you come to know what suffering is for the patient and the family, that you learn to weigh with a patient the various options for treatment. For instance, some of the statements that have come out about use of hydration and nutrition in persons approaching death are, I believe, speculative and are not geared to helping an individual patient who is in the process of dying.

HP: In your view, how should Catholic health care leaders and ethicists relate to the church?

Fr. O'Rourke: One of the notions that I think is extremely important for people working in Catholic health care is an affection for the church. It's important to look upon the norms and principles the church puts forward as integral to the Catholic vision of health care. For example, unless you have an affection for the church, and for what it stands for, you're not going to be too concerned that the church insists on "a preferential option for the poor." Church statements can be drab and meaningless unless you have a real affection for the church. Some people in Catholic health care give lip service to "option for the poor," and don't have appreciation for the whole social effort it takes to carry out the mission.

Fr. Kevin D. O'Rourke

Fr. Kevin D. O'Rourke, OP, J.C.D., S.T.M., has spent 36 years working as a moral theologian in Catholic health care and is widely considered one of the most influential voices in Catholic health ministry



Fr. O'Rourke

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In addition, Fr. O'Rourke is the co-author of *Health Care Ethics: A Catholic Theological Analysis*, with Fr. Benedict M. Ashley, OP, and Sr. Jean deBlois, CSJ. This book, now in its 5th edition, is one of several textbooks and more than 200 articles written by Fr. O'Rourke, who has also served in such roles as consultant and presenter, ethics committees member, and teacher of students, residents and health care professionals. He also worked six years as ethicist at the Catholic Health Association.

Fr. O'Rourke received his J.C.D. (Juris Canonici Doctor) from St. Thomas University in Rome in 1958. He also has a doctorate in Canon Law, and a S.T.M. (Master of Sacred Theology) — a degree given in the Dominican Order after successful teaching and writing over many years.

and ethics. The March-April 2007 issue of *Health Progress* was devoted to Fr. O'Rourke in honor of his "broad and profound ... influence on Catholic health care and Catholic health care ethics."

Fr. O'Rourke is professor emeritus and founder of the Center for Health Care Ethics at Saint Louis University and is currently a professor of bioethics at the Neiswanger Institute for Bioethics and Health Policy,

HP: Do you have any suggestions for ongoing education?

Fr. O'Rourke: Catholic health care ethics are rooted in Catholic moral theology, so it is important to know that field. One of the things I have noticed in the last few years is how important it is to keep reading theological documents. Some of the documents that have come out from the Holy See are very significant and important. I would say to read the papal encyclicals and documents that have been issued in recent years by the Congregation of the Doctrine for the Faith: *Veritatis Splendor*, *Evangelium Vitae*, *Donum Vitae*, *Dignitas Personae*, for instance.

HP: What would you like to say about the Ethical and Religious Directives for Catholic Health Care Services?

Fr. O'Rourke: It is the directives that maintain the Catholic notion of health care in our institutions — our hospitals, nursing homes, clinics. While the directives are well known in the Catholic health care community, they are not well known outside of this community. So people who come into our institutions don't realize why we have these norms. They can come across as just a set of prohibitions. But really, the directives are a theological document focused on Christ rather than around some scientific approach to life. It connects Catholic hospitals with

the church, and provides a whole philosophy of health care grounded in a Catholic moral tradition. And that needs to be explained. A Catholic health care ethicist should be able to explain the directives to administrative personnel, to physicians, as well as to patients in a way that makes them reasonable.

HP: Can you give an example of how a directive that prohibits a procedure might be presented in a broader context?

Fr. O'Rourke: An example would be the directive that prohibits direct sterilization of the reproductive tract. It is very difficult for people to accept, so you have to start at the beginning and outline for them the Catholic notion of personal responsibility for the body, and the way one is to use that body for gaining eternal life. I also think we need to do a much better job of expressing our rejection of abortion. Our whole effort in the Catholic tradition has been directed toward the process of trying to prevent abortion, rather than helping people to accept a scientific understanding of when life begins. It's very clear by the makeup of a zygote that it has the potential to become a person with particular genetic makeup and to grow into a person with the ability to think and love. We get so self-righteous with people who don't agree with us. We need to learn to do a better job of explaining our beliefs.

HP: In your experience, is ethics taken seriously enough by the leaders of Catholic health care today?

Fr. O'Rourke: When people understand what Catholic health care ethics is, it really enlivens the whole notion of what it means to be a Catholic health care administrator. One prominent issue, for example, that can change our approach to health care is the way we understand death and dying. Death is not a medical or a legal experience, but a spiritual experience. In order to help a family accept death and minister to those who are dying, you need to understand the Catholic teaching, that death is a part of life, a natural event. In the popular ethos of the United States, death is often presented as an accident; it happens because we did something wrong. It's part of the mystique of medicine today that people should never die. That's changing, I hope, as palliative care is becoming a more integral part of the medical profession. We are beginning to understand the spiritual theology that helps us to see there comes a time when we should say, "Enough is enough" and shift our approach.

HP: Do you have any concerns about the way ethics is being done in health care today?

Fr. O'Rourke: I'm not sure people in health care are vocal enough about caring for the poor, although many Catholic hospitals have developed wonderful programs in this regard.

HP: Looking to the future, what major challenges are on the horizon, and how can ethicists prepare for them?

Fr. O'Rourke: I think there will be a lot of discussion in the future about rights of conscience in regard to disputed procedures, and an effort by various groups to pass laws requiring physicians, and even hospitals, to do procedures that go against their consciences or mission in order to continue to receive federal funding and participate in Medicare and Medicaid programs. For example, in 1973, an amendment was passed that enabled Catholic health care facilities to refuse to do abortions. There are people who want to do away with that exception. The right to refuse to do research on embryo stem cells is also being challenged. Health care ethicists will need to have a deep knowledge about the laws of the country and be prepared to fight these challenges, to educate through writing and every way possible.

HP: What hopes do you have for the future of the Catholic health care ministry?

Fr. O'Rourke: It goes back to what I said about having an affection for the church. You cannot be an ethicist in Catholic health care and think you can live without the church's teaching or be unresponsive to the church's norms. There's room for an individual approach to some of the ethical questions, but for others, there is no room. There's a parallel in the actions of Catholic politicians, when they say that the teaching of the church is not relevant; that they should be governed only by the Constitution. That kind of thinking has become habitual with Catholic politicians and some Catholic laity in the United States — the notion that whatever they decide in their own mind is adequate for guiding moral, ethical behavior. That is not acceptable for Catholics, especially those who administer and work in Catholic institutions. The church has to be a guiding force in the determination of conscience. ■



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