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The Church in the Modern World?

I guess it isn't really accurate to ask if the Church is in the modern world. It's always in the world that it's in, and I guess that's as modern as you can get. The Church isn't always *happy* with the world in which it finds itself, but it has continually adapted and changed over history so that it's still around. That's a sign of the spirit's presence and of the fact that the Incarnation is an ongoing event. As theologian Michael Himes once said, if we fail to take our institutions seriously as manifestations of the Incarnation, we risk Docetism, the heresy that Christ only appeared to be human.

The Church's relationship to the world in which it finds itself is another issue. The early Church struggled with its world and suffered marginalization and persecution. Things took a turn for the better in the 4th century when the Church was granted official status. In the Middle Ages, the

church was fully in the world and was flexing its intellectual and political muscles as it developed doctrines and structures that are still with us today. It probably got a little overinvolved with the world, which is why the Enlightenment and the revolutions of the late 18th century destroyed the monarchy and sent the Church into exile – both literally and figuratively. It took a century for it to recover, but by the early 20th century it had reestablished itself and launched massive missionary outreaches to Asia, African and the Americas.

In the mid-19th century the U.S. Church found itself marginalized and reviled in a largely Protestant country. Despite that (or maybe because of it) it created an awesome network of Catholic parishes, schools, hospitals and service agencies.

The Church is somewhat diminished today, but Catholics are better educated and more prosperous than ever. Catholics and are in major positions of authority (it's especially interesting to note that we have several Catholic presidential candidates and there are five Catholics and four Jews on the Supreme court, a fact that would horrify our Deistic and decidedly non-Catholic, non-Jewish founding fathers.)

Compared to Catholicism in Western Europe, we are flourishing.

Still, we've got our battles. We are involved in a delicate dance with the federal government about how to enact the Affordable Care Act and still preserve the Catholic identity of our ministries.

(Some Church leaders see our religious freedom at risk, but I think the government has been remarkably considerate of our needs.) We're wrestling with the burgeoning field of genetics as well as with the Supreme Court's decision to make marriage available to all couples, regardless of gender. Transsexualism, which is not new, came to the fore quickly with Bruce Jenner's decision to become Caitlin Jenner (read Jeffrey Eugenides' novel *Middlesex* for what I believe is an accurate and touching view of a teenager discovering her own gender confusion in the midst of an immigrant family in 1950s Detroit). We're being sued by the ACLU for what they see as a failure to serve patients equitably; and we're involved a wide variety of mergers, acquisitions, joint ventures and clinical networks that will eventually redefine us as population health managers. These new structures are designed to lower costs and improve efficiency and patient care, but they will also raise complex questions about cooperation.

All of these things are the realm of ethicists. We don't make all of the decisions, but we provide analysis and advice to those who do. Ethicists balance many moral values, not all of which coexist peacefully: burden and benefit, material vs. formal cooperation, ordinary vs. extraordinary care, withholding vs. withdrawing, killing vs. allowing to die, patient autonomy and medical expertise and lot more. Some issues we deal with are new versions of old questions; others are entirely new and have to be thought out from the bottom

With this issue, I assume the editor's responsibility from Ron Hamel. Ron brought this publication from a four-page newsletter to a serious forum and educational tool for ethicists, mission leaders and ethics committees. As I looked over back issues, I was amazed by the number of quality essays that you submitted. We remain committed to that vision. We also hope to make this a place for young scholars, especially graduate students, to share the fruits of their research and experience the satisfaction of publication and peer feedback. I met recently with Tobias Winwright of Saint Louis University, and he and I agreed that we would continue and deepen our collaboration with the Theological Studies Department and the Ph.D. Program in Health Care Ethics.

In this issue we are pleased to offer an **ethical analysis of clinically integrated networks**, by M. Therese Lysaught; a discussion of how we can see **ethical consultations as coaching**, by Nick Kockler and Kevin Dirksen; discussions of **recent trends in ethics and notable publications** by Nate Hibbens and Lori Ashmore-Ruppel; and a discussion **ethical issues in medical missions** abroad by Kelly Stewart.

In January, we plan to begin a series of articles on ethical issues surrounding transgender persons and their care. Transgender persons present us with a wide variety of ethical issues, beginning with access and equality and extending to finance and government relations. Some of these issues, e.g., admission and treatment of transgender persons are

relatively easy. Many systems already have policies in place. Others, such as suppression of puberty in children, complex and expensive genital surgery and providing such services as part of charity care are more difficult. We have two articles planned for the January issue, but we would be delighted to receive others, especially those that discuss establishment of policies.

I look forward to working with you. If you have suggestions or articles you would like to submit or propose, please contact me.

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