The *Via Media* and the Profession of Catholic Healthcare Ethics

It was an honor and privilege to have been invited to give the keynote presentation for the 2025 CHIEF conference on September 10th. Several conference participants suggested that I submit a summary to *HCEUSA* and I am happy to do so. The Planning Committee made many helpful suggestions, including that I reflect on learnings from my career in Catholic healthcare ethics, the prophetic role of the ethicist in Catholic healthcare, my approach to working with bishops, some areas of concern in Catholic healthcare ethics, and to speak to the importance of theoretical endeavors in the work of Catholic healthcare ethicists.

Among these topics, my presentation highlighted an important dimension of the Catholic healthcare ethics profession: interpreting and applying Catholic moral and social teaching and tradition. As I reflect on my career and ministry in Catholic healthcare ethics, it has included what I characterize as a *via media* between opposing extremes in the interpretation and application of Catholic moral and social teaching and tradition. The history of the Catholic Church is replete with opposing extremes, including the condemned extremes of rigorism (tutiorism) and laxism. With Catholic teaching as a fixed reference point, it is important that ethicists navigate between a narrow, ridged, and strict interpretation or application on the one hand, and the opposite extreme of jettisoning or fundamentally changing Catholic doctrine pertaining to heath care ethics on the other. Since Catholic teaching and doctrine is the fixed reference point, what constitutes the "middle" in the *via media* approach does not shift or drift with time, unless new data and facts require a shift. In this way, the integrity of the teaching is maintained as it is interpreted and applied to the particular and complex circumstances of reality.

The *via media* approach maintains a positive notion of doctrine and does not fear it. Pope Leo XIV's description of doctrine is especially helpful. He characterizes doctrine as not being devoid of reason, or as sealed off from input, or as simply abstract and removed, but as inherently oriented toward the challenges of life and prudential decision-making.[1] At the same time, the *via media* approach in Catholic healthcare ethics embraces the values of inclusion, listening, accompaniment, dialogue, and balance. It is an approach that in the words of Pope Francis allows "itself to be seriously challenged by reality."[2] To find the middle way in Catholic healthcare ethics demands that the ethicist be what Pope Francis wrote of theologians: "Good theologians, like good pastors, also smell of the people and of the street and, with their reflection, pour oil and wine on the wounds of men. [Theology must have an] [o]penness to the world, to man in the concreteness of his existential situation, with his problems, his wounds, his challenges, his potentialities."[3]

The prophetic role of a *via media* approach is twofold: to challenge the rigorist and laxist views of today, and to advance new interpretations and applications of Catholic teaching for issues facing Catholic healthcare ethics. This effort must be informed by a fair assessment of the new issues facing Catholic healthcare, by new data, and by the new and changing environment of healthcare. It must also be prepared to revisit some old problems whose ethical resolution would benefit from new data. Even if there is no specific teaching on an issue, general teaching that is relevant can be interpreted and applied in new ways using a *via media*. Such new interpretations and applications are neither a development of doctrine nor a change of doctrine itself. Rather, such an approach expands and deepens our understanding of the same doctrine or teaching in new contexts.

I shared with the CHIEF participants a reflection on the lives and work of individuals from my professional past who I had the good fortune of learning from directly and who exemplified a *via media* approach in their own work. These were: Frank Morrisey, OMI, the well-known canonist in Catholic healthcare; Albert Moraczewski, OP, ethicist and founding president of the Pope John XXIII Medical-Moral Research and Education Center; and James Collins, historian of Modern Philosophy at Saint Lous University. Each person in his own way exhibited the values of a *via media* approach that greatly impacted me both personally and professionally.

On the subject of working with bishops, it is important that ethicists appreciate their perspective on issues in Catholic healthcare. For any given question that is brought to their attention, bishops seek solutions that preserve Catholic identity, are consistent with Catholic teaching, are appropriately pastoral, and that avoid theological scandal. With respect to scandal, it is important to show bishops that there are various measures that can mitigate the risk of insurmountable theological scandal, especially since they are usually not aware of the options available to Catholic healthcare institutions for reducing the risk of scandal. It is also important for ethicists to distinguish between reducing the risk of scandal and the phenomenon of pharisaic scandal. There is no obligation to overcome pharisaic scandal. In general, ethicists should ground the analyses they provide for bishops in Catholic teaching and the ERDs and should use solid reasoning. Ethicists should make confident and respectful recommendations, and show bishops that there is a middle way between the existing extremes that provides a potential solution.

I highlighted certain aspects of AI, Catholic and other-than-Catholic collaboration, care of transgender patients, and moral certitude in the determination of death by neurological criteria as some issues of concern. AI is and will be critically important for medicine. I pointed out that among the various ethical questions facing AI, the lure of a materialistic and reductionistic view of the human intellect and will in connection with AI is a potential problem. The other three issues exemplify the important need for a *via media* approach that employs the traditional notion of solidly probable opinion.

I finished the presentation with some reflections on finding a balance between theory and practice in the work of Catholic healthcare ethics. There is a reciprocal

relationship between "theory" (research, writing, publishing, and academic learning) and "praxis" (the day-to-day clinical and operational work of ethicists). Theoretical work without the contribution of praxis is uninformed by essential elements of the subject-matter and is unhelpful. Praxis without theoretical input can lack the objective grounding and a deeper understanding that is required for it to be sustained and to meet the needs of those we serve. Achieving this balance across a career in Catholic healthcare ethics is important and should be written into the position descriptions for ethicists.

CHIEF has become an invaluable opportunity for growth, learning, dialogue, and solidarity among ethicists in Catholic healthcare. Institutions and individuals alike are the beneficiaries of the work of CHIEF. I am very happy and grateful to have contributed to this important effort. ✣

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ENDNOTES

1. Pope Leo XIV, Address to "Centesimus Annus Pro Pontifice" Foundation, May 17, 2025, at https://www.vatican.va/content/leo-xiv/en/speeches/2025/may/documents/20250517-centesimus-annus-pro-pontifice.html.
2. Pope Francis, Motu Proprio, *Ad Theologiam Promovendam*, November 1, 2023, n. 8, at https://www.vatican.va/content/francesco/it/motu_proprio/documents/20231101-motu-proprio-ad-theologiam-promovendam.html. English translation is from Google Translate.
3. Pope Francis, Motu Proprio, Ad Theologiam *Promovendam*, n. 3.