

RESTRUCTURING SYSTEMS: A CALL FOR DIALOGUE

Are We Painting Ourselves into a Corner?

This has been a rather difficult column to prepare. In spite of many nuances, I would not be surprised to find that a number of persons will not agree with what I'm proposing here. With that in mind, this column is a call for renewed dialogue within the church community.



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For many years now, I have been actively engaged in the canonical side of the restructuring of health systems and helping to make arrangements for stand-alone facilities to become part of a Catholic health care system. And it is obvious that the era of reconfiguration is not over. Indeed, in the coming months and years, we should not be surprised to find that a number of our present systems will be actively seeking new forms of partnership.

However, in many instances, when considering possible new arrangements, we come up against the question of sterilizations. This has often become the major point when dealing with new alliances and forms of cooperation. But I wonder if, instead, it shouldn't be the mission of Catholic health care that is of primary importance?

To understand where I am coming from, we have to go back some 50 years in time, to the beginning of Vatican Council II and its decree of ecumenism and its declaration on freedom of conscience. Before the council, when dealing with Christians who were not in full communion with the church, the basic operating principle seemed to be, "error has no rights." And it followed, that since they were "in error," they had no rights as far as the church was concerned. But it took someone like Fr. John Courtney Murray, SJ, to break the deadlock by showing that even if error in itself didn't have rights, persons did, and especially as a result of their baptism.

This led to an entirely new approach in regard to ecumenical matters, and the 50 years since the council have shown us clearly its benefits. Of course, this doesn't mean that there are still not

"messy" areas that have to be addressed — inter-communion and ordination being two of them. But these obstacles did not prevent the church from moving forward with dialogue and many concrete acts of ecumenism. This was indeed a breath of fresh air for the Catholic Church and the entire Christian community.

Jumping ahead to today, when it comes to the reorganization of health care, I wonder if we are not painting ourselves into a corner similar to the one we were in before Vatican II.

I would hope that there would be a way out of the impasse that faces many health systems today. If only we could find another Fr. Murray to shed new light onto our approach and lead us in a dialogue that could open the door to numerous future possibilities.

Since the sterilization issue seems to have become the principal focus in our negotiations, I wonder if we could not shift our focus somewhat to the mission of Christ, to determine how Catholic health care can be present in the community and also in the hearts and minds of so many people who come to us seeking healing and good health. The mission is grounded in our vision of church. Usually, we refer to "ecclesiology" when speaking of the theology of the church. It seems to me that ethics that are not grounded in sound ecclesiology risk leading us down the road of casuistry or into a corner.

Vatican II tells us clearly that Christ is the light of all nations, and that the church is the sign of unity with Christ and of the unity of all humanity (see *Lumen gentium*, No. 1). Our living of this sign today has to build on our social, technical and cultural bonds. We speak of "the church in the world," and not of "the church and the world," as if the two were totally opposed. Therefore, any approach we adopt to restructuring would have to

keep these perspectives in mind.

Not for a moment am I saying that the ethical considerations are not important. But, they have to be part of a whole, a greater picture. As Matthew's Gospel (Matthew 23:23) tells us: "These you should have done, without neglecting the others." Or, the *Catechism of the Catholic Church* tells us clearly that there is a "hierarchy of truths" in relation to the way in which they relate to the foundations of the Christian faith (see No. 90; also No. 234). Likewise, the First Letter of John (I John 5:16) tells us that not all evil is of equal significance. I think it would be necessary to avoid what could be considered to be exaggerated approaches and to restore the primacy of our mission in the church.

Indeed, by starting from the mission — to imitate Christ who was doing good for others (see *Code of Canon Law*, Canon 577) — we could then look at what are some of the issues at stake, not forgetting that, here too, we will have some "messy" elements that don't seem to fit into place, but which should not stop us for trying to move forward.

Fortunately, when dealing with prospective partnerships, we are clear in regard to affiliations with institutions that offer abortion, euthanasia or similar activities. Uniformly, we hold that we will not enter into partnership with such groups. This sends a very clear message to others about the church's stand in relation to protection of human life from conception to natural death. But it could be asked whether this same stand applies to every activity that is considered to be morally unacceptable. For instance, we don't seem to have too much difficulty in working out partnerships with groups that have union or labor troubles, or other issues relating to social justice. Yet aren't these justice issues as important as some of the other ethical ones we are facing today?

If our positions become too hardened, then we can readily see the consequences. The most obvious temptation would be to renounce the Catholic identity of the system and become simply a secular undertaking. But the consequences of such a decision would have very long-term negative effects. Through the centuries, the church has struggled much to maintain its health care services, and it should not be expected that we would withdraw from the marketplace today because of certain issues.

We were always taught that a good ethical

decision was also judged by its long-term consequences. If there is no proportion between the act and its effects, then it is difficult to say that the act or the decision was good in itself, even though it might have resolved an issue for the moment. If certain "ethical" decisions lead the church to have to withdraw from health care ministry, we must sit back and ask whether these were, indeed, sound ethical decisions.

I am not an ethicist or a moral theologian, and I don't know all the ins and outs related to some of the moral decisions being taken in relation to cooperation. But as a canonist, and keeping in mind

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the last words of the *Code of Canon Law* — "the supreme law is the salvation of souls" — I wonder what type of ecclesial community we are preparing for tomorrow.

Therefore, would there not be place today in the church for some type of structured dialogue among church leaders, ethicists, ecclesialogists, canonists and others, to see whether we could come up with a new approach that would get us out of the corner into which we seem to be backing ourselves? This would be important before it is too late. Already, a number of our systems have lost opportunities to partner, merge, make alliances for the good of the community and the future of Catholic health care because they do not provide certain procedures.

Or, perhaps, has the time come when the church in North America can no longer offer acute care services? There would, of course, still be many other health care needs to be met, especially in the area of senior care, rehabilitation, home nursing, palliative care and so forth. It would be too bad if we had to withdraw from acute care simply because we were unable to sit down and evaluate possibilities. But such an assessment implies beginning with a different starting point.

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