Allocating Scarce Medical Resources: Roman Catholic Perspectives

H. Tristram Engelhardt, Jr., and Mark J. Cherry, eds.
Georgetown University Press, Washington, D.C., 2002, 352 pp., $39.95

The names of this book’s editors, and the fact that the book itself is the latest installment of the well-received “Clinical Medical Ethics Series,” led me to approach Allocating Scarce Medical Resources: Roman Catholic Perspectives with high expectations, even as I thought twice about reading yet another collection of essays about allocating scarce resources. My expectations were not disappointed, however, and my concern was unfounded.

The authors of the book’s 17 essays are “a group of academics from around the [North American, Western European] world including theologians, philosophers, physicians and a lawyer” (p. 35; reviewer’s brackets). Allocating Scarce Medical Resources is the product of four meetings over the course of three years, during which the authors read and discussed each other’s papers. As a result, the book is not the edited collection of discreet essays I feared, but rather “an interlocking set of essays on determining appropriate critical care” (p. 35), “a heuristic example of the desire to make an optimal level of care available for all who require it” (p. 19).

Allocating Scarce Medical Resources opens with two excellent opening essays by the editors. These are followed by six subsequent parts, all of equally high quality. Parts 3, 4, and 5 offer the thorough discussion of Catholic thought suggested by the subtitle. Parts 2 and 4 offer contrasting and comparative essays from Jewish, Orthodox, and Protestant perspectives (although it is not clear to me why these were not integrated into parts 3 and 7). The book closes with part 7, which offers a critical commentary. What I found most valuable in this book, besides its “interlocking essays,” was the reason this group came together. Its members did not assemble simply to offer Roman Catholic perspectives on the topic, as the subtitle suggests. They came together to explore “to what extent, if any, may or indeed should a Roman Catholic bioethics be substantively different from secular bioethics” (p. 12). Underlying the discussions is the more fundamental question of the uniqueness of the Roman Catholic ethic as a theological position, a position from which one seeks to address ethical issues through the universally normative grounding of human reason.

Unless one appreciates the importance of this more fundamental discussion, one may find part 2, which the authors call “A Moral Consensus Statement,” disappointing. The statement is a remarkable theological achievement. It is not, as one might expect, a strategy for allocation, but rather an articulation of principles that are uniquely “catholic,” rooted in the natural law, in biblical imperatives, and in an anthropology that is appreciative of the role of government. There are, these writers assert, particularly Catholic convictions, with practical implications “to which Catholic hospitals ought to give priority and for which secular health care facilities should make room.” These include such ethical norms as:

- The biblical commandment against killing
- Jesus’ injunction to love one’s neighbor as oneself
- The values of solidarity and subsidiarity (which imply that the first two ethical norms are duties of communities, not just individuals; and that political authority should encourage small groups and individuals in the larger community to fulfill these duties)
- A natural right to health care, as is implied by solidarity and subsidiarity
- The need for a practical wisdom “shaped by the commitments a Christian makes in response to the particular call of God for his or her life, made in prayerful discernment of God’s will... to deal well with issues caused by the need to limit critical care” (p. 37)

The value of these principles (and their importance to the Roman Catholic worldview) is perhaps lost on many of us in today’s health care, who so often recite them without appreciating their uniqueness and breadth. Readers of Allocating Scarce Medical Resources will appreciate the principles, especially if they wait to read the “Moral Consensus Statement” after first reviewing the foundational theological viewpoints offered by such able contributors as Joseph Boyle; Paul T. Schotsmans; M. Cathleen Kaveny; Kevin W. Wildes, SJ; Paulina Taboada; Corinna Delkeskamp-Hayes; Mary Ann Gardell Cutter; Michael A. Ric; Bishop Edward Hughes; and Dietrich Rossler.

Every chapter in Allocating Scarce Medical Resources will be a “must read”—not only for those interested in what Catholic moral thought has to say about the allocation of health care resources, but also for those concerned about what makes Catholic health care “Roman Catholic” and those who seek greater insight into and appreciation for the contribution of Catholic moral thought to public policy.

Fr. John Tuohey, PhD
Endowed Chair, Applied Health Care Ethics
Providence St. Vincent Medical Center
Portland, OR

Aging, Spirituality, and Pastoral Care: A Multi-National Perspective

Elizabeth MacKinnay, James W. Ellor, and Stephen Pickard, eds.
Haworth Press, Binghamton, NY, 2001, 190 pp., $39.95, $24.95 (paperback)

This book, which also appeared in 2001 as two consecutive issues of the Journal of Religious Gerontology, is a collection of 12 essays followed by a brief afterward. Of the dozen authors, one is from Scotland, two are from the United States, and the others, including the three editors, are all from Australia. Some are Protestants, others Catholic.
The perspectives from which they examine the challenges of aging and of caring for the aging range from the explicitly theological to the (primarily) psychological to the practical (studies of nursing care). The essays' style and content also vary, ranging from the academic marshaling of opinions to interpretative narratives to poetic musings on the experience of aging.

The essays are divided into two sections. The first includes essays on the "ethical, theological and biblical dimensions" of the aging process itself as we have come to know it in our own era, when an increasing number of people survive into old age and deal with various kinds of chronic illness. The essays of the second section attend to the pastoral challenges involved in dealing with the aging.

Three essays were of particular interest to this reviewer. The first, by Melvin Kimble, PhD, is called "Beyond the Biomedical Paradigm: Generating a Spiritual Vision of Ageing." The other two, both by Elizabeth MacKinlay, one of the book's editors, are "Understanding the Ageing Process: A Developmental Perspective of the Psychosocial and Spiritual Dimensions" and "The Spiritual Dimension of Caring: Applying a Model for Spiritual Tasks of Ageing."

In all three essays, caregivers are urged to recognize and respond to spiritual developments characteristic of many aging persons, to their spiritual accomplishments as well as their spiritual needs and longings. In the first of her two pieces, MacKinlay describes a study of nurses who, in the course of their work, came to acknowledge and deal with the spiritual—as distinct from the psychosocial—in their patients. Doing so involves a wider than usual understanding of "spirituality" in today's Western cultures, in which spirituality is by no means found only in those aging persons who belong to churches, synagogues, or temples. In her second essay, MacKinlay enumerates six spiritual themes identified in a study of independent living older adults. These themes express various aspects of the search, which many aging people conduct as death approaches, for meaning in life and in relationships.

Other essays, especially "Through a Glass Darkly: A Dialogue between Dementia and Faith" by Malcolm Goldsmith, provide valuable insights into ways to interpret and respond to the deeply troubling aspects of dementia in the aging.

This is a collection well worth exploring, although the variety in the approaches in these essays will not please everyone.

Fr. James Bresnahan, SJ, JD, PhD
Professor Emeritus, Medical Ethics and Humanities and Medicine
Northwestern University Feinberg School of Medicine
Chicago

Compassion's Way: A Doctor's Quest into the Soul of Medicine

Ralph Crawshaw
Medi-Ed Press, Bloomington, IL, 2002, 648 pp., $38.50

When I was asked to write this, my very first book review, I did not know that the book's author was a professional reviewer of books and movies. If I had known it, I probably would have been too intimidated to attempt this. I said yes because I was intrigued by the title. I was expecting something along the lines of "spirituality" in today's Western cultures, in which spirituality is by no means found only in those aging persons who belong to churches, synagogues, or temples. In her second essay, MacKinlay enumerates six spiritual themes identified in a study of independent living older adults. These themes express various aspects of the search, which many aging people conduct as death approaches, for meaning in life and in relationships.

The author's preface is thorough and offers good advice on how to read the book. I took his advice and read it aloud to a small audience. I also asked my college-age son, who studies film, and a middle-aged hospital administrator, who works closely with physicians, to read some of the book's 11 sections. It did not hold their interest, so I continued on my own. I have to admit that I did not finish the whole book. It is more than 600 pages, and the going was slow. I did read some of its sections in their entirety. I read several essays in each of the other sections.

The book is a compendium of the author's essays and book and movie reviews. Each section has a title, but sometimes it was difficult for me to ascertain the theme in the topics chosen for the section. Each individual essay is interesting on its own, but some of the essays are repetitious. They have similar themes and they begin to merge in the reader's mind. You get the feeling: "Didn't I already read this one?" The various essays and reviews do not appear in the order of their publication, so it was difficult to follow the author's journey. The reader does not get a sense of psychological growth or of moving along a continuum of maturation in the profession. The last essay, called "Chartres and the Accidental Pilgrim," talks about a defining moment in the author's life, but it does not note at which age the event occurred. This makes it difficult to put the rest of the essays in context. I am not sure why that was chosen to be the closing piece. I also could not figure out how some of the movie reviews fit into the theme of "compassion."

After reading the next to last essay, which is called "Epiview," I realized that the author and I have different definitions of compassion. I disagree with the author that "compassion is a validation of the individual." It wasn't until I read this piece that I understood why the book did not "hang together" for me. My preconceived idea of what the book would be about prejudiced my reading. I think that a more appropriate title would have been "Ralph Crawshaw: Thoughts from an Interesting Life." If approached from this viewpoint, the organization of the book makes sense. It is definitely meant to be read in small doses.

Margaret Barron, MD
Director, Emergency Services
Providence Hospital
Washington, DC