have sufficient principles in common to function as a common morality or whether there is sufficient convergence around these principles to serve as the basis for moral negotiations between professionals and laity. He carefully examines several religious traditions, as well as many of the main medical ethical theorists, and concludes that though each tradition or theorist proposes their own specific framework of principles, there is sufficient overlap between and among all of these to provide the basis for a common morality.

Veatch is careful to note that such a morality will not resolve all problems, particularly the most socially intractable, such as abortion and euthanasia. However this common morality provides a starting point for conversations between professionals and laity as well as between various religions and secular theories of ethics. If we respect the limits of reason and human fallibility, we can begin a conversation.

While Veatch is correct that expertise in one area does not confer expertise in another, I think his insistence on the somewhat stark separation of the physician-patient relationship might be somewhat overstated. It is generally true that a physician does not know a patient's values. Nonetheless, a professional code can suggest that the main ethical responsibility is to establish a fiduciary relation with the patient and use his or her professional expertise on behalf of the patient. Otherwise I think we might wind up having physicians simply present options to patients and telling them to choose because the physician does not know their values. Emphasizing the fiduciary nature of the relationship helps guarantee that professionals recognize their limits but also encourages them to help their clients evaluate and articulate what is in their best interest.

This caveat aside, Veatch provides a very helpful review of the status of and a thoughtful examination of the foundations of professional ethics.

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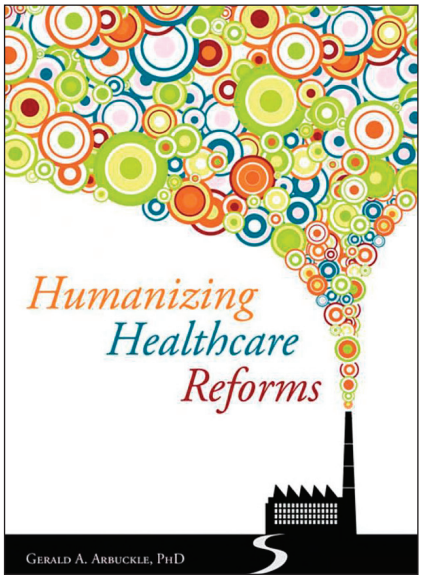
CULTURES, MERGERS AND MISSION

REVIEWED BY SR. PATRICIA TALONE, RSM, Ph.D.

Fr. Gerald Arbuckle, SM, an author and speaker well-known to persons in Catholic health care throughout the United States, Ireland, Canada and Australia, has perfect timing in the publication of his newest contribution to Catholic health care study and literature. A Marist priest and cultural anthropologist, Arbuckle holds degrees from the University of St. Thomas in Rome and the University of Cambridge and has taught and presented on the topics of anthropology, culture and health care mission throughout the English-speaking world. Many Catholic systems used his book, *Healthcare Ministry: Refounding the Mission in Tumultuous Times* (Liturgical Press, 2000) as a study guide as these organizations addressed the challenges of ministry in the early 21st century. Now, at the cusp of finally achieving the ministry's goal of health care reform (in the United States), as we stand at a new era, Arbuckle again provides insight and guidance about furthering the ministry and culture of Catholic health care in emerging partnerships and configurations.



HUMANIZING HEALTHCARE REFORMS
BY GERALD ARBUCKLE, SM, PH.D.
Jessica Kingsley Publishers, 2013
272 pages; $34.95

When Integrated Delivery Networks (IDNs) were the flavor *du jour* in health care, many organizations scrambled to form them, exercising excellent due diligence in areas of finance, law and ethics. However few of these delivery networks remain and thrive today. One of the reasons for these past failures is that as ministry leaders formed the new entities, they neglected to take into consideration the vast cultural differences between and among the partners who attempted to form the networks. As one executive leader has noted, "Culture can eat strategy for lunch!"

Arbuckle's book addresses the vital cultural component of any newly formed organization. He examines both the power and the complexity of culture within health care, describ-

ing the various cultures that exist simultaneously. Among these are what he calls the foundational model, the biomedical model and the financial model. One chapter plainly describes what he terms the "tribalism" between clinicians and business managers in a health care organization, providing concrete suggestions for bridging this often damaging cultural gap.

In his chapter entitled, "Leading Cultural Change in Healthcare," Arbuckle provides a useful framework for persons in the C-suite to guide their deliberations and actions while forming new partnerships and accountable care organizations. Throughout the entire text and within this chapter in particular, he firmly advances the centrality of the mission of Catholic health care. This section could be well used especially by senior mission leaders, human resource executives and strategic planners as they face continuing changes in the months before us.

Arbuckle's broad international experience expresses itself in examples that might not always fit the experience of United States health care reform. Yet these sometimes unfamiliar illustrations serve to stretch one into conceptualizing new paradigms and solutions for complex challenges, while reminding one that the problems we currently face are more universal than we often admit.

While the book is definitely scholarly (including suggested readings, a rich bibliography and an index), it is simultaneously extremely accessible and supplemented throughout with comparative charts and rich case studies. It is a book that easily lends itself to study, discussion and implementation by executives and sponsors within Catholic health care.

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