

CONTINUING THE CONVERSATION

A Pluralistic Society Has Room for Various Religious Traditions

BY REV. AVERY DULLES, SJ



Fr. Dulles is Laurence J. McGinley Professor, Fordham University, Bronx, NY.

Catholics will appreciate Rev. Martin E. Marty's optimistic and irenic treatment of Catholic healthcare services. Catholic healthcare facilities are important not only because they provide medical attention for many Americans but also because they bear witness to Christ and the Gospel and offer spiritual services.

Patients frequently desire a spiritual atmosphere, the availability of Catholic sacramental and pastoral services, and the assurance that they will be treated in accordance with Catholic moral and religious teaching. The mission of the Church itself and the concerns of the individual faithful thus coalesce in favor of a distinctively Catholic healthcare system.

THE CASE FOR COOPERATION

The distinctiveness, however, cannot be total. In our pluralistic society, Catholic organizations cannot function as though all staff and patients are committed Catholics. In addition, considerations of efficiency and economy create strong pressures for entering into cooperative arrangements with non-Catholic facilities. Cooperation offers Catholic institutions many advantages for accomplishing their mission, but it involves some risk for the integrity of Catholic principles.

Marty helpfully calls attention to four factors that complicate Catholic hospitals' task of answering the distinctive call that comes to them today as it did in the past. These factors are: bureaucratization, secular rationality, pluralism, and governmental involvement. He wisely warns Catholics not to give in too easi-

ly. They should not throw away their distinctive heritage at the very moment when the rest of society is beginning to hunger for elements of that heritage. As Marty puts it, "These are days for retrieval."

ESSENTIAL ELEMENTS OF CATHOLIC IDENTITY

I endorse the 10 elements that, Marty says, Catholics can hear and to which they can respond. As he says, these elements can appeal to many non-Catholics. Religious sponsors who want their Catholic healthcare institutions to survive in our pluralistic society would do well to emphasize elements such as these.

The first two principles (Catholicity and soul) are supported by today's emphasis on holistic care. The third principle (the sacral or sacramental view of the world) appeals to many people, not least our youth.

The fourth principle, the dignity of the human person, is in line with long-standing American tradition. And many in our society are increasingly interested in principles five, six, and seven—the quest for meaning and ritualization and the power of personal example. The service dimension of Catholic healthcare, which underlies the next two principles, is strongly emphasized in Catholic social teaching. In a more complete enumeration, Marty might have mentioned the preferential option for the poor.

The last principle he mentions—particularity or, as he calls it, "descriptness"—raises most sharply the question of the distinctively Catholic. It is closely tied to the emphatic "don'ts" in Catholic moral teaching, which discountenance not only abortion (which Marty mentions) but other practices such as

Continued on page 28

CONVERSATION

Continued from page 26

euthanasia, contraception, and sterilization. Issues such as these will continue to be problematic to the extent that Catholic healthcare delivery affects persons (Catholic or not) who do not fully accept the Church's official teaching. Marty shows that these prohibitions can most successfully be sustained in a context that puts primary emphasis on values that are shared by the broader American tradition.

A CHALLENGE FOR SOCIETY AND PROVIDERS

Thus Marty's 10 principles of Catholicism are a challenge to Catholic healthcare providers to present their programs in a manner that the general public would find acceptable. But these same elements present a challenge to the three-fourths of the American population who are not Catholic. Can they fully share in these 10 principles? Must they reject the Catholic "don'ts?" Would it not be more accurate to see these prohibitions as the reverse side of the positive principles that they safeguard? The prohibition of abortion, for example, may be seen as a necessary corollary of the positive principle that all human life has intrinsic value.

At a time when healthcare reform is being heatedly debated, American citizens must ask ever more urgently, Can a pluralistic society such as ours make room for the distinctive witness of the Catholic community, including its witness to common human values? Can it respect the demands of the Catholic conscience and the legitimate concerns of the Catholic faithful? Are religiously sponsored charitable institutions entitled to the kind of public support that is granted to institutions founded on purely secular principles or even on mere expediency? The answer would seem to be yes. A genuinely pluralistic society must allow sufficient scope for the various religious traditions to embody themselves in educational and charitable enterprises. The rights of conscience and the free exercise of religion would otherwise be severely restricted. □

THE CATHOLIC MOMENT

Continued from page 25

The common good of the Catholic healthcare ministry precludes unfair competition among Catholic institutions or systems.

Holy Spirit, Catholics can never be content with the status quo. This creative urgency was a source of inspiration for those women and men who founded religious communities through the centuries and for their successors who established and maintained Catholic healthcare in the United States.

This creative urgency is present today in a new way in Catholic healthcare. Catholic healthcare providers are being asked to leave behind their attachment to acute care institutions and to forge a new future in the world of community-based networks. They are being asked to leave behind the limited knowledge of an illness paradigm to struggle with a new perspective of wellness. They are being asked to leave behind self-contained institutions so that they might, in concert with others of goodwill, provide for the well-being of the poor and marginalized.

SEIZING THE MOMENT

This is a truly "Catholic moment." As we approach this moment, Catholic healthcare providers will need to retrieve and deepen their understanding of other aspects of the Catholic tradition.

Common Good The first is the concept of the common good. Healthcare is not a private commodity; it is essentially

social. This means that those involved in healthcare are accountable to a greater good that at times can and should exact sacrifice. Likewise, the common good of the Catholic healthcare ministry precludes unfair competition between or among Catholic institutions and systems and requires that historical rivalries between religious communities and individual institutions give way to the greater good—the well-being of the healthcare ministry.

The Reality of Evil The second aspect is the way in which Catholic healthcare providers have lived with the reality of evil that is present both in persons and in institutions. Throughout the centuries Catholic tradition has developed moral principles such as double effect, toleration of evil, and cooperation with evil. Although Catholic healthcare providers have been comfortable using these principles when discerning the morality of personal choices, they are now confronted with determining how such principles can assist in discerning the morally correct choices for Catholic healthcare institutions.

FIDELITY TO TRADITION

I am confident that Catholic healthcare providers' creative fidelity to the Catholic tradition and many other aspects of their Catholic heritage will serve them well in these exciting and challenging times. □