

# NURTURING ETHICISTS FOR THE FUTURE OF CATHOLIC HEALTH CARE

In early 2008, the Catholic Health Association surveyed Catholic health care ethicists as well as mission leaders who had a major responsibility for ethics in their organizations. The reason for the survey was to ascertain the future needs of the ministry regarding Catholic health care ethics. My colleague, Ron Hamel, reported on the results of the survey in the March 2009 issue of *Health Progress*.<sup>1</sup>



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The image of the Catholic health care ethicist at the time of the survey was mostly male (63.3 percent), mostly lay (77.8 percent), mostly Catholic (77.8 percent), usually holding a Ph.D. or S.T.D. degree (73.5 percent), and aging. The survey also showed 68.9 percent of ethicists were 50 years of age or older, with 31.1 percent 60 years of age or older and with only 20 percent under age 40. This last statistic caused special concern. Hamel explained:

These numbers not only suggest an aging cohort of professional ethicists, but also, of even greater concern, disproportionately fewer ethicists coming into Catholic health care than those approaching retirement age. Absent some fairly aggressive measures, we are facing a shortage. Leaving these positions vacant or filling them with individuals who might not have the desired qualifications, competencies, and experience could eventually have a negative impact on ethics in Catholic health care at a time when the issues are becoming increasingly complex.<sup>2</sup>

In the two and a half years since the publication of the survey, CHA has taken some measures to help ensure that the ministry will continue to have qualified health care ethicists in the future. But more needs to be done, not only by CHA but by the entire ministry.

As part of its response to the situation, CHA, in consultation with Catholic health care ethi-

cists, first developed a set of competencies for system ethicists and a set for facility ethicists.<sup>3</sup> The competencies include the recommended educational background and experience needed; the knowledge, skills and abilities needed; and the appropriate character traits. Recognizing that the needs of individual facilities differ from those of systems and that those of smaller systems differ from larger ones, we offered the competencies as a model that would need to be adapted according to particular needs.

## CLOSER CONNECTIONS WITH SCHOOLS

One of the items the survey revealed was that much of the ethics work in Catholic health care is done by dedicated individuals who have had little formal training in either health care ethics or Catholic moral theology.<sup>4</sup> Aware of this, we suggested that persons with the major responsibility for ethics in Catholic health care facilities and systems have earned at least an M.A. in ethics, and we also suggested that system ethicists, especially those in large multi-facility systems, have an earned doctorate in health care ethics, moral theology or philosophical ethics. Consequently, CHA has been in conversation with graduate programs in Catholic universities and other academic centers, especially those offering a Ph.D. or a professional degree in bioethics or health care ethics.

We immediately ran into a difficulty. Most graduate students in ethics tend to see their future in academia. To offer an alternative vision, CHA developed a brochure for them and has sent it to several graduate schools. It describes Catholic health care and explains the important role of

the ethicist. It briefly explains the competencies, includes testimonies from those within the field, and concludes by listing the master's degree and doctorate programs in Catholic institutions that are specifically devoted to health care ethics.<sup>5</sup> We have begun more formal contact with some of these schools and hope to make more contacts in the near future.

#### INVITING STUDENTS IN

CHA also made a concerted effort at its 2011 Theology and Ethics Colloquium to engage graduate students already studying ethics in Catholic institutions. We already offered reduced registration rates for graduate students, which allowed a few students, mostly from St. Louis University, to attend. At the 2011 colloquium, however, we went a step further and also awarded scholarships to eight graduate students to cover registration, lodging and transportation, if needed. The scholarship applications included a short essay expressing why the student was interested in the field of Catholic health care ethics.

The most frequent comment from students who attended the 2011 colloquium was how different it was from what they were expecting and how surprised they were by the support of those already in the field.

During discussions with the CHA staff about the needs of the field, the students expressed very positive initial reactions concerning Catholic health care ethics. One person mentioned that prior to the colloquium she knew relatively little about the field. She said she came to the colloquium expecting a typical academic conference where she would be marginalized. She was pleasantly surprised at the welcoming nature of the gathering and of the personal interest in her that she experienced.

Students also spoke about fears. Some worried that they didn't have a degree in theology and didn't have the time to devote themselves to additional study of theological ethics prior to graduation. They wondered how they would get the background in theology they needed. Others feared they lacked enough exposure to the workings of Catholic health care and were unsure how to begin to engage in clinical observation. These

students explained that some very basic tools would be helpful for them — a glossary of terms used in Catholic health care ethics; information about Catholic health care systems, their mission and values, and the particulars of their founding charisms; a list of journals that would be helpful for students preparing for a career in Catholic health care ethics.

As we look forward to the 2012 colloquium, we hope to continue the scholarship program and add an essay competition, an idea suggested by last year's student participants. Students will submit essays on some aspect of the field of Catholic health care ethics that they are working on. CHA staff will judge the essays and select the winner, who will receive a monetary prize and deliver the paper to the assembled ethicists at the colloquium.

#### IT TAKES A VILLAGE

Much of what CHA already has done is simply an attempt to raise interest in the field of Catholic health care ethics among current graduate students. There is a lot left to do. Ultimately, the nurturing of the next generation of Catholic health

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care ethicists must be a collaborative venture, involving CHA, graduate faculties and Catholic health care ethicists currently working as facility or system ethicists. In fact, all involved in Catholic health care should see mentoring the next generation of Catholic health care ethicists as part of their responsibility.

When we ask graduate school administrators about their needs, the first answer we receive is monetary — could Catholic health care provide scholarships for graduate students. While this is probably not very realistic, there are several things that those involved in Catholic health care are able to do:

■ Identify those already in one's health care system who might be able and willing to undertake the needed professional training in Catholic health care ethics and obtain the appropriate graduate degree. Such persons will have the advantage of familiarity with Catholic health care and the clinical and organizational ethics issues involved.

■ Offer internships, especially summer internships, to those already in graduate programs so they might get some needed clinical experience.

■ Mentor graduate students and beginning ethicists, sharing one's expertise with them.

■ Engage and support graduate students and beginning ethicists, letting them know that they can contact us with questions.

There is an old saying that what some see as a crisis, others understand as an opportunity. The current concern over an impending shortage of professional ethicists in Catholic health care might similarly be an opportunity for collabora-

tion as all of us — CHA, graduate schools and current facility and system ethicists — join together and do what is needed to nurture the next generation of ethicists for Catholic health care.

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#### NOTES

1. Ron Hamel, "A Critical Juncture: Surveys of Ethicists and Mission Leaders Indicate Concerns about the Future of Ethics in the Catholic Health Ministry," *Health Progress* 90, 2 (March-April 2009): 12–22.

2. Hamel, 15.

3. CHA members may download both lists of competencies from: [www.chausa.org/ethicistcompetencies/](http://www.chausa.org/ethicistcompetencies/)

4. Hamel, 13.

5. The "Ethics as a Career" brochure and other resources are available from CHA:

[www.chausa.org/Ethics\\_Overview.aspx](http://www.chausa.org/Ethics_Overview.aspx).

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