

# Health Care Ethics: Changes on the Way



**BY RON HAMEL, Ph.D.**

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**M**y occasional musings about the future of Catholic health care ethics came into particular focus in March 2007 when attendees at CHA's annual Theology and Ethics Colloquium celebrated Fr. Kevin O'Rourke's 80th birthday. The event also coincided with the publication of the March-April 2007 issue of *Health Progress*, the issue that honored the noted ethicist and theologian. Fr. O'Rourke, OP, JCD, STM, has devoted most of his professional life to Catholic health care ethics. He has been a prolific author and speaker, and has combined his strong commitment to the church's moral teaching with a profound pastoral sensitivity. And he has done his ethical reflection from the loftiness of academia and the messiness of the clinical setting and the complexities of the health care system. In many ways, he epitomizes both the Catholic health care ethicist and how Catholic health care ethics ideally should be done.

However, Fr. O'Rourke represents a vanishing breed of ethicist — priest, seminary trained, steeped in the Catholic moral tradition, and connected to the church in an official capacity.

The vast majority of ethicists who stand on his shoulders are lay theologians. Most are not former priests or seminarians. The training of lay ethicists has been different, as has the context in which, and out of which, we do our ethical reflection. This is especially true of younger generations of Catholic health care ethicists, who have trained in Catholic or other-than-Catholic universities rather than seminaries, most of whom are married, and who are more likely to be lay rather than clerical members of the church. As the older generation of Catholic health care ethicist leaves and is replaced by younger generations — with different training and experiences — it is inevitable that Catholic health care ethics will be transformed in yet-to-be-determined ways.

The shifting demographics of ethicists in Catholic health care were confirmed by a survey of ethicists conducted by CHA in November 2007 (The survey results and analysis will appear in a future issue of *Health Progress*). Of the 45 respondents, about 69 percent are 50 years of age and older, and 31 percent of these are 60 and older. Roughly 31 percent are 49 and under, and only 20 percent of these are 30 to 39 years old.

Ten respondents possess terminal degrees in Catholic moral theology, while 10 have a degree in health care ethics, and 15 earned a terminal degree in philosophy or some other discipline. It seems clear that Catholic health care ethics of the future will be different from what it has been — and the future is not very far off. This is not to suggest that the future of the discipline will fall short of what has preceded it. It is only to say that it will be unlike the older generation. In fact, new approaches and areas of focus will be refreshing and will likely improve upon what has gone before, provided younger ethicists do not lose touch with our biblical and theological foundations or our moral tradition.

It is not only demographics, educational background and different life experiences of those conducting Catholic health care ethics that will affect its future development. Many other factors exist, but the following three are of particular interest:

**1) The predominance of lay leadership and the decrease in the number of women and men religious.** Lay leaders have become the primary culture bearers of our organizations. The question is "What culture will we bear?" Will the culture be predominantly grounded in, and reflective of, the Gospel and the heritage of the sisters? Or will the culture be increasingly and primarily shaped and defined by the values, beliefs, practices

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and dynamics of the marketplace and the broader secular culture? Much attentiveness will be required to prevent the preceding question from dominating and to continue the ongoing formation of leaders and other staff in the desired culture. Ethics somehow needs to be central to these efforts because ethics deals with the very substance of a culture — values, belief, practices and policies.

One of the key roles of ethics in an organization is to help nourish, sustain, promote and even challenge the culture. Looking to the future, Catholic health care ethics will need to be about more than clinical issues, which have traditionally been its primary focus and will continue to be important. However, other issues cannot be neglected. Catholic health care ethics will need to concern itself with shaping the culture and the culture bearers.

**2) Catholic health care ethics must come to the realization that it is central not only to helping shape the culture of an organization, its *identity*, but is also central to guiding the organization's decision-making and behavior, its *integrity*.** In other words, it is important that Catholic health care ethics expand its scope to attend to the behavior and decision-making of the organization at all levels and in all dimensions. Ethics should assist the organization to be what it claims to be in regard to identity, character, culture and to discern what it ought to *do* (and not do) in light of who it claims to be. It should help Catholic identity to permeate the entire organization and to be integrated throughout the organization. This will be especially important with the increasing forces challenging Catholic identity from without and within. Hence, moving into the future, the concerns, the focus and the content of Catholic health care ethics will need to be broadened.

**3) The ecclesial environment is going to shape Catholic health care ethics moving forward.** In recent years, several commentators have observed a gradual but inevitable shift from the spirit, theology and reforms of Vatican II, not only among some of the hierarchy and clergy, but also among segments of the laity. These shifts have had, they claim, a direct impact on many aspects of church life, including theological and ethical

inquiry and methodology. In such an environment, it could be difficult to do Catholic health care ethics and to do it with scientific rigor, creativity, pastoral sensitivity and integrity — qualities exemplified by Fr. O'Rourke. The challenge will be made more difficult where suspicion exists of Catholic health care and its observance of the *Ethical and Religious Directives*, whether the questions originate with hierarchy, clergy or lay groups and individuals. At times, some may reduce Catholic identity to adherence to a few directives and not appreciate its broader and deeper meaning and all the good that Catholic health care does for the people and communities it serves. Navigating such waters is unlikely to be easy.

## CONCLUSION

The topic of the future of Catholic health care ethics is multi-faceted. For example, some leaders in Catholic health care do not understand or fully appreciate the role or importance of ethics in their organizations. Also, a shortage of health care ethicists exists in academia and in health care settings. Plus, ethics in Catholic health care is often done by volunteers (i.e., ethics committees), who may or may not be adequately trained in ethics and/or in Catholic health care ethics.

There are big shoes to fill, Fr. O'Rourke's among them. One thing is certain, though. The future will soon be upon us. Given this, what needs to be done now to ensure that Catholic health care ethics is a vital and rich contributor to the ministry in the future? Simply allowing things to unfold as they may is not the answer. ■



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The findings and analysis of a CHA-sponsored survey of mission leaders who conduct ethics in and for their organizations will be published in a future issue of *Health Progress*.