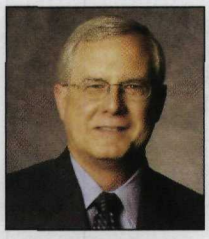
# New Directions for Health Care Ethics?



**BY RON HAMEL, PhD**
*Dr. Hamel is senior director, ethics, Catholic Health Association, St. Louis.*

The beginning of a new year is typically a time to look back on the events of the year that has just concluded and look ahead to the year to come, often in view of assessing the one and making resolves about the other, or considering the implications of one for the other. Looking back and looking forward, there is certainly much in health care ethics that could be considered. But several events of the past year or so suggest themselves for consideration. They cluster around emerging themes that are likely to have a significant impact on Catholic moral theology and, quite probably, Catholic health care ethics. These themes deserve our attention.

■ *Moral Theologians in Padua* The first event was a gathering in Padua, Italy, July 8-11, of more than 400 Catholic moral theologians from around the world. What was most striking about this conference was that at least 50 percent of the participants were from Asia, Africa, and Latin America—the global South that constitutes two-thirds of the world's 1.1 billion Catholics. Given this constituency, it is not surprising that one of the themes emerging loud and clear from the conference was the need to address institutionalized injustice on a global scale—globalization and economic injustice, dysfunctional social systems, violence, poverty, armed conflict and genocide, terrorism, discrimination, HIV-AIDS, and various assaults on human life.

The goal of the conference (titled "Catholic Theological Ethics in the World Church") was not only to identify challenges but, more particularly, to explore how Catholic moral theology and the Catholic community might contribute to resolving these issues in an increasingly interdependent global community. Together with the sense of a global community and global injustice, another oft-heard theme was that the role of the Catholic moral theologian/ethicist is to be an agent of social change. Said one African theologian: "We're doing theology for those who are suffering . . . to help them have life to the full."

■ *A Talk in Orange, CA* The second event was a talk given by John Allen, the Rome correspondent for the *National Catholic Reporter,* to participants at the Trustee Conference sponsored in October by St. Joseph Health System, Orange, CA. Allen was asked to bring a global perspective to the question of Catholic identity for health care systems. Toward the end of his presentation, he described three "mega-trends" that he believes will significantly affect the church of the future, the church of which Catholic health care is a ministry. These three "seismic shifts," Allen believes, are "realigning the tectonic plates of the global Church." The first shift he identified is the fact noted above, that two-thirds of the world's 1.1 billion Catholics are to be found in the southern hemisphere—in Latin America, Asia, and Africa.*

■ *Publication of a Book* The third event (if it can be called that) is the publication in late 2005 of Lisa Sowle Cahill's book, *Theological Bioethics: Participation, Justice, and Change* (Georgetown University Press, Washington, DC, 2005). The book is a powerful challenge to all those who "do" bioethics from a theological perspective, especially a Catholic theological perspective.

Actually, it is a challenge to *all* who do bioethics in Catholic health care. Cahill's thesis is that bioethics done from a theological perspective "should make justice in access to health care resources its first priority. This priority includes justice in global access to the goods essential to health" (p. 1). Her focus in large part is on global injustice, but especially at it relates to access to health care. Hand in hand with the emphasis on justice as a primary agenda for theological bioethics is an equally strong emphasis on the role of the bioethicist as a social change agent. "[T]heological bioethics is not just about talk," Cahill maintains. "It is about action" (p. 2). The two must go together, and this is precisely the

*Allen's second shift is the shift in the church's relationship to the modern world, from one of "tolerance" to one of "truth," as evidenced in the papacies of John Paul II and Benedict XVI; his third is the shift in the way Catholics approach differences in the church, from "tribalism" to a desire for "communion."

way in which bioethics should be conceived (or reconceived) today. Theological bioethics must be "participatory." Cahill explains further:

> [T]heological bioethics must go beyond decrying injustice, beyond taking a "prophetic" stance against social practices that commercialize human beings, the human body, and its processes, or important human relationships. It must even move beyond painting a vision of a more egalitarian and solidaristic future. Theological bioethics must critically reflect on, make normative judgments about, theoretically account for, and ultimately take part in a global social network of mobilization for change [p. 3].

## Ethical Reflection in a "Bubble"?

So what do these three events have to do with Catholic health care and Catholic health care ethics? I don't think there is an easy answer to the question and, for that reason, it is a question that we all need to be reflecting upon. One thing is relatively clear, however. To ignore the themes surfacing from these events would be to do health care delivery and ethical reflection in a bubble. Eventually, both would be disconnected from reality—from, that is, what is actually happening in the larger community, including the global community.

Perhaps the great challenge concerning these themes can be posed as a question: How can Catholic health care organizations and health care ethics address global injustice when there are so many demands upon both to deal adequately with the day-to-day issues that are so relentless? Still, for us to ignore the larger context—especially since we are a ministry of the church—seems woefully inadequate. Surely, Catholic health care does not totally ignore the larger context. Many systems have outreach programs in Latin America and, perhaps, some may even reach out to Africa and Asia. Catholic health care also has a strong tradition of advocacy for justice, especially in access to health care. This is all good, and a step in the right direction. Catholic health care does work for social change.

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But what is at stake here, it seems to me, is something more. It is that how we think and what we do may have a ripple effect way beyond our local communities. Do we—in living the beliefs, values, attitudes, intentions and motives, and practices that we as Americans and Catholic health care providers bring to medicine and health care delivery—inadvertently contribute to injustice on a much larger scale?

It is difficult to see this from where we are. What we bring to what we do is too much a part of us. It seems that we in Catholic health care will be successful here only if we take very seriously the "preferential option for the poor," especially taking on (to the degree that we can) the *perspective* of the poor and the marginalized. That may help us to critically assess our assumptions. As Cahill herself points out, American society (and surely Catholic health care) must take a critical stance toward liberal individualism, scientific progress, the market, and the medicalization and "technologization" of human life and human problems. Perhaps this is one of the challenges and agendas for Catholic health care ethics.

In addition, Catholic health care ethics (by whomever it is done) might also want to think about what it might look like to do its work with an emphasis on justice and the common good in a global environment, with a call not only to reflection, analysis, consultation, and education but also to be an agent of change in society. How would this alter what we pay attention to, what we think about, how we think, and what we do? It's something to consider during the year ahead. ■

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