

CELEBRATING A LEADER IN HEALTH CARE ETHICS

Ron Hamel retired in December 2014, after working at the Catholic Health Association for more than 16 years. His last *Health Progress* column as senior ethicist appeared in the January-February 2015 issue. This is an appropriate time to review a few of the approximately 60 articles and columns Ron wrote for the magazine during his tenure here at CHA.



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One of the difficulties of attempting such a review is to find the right way to select and order Ron's contributions. Even a short sentence describing each article would be too long, and writing a chronology might be too dry. But I can use a method Ron often employs, that is, the tri-fold division of ethics articulated by John Glaser, the late ethicist from St. Joseph Health System, Orange, Calif. Looking at health care ethics in terms of three realms — individual, social and institutional¹ — is a division that appropriately characterizes Ron's work.

INDIVIDUAL (CLINICAL ETHICS)

After Ron joined CHA, the first of his articles to appear in *Health Progress* was in the Sept.-Oct. 1998 issue, a time when physician-assisted suicide was being argued before the U.S. Supreme Court. Ron challenged Catholic health care not simply to campaign against attempts to legalize physician-assisted suicide, but also to develop a culture that witnesses to positive care for the dying, especially through a commitment to palliative care.

Ron would return to this theme several times in his writings, most recently in *HP's* Jan.-Feb. 2014 issue, when he refuted attempts by some to label palliative care as "stealth euthanasia." In a related area, Ron and I produced a series of talking points for the ministry on the revision of Directive 58 of the *Ethical and Religious Directives for Catholic Health Care Services (ERDs)*. These appeared in the Jan.-Feb. 2010 issue.

The March-April 2001 issue of *HP* was dedicated to genomics. In an introduction, Ron challenged Catholic health care to be proactive in guiding how the knowledge gained by develop-

ments in genomics will be used to serve humanity, rather than to merely react to these developments. Shortly thereafter, CHA convened a group of theologians and ethicists to help shape the vision statement, "A Catholic Vision toward Genomic Advances."

After the group concluded its work, Ron and Michael Panicola, PhD, senior vice president for mission, legal and government affairs at SSM



Ron Hamel, PhD

Health in St. Louis, reported on the group's findings for the May-June 2004 issue of *Health Progress*. They noted mixed reactions to developments in genomics, with some believing that Catholic health care should embrace it for the promise it holds, while others thought the ministry should avoid any involvement in the area. The principal concern focused

on whether genomics helps human flourishing, especially among the neediest and weakest, or whether it undermines the common good.

A third area of clinical ethics in which Ron has made substantial contribution is in the area of emergency contraception after sexual assault. Directive 36 of the *ERDs* states that "if, after appropriate testing, there is no evidence that conception has occurred already, [a woman] may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization." The term "appropriate testing" gave rise to debate, however.

In the Sept.-Oct. 2002 issue, Ron and Panicola defended the use of the "pregnancy approach" to testing as opposed to the "ovulation approach." They concluded that the pregnancy approach is responsive, in a manner consistent with the Cath-

olic moral tradition, to the needs of the woman who has suffered the trauma. The article generated much debate among Catholic ethicists.

In the Jan.-Feb. 2010 issue, Ron returned to this debate, stressing, as he had done elsewhere, the importance of knowing the clinical facts in order to make an appropriate ethical judgment. He concluded: “Those who make such decisions, whether bishops, hospital executives, emergency room physicians, nurses or others, have a grave moral obligation to take seriously one of the first rules in making good ethical judgments, namely, to obtain adequate and accurate information about the matter at hand. To do any less is not only to short-change the moral process, but also to risk significant harm to others.”

SOCIETAL (SOCIAL ETHICS)

With Ann Neale, PhD, who at the time was an ethicist at CHA, Ron devoted another early article (Nov.-Dec. 1998) to the issue of justice. They emphasized that justice “should not be something ‘added on’ to the many responsibilities and challenges of ministry leaders” but should be “at the heart of the healing ministry.”

The two pillars of the Catholic social tradition are human dignity and the common good. Ron discussed the common good in a May-June 1999 column. In the May-June 2007 issue, he discussed human dignity. Basing the article on the thought of Cardinal Joseph Bernardin, he argued that “a moral vision focused on human dignity must truly become the energizing vision of health care,” sensitizing those in the ministry to the many threats to human dignity and to human life in our society.

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— RON HAMEL

Soon after the passage of the Affordable Care Act, Ron wrote in the Sept.-Oct. 2010 issue about what he called the ACA’s “value-related” unfinished business. He decried the fact that throughout the process leading up to the law, Americans never carried on an ethical debate about health care as a right. Criticizing the lack of discussion

of the common good, he concluded that “in the health care debate, individualism and individual self-interest clearly won the day.”

Ron and I addressed similar sentiments the following year, in the July-Aug. 2011 issue, when we wrote an article about a Catholic perspective regarding the individual mandate.

INSTITUTIONAL (ORGANIZATIONAL ETHICS)

Ron also centered articles on organizational ethics. In the Nov.-Dec. 2006 issue, he challenged Catholic health care to go beyond law and compliance when engaging in organizational ethics. He explained that we need to raise the question of organizational integrity, the congruence between what an organization claims to be and what it actually is. Later, Ron would speak in terms of the ethical culture of an organization (Jan.-Feb. 2009).

It is within this context of the culture of ethics that Ron has written extensively about the theological principle of cooperation. In the Jan.-Feb. 2006 issue, Ron and SSM’s Panicola raised the question of disclosure of relevant information that results from genetic testing to patients concerned about reproductive issues. They suggested that such disclosure often involves a theological “gray area” because there is no specific church teaching regarding what information morally can be provided. Placing the principle of cooperation within the context of a theology of conscience, they conclude that “good moral reasons exist for providing patients with all factually relevant information, including that related to prohibited options.” They add, however, that “how this type of information is conveyed in a Catholic health care facility is critical.”

In the March-April 2008 issue, Ron and Panicola returned to the principle of cooperation and developed a reflective process for discerning the appropriateness of a Catholic health care organization’s involvement with philanthropic organizations accused of cooperating in the wrongdoing of another. In the May-June 2011 issue, Ron called attention to a shift in understanding by some theologians and bishops that seemed to eviscerate the principle of cooperation. He maintained that there is a need for a conversation within the church about the principle, one that is guided by the Gospel and the church’s long-stand-

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ing moral tradition.

In the Sept.-Oct. 2012 issue, as a follow-up to CHA's Theology and Ethics Colloquium, Ron again addressed the appropriate use of the principle of cooperation. Describing the tension that the principle necessarily invites, he acknowledged that health care will need to increasingly appeal to the principle. He added, however, that recourse to the principle, if not done properly, could result in an institution's losing sight of its moral integrity.

NURTURING THE MINISTRY

Beyond these three realms of ethics, there is a fourth concern to which Ron has devoted much of his writing — the future of Catholic health care ethics itself. As early as the Jan.-Feb. 2007 issue, Ron challenged his fellow ethicists not only to engage in reflection, analysis, consultation and education, but also to become agents of change in health care. Similarly, in the Sept.-Oct. 2011 issue, in describing a new resource for Catholic health care ethics, *Striving for Excellence in Ethics*, he emphasized that strengthening ethics and, through that, Catholic identity, depends ultimately not on a new resource but on the resolve, initiative and collaboration within the ministry.

Ron has been responsible for two surveys of Catholic health care ethicists, in 2008 and 2014. He commented on the first survey in the March-April 2009 issue. Among his conclusions was the fact that Catholic health care ethicists were aging, with approximately 70 percent over the age of 50 at that time. This led Ron to develop a list of core competencies for future ethicists. The mentoring of these future ethicists has been a driving concern for Ron, and in the May-June 2012 issue, he wrote about the topic. I want to note that mentoring has not been just a theoretical matter — for much of his time at CHA, Ron has dedicated himself to nurturing graduate students and young ethicists.

Recently in *HP*, Ron has articulated elements of the Gospel vision that should guide Catholic health care — and Catholic health care ethics —

today. In the Sept.-Oct. 2013 issue, he used the parable of the Good Samaritan to explain that Catholic health care must develop those traits “that enable us to be neighbor in the midst of limits and tragic choices.” Similarly, in the Sept.-Oct. 2014 issue, Ron used the vision of Pope Francis to challenge Catholic health care to move from its comfort zone in order to reach the peripheries in need of the light of the Gospel.

In the Jan.-Feb. 2015 issue of *Health Progress*, Ron's final column as CHA's senior director of ethics, he continued his reflection on the vision of Pope Francis, linking it both to the founders of Catholic health care in the U.S. and to some of the challenges facing Catholic health care at the present time. Ron ends his essay by saying: “Going out to meet the other, to touch the flesh of Christ in those most in need of healing, and creating a culture of encounter, as evidenced in the persons and work of our forebears, gets to the heart of what Catholic health care is about.”

This column has touched upon just a few of the many elements of Ron's thought that have guided CHA for over a decade and a half. In the introduction to the March-April 2007 *Health Progress*, dedicated to the 80th birthday of the late Dominican ethicist Fr. Kevin O'Rourke, Ron praised Fr. O'Rourke as one who “has touched innumerable lives and influenced the decisions and practice of innumerable individuals and organizations. His sound judgment, wisdom, pastoral sensitivity and sense of humor are legend. And for all of this, Catholic health care is greatly indebted.”

These words aptly describe Ron himself.

Although it does not do justice to the richness of Ron's contributions, I hope this overview gives a taste of his wisdom, sound judgment and pastoral sensitivity. We at CHA will miss him, and we hope that even in retirement he will continue to benefit Catholic health care with his wisdom.

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NOTE

1. In fact, prior to coming to the Catholic Health Association, Ron co-edited a volume with John Glaser. See *Three Realms of Managed Care: Societal, Institutional, Individual* (Kansas City: Sheed and Ward, 1997).

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