

SCANDAL: DELVING INTO POPULAR VERSUS THEOLOGICAL DEFINITIONS

In June 2018, the United States Conference of Catholic Bishops approved revisions to the *Ethical and Religious Directives for Catholic Health Care Services*. The focus of the changes is to Part Six, “Collaborative Arrangements with Other Health Care Organizations and Providers.” CHA has written a summary of these changes published in the summer edition of *Health Care Ethics USA*,¹ and sponsored an educational webinar. One major component of the updates directs our attention to a topic prevalent in today’s church — scandal.



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For many, scandal conjures up images of headlines, investigations and even a popular TV series. It is difficult to read many news stories without reference to scandal, or the sinful deeds of leaders within politics or the church. Often the scandal comes from a major immoral action or failure on a person’s part. And this can lead to feelings of shock, embarrassment, anger and distrust. However, for Catholics, scandal raises questions beyond the person doing the action (the actor), toward the larger themes of sin, belief and charity. To better understand revisions to Part Six of the ERDs, it’s helpful to know more about differences between the popular definition and the theological understanding of scandal.

Readers of the revised Part Six of the ERDs encounter the term scandal 11 times. For the bishops, the threat of scandal must be included in all evaluations of future partnerships. This is clearly stated in the introduction, “Any moral analysis of a collaborative arrangement must also take into account the danger of scandal ...”² Directives 67 and 68 call for consultation with the local bishop of the diocese where the facility is located should an arrangement “lead to adverse consequences for the identity or reputation of Catholic health care services or entail a risk of scandal.”³ With this concern about the threat of scandal, health care leaders involved in these collaborative arrangements benefit from a clear understanding of the

church’s teaching on theological scandal. Ethicists and mission leaders who assist in the ethical evaluation of these arrangements use the Catholic theological definition of scandal instead of the cultural, popular notion of “bad press.” So, how does the Catholic tradition understand scandal?

Scandal comes to the church by way of the Greek term, *skandalon*, often translated as a “stumbling block.” St. Thomas Aquinas defines scandal as an “offense, downfall, or a stumbling against something.”⁴ Aquinas goes further, writing that scandal can happen when a person “may be disposed to a spiritual downfall by another’s word or deed ... as one man by his injunction, inducement or example, moves another to sin ...”⁵ If we unpack this definition, we find theological scandal focuses on the negative effect toward an observer — when a person “may be disposed to a spiritual downfall ...” We worry that an act, or word, might cause another person to sin. On the other hand, popular scandal worries about the negative appearance of the person doing a scandalous action. In fact, Aquinas names scandal as the opposite of charity, for if we scandalize another we fail to help the soul of our neighbor.

Theologically, scandal also entails a duty. The bishops hint at this responsibility within the

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introduction, “In any event, prudential judgments that take into account the particular circumstances need to be made about the risk and degree of scandal and about whether *they can be effectively addressed*.”⁶

What do they mean by “effectively addressed”? Our Catholic tradition maintains that the risk of scandal does not eliminate the possibility for action. This only is true when we have correctly identified our action as moral within the church’s teaching. We should never behave immorally. However, sometimes our moral actions may be interpreted incorrectly and lead someone into what Aquinas calls “scandal of the little ones.” If people in a community don’t yet have the skills for complex ethical analysis, the person performing the action has an obligation to form and educate the conscience of that community. The actor may even have to forgo action until the matter is explained and the scandal ceases.⁷ However, if this is unsuccessful, the actor might have an obligation to stop the action entirely.

In other circumstances the observer invokes scandal not from ignorance of the teaching, but from ill will. In this case, Aquinas uses the term “Pharisaical Scandal.” If the observer refuses to form their conscience or actively tries to stop the moral action out of some ill intent, the sin of scandal falls upon them and not the actor. Aquinas urges the continuance of the moral endeavor. For stopping pursuit of the good because of the actions of the wicked may lead to a greater scandal for the faith community.

The distinction between “scandal of the little ones” and “Pharisaical scandal” is important, because they lead to different responses. The former encourages education and formation. The latter places the burden on the intention of the observer. Ignoring the division can have unintended consequences as when a community witnesses a hospital not doing the obviously moral action — supporting a beloved local charity, for example — because a person appeals to scandal incorrectly to prevent the hospital from acting.

In exploring these differences in the popular and theological understandings of scandal, two

points about scandal become particularly clear: the increased concern by the bishops demonstrated through the revisions to the ERDs, and the need to revisit the teaching within Catholic health care ethics. I am among those working on this latter task, drawing from Scripture, Aquinas and the moral manuals (books to assist in the sacrament of Reconciliation) to reintroduce the multifaceted definition of the Catholic tradition. The distinguishing character of theological scandal helps shed light on the appropriate responses Catholic health care must take toward its potential impact on the faithful. However, a continued focus on the secular definition will inhibit the ministry from making difficult decisions that are in line with church teaching. Unless our leaders have the tools to interpret and mitigate theological scandal, indecisiveness and incorrect concern for ourselves over others will lead to a greater stumbling block for our sisters and brothers in Christ.

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NOTES

1. Charles Bouchard and Nathaniel Hibner, “U.S. Bishops Revise Part Six of the ‘Ethical and Religious Directives’ — An Initial Analysis by CHA Ethicists,” *Health Care Ethics USA* (Summer 2018): 12-17. www.chausa.org/docs/default-source/hceusa/from-the-field-bouchard-and-hibner-formatted-v2.pdf?sfvrsn=14.
2. United States Conference of Catholic Bishops, “Introduction to Part 6,” *Ethical and Religious Directives for Catholic Health Care Services*, 6th ed.
3. USCCB, *Ethical and Religious Directives*, no. 68.
4. Thomas Aquinas, *Summa Theologica*, part two of Part Two, Article 1, Question 43, Objection 1.
5. Aquinas, *Summa Theologica*, part two of Part Two, Article 1, Reply to Objection 4.
6. USCCB, *Ethical and Religious Directives*, “Introduction to Part 6,” emphasis by author.
7. Aquinas, *Summa Theologica*, part two of Part Two, Article 1, Question 43.

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