

*The Vision of Pope Francis*

## A ‘DISRUPTOR’ FOR CATHOLIC HEALTH CARE AND ETHICS?

**F**rom the moment he set foot on the balcony of St. Peter’s on the evening of his election, Pope Francis has been something of a “disruptor” — that’s a buzzword these days in technology, business and even health care. In the most general sense, it refers to game-changing innovations, companies and individuals. Now, maybe it even applies to religion.



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In so many areas and in so many ways, Pope Francis has upended the status quo in the Vatican, in the church and beyond. In his words and especially in his actions, he has a knack for communicating and demonstrating the unexpected and even the improbable and the startling.

It is fair to ask if anything in his vision affects ethics or might suggest new priorities or different approaches for what we, as ethicists, do and how we do it. Perhaps the pope’s vision might even be disruptive.

In Catholic health care, so much of our attention and energy are focused on reproductive issues and on the principle of cooperation as a result of those reproductive issues. This often seems disproportionate to other concerns, i.e., the poor, the vulnerable, the disenfranchised.

There is no doubt that we need to pay attention to reproductive issues, as well as other ethical matters that arise in the clinical setting. Nevertheless, how much time do we spend reflecting ethically on disparities, on health care for immigrants, on the care of those with Alzheimer’s and their

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families, on the homeless, the mentally ill and addicts, just to name a few?

Pope Francis’ emphasis on the poor challenges us to move beyond our current ethical preoccupations and turn our attention — or at least increase our attention — to a host of other issues related to justice and those who are vulnerable and on the margins. This challenge is echoed by Lisa Sowle Cahill, PhD, in her book, *Theological Bioethics*:

I propose that Christian theological bioethics 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. While justice for the poor and the reform of health care systems to make them more inclusive might be associated with progressive or even liberal politics, I am convinced that these goals are mandated by the New Testament depiction of Jesus’ healing ministry to society’s outcasts, a portrayal to which all Christians subscribe. According to Catholic theologian Edward Schillebeeckx, “On the basis of Jesus’ message, parables, and his praxis of the reign of God, we see how the biblical concept of God is essentially bound up with a praxis of persons who liberate their fellow human beings, just as Jesus did before us.” This work of liberation is not just a secondary pastoral application of revealed doctrine. “No, the option for the poor is a datum of revelation.” The incarnation is “an identification of God in Jesus with the poor, oppressed, and finally executed innocent individual, for whom Jesus stands as a model.”<sup>1</sup>

Pope Francis has employed images which bring to the fore the centrality of an option for the poor, which in turn has a bearing on ethics in Catholic health care. One image is the church as a field hospital; what the pope says is, at very least, thought-provoking.

“I see clearly,” he says, “that the thing the church needs most today is the ability to heal wounds and to warm the hearts of the faithful; it needs nearness, proximity. I see the church as a field hospital after battle. It is useless to ask a seriously injured person if he has high cholesterol and about the level of his blood sugars! You have to heal his wounds. Then we can talk about everything else. Heal the wounds, heal the wounds ... And you have to start from the ground up.”<sup>2</sup>

Then he immediately goes on to say: “The church sometimes has locked itself up in small things, in small-minded rules. The most impor-

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tant thing is the first proclamation: Jesus Christ has saved you. And the ministers of the church must be ministers of mercy above all. ... We must always consider the person. Here we enter into the mystery of the human being. In life, God accompanies persons, and we must accompany them, starting from their situation. It is necessary to accompany them with mercy.”<sup>3</sup>

Clearly, Pope Francis’ focus here is on the person in his or her own reality, on healing the person’s wounds, on mercy, and on accompanying the person in his or her difficulty. I wonder if, at times, rules become the main focus of our attention and we lose sight of the well-being of the person, holistically considered, or the overall well-being of the communities in which we serve, understanding them where they are.

What Pope Francis describes is reminiscent of German moral theologian and Redemptorist Fr. Bernard Haring’s statement that “morality is for

persons” and not the other way around. We need to attend to Pope Francis’ comment, after stating that we cannot “insist only on issues related to abortion, gay marriage and the use of contraceptive methods,” that “we have to find a new balance, otherwise even the moral edifice of the church is likely to fall like a house of cards, losing the freshness and fragrance of the Gospel. The proposal of the Gospel must be more simple, profound, radiant. It is from the proposition that the moral components must flow.”<sup>4</sup>

Another central and recurring theme for the pope is his profound and challenging image of a “church that is poor and for the poor.”<sup>5</sup>

For example:

■ “If the whole Church takes up this missionary impulse, she has to go forth to everyone without exception ... but above all the poor and the sick, those who are usually despised and overlooked, ‘those who cannot repay you’ (Lk 14:14).”<sup>6</sup>

■ “I prefer a Church which is bruised, hurting and dirty because it has been out on the streets, rather than a Church which is unhealthy from being confined and from clinging to its own security. ... More than by fear of going astray, my hope is that we will be moved by the fear of remaining shut up within structures which give us a false sense of security, within rules which make

us harsh judges, within habits which make us feel safe, while at our door people are starving ...”<sup>7</sup>

■ “... [N]one of us can think we are exempt from concern for the poor and for social justice.”<sup>8</sup>

This small sampling encompasses considerations for both Catholic health care and ethics in Catholic health care. Are we adequately caring for the poor, the marginalized, and the disenfranchised in the communities in which we serve? Do we give them adequate ethical reflection and deliberation? Care for the poor is one of the fundamental commitments of Catholic health care, but are we doing enough practically and theoretically? And, as a ministry of the church, to what extent do we reflect the vision of “a church that is poor and for the poor?” Where can we do better? And how might that shape what it is we pay attention to ethically?

Central to Pope Francis’ vision is evangelization, not in the sense of proselytizing, but rath-

er in the sense of living the Gospel in all one's life contexts. In the words of theologian John Gallagher, PhD:

“Evangelization is about the manner in which the Gospel, particularly love of neighbor, can be relevant in the day-to-day lives of persons within and outside the Church. Evangelization is about how Christians live and the witness that their lives can be to the many others with whom they are joined by bonds of culture and social structures.”<sup>9</sup>

Pope Francis challenges all Christians “to obey his [Jesus’] call to go forth from our own comfort zone in order to reach all the ‘peripheries’ in need of the light of the Gospel.”<sup>10</sup> This is a critical message for ethics and ethicists in Catholic health care — to go beyond our comfort zones, our usual thinking and the issues with which we so often deal, and reach to the peripheries, to those on the margins, allowing the light of the Gospel to illuminate their situations and to guide our response. “An evangelizing community,” he goes on to say, “...embraces human life, touching the suffering flesh of Christ in others. Evangelizers thus take on the ‘smell of the sheep’ ....”<sup>11</sup>

At this time of profound change in the organization of health care delivery, there are numerous opportunities to increasingly and better “touch the suffering flesh of Christ in others” in our ethical reflection and in what we do. But there are also numerous opportunities for losing sight of what it is that we are essentially about because of preoccupations with creating new structures, developing new partnerships, dealing with reproductive issues and challenges involved in cooperation, coping with decreasing revenues, downsizing and the like. When the dust of reform settles a bit, who will we be serving and how? Who and what will occupy our ethical reflection? And will these be faithful to a Gospel vision and the datum of revelation that is the option for the poor?

These kinds of questions, rooted in aspects of Pope Francis’ thought and vision, should disrupt us, shake us out of our settled patterns of thinking

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and acting and prompt us to rethink our commitments, our priorities, our approaches. If we take the challenges seriously, it is possible that the disruptive effect on Catholic health care and Catholic health care ethics will mean that both, more deeply and effectively, express the “joy of the Gospel” for our own benefit and those we serve.

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#### NOTES

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2. Antonio Spadaro, “A Big Heart Open to God,” *America* 209, no. 8 (Sept. 30, 2013): 24.
3. Spadaro, 24, 26.
4. Spadaro, 26.
5. Francis, *Evangelii Gaudium, The Joy of the Gospel* (Washington, D.C.: United States Conference of Catholic Bishops, 2013) 198.
6. *Evangelii Gaudium*, 49.
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8. *Evangelii Gaudium*, 201.
9. John A. Gallagher, “Ethics Matters: Evangelii Gaudium,” *Health Care Ethics USA*, 22, no. 1 (Winter 2014): 38.
10. *Evangelii Gaudium*, 20.
11. *Evangelii Gaudium*, 24.

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