

How Faith and Public Policy Intersect

BY REV. MICHAEL D. PLACE, STD

The relationship of faith and public policy, certainly not a new concern for the Church, is of great concern to the Catholic Health Association. Every day Catholic healthcare providers deal with the effects of public policy decisions. For example, in October the Census Bureau released a study indicating that between 1996 and 1997 the number of Americans without access to health insurance increased 4.1 percent. In 1997 43.4 million people in the United States (16.1 percent)—1.7 million more than in 1996—were, in effect, denied access to adequate healthcare. Many of these people will show up on the doorstep of Catholic hospitals and social services agencies. Clearly, this is a matter of consequence for public policy, and a concern for followers of a Savior who healed both body and spirit.

THEOLOGICAL CONVICTIONS

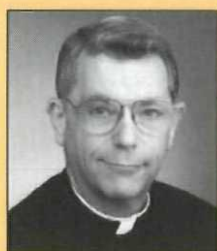
Catholic healthcare is grounded in and centered on the person of Jesus the Christ, Lord and Savior. That faith is experienced in and through the community of faith that is the Church. It is through reflection on our Church tradition that we are able to develop the theological convictions that can guide the encounter between faith and public policy.

The following theological convictions constitute a prism for understanding the relationship between the faith of a Roman Catholic and public policy:

- Creation—the world in which we live and the cosmos of which we are a part—is the result of a free act of God, is profoundly good, and has been given a divine purpose and a divine order. Human beings, made in the image and likeness of God, were created, not to be the master of creation, but to be stewards of a divine gift.

- Sin entered creation through a free human choice that resulted in a profound alienation of humanity from God. This alienation, however, did not destroy the ultimate goodness and purpose of creation or the human family.

- The incarnation, death, and resurrection of Jesus broke the bonds of sin, restored humanity to



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friendship with God and gave humans the possibility of eternal salvation. Moreover, the coming of the reign of God was inaugurated and, through the work of the Holy Spirit, is moving toward completion.

- Human beings have an inalienable personal dignity from the moment of conception to natural death. Humans are social beings meant to live in and share responsibility for community life. Human solidarity requires that we adequately treat pain, even if that treatment would have the unintended effect of hastening death. Also implicit in the responsibility for community is a preferential option for the poor, whom God loves in a special way.

- The divine purpose or order for personal life, social existence, and the movement of the cosmos can be grasped and understood apart from faith by people of goodwill.

- There is an absolute truth, which is the real basis for the human search for meaning.

- The common good is greater than the sum of personal goods necessary for the realization of individual potential and communal well-being.

- Civil law is good. Although it has legitimate autonomy, civil law is subservient to the higher order of ultimate truth. John Paul II in his encyclicals *Veritas Splendor* and *Fides et Ratio* reminds us that real freedom is only found in the truth and there is a unity between knowledge conferred by faith and that conferred by reason.

- The vocation of the baptized believer is not just to personal salvation, but also includes working for the transformation of the world, so that there might be a just social order and a building up of the kingdom of God.

Many of our differences with others in developing public policy have their origin in the theological prism outlined above. For example, this perspective rejects an exaggerated individualism in which freedom of personal choice is the ultimate criterion of public order. Nor does it sustain a purely utilitarian understanding of law that is not accountable to a higher purpose. And it does not

accept the segregation of faith into a purely private or personal sphere that is radically distinct from the public and social spheres.

ROLE OF FAITH

Our society is increasingly defined in its public moments by the rational and the technical. Human life, however, ultimately is much more than these two aspects of humanity. The affective and imaginative dimensions of humanity are encountered in the world of art and symbol. In many ways, the culture in which faith is lived out is built and sustained by its public icons and symbols. People who live their daily existence faithful to the gospel of Jesus, become powerful witnesses, like icons and symbols, to an authentic and integral humanity that is the ultimate norm for good public policy.

The role of faith in a democratic society is to evangelize the culture. The faithful evangelize through witness and reason, while participating in the public dialogue about what constitutes public morality and how public policy ought to best sustain and protect that public morality. Faith brings to that dialogue a vision of a moral order that can and must be communicated in both a language and a style that evokes the affirmation and support of our fellow citizens. The absence of that support, however, is never seen as ultimate failure, but as an opportunity to deepen our faith and renew our efforts.

A CASE STUDY: PHYSICIAN-ASSISTED SUICIDE

A public policy matter of concern to many persons of faith is physician-assisted suicide. Three states have considered propositions that would legalize physician-assisted suicide, and a fourth, Michigan, did so last November. One state, Oregon, has twice voted to affirm its legalization.

Part of the debate has been over the role of religion or faith, as well as that of the institutional Church, in this discussion of public policy.

HOW A PERSON OF FAITH APPROACHES THE PUBLIC DISCUSSION

In accord with the theological prism outlined earlier, a person of faith is compelled to enter the pub-

lic discourse for several reasons:

- The objective nature of truth is at stake.
- There is an obligation to preserve the common good.
- There is a duty to protect the vulnerable and those at risk.
- There is a commitment to building a society and state where human law is accountable to the objective truth of moral law.

Ideally, the modality of that engagement would be to identify themes that would resonate with other persons of goodwill and that would flow from a faith conviction, but would not be sectarian

in nature. But the debate can be productive only if those in the conversation share a basic set of presuppositions. Unfortunately, that does not seem to be the case in the United States. The national debate should be about the presuppositions that should guide or inform the public discourse. Consequently, the outcome of the debate about physician-assisted suicide depends on how our culture and society answers two questions:

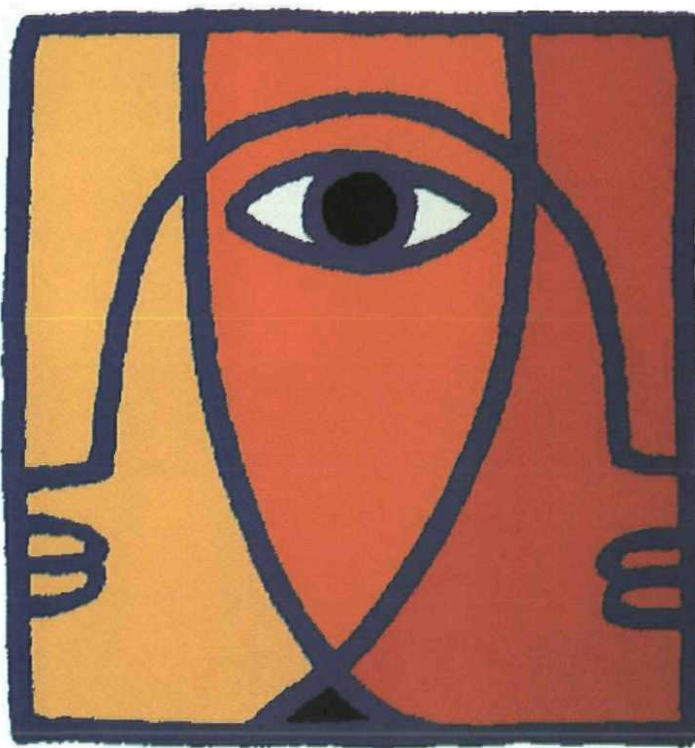
- Are there certain truths that can be determined today, as they were by our ancestors, to be so basic, self-evident, and essential to a public morality, that they have primacy over personal choice?
- Are the terms of our common life as a society and

a nation contractual in nature; that is, are they subject to continuous negotiation, revision, or even cancellation, or, to use religious language, are they more conventional in nature, involving permanent commitments and lasting obligations?

ROLE OF RELIGION AND FAITH IN ADDRESSING THESE QUESTIONS

Religion and faith have much to offer society, which is sustained by the values and meanings that shape individual and collective existence. In creating a secular state, but not a secularized society, our ancestors assumed that the engagement of religious ideals and convictions in public discourse could only serve the public good.

Currently, however, that engagement is being cast by some proponents of physician-assisted sui-



cide as an attempt to impose the view of a minority onto the majority. Interestingly, they do not voice similar concern about the participation of persons of faith in public discourse about the evil of racial discrimination, the unacceptability of terrorism or nuclear proliferation, the need for a strong family life, or integrity in public service.

Style of Approach If we are totally candid, we must admit that this inconsistency in public perception has developed in part because of our style of participation. The baptismal call to prophetic witness has become for some justification for stridency and violence. These styles have offended the sensibilities of many and resulted in tragedy for some. Similarly, some strategic initiatives have been perceived as the imposition of a special-interest agenda rather than the offering of a moral vision.

Bernardin's View Persons of faith need to have their own dialogue about the style of our engagement in discussions about public policy. Cardinal Joseph Bernardin's rule would be a helpful reference point for that discourse: "We should maintain and articulate our religious convictions, but also maintain our civil courtesy. We should be vigorous in stating a case and attentive to hearing another's case; we should test everyone's logic, but not question his or her motives" (*A Moral Vision*, Georgetown University Press, 1998, p.16).

WHEN OUR PERSPECTIVE DOES NOT PREVAIL

The traditional presumption about the significance of the sacredness of human life is in question. Oregon, by a majority vote in a public referendum, has reversed that presumption, and this might well happen in another state. In this context of apparent failure, what is the role of faith?

First, we need to engage in a critical analysis of why we lost. Did our style get in the way? Was our strategy misguided?

Second, although we regret the conclusion, we must honor the democratic process.

Third, we must evaluate the issue at hand and the values involved. Clearly, not all losses involve values of the same significance as the very right to life. These lesser cases would not have the same urgency for seeking a remedy or reversal.

We must gain a better understanding of why other people of goodwill voted against what for us would be a self-evident truth. In the case at hand, a desire not to lose control to faceless medical technology, a fear of needless pain, and a desire to avoid the isolation of suffering were motivations for approving physician-assisted suicide.

We need to actively work to address or eliminate those motivations. We must demonstrate

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that the pain associated with certain chronic and degenerative diseases, as well as with some terminal illnesses, can be effectively treated. We must prove as well that systems of care and support are available to minimize emotional and spiritual suffering.

Build Coalitions We must build coalitions and alliances with like-minded people so that in time a new vote can be taken. Racial segregation and discrimination against women and minorities were not overturned with one vote. In some instances, a generational shift is necessary. Because we are people of faith, we will remain steadfast—outlasting our opponents—and focused on the goal.

We must seek other remedies through law and public policy that will minimize or circumscribe the impact of the loss. For example, President Clinton signed into law the Assisted Suicide Funding Restriction Act which outlaws the use of federal funds to support or furnish the means for assisted suicide, euthanasia, or mercy killing.

Controlled Substances Example We must recognize that efforts at minimizing or restricting what has been legalized might involve strategic or prudential decisions about which people of goodwill can disagree. A good example was a measure considered in the just-ended session of Congress that would have restricted at the federal level the performance of physician-assisted suicide. This bill would have made the use of controlled substances for the purpose of physician-assisted suicide against federal law and would have given the Drug Enforcement Agency (DEA) responsibility for enforcing the law.

Supporters of this initiative saw it as a legitimate opportunity to control the expansion of physician-assisted suicide. Knowing that a Congress mindful of federalism would not pass a statute outlawing assisted suicide, supporters believed that the federal government could and should maintain a consistent policy of opposition to it. Building on the compelling theme of the Assisted Suicide Funding Restriction Act, supporters believed that federally controlled substances should not be used to support or furnish assisted suicide.

Proponents of this bill, convinced of the symbolic and formative nature of public policy, and the immense significance of the fundamental human right at risk, believed that the truth at stake in safeguarding human life overcame any unintended and undesired outcomes. In fact, they believed such feared outcomes either would not happen or could be precluded by a careful writing of the law and appropriate educational efforts.

Others, who were just as opposed to physician-

assisted suicide, did not agree with this legislative initiative. Based on their experience with patient care and on what they consider to be a heavy-handed approach to enforcement by the DEA, they concluded that this initiative, would have a "chilling effect" on the provision of palliative care. For them, the outcome would be greater pain for more patients and, as a result, increased support for the legalization of physician-assisted suicide. For these opponents of the DEA initiative, the expected negative outcomes overcame the hoped-for gains.

This is a clear case of people sharing identical commitments to protect the inviolable dignity of human life but disagreeing on the means for protecting it. The challenges in such a situation are:

- To disagree without giving those who do not share the same commitment an opportunity to mute the effectiveness of the overall message
- To continue to seek a resolution by forging common ground

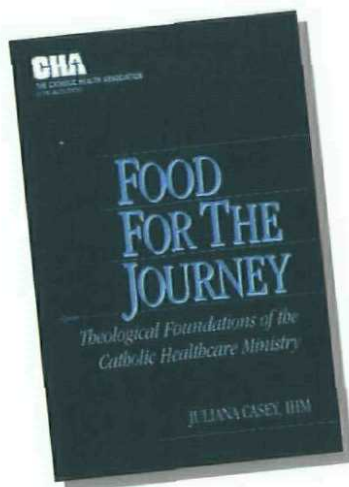
EFFECTIVENESS AND INSPIRATION

We must never become so absorbed in influencing public policy that we lose sight of the reason for our commitment. This takes us to where we began—the Lord Jesus. Our effectiveness in the end comes from making sure that our messages, methods, and strategies are worthy expressions of the life and teaching of the Prince of Peace.

As we pursue this noble path, we can find inspiration from the one for whom this lecture is named:

The truth is, of course, that each life is of infinite value. Protecting and promoting life, caring for it and defending it, is a complex task in social and policy terms. I have struggled with the specifics often and have sensed the limits of reason in the struggle to know the good and do the right. My final hope is that my efforts have been faithful to the truth of the gospel of life and that you and others like you will find in this gospel the vision and strength needed to promote and nurture the great gift of life God has shared with us (*A Moral Vision*, p.157). □

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