

THE CATHOLIC MOMENT

Providers Must Deepen Their Understanding of the Catholic Tradition

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uch of what is integral to the Catholic vision can be grasped by those who are not Catholic. I concur strongly with this premise posed by Rev. Martin E. Marty. Certainly, many non-Catholics can relate to those aspects of the Catholic tradition that find their origin in what has been called the "natural law." The consistent ethic of life, which I have articulated during the past 11 years, has been my attempt to provide a coherent framework in which people of goodwill can discuss and act on issues pertaining to the dignity of human life from conception to natural death.

RETRIEVAL

Likewise, I agree with Marty's contention that, more and more, our age is becoming one of "retrieval." Retrieval is not a phenomenon new to the 1990s. Its roots can be found in the renewal of biblical studies that began in the early part of this century. This retrieval was enhanced by an appreciation of how Church doctrine and discipline have developed throughout the centuries—an appreciation that received official ecclesial endorsement in Pope John XXIII's opening address at the Second Vatican Council.

This process of retrieval has recently taken on a new urgency because many see this as a way to find a common ground or a common language that can help resolve the internal tensions Catholics are experiencing in this postconciliar era. Others hope that such retrieval will free us from the restraints that seem to impede our ability to become a truly global community of faith.

A WILLINGNESS TO LET GO

Building on Marty's insight and his cogent outlining of 10 elements of the "Catholic call," I would like to point to another aspect of our heritage that I believe has relevance for Catholic healthcare today.

History reveals that the Church has at times left behind parts of its heritage—acts that some might find disquieting. For example, the first-century Christian community, after great soul searching, left behind its attachment to the temple in Jerusalem, the synagogue, and Jewish ritual practices. Christians of the fourth century left behind an understanding of faith that could only be expressed in the language of Scripture. And Catholic Christians of the twentieth century have left behind the sectarianism of their recent past.

It would be a mistake to view these movements as entirely negative. Rather, they reflect a remarkable Catholic ability to sense a "future-to-be-pursued," even though the real dimensions of that future are not yet imagined. First-century believers sensed a Christianity that was able to flourish outside historical boundaries. The faithful at the dawn of the Christian empire sensed the capacity and the limits of philosophy and of the human mind to engage transcendent mystery. Twentieth-century Catholics have recognized that truth is not confined to one historical moment or cultural framework but is global in its incarnation, especially in the lives and experiences of the poor and the marginalized.

And what is the source of this Catholic capacity to let go and sense a future? It is our realization that we are a pilgrim people on a journey to a promised land. Animated by the

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CONVERSATION

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euthanasia, contraception, and sterilization. Issues such as these will continue to be problematic to the extent that Catholic healthcare delivery affects persons (Catholic or not) who do not fully accept the Church's official teaching. Marty shows that these prohibitions can most successfully be sustained in a context that puts primary emphasis on values that are shared by the broader American tradition.

A CHALLENGE FOR SOCIETY AND PROVIDERS

Thus Marty's 10 principles of Catholicism are a challenge to Catholic healthcare providers to present their programs in a manner that the general public would find acceptable. But these same elements present a challenge to the three-fourths of the American population who are not Catholic. Can they fully share in these 10 principles? Must they reject the Catholic "don'ts?" Would it not be more accurate to see these prohibitions as the reverse side of the positive principles that they safeguard? The prohibition of abortion, for example, may be seen as a necessary corollary of the positive principle that all human life has intrinsic value.

At a time when healthcare reform is being heatedly debated, American citizens must ask ever more urgently, Can a pluralistic society such as ours make room for the distinctive witness of the Catholic community, including its witness to common human values? Can it respect the demands of the Catholic conscience and the legitimate concerns of the Catholic faithful? Are religiously sponsored charitable institutions entitled to the kind of public support that is granted to institutions founded on purely secular principles or even on mere expediency? The answer would seem to be yes. A genuinely pluralistic society must allow sufficient scope for the various religious traditions to embody themselves in educational and charitable enterprises. The rights of conscience and the free exercise of religion would otherwise be severely restricted. □

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Holy Spirit, Catholics can never be content with the status quo. This creative urgency was a source of inspiration for those women and men who founded religious communities through the centuries and for their successors who established and maintained Catholic healthcare in the United States.

This creative urgency is present today in a new way in Catholic healthcare. Catholic healthcare providers are being asked to leave behind their attachment to acute care institutions and to forge a new future in the world of community-based networks. They are being asked to leave behind the limited knowledge of an illness paradigm to struggle with a new perspective of wellness. They are being asked to leave behind self-contained institutions so that they might, in concert with others of goodwill, provide for the well-being of the poor and marginalized.

SEIZING THE MOMENT

This is a truly "Catholic moment." As we approach this moment, Catholic healthcare providers will need to retrieve and deepen their understanding of other aspects of the Catholic tradition.

Common Good The first is the concept of the common good. Healthcare is not a private commodity; it is essentially

social. This means that those involved in healthcare are accountable to a greater good that at times can and should exact sacrifice. Likewise, the common good of the Catholic healthcare ministry precludes unfair competition between or among Catholic institutions and systems and requires that historical rivalries between religious communities and individual institutions give way to the greater good—the well-being of the healthcare ministry.

The Reality of Evil The second aspect is the way in which Catholic healthcare providers have lived with the reality of evil that is present both in persons and in institutions. Throughout the centuries Catholic tradition has developed moral principles such as double effect, toleration of evil, and cooperation with evil. Although Catholic healthcare providers have been comfortable using these principles when discerning the morality of personal choices, they are now confronted with determining how such principles can assist in discerning the morally correct choices for Catholic healthcare institutions.

FIDELITY TO TRADITION

I am confident that Catholic healthcare providers' creative fidelity to the Catholic tradition and many other aspects of their Catholic heritage will serve them well in these exciting and challenging times. □