On Dec. 6, 1983, Cardinal Joseph Bernardin, in a lecture at Fordham University, first articulated what he referred to as the "consistent ethic of life." This approach to life issues would shape his thinking, lecturing, preaching and advocacy on many subjects for almost two decades until his death in 1996.

One of the subjects that Bernardin particularly devoted energy and attention to was health care. As he himself said: "Because of its central importance to human dignity ... I have felt a special responsibility to devote a considerable amount of attention to health care at both the local and national levels."

During his tenure as Archbishop of Chicago, Bernardin delivered numerous addresses on the consistent ethic of life itself, which has direct relevance to health care, and more than two dozen addresses specifically on health care-related topics. In some of these latter presentations, Bernardin's appeal to the consistent ethic of life is explicit; in others, it is implicit. In most, it is the consistent ethic of life that shaped his approach to and development of the health care topic at hand.

On the occasion of the 25th anniversary of the consistent ethic, it seems appropriate to ask what the consistent ethic of life contributed to Bernardin's approach to health care as well as what value it might have for health care today, especially Catholic health care. In order to do this, however, it is first necessary to understand something of what the consistent ethic of life entails.

Some Elements of the Consistent Ethic of Life
Although much could be written about the various aspects of the consistent ethic of life, it is sufficient for our purposes to highlight just a few. First, the consistent ethic is grounded in the conviction that all human life is sacred, a sacredness rooted in the belief that human beings are created in the image of God. Although Bernardin most often spoke of the sacredness of human life, he also, quite often, used the language of human dignity — the inviolable dignity of the human person and the need to respect persons. For example, he said in one of his lectures that theologically the consistent ethic "is grounded in the respect we owe the human person. To defend human life is to protect the human person ... the core reality in Catholic moral thought." Elsewhere, he spoke of "a singleminded commitment to the dignity and worth of human persons."

Second, in light of the sacredness of human life and human dignity, Bernardin believed profoundly that life issues, broadly understood, are of one piece (a "seamless garment"). They are interrelated. In other words, if one is committed to "preserving life" (opposing abortion, euthanasia, and the like), one should also be committed to "enhancing life." Or, as Bernardin said: "Those who defend the right to life of the weakest among us must be equally visible in support of the quality of life of the powerless among us: the old and the young, the hungry and the homeless, the undocumented immigrant and the unemployed worker." Respect for human life and dignity require a concern for and commitment to both, while recognizing that the issues under each category are different and require separate analysis. Abortion or war are not the same as capital punishment or providing health insurance to the uninsured, or caring for the elderly or the dying, even though each of these has to do with the sacredness of human life and human dignity.

Third, Bernardin held that a pre-condition for sustaining a consistent ethic of life in society is "attitude," an attitude of respect for all human life. "Attitude," he said, "is the place to root an
Such an attitude undergirds a concern for and activity on behalf of a host of life issues and must be cultivated in society if there is going to be any hope that public actions will respect human life and dignity in concrete cases.

Finally, Bernardin maintained that a consistent ethic of life has direct implications for public policy. A commitment to the right to life and to quality of life should translate into specific political and economic positions and should influence assessments of policies, party platforms and political candidates.

How does this approach to life issues manifest itself in Bernardin’s dealing with health care?

THE CONSISTENT ETHIC OF LIFE AND HEALTH CARE

Bernardin’s approach to issues in the health care arena through the prism of the consistent ethic was essentially twofold. On the one hand, he addressed what he termed “classical” medical ethics questions, that is, issues that we would typically define as more “clinical” — abortion, euthanasia and the like. And here, Bernardin cautions: “Consistency means we cannot have it both ways. We cannot urge a compassionate society and vigorous public policy to protect the rights of the unborn and then argue that compassion and significant public programs on behalf of the needy undermine the moral fiber of the society or are beyond the proper scope of governmental responsibility.”

Although he applied traditional moral principles to these and other issues, his approach to them differed in that he discussed factors that contributed to these actions and the need to address contextual factors as well. For example, while opposing physician-assisted-suicide and euthanasia, the cardinal insisted that it is critical to enhance care of the dying and to address the various factors driving these two practices.

On the other hand, Bernardin focused a great deal of attention on what he called “contemporary” social justice issues, and he dealt with various aspects of the health care system such as managed care, the not-for-profit status of health care, and health care reform. These issues were for Bernardin the “life-enhancing” issues. Again, he stressed the importance of human dignity and the sacredness of human life. It was through this prism that he viewed and analyzed these various aspects of health care.

Though Bernardin tackled a wide range of health-care-related issues, his treatment of these issues, while important, is not where the contribution of his consistent ethic lies. Nor does it lie in providing tools for the moral analysis of these issues. These are not his legacy to the church and society. The contribution of the consistent ethic of life to health care lies elsewhere.

A MORAL VISION FOR HEALTH CARE

Cardinal Bernardin’s consistent ethic of life functioned primarily as a “moral vision” guiding his approach to health care issues, and it is precisely this moral vision that is the legacy of the consistent ethic for health care today. The consistent ethic of life did not, as one might expect, reside primarily in a set of principles or norms to be applied to specific issues or in an array of moral analyses of a host of ethical issues in health care, whether of a clinical or a more social justice-related nature. Rather, the consistent ethic of life for Bernardin was a way of seeing reality. It was characterized by a particular set of beliefs and values and affected what he saw, how he saw it, and how he interpreted what was seen. The consistent ethic of life was essentially an interpretive lens.

How, more specifically, did and does Cardinal Bernardin’s consistent ethic of life function as a moral vision? First, Bernardin’s moral vision illuminates and brings into focus what is most important. It directs attention to the sacredness of human life and inherent human dignity as the primary moral consideration in all moral analyses in the area of health care (and elsewhere) and as the fundamental value for guiding moral deliberation and judgment. It places human life and human dignity at the center of all of these issues, so that they do not get lost in other kinds of considerations. The dignity and worth of human persons, said Bernardin, is the “one stable element in terms of which all other judgments are
made. The dignity and value of human persons is a basic value .... [L]et it be said that the energizing vision of healthcare must be this commitment to the dignity of human persons...." This vision and commitment in turn lead to a special concern for the most vulnerable — the unborn, children, the sick and the elderly, the uninsured and underinsured among them.

Second, within the arena of health care, a moral vision constituted by the consistent ethic of life sensitizes one to procedures, technological developments, and aspects of the health care system that fail to promote or do not adequately promote human dignity and do not sufficiently enhance human life. The consistent ethic pro-

Bernardin’s moral vision, his “singleminded commitment” to care for human life and dignity in all their breadth and depth, can assist Catholic health care to keep focused on its true mission, to be shaped by beliefs and values that promote and enhance human life and dignity, to maintain a balance between life-preserving and life-enhancing efforts.

vides insight into these realities and the need for their cessation in some cases (e.g., abortion, euthanasia, etc.) or, in other cases, their need for reform (such as the health care system).

Third, as a lens or moral vision, the consistent ethic fosters a broader view of ethical issues in health care, drawing attention both to direct threats to human life itself (e.g., abortion, euthanasia) and threats to human dignity and the enhancement of human life (e.g., lack of health care coverage) as well as the connections between the two. In this way, the consistent ethic fosters breadth and depth in moral analyses. In other words, it is not sufficient to only oppose euthanasia, but one must also be concerned about and address those factors that give rise to euthanasia and find ever better ways to care for the dying and ensure the dying the opportunity to forgo treatment and to live their lives fully while dying.

Fourth, the consistent ethic of life is corrective in that it brings to light problematic personal and social attitudes — individualism, a utilitarian assessment of persons, privatization of moral choices, excess autonomy, the commodification and commercialization of health care, the technological imperative, and the like — often associated with various technologies and aspects of the health care system. These attitudes are threats to human life and dignity and are, therefore, unacceptable. In their place, as an alternative, the consistent ethic offers a view of the individual as possessing inherent dignity and as inherently social with responsibilities to other individuals and to society.

Fifth, the consistent ethic is not only corrective, it is also transformational. It is inherently oriented toward deep change, change in personal attitudes and behaviors, change in social and institutional attitudes, policies, and practices as well as change of and within the health care system itself and the use of particular procedures and technologies. As such, it serves as both a foundation and an incentive for advocacy efforts.

In sum, Bernardin’s consistent ethic of life as a moral vision underscores the fundamental importance of human dignity and human life, sensitizes to threats to human life and well-being, brings these threats to the foreground, inspires alternative attitudes, approaches and practices, and motivates for profound change.

The Consistent Ethic and Catholic Health Care
Is any of this new to Catholic health care? In many ways, it is not. Catholic health care is profoundly committed to respecting human life and dignity. These are among its fundamental values. They are at the core of the Ethical and Religious Directives for Catholic Health Care Services, which help shape the identity and practice of Catholic health care and they appear frequently in organizational mission statements and values. Catholic health care is clearly opposed to life-threatening procedures such as abortion and euthanasia, but its very mission is with promoting life-enhancing practices — care of the sick, the dying, the elderly, the vulnerable and the poor. Its approach to life is comprehensive and consistent. And Catholic health care is clearly opposed to life-threatening procedures such as abortion and euthanasia, but its very mission is with promoting life-enhancing practices — care of the sick, the dying, the elderly, the vulnerable and the poor. Its approach to life is comprehensive and consistent. And Catholic health care is profoundly committed to transformation — to changing social structures, policies, practices, and attitudes that harm human life and dignity, and human well-being. In so many ways then, Catholic health care seems to embody what Cardinal Bernardin means by the consistent ethic of life.

Catholic health care, however, often falls short of the ideal and sometimes loses its way, buffeted as it is by numerous social forces, market pressures, and technological developments. In this context, Bernardin’s moral vision, his “single-
minded commitment" to care for human life and dignity in all their breadth and depth, can assist Catholic health care to keep focused on its true mission, to be shaped by beliefs and values that promote and enhance human life and dignity, to maintain a balance between life-preserving and life-enhancing efforts. It can also urge Catholic health care toward continuous self-transformation and increased efforts at transforming social policies and practices as they affect human life and dignity, especially in the realm of health care. While not new to Catholic health care, Bernardin’s consistent ethic of life is a critical reminder of and a continuous challenge to what it should always be about.

Comment on this article at www.chausa.org/hp.

NOTES

3. A more extensive discussion of this subject will appear in a collection of articles on Bernardin’s consistent ethic of life edited by Rev. Thomas Nairn, OFM, and scheduled for publication by Orbis Press in fall 2008.
4. Bernardin, Consistent Ethic of Life, 79.
8. Bernardin, Celebrating the Ministry of Healing, 3.
9. Although not discussed in this article, one of the important pieces of Bernardin’s consistent ethic of life is the need for dialogue. There is a sense in which Bernardin sees this as one of the key strategies for individual, institutional and social change. For example, read Bernardin’s Consistent Ethic of Life, 10, 84-85.
11. Known Bondholders, Mortgagees, and Other Security Holders: None
12. The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes has not changed during the preceding 12 months
13. Publication name: Health Progress
15. Extent and nature of circulation:
   a. Total no. copies (net press run) 10,000 10,500
   b. Paid and/or requested circulation
      (1) Paid/requested outside-county mail subscriptions stated on Form 3541 8,349 8,705
      (2) Paid in-county subscriptions 0 0
      (3) Sales through dealers and carriers, street vendors, counter sales, and other USPS paid distribution 0 0
      (4) Other classes mailed through the USPS 0 0
   c. Total paid and/or requested circulation [sum of 15b (1), (2), (3), and (4)] 8,349 8,705
   d. Free distribution by mail (Samples, complimentary, and other free)
      (1) Outside-county as stated on Form 3541 1,018 1,058
      (2) In-county as stated on Form 3541 0 0
      (3) Other classes mailed through the USPS 0 0
   e. Free distribution outside the mail (Carriers or other means) 0 0
   f. Total free distribution (sum of 15d and 15e) 1,018 1,058
   g. Total distribution (Sum of 15c and 15f) 9,367 9,763
   h. Copies not distributed 633 737
   i. Total (sum of 15g and h) 10,000 10,500
   j. Percent paid and/or requested circulation (15c divided by 15g times 100) 89.13% 89.16%
16. This statement of ownership will be printed in the November-December 2008 issue of this publication.

I certify that the statements made by me above are correct and complete.

Pamela Schaeffer, Editor