**Healthcare Ethics Serving Life: Ethics As Good News**

**Pia Matthews, 13.5.2019**

Ask many healthcare workers what motivated them to work in health and social care and the reply may well be that they are ‘passionate about making a difference’. Clearly this motivation is not simply about helping people. Rather, being passionate about making a difference recognises that working in healthcare is to care for people during some of our most fundamental human events and indeed crises, from a person’s earliest moments before birth, to their dying moments; in health as well as sickness, suffering, grief and bereavement. How that care is delivered does indeed make a real difference. This is in part why in 1994 the Catholic Church issued its first *Charter for Health Care Workers* on the initiative of Pope St John Paul II. In the light of many new moral questions and legislation the *Charter* has been updated and revised and the *New Charter for Health Care Workers*, published in 2016 by the Pontifical Council for Pastoral Assistance to Health Care Workers, has recently been translated into English. Echoing the conviction that good care makes a profound difference, these Charters explain that health and social care cannot be considered just a ‘technical activity’, a reference to simply attending to the small details of rules. As both Charters proclaim, health and social care are acts of ‘dedication and love’:[[1]](#endnote-1) good care makes a difference.

Both Charters are united in their concern to help guide the ongoing formation of people working in healthcare, and, as the *New Charter* points out, this includes all those involved in health and social care, from doctors and nurses to pharmacists, biologists, administrators, chaplains and volunteers. According to both Charters a significant aspect of this formation involves serious reflection on ethics.

**Technical ethics**

In healthcare today it seems that ‘person-centred care’ is the central ethical principle. Person-centred care calls on professionals to act in co-operation with patients when delivering care, as well as to treat people with dignity, respect and compassion. However even in person-centred care there is always the risk that ethics itself becomes a technical activity. It is all too easy to approach obtaining consent as merely a legal technicality, to see the assessment of capacity as simply a tick box exercise, to follow the guidelines as a way of avoiding the burden of responsibility for making a decision, to take the most expedient route in order to solve the current problem without thinking beyond the next nursing shift. Indeed in some cases when ‘care’ is interpreted as what is given when ‘cure’ is no longer available, ethics essentially becomes making the ‘right’ decision at the end of life. Of course the danger is that the criterion for ‘right’ becomes what the patient wants or what the institution demands. Ethics is indeed about thinking, but sometimes we do not have the time or inclination to think too hard. This is not to say that good people do not struggle over ethical issues, and healthcare practitioners are conscientious, as shown by the passion to make a difference. However precisely because ethical decision-making in healthcare is tricky, and indeed often carries with it the high stakes of life or death, precisely because of the time pressures on healthcare practitioners who nevertheless want to do the best for their patients, the appeal of an easy decision-making process, a technical approach, is understandable.

Would it be different if we saw ethics as good news? Seeing ethics as good news may come as a surprise. After all, ethics in general is regarded as rule making, rule obeying or sanctions for rule breaking. And healthcare more often than not involves illness, suffering, facing loss, death. Hardly topics for good news. Of course rules and guidelines are important and when properly formulated they point us in the right direction. Of course suffering and loss are inevitable aspects of human life. However what does healthcare ethics as good news look like?

**Ethics as good news**

In the Catholic moral tradition attention to what contributes to human flourishing is a natural part of attention to the rules. Human flourishing recognises that every human being, however small and vulnerable, has full and intrinsic dignity, has a thirst for ultimate fulfilment, and is in fellowship with other human beings. This sense of fellowship rescues people from thinking that only autonomy is the mark of human dignity. To show disrespect for a human being is one of the worst of ills. Moreover a Christian ethic spells out love for the other and wanting the true good of the other. In this ethic a morality of compassion is suffering alongside the other, it is solidarity, and it has both heart and hope. Ethics is good news because it helps us to clarify what it is to be truly human. We are attracted to what we perceive to be good, to what can help us be truly human. This is why the tradition encourages us to listen to what profoundly attracts us and not only obey laws that protect us. The problem of course is that we often lack the discernment to sort our desire and choices, we are torn between what we perceive to be competing goods, which is where the law comes in to help. This why Church teaching through the gifts of law and attention to human flourishing is good news. To ground this ethic let us return to the Church’s health and social care Charters.

Both Charters start from the principle that healthcare carries on the healing mission of Christ and health and social care ethics is therefore always a ‘service to life’, so good news indeed. This initial principle from which this service flows avoids a merely technical approach because just as the healing actions of Jesus always involved a personal encounter, whether with the people he cured or with those asking on behalf of others, so too are healthcare practitioners called to be ministers of life in a personal way. Certainly the Catholic moral tradition has had a share in presenting ethics in an apparently purely technical way with an emphasis on the rules to follow. However, in the tradition morality, and this includes the commandments, is seen as a ‘gift from God’, a theological concept rooted in the gift of life and the relationship of covenant between human beings and God.[[2]](#endnote-2) As Pope St John Paul pointed out, the Second Vatican Council called for a renewal of moral theology and, following the pericope of the encounter of Jesus with the rich young man in Matthew’s gospel (19:16-21), ‘for the young man the question is not so much about rules to be followed, but *about the full meaning of life*’.[[3]](#endnote-3)In terms of ethics this full meaning embraces virtue, revealed law, ‘law written in the heart’, ‘the law of reason’, freedom and, notably, the call to holiness.[[4]](#endnote-4)

Ethics is also one of the basic concepts of Catholic Social Teaching, with care of the sick figuring as one of the commitments for just social relationships.[[5]](#endnote-5) Again the positive principles of Catholic Social Teaching and its methodology give reason for seeing healthcare ethics as good news. Moreover these principles foster a more appropriate way, though not the only way, of communicating ethics.[[6]](#endnote-6)

**Healthcare ethics and Catholic Social Teaching**

One of the methodologies used in Catholic Social Teaching is the ‘see, judge, act’ method. Although there are various ways of interpreting this method, Catholics working in healthcare may wish to refer to a document produced in 2007 by the Council of Bishops of Latin America and the Caribbean (CELAM) from the proceedings of their Fifth General Conference. Known as the *Aparecida* document, this is influential not least because its chief editor was the Archbishop of Buenos Aires, Cardinal Bergoglio now Pope Francis. In *Aparecida* the ‘see, judge, act’ method is described in Christocentric terms. ‘See’ is to journey together to understand reality with the eyes of faith and heart of God. We do not simply see Jesus purely in his life on earth, in terms of earthly realities and sociology. We also have our eyes on Christ crucified and resurrected. For those involved in healthcare, whether practitioners or patients and families, this is the source of true and certain hope. ‘Judge’ is according to Jesus Christ, Way, Truth, Life. Here judgment is related to the situationnot the people involved, and judgment is made with theological reflection, with mercy and compassion in the light of truth. ‘Act’ is planning and carrying out what needs to be done but action always stems from prayer, faith and hope and it is rooted in building up the Kingdom.[[7]](#endnote-7) The ‘see, judge, act’ method does take seriously the technicalities of healthcare since these are a part of attending to the realities of the situation. However, the method ensures that healthcare is not just a technical activity.

That health and social care is a service to life is further reinforced when the principles of Catholic Social Teaching are applied. The tenets of Church teaching in healthcare found in the *New Health Care Charter* naturally flow from these principles and their application gives deeper meaning to the guidance*.* The *New Charter* describes in positive terms the right to the preservation of health as a matter of justice and of the common good. These two principles are foundational when it comes to formulating healthcare policies. The fair and just allocation of resources is further supported by the principles of subsidiarity and solidarity. Subsidiarity and solidarity also help to navigate the difficulties of either paternalism or excessive individualism. However, central to the *New Charter* and to Catholic Social Teaching is the concept of human dignity. Moreover human dignity underpins some of the major issues where Church teaching appears to ‘say no’ to some of the demands made in healthcare.

**The good news of human dignity**

It is important to appreciate that human dignity does not merely depend on a person’s abilities or capacities, nor does it simply reflect a person’s autonomy or possibility to make choices. If human dignity related solely to autonomy this would not be good news for the very many people who are not able to make significant choices, never mind foetuses and infants, and those who fear the losses that often accompany illness and ageing. However the way in which Catholic teaching promotes human dignity as an intrinsic aspect of every human being from the very beginning of that person’s life in the womb to that person’s natural end is indeed good news. In contrast to those who claim that some human beings are redundant, useless or a burden on society and therefore lacking in dignity, Church teaching proclaims the primary good of every human life. Human dignity is inviolable and can never be lost which is why Church teaching, as the *New Charter* explains, calls for the defence and protection of human life at all its stages.

At the beginning of life the *New Charter* speaks of the difficulties surrounding assisted reproductive technologies where the desire to have a child often becomes the demand of a right such that the child risks becoming an object of that right. The danger here is that respect owed to embryos may be compromised and this is particularly the case when these techniques involve the loss or destruction of embryos. Quoting the 2008 Congregation for the Doctrine of the Faith, Instruction *Dignitas personae* the *New Charter* affirms that the human embryo has, from its very beginning, the dignity proper to a person and that ‘respect, protection and care are owed to every human being’.[[8]](#endnote-8) In the whole of the life of human beings the *New Charter* explains that the human person has both spiritual and bodily life and so on the one hand cannot be considered simply as a complex of tissues and organs. On the other hand the body as ‘the manifestation of the person’ has ‘moral relevance’ and so cannot be manipulated as ‘a thing’.[[9]](#endnote-9) Moreover, each human being exists in a network of human relationships. At the end of life the *New Charter* follows Church tradition in recognising that earthly life is a sacred reality entrusted to us, yet significantly, ‘life’ does not refer simply our earthly life, important as that life is. Our life on earth is not our final reality: all human life finds it true significance and fullness in eternal life.[[10]](#endnote-10) The recognition that earthly life is limited enables us to cherish life, to be good stewards, to give the option to life, yet not hold onto life by pursuing every treatment no matter how aggressive or futile. The *New Charter* also points out that although those who advocate euthanasia or assisted dying believe they are acting out of compassion they are in reality promoting defeat. People may think that they are aiming at a good, the good of no more suffering, of allowing the sufferer to take control. However what they are endorsing is the idea that suffering has no meaning, that a life of suffering inevitably puts a burden on others, that unless I take control I will be abandoned or thought of as less than a person. Euthanasia, even with the person’s consent, is an admission of despair, that no one can help the person any more. Instead Church teaching calls on healthcare practitioners, families and carers to surround the person with a loving human and Christian presence, to ensure that the person does not feel abandoned and to preserve the dignity of dying by fostering true respect for the person.

This emphasis on the inviolable dignity of each human being, however small and vulnerable, and the spirit of justice, solidarity and subsidiarity that characterises health and social care, flows out into an ethics that is indeed good news. And good news brings with it a message of hope.

1. Pontifical Council for Pastoral Assistance to Health Care Workers, *New Charter for Health Care Workers* Philadelphia: The National Catholic Bioethics Center, 2017, n.4. [↑](#endnote-ref-1)
2. Pontifical Biblical Commission, *The Bible and Morality: Biblical Roots of Christian Conduct,* 2008, n.4; Pope St John Paul II, *Veritatis splendor,* 1993, n.12. [↑](#endnote-ref-2)
3. *Veritatis splendor,* n.7. [↑](#endnote-ref-3)
4. *The Bible and Morality,* n.13; *Veritatis splendor,* n.12, 13. [↑](#endnote-ref-4)
5. Pontifical Council for Justice and Peace, *Compendium of the Social Doctrine of the Church* 2005, n.77, n.57. [↑](#endnote-ref-5)
6. *Veritatis splendor,* n.29. [↑](#endnote-ref-6)
7. CELAM, *Vth General Conference to the Peoples of Latin America and the Caribbean, Concluding Document,* May 2007, n.19. http://www.goodshepherdbh.org/wp-content/uploads/2013/04/aparecida-2007.pdf [↑](#endnote-ref-7)
8. *New Charter,* n. 40, 44. [↑](#endnote-ref-8)
9. *New Charter,* n. 45-47. [↑](#endnote-ref-9)
10. Pope St John Paul II, *Evangelium vitae,* 1995, n.1-2. [↑](#endnote-ref-10)