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Reclaiming our Identities: From Ethicist to Moral Theologian

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 12. Thomas Shannon, "Bioethics and Religion: A Value-Added Discussion," in *Notes from a Narrow Ridge: Religion and Bioethics*, Dena S. Davis and Laurie Zoloth eds. (Hagerstown, Md.: University Publishing Groups, 1999), 31; David F. Kelly, *The Emergence of Roman Catholic Medical Ethics in North America* (New York: The Edwin Mellen Press, 1979); Gerald Kelly, *Medico-Moral Problems* (St. Louis, Mo.: The Catholic Hospital Association, 1958); and Lisa Sowle Cahill, *Theological Bioethics* (Washington, D.C.: Georgetown University Press, 2005), 15.
 13. USCCB, no. 37.
 14. USCCB, Preamble.
 15. Daniel O'Brien, "Establishing a Hospital Ethics Committee," in *Ethical Principle in Catholic Health Care* ed., Edward James Furton and Veronica McLoud Dort (Boston, Mass.: The National Catholic Bioethics Center, 1999).
 16. David Kelly, *Contemporary Catholic Health Care Ethics* (Washington, D.C.: Georgetown University Press, 2004), 41-47, 88-98.

REFLECTIONS ON THE ETHICIST'S ROLE

Reclaiming Our Identities

The *CHA Ethics Survey, 2008*, provides encouraging data on the role of ethics within Catholic health care and points toward a critical issue for the future of the profession.

What is encouraging is that ethics appears to be considered significant not only in the area of mission, but also in patient care, advocacy, policy setting and leadership development. Ethicists perceive themselves as valued not only by the sponsors and mission leaders, but also by CEO's and nursing and clinical staffs. Although nearly 20 percent of ethicists report that one of their greatest challenges is "demonstrating the value of the ethicist's role," the data suggest that, broadly speaking, Catholic health care values their work and their role.

But what is that work and role? This is the critical question, one that bears on the future of the profession itself. Two years ago, *Health Progress* published my reflection on the work of Fr. Kevin O'Rourke, OP, J.C.D., S.T.D., titled "Doing' Ethics in an Ecclesial Context."¹ What I write now is an extension of what I wrote then.

There I closed with a quote from the 5th edi-

tion of *Health Care Ethics: A Theological Analysis* by Benedict Ashley, OP, Jean deBlois, CSJ, and O'Rourke, in which the authors capture a distinctive vision for ethics within Catholic health care. The following quote will be my starting point:²

"[M]edical ethics has to do not with certain rules about forbidden procedures, but with a healing process by which the dignity of every human person in all its dimensions is respected by the community and by which the sick person is restored to full life in community. ... This ethical vision with its perception of the true scale of values is summed up and expressed in the sacraments, especially in the Eucharist. A Catholic health facility that really understands the healing character of the sacraments will have a perfect model for an ethical treatment of patients. The sacraments represent for us how Jesus, in love, went about treating sick people.

"What makes a Catholic hospital different from all other hospitals? Its vision of the sick is a Eucharistic vision, carried out in all details of the treatment of the sick and the mission of the healing team."



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This is probably not the way a CEO would describe the role of the ethicist in his or her organization. Nor is it, in all probability, the way most ethicists would describe their job responsibilities. It is certainly not the way health care ethics is described in the many editions of *Principles of Biomedical Ethics* by Tom Beauchamp and James Childress³ nor, I daresay, in the competencies for clinical ethics defined by the American Society for Bioethics and Humanities.

The CHA Ethics Survey issues a challenge to those who “do” ethics within Catholic health care: is it time to reclaim the identity of the Catholic moral theologian for Catholic health care? If the answer is “yes,” what will it take to do so?

But it is how the authors of *Health Care Ethics*, three of the most significant figures in Catholic health care ethics, understand the work in which they have been engaged for more than three decades each. No one can say they lack a sense of the realities of the clinical context, of the challenges faced by contemporary health care; that theirs is some armchair, idealized vision of the ethicist’s work. They know patients and doctors, nurses and management, sponsors and attorneys, mission and margin, beginning of life, end of life, partnerships and more. Yet they describe the work of health care ethics as fostering among persons a sacramental communion rooted in the Trinity. Their vision of health care ethics is deeply and thoroughly *theological*.

Ashley, deBlois and O’Rourke see health care ethics as a theological activity because they identify themselves not as “Catholic health care ethicists,” but rather, as Catholic moral theologians. This is a fundamental distinction for those who do health care ethics in a Catholic context.

Why would it matter? As recently as the late 1980s or early 1990s, there were no Catholic health care ethicists, or, for that matter, any health care ethicists at all. Until that time, those who worked in or on the ethics of health care were trained in particular disciplines — theology, philosophy, law, medicine, nursing and social work. They came together from different disciplinary backgrounds to reflect, converse, reason and argue about questions in medicine. The *field* of health care ethics was interdisciplinary by virtue of the fact that each *participant* was

formed by a particular discipline and joined the conversations from a thoroughly disciplinary perspective. Those who worked in Catholic health care tended to be Catholic moral theologians, and they brought that particular disciplinary formation and wisdom to the field.

But this is changing. During the last decade or so, bioethics has worked hard to establish itself as a discipline in its own right, albeit an “interdisciplinary” discipline. It has established a professional society, the American Society for Bioethics and Humanities, which sponsors an annual conference and issues competencies for clinical ethicists. The organization has done all the things a sociological analysis would predict in the development of disciplinary professionalization. In particular, it has begun offering advanced degrees in bioethics or in health care ethics, attempting to establish a new standard of expertise superseding the expertise of those trained in particular disciplines. Following the lead of the American Society of Bioethics and Humanities, most of these programs make little room for training in religion and even less for theology.

However, the *CHA Ethics Survey* suggests that those doing ethics in a Catholic context need fundamentally to be theologians. Of those competencies ethicists believe their successors will need in the future, Catholic moral theology ranks at the top. When asked what continuing education they themselves would value, those currently working the field again rank as most important theological foundations and the history/evolution of Catholic health care. Do these responses indicate that those surveyed feel they lack this training or that they see such training to be critical to the work they do — or both?

The survey results cannot answer the first question, but it does answer the second one: those working in Catholic health care see theological training as critical to their ability to fulfill their role. This is cause for much hope for the future of the field as it suggests that Catholic health care ethicists, for the most part, see themselves as located in a long and rich tradition, much longer than a mere 40 years and much richer than a handful of principles. And perhaps they might even agree that one of the central contributions they make, day to day, is helping their organization and the health care team to embody a sacramental ethic in their Eucharistic care for the patient.

Ashley, deBlois and O’Rourke could not have articulated such a powerful vision of health care ethics without deep grounding in Catholic theology itself — in ecclesiology, the Trinity,

Christology, sacramental theology, Catholic social thought, scripture, the history of the church, moral theology and more. One can always learn the specifics of health law or the techniques of conflict resolution. But learning how to think theologically and to bring the wisdom of 2,000 years of Christian tradition to bear, in grace, on a particular, contextual question of an individual patient's dying or a hospital budget is not a skill that can be learned in assorted courses or the occasional workshop or conference. It is a skill that takes time and training and formation and experience, as well as grace and prayer.

The *CHA Ethics Survey* issues a challenge to those who "do" ethics within Catholic health

care: is it time to reclaim the identity of the Catholic moral theologian for Catholic health care? If the answer is "yes," what will it take to do so? ■

NOTES

1. M. Therese Lysaught, "'Doing' Ethics in an Ecclesial Context," *Health Progress* 88, no. 2: 32-37.
2. Benedict Ashley, Jean deBlois and Kevin O'Rourke, *Health Care Ethics: A Catholic Theological Analysis*, 5th Edition (Washington, D.C.: Georgetown University Press, 2006), 254-255.
3. Tom Beauchamp and James Childress, *Principles of Biomedical Ethics*, 6th edition (New York: Oxford University Press, 2008).

REFLECTIONS ON THE ETHICIST'S ROLE

Future Ethicists?

I write from two perspectives: those of a moral theologian and the leader of mission within Catholic Health Initiatives, a national system with two ethicists on staff.

After reading the *CHA Ethics Survey*, I am struck by the growing reality of pluralism in terms of the education and the personal religious commitments of those who are ethicists in Catholic health care. This has been an issue with Catholic higher education for some time now, and the academy has framed it in terms of Catholic identity. A new wave of neo-conservatism has emerged in response to the growing number of professors who are hired by Catholic universities with degrees from other-than-Catholic institutions.

From the perspective of health care, the issue can be framed in terms of succession planning: Who are the future ethicists? Where are they coming from? How important strategically are they to the future of Catholic health care? This presents at least three challenges:

The first challenge is the need for greater collaboration between academic and health care institutions. If ethicists are to be recruited from theological schools or schools of ministry, how will they gain the other leadership competencies needed to be effective in health care? If

ethicists are to be drawn from a larger background pool, how is the theological competency provided?

The second challenge is ecclesial in nature. Some will argue that because health care is a ministry of the church, the bishop should have a say in whom an ethicist should be. Those who argue this way exaggerate the existent pluralism to justify such intervention. Might there be a move to credential ethicists in Catholic health care in a way the *mandatum* is required for those who teach Catholic theology?

The final challenge will be to assess the capability of health care institutions and systems to provide ethical resources. Probably all leaders in Catholic health care would agree some theological and ethical resource is necessary. Yet given the range and complexity of emergent issues for a growing number of institutions, ethics may be identified as a capability better outsourced to organizations such as the Catholic Health Association.

How will ethics engage in the tradition in a radically new context? It is often said that the second generation of ethics committees strives to be more



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