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What Makes A Catholic Hospital Catholic?

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Within the general body of moral theology and ethics there are many distinctions that are either essential to understanding what is at stake or are at least helpful. For example, the distinction between objective and subjective morality is necessary if we are to judge the nature of the harm caused by an action or omission, yet refrain from judging the conscience of the agent. One distinction that is helpful in setting goals for an institution is that between distinctiveness and specificity.

To explain this distinction, let's take the example of a good Catholic father. We can say many things about such a man. Let's say that he is married and living out a faithful and exclusive relationship with his wife. He shows deep love towards his wife and children. His love is like that described by St. Paul in First Corinthians. It is patient; it is kind; it does not take offence. He is prudent in his choices. He understands the stages of child development. He is a good provider. He is self-sacrificing for his wife and children. He is a joyful person. He does what he can for the poor and needy. We could extol his virtues at length.

Now, an adult Jewish woman may say that we have just described her Jewish father. Why are we claiming that the virtues that we have listed are distinctive of a good Catholic father? In our answer to her we would rejoice with her that her father is a man of integrity and virtue. In speaking about a good Catholic father, we were not at all suggesting that other fathers, religious or not, necessarily were lacking in love and virtue. All we were saying is that if a man were to claim to be a good Catholic father and were lacking in virtue, then either he is a somewhat defective Catholic father or even a totally defective Catholic father (the serial adulterer, the child abuser). That is the distinctiveness part of the distinction. We make no comparison with others. If these others too measure up, we are delighted.

The specificity part of the distinction does compare people and modes of action and ethos. A good Catholic father is a man of faith. He is very conscious that his children are a wonderful gift from God, bringing with them immense joy, but also obligations with respect to their own relationship with God. The good Catholic father is a man of prayer. He celebrates the sacraments and above all the Eucharist with his wife and children. He acknowledges his need of divine grace to celebrate family life. He is a man of love and compassion for others, seeing them as brothers and sisters in Christ Jesus, and he teaches his children to look on others, especially the needy, through the eyes of Christ. Our Jewish friend above wouldn't feel insulted if

her Jewish father were not included in what is specific to good Catholic fathers. He is Jewish and his religious world does not include the sacraments, for example.

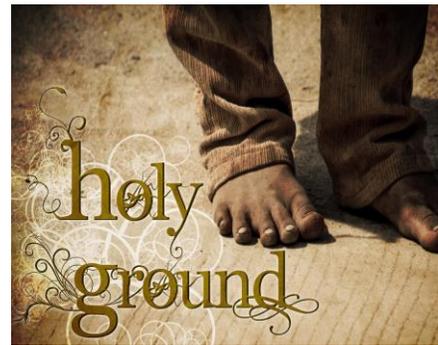
Now let's take our distinction and see how it may help us understand a Catholic hospital. A good Catholic hospital has doctors, nurses, aides and researchers who are well qualified and trained professionals in healthcare for the various tasks demanded of them. At the same time, all of the staff of the hospital has patient care foremost in mind at all times. Justice, reverence, care, compassion and service are the hallmarks of a good Catholic hospital. Communication between different caregivers has a high priority. The notion of teamwork in service of patients pushes individual ambition and pride to the side. Despite the nature of a hospital as a place where there is often suffering and the imparting of bad news, an atmosphere of joy and acceptance pervades the institution.

Once more, an employee of a public hospital may argue that his or her hospital fulfills all that the previous paragraph describes. One often reads in newspapers messages of thanks to doctors and nurses for their care after the death of a loved one. Remember, though, that we are speaking about distinctiveness, not specificity. We are claiming that a hospital which does not fulfill the conditions mentioned above is either a poor example of a Catholic hospital or has truly forfeited the right to be called Catholic. If a public hospital fulfills all the conditions, we are delighted.

Now we turn to specific difference. This is more complicated than the example of a good Catholic father considered above. The Catholic hospital employs non-Catholic personnel as well as practising and non practising Catholics, and it serves patients who are affiliated to different religions or none. Further, there is no moral code that is generally accepted. If we are to

speak of a Catholic hospital, though, there must be a specific difference otherwise there is no call for Catholic hospitals. And this must be achieved within a culture that is moving ever relentlessly in a secular direction, which implies, at best, that religion is a private affair that is out of place in a public setting.

It is important to realize that the specific difference of a Catholic hospital is not something tagged on to what is common to good hospitals generally. What is specific to a Catholic hospital animates all aspects of healthcare within the hospital. Granted the variation in religious beliefs among those receiving healthcare and among those who, one way or another, provide healthcare, what are we to say about the ethos of a Catholic hospital.



First of all, this is holy ground. Here each person, patient or healthcare worker, is encountered in deepest respect. For the Catholic believer (or other Christian of faith) the other is a brother or sister in Christ. This may not be the explicit belief of all people, of course, but there should be enough Catholic faith and support of this faith to make belief palpable in word and deed.

Catholic chaplaincy is extremely important for the establishment and continuance of a Catholic ethos. More important, though, is the Catholic commitment of the Board of Directors and senior leadership of the hospital. Those entrusted in these positions must ensure the hospital is faithful to its mission and fulfills the requirements of both canon and civil law. They must be the creators of a Catholic culture, not at

all in the sense of proselytizing, but in not being secretive about their faith and thus showing the love, compassion and embracing of all others that is demanded by their faith. "By this everyone will know that you are my disciples, if you have love for one another." (Jn.13:35).

Catholic chaplaincy should be at the forefront of the explicit faith life of the hospital, its prayers and liturgies. Of course, provision has to be made for persons of faith who are not Catholic, to make sure that their spiritual needs are adequately met.



Catholic morality should determine the general working of the hospital, as we have indicated above. For example, there should be a commitment to the sacred quality of every human life from conception to natural death. There should be no question of doctor assisted suicide ever being acceptable in a Catholic hospital. The principles of Catholic morality should also be followed in attempting to "solve" difficult moral situations.

The principles of Catholic morality should always be followed in resolving difficult moral situations. All hospital ethics committees require interdisciplinary expertise, such as that provided by doctors, nurses, chaplains and clinical ethicists, but for a Catholic hospital, it is absolutely essential to have those with expertise in Catholic morality, bioethics and social justice as members on the committee.

The above may seem like a pipe dream, something that must clash with current trends. The lack of vocations to religious orders of Sisters has required them to pass their call to service in healthcare on to others. Unfortunately Catholic hospitals have become, in many cases, indistinguishable from their secular counterparts. But the call to Catholic specificity remains, even if the high tides of secularism threaten to swamp all traces of Catholic ethos.

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At the Hour of Our Death...

Advances in medical technologies have allowed us to live longer, healthier lives but such advances also bring along with them new and complex questions with regard to medical treatment and moral decision-making, particularly about the use of medical technology at the end of life.

Making treatment and care decisions in times of grave illness is both challenging and overwhelming. Typically when in need of treatment or procedures you would discuss the issue with our doctor and determine how you would like to proceed. But what if you could not speak for yourself? What if you were unconscious because of an illness or accident and incapable of understanding your medical situation? How would you make your wishes known?

End of life decisions may be made easier if we take the time to express our wishes about end of life treatments before we find

Who would speak for you



ourselves in crisis. Advance Care planning helps family members, friends, and providers approach medical treatments through the moral lens of the patient. As Catholics it provides a way to further explain their ethical perspective to health care agents and providers.

As a people of faith we must remember not to let the struggle over such questions overshadow what should be grace-filled moments in the dying process. Those grace-filled moments include, attending to our spiritual needs, healing broken relationships and saying our good-byes. Our Catholic faith offers both a long tradition of reflection and Church teaching to help guide us through these difficult and complex issues.

There may come a time when our ability to communicate or even reason is compromised and we will not be able to make medical decisions for ourselves. We have the ability to plan in advance and ensure our wishes about treatments, our values and our religious beliefs are known and honoured at this most sacred time.

Advance Care planning allows us to choose who will speak for us and what wishes are to be respected. These wishes can be either in writing or verbally given and they must be honoured when they are known. In fact, health care providers have expressed that such planning assists them in providing appropriate care and treatment to those who cannot speak for themselves. As well, families are grateful that

they know the wishes of their loved one which helps guide their decision-making.

When advance care planning, it is important to prayerfully reflect on Church teaching and the principles of our Catholic faith. It is also important to choose someone who is both willing and able to carry out your wishes should you no longer be able to speak for yourself. This person is known as your “Substitute Decision-Maker or SDM”. Under the law your SDM must make health care decisions in accord with your wishes, including your moral and religious beliefs, provided they are known.

The best time to create an advance care plan is now—before you become seriously ill. This way you can consider all options carefully, through the lens of your faith. Take time to reflect on your beliefs and most importantly have the conversations with your loved ones.

For more information or to book a workshop for your parish or organization contact



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Start the conversation, not because you have a serious illness but because you have a family.
