

Foundations of a Catholic Understanding of Health Care

William Sullivan, MD, PhD

Director, Canadian Catholic Bioethics Institute

The character of health care has been a topic of discussion in the news lately. The Romanow Commission's final report identified equity, fairness and solidarity as core values for health care in Canada.¹ The findings document of the Catholic Health Association of Canada's National Dialogue listed thirteen ways in which Catholic health ministry excels.² These consultations reflect a desire to re-examine the foundations of health care at a time of decreasing resources and advancing technology.

Contemporary Catholic reflection on the foundations of health care brings together five distinct but related insights:

- the uniqueness and worth of every human being;
- the unity of the human person as a biological, psychological, social and spiritual being;
- the inter-personal character of health care;
- the redemptive potential of suffering;
- communion (*koinonia*) as a model of caregiving.

These insights drawn from the Tradition of the Church complement, but also extend, the "person-centred care model" that is gaining acceptance in some areas of medicine.³ Catholics can reinforce what is positive about person-centred care, but also help to ensure that this focus on the patient includes a respect for *all stages* of human life and *all aspects* of the human person, especially the moral and spiritual. As John Paul II said recently, "if work in the important health care sector is shaped by the *culture of life*, under the guidance of right conscience, the human being will find an effective response to his deepest longings."⁴

Uniqueness and Worth of Every Human Being

Our culture tends to evaluate things according to their useful qualities. We trade or discard items when they no longer appeal to us or serve a purpose. Sometimes this attitude influences the way we assess ourselves and others. In health care, subtle judgments are sometimes made about whose life is worth living. For example, someone with a handicap or a frail elderly patient might be denied treatment because his or her 'quality of life' is judged to be poor. This could sometimes occur because of a misguided compassion for the patient, and be disguised as a clinical rather than a value judgment.

It is not always clear who ought to count as a 'person' in the medical literature on person-centred care. A Catholic understanding of health care treats *every* human being, from conception to death, whether poor or rich, as unique and incomparable, worthy of attentive and morally responsible care from health care workers. There is a continuity through every stage of a human being's life. Through self-awareness and reflection, we can judge that the end of all human lives is self-transcendence in attaining truth, moral goodness, beauty and love. This philosophical view proposed by thinkers such as Thomas Aquinas, Bernard Lonergan and recently Robert Spitzer⁵, point to what the Catholic Tradition has always affirmed, that every human being, however small or vulnerable, is an irreplaceable creation of God, made in His likeness, loved by Him, and destined to participate in His life eternally.⁶

Gian Luigi Gigli, a medical doctor, beautifully expressed this in terms of John Paul II's challenge to the Church to contemplate the face of Christ in the new millennium: "Used as we are in our profession to being near people who suffer, we are particularly fascinated by the suffering of God who became Man.... In contemplating as medical doctors this suffering face, we find the strength and inspiration to contemplate the face of every

suffering person, to look him or her in the eyes, with new eyes, as the face saved by the bleeding face of Christ; as a valuable face, because redeemed at a dear price; as a face endowed with divine dignity even when disfigured and almost unrecognizable, because the face assumed by God who made Himself Man."⁷

The Unity of the Human Person

Much of health care focuses on the biological aspects of illness. Catholics, however, understand the human person to be an integrated biological, psychological, social, and spiritual being.

Human beings are beings in *relationship*. The human body is composed of interconnecting parts and systems, which in turn interact with a physical environment. The human person is constituted by a mysterious union of body and spirit. Moreover from the earliest stages of development, the human person is linked to, reaches out to, and participates in the lives of other people. Most importantly, the human person lives in a horizon shaped by his or her relationship to God, whether or not this is acknowledged and however God is conceived. A recent article in *The Gerontologist* by Daniel Sulmasy, a Franciscan bioethicist and medical doctor, offers an interesting insight: Illness can disrupt or force a re-evaluation of many of these relationships. It is not enough in health care simply to treat the human body. The challenge for caregivers is to bring healing back to *all* human relationships.⁸ The word "heal" comes from the German adjective "*heil*" which means "whole" or "intact".

For Catholics, then, health care includes promoting living conditions in Canada and globally that allow people to thrive, e.g. nutritious food, clean water, adequate clothing and housing, safe environments, health education, and reasonable access to treatments. A Catholic understanding of health care also recognizes the importance of relationships with other people. Often bodily and mental illnesses can arise when there is estrangement from a loved one, isolation and loneliness. Illness can place a person among strangers and machines, making a stay in a hospital or nursing home an alienating and dehumanizing experience, and initiating a cycle of decline. Most importantly, a Catholic understanding of health care recognizes the potential for Grace to enable a person to grow in his or her relationship with God. Sickness and suffering are often occasions for considering the meaning of human existence and death.

A major part of most people's encounters with the health care system involves making decisions about beginning, withholding or withdrawing various medical interventions. Focusing only on the physical and psychological risks and benefits of these interventions can obscure other ends that patients have. The social and spiritual well-being of patients and their loved ones should be legitimate goals in judging the appropriateness of treatments. Only by considering *all* aspects of the human person can the hope promised by medical technologies be properly discerned, and person-centred care be truly realized.

Interpersonal Character of Health Care

In a Catholic understanding of health care, a patient cannot simply be regarded as the bearer of a disease or an anonymous case. Neither is the health care provider merely an impersonal part of a care delivery system. Edmund Pellegrino has proposed that the relationship between healers and patients conditions the healing process, and recent research confirms this view.⁹ This is in step with the Church's declaration that, for health care workers, "the principal and symbolic expression of 'taking care' is their *vigilant and caring presence at the sickbed*."¹⁰

The relationship between a health care worker and his or her patient is characterized by an inequality. In sickness a patient is vulnerable. The worker generally holds the balance of power in the system that provides health care. This dynamic places a

special responsibility on the health care worker to act with integrity and respect for the patient, and make decisions based on the patient's best interests. Nuala Kenny has written that the health care encounter is a place of moral meaning.¹¹ Catholics consider it important that all decisions in health care be carefully considered in light of a well-formed conscience. This entails that relevant information concerning care and treatments should be presented with honesty to patients and their families, with an openness to discussing moral issues. Health care workers should offer sensitive support but not violate their own consciences even if asked to do so.

Redemptive Potential of Human Suffering

Suffering and death are realities of human existence. For Catholics, suffering and death are not to be sought as ends in themselves. Nor are they in every circumstance the consequence of some personal moral failing. Suffering and death, in Catholic teaching, acquire a meaning from the redemptive act of Jesus Christ, who out of love, consented to suffer and die for humanity.¹² He showed that the mysteries of suffering and death must be faced, not with despair or evasion, but with love.

Catholic teaching emphasizes that there can be meaning in spite of unavoidable suffering when a person shares in the suffering and death of Christ, by identifying with Christ's free offering of self for others, and by trusting and allowing God to bring about good even out of a seemingly bleak situation. Catholic teaching, therefore, enriches a worldly wisdom that grasps that a person and his or her loved ones can often grow through facing hardships and the limitations of the human condition.

Model of Communion in Caregiving

Human beings are created in the image and likeness of God. Central to Christian revelation is the understanding of God as Trinity, a communion of persons. Likewise this is the model of the Church: a communion of persons who make up the Body of Christ. Christians are baptized into a new way of relating to one another.¹³ This theological understanding has implications for health care that seem in line with recent developments in the philosophy of caregiving, such as that elaborated recently by Sr. Simone Roach, a Canadian nursing educator.¹⁴

To address the biological, psychological, social, and spiritual needs of a patient is beyond any one specialty. Health care workers ought to collaborate as a team or circle of healers. In order to treat the whole patient with the dignity that is due to him or her, there has to be an integration of many specialties and skills for the sake of the patient. In particular, ethicists and pastoral care workers ought to be invited to participate in health care teams.

The whole Christian community is called also to participation in health care. Those who are ill need to be supported by a loving circle of family, friends and caregivers. Human solidarity can be a way for the sick and suffering to experience God's love concretely. Caregivers who are familiar with suffering in their own lives can help to engender hope and joy, and thereby give meaning to those who experience unavoidable suffering. This sort of solidarity with the chronically and terminally ill is very different from efforts to avoid talking about suffering and death or giving false and empty reassurances or, in a moment of desperation, hastening death through immoral means.

Engaging the Laity in Humanizing Health Care

There is an urgent need for the laity to help realize this Catholic understanding of health care. This is a task not only for the teachers of the Church, but all who are baptized. Vatican II teaches that, "guided by a Christian conscience, in conformity with its values, the lay faithful exercise their proper task of

infusing the temporal order with Christian values."¹⁵ The Church calls us to take seriously our responsibility to bring perfection to this world and the culture in which we live, especially in health care. It is in this way that we become co-creators with our God.

1. *Building on Values: The Future of Health Care in Canada*. Final Report of the Commission on the Future of Health Care in Canada (Ottawa, 2002).
2. *Living Icons of Compassion: National Dialogue Findings Document* (Ottawa: Catholic Health Association of Canada, 2003).
3. M. Stewart *et al.*, *Patient-Centered Medicine: Transforming the Clinical Method*. 2nd ed. (Abingdon: Radcliffe Medical Press, 2003).
4. John Paul II, Address to the Fifth Plenary Assembly of the Pontifical Council for Health Pastoral Care (May 2, 2002), no. 4.
5. Bernard Lonergan, *Method in Theology* (Minneapolis, MN⁷ The Seabury Press, 1972), 13-15, 83-85, 95. Robert Spitzer, *Healing the Culture* (Ignatius Press, 2000).
6. *Catechism of the Catholic Church* (1993), no. 27
7. Gian Luigi Gigli, "Duc in Altum! Medical Doctors and the New Evangelization", *Dolentium Hominum*, no. 51 (2002), 35-43, on p. 36.
8. Daniel Sulmasy, "A Biopsychosocial-Spiritual Model for the Care of Patients at the End of Life", *The Gerontologist*, 42, special issue III (2002): 24-33, esp. pp. 25-26.
9. Edmund Pellegrino, "What the Philosophy of Medicine Is", *Theoretical Medicine and Bioethics*, 19 (1998), 329. See the discussion on iatrogenic suffering in David Kuhl, *What Dying People Want* (Toronto: Doubleday Canada, 2002).
10. Pontifical Council for Pastoral Assistance to Health Care Workers, *Charter for Health Care Workers* (Vatican, 1995), no.1.
11. Nuala Kenny, "Ethical Dilemmas in the Current Health Care Environment" in *Do We Care?*, ed. Margaret Somerville (Montreal: McGill-Queen's University Press, 1999), 110.
12. John Paul II, *On the Christian Meaning of Human Suffering (Salvifici Doloris)*, especially no.11 and 15.
13. Michael Figura, "The Works of Communion: Christian Community in Act", *Communio* 29 (Summer 2002), 220-237.
14. Simone Roach, *Caring: The Human Mode of Being*, 2nd edition (Ottawa: Canadian Healthcare Association, 2002)
15. Vatican II, *Pastoral Constitution on the Church in the Modern World* (1965), no. 76.

IN THE NEWS

Morning After Pill on its Way to Drugstores (www.medicalpost.com) – May 27, 2003

Recently, Health Canada approved the application to have Plan B (levonorgestrel), or what is popularly known as the morning after pill, made available over-the-counter at local pharmacies. This development is deeply troubling, both medically and ethically. Plan B acts as a contraceptive by delaying ovulation, or as an abortifacient by inhibiting implantation as a result of endometrium alteration. Plan B was previously only obtainable when prescribed by a physician, but will now be much more easily accessible. The fact that women who take this pill will no longer be required to receive any medical attention is itself a cause for concern. For those seeking to create a "culture of life" the decision to popularize Plan B by marketing it more widely is a profoundly regrettable one. **For more information see the Medical Post (www.medicalpost.com) or the CCBI website (www.utoronto.ca/stmikes/bioethics)**