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The Work of the Catholic Physician as Pastoral Moral Educator

by

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Introduction

In this essay I want to explore the role of the physician as teacher of health care ethics. Specifically, I want to look at this teaching role as it appears in a pastoral context. Currently, very few religious educators or pastors feel competent to teach the Catholic health care ethic tradition. Certainly, some are competent in the fundamentals of moral theology, and some have specific strengths in sexual ethics or social ethics; but due to the intimidating nature of specialized medical technology and knowledge few possess the surety needed to educate the adult learner about health care ethics.

The theological foundation upon which the teaching physician stands is the reality of his or her baptism.[1] Through baptism one is empowered to stand and teach in a prophetic manner; in a manner that leads the minds of others into the moral truth in the context of faith in Christ. Also, by nature of being a medical professional one is bid to stand and profess the truth about medical judgments. These judgments are simultaneously moral judgments regarding what treatment ought to be employed, how one ought to inform the patient regarding treatment, how ought the physician

respond to the choices of the patient, and a host of other implications. *Faith* bids the professional to trust in Christ in all his or her deliberations, and *reason* bids the professional to speak the moral truth. Neither faith nor reason can be separated in the work of deciding and teaching what is morally right. In fact, the distinct yet united relationship of faith and reason is itself the ground for the fascinating work of being a Christian professional.

Morals and medicine are wed together as interdisciplinary partners in the service of understanding how the medical good of the patient is achieved within the parameters of the moral good. This partnership between ethics and medicine is a good thing and should be encouraged at all levels of learning from university programs to clinical consults. The academic subject of health care ethics is quite specialized and complex today. Quite often the ethicist feels inadequate because he or she has little or no medical knowledge and the health care professional feels inadequate because he or she has little or no education in the discipline of philosophical or theological ethics Since there are no signs that either the discipline of ethics or medicine are going to become less technical and specialized, the team approach to teaching health care ethics will remain the model indefinitely.

There are, however, educational forums where the physician can teach on his or her own out of medical expertise and a love and knowledge of moral theology. Particularly, I am thinking of forums that can address the acute need for adult moral education in the parish. With the existence of the current cultural view that religion is a private matter, adult learners have few public venues within which to engage in moral theological discussion. There is, however, plenty of political and philosophical discussion about ethics today.[2] Teaching in the forum of parish adult education is vital because there the believer can explicitly explore the components of faith, hope and love, components that are usually muted in other public venues. As an educated believer and professional the Catholic physician stands in the breach between the secular professional world and the ecclesial domain. In this breach the physician reaches out to the parishioner with a faith-centered health care ethic. It is also important for physicians to be with people today in educational settings in order to clarify modern-day health care delivery systems

and reassure people, if possible, that the medical profession can still respect their dignity as persons.

Since the Second Vatican Council the role of the lay person has come to the fore. This role has, however, taken form almost universally as intra-ecclesial ministry (lector, altar servers, Eucharist ministers, etc). Even though the catechist is an intra-ecclesial minister, the ethical content and profession the physician represents gives secular concerns an entry way into the parish. This focus on the Catholic in the world as professional, as moral decision-maker, as patient, employee and employer must begin to take center stage for the next generation of lay Catholic. We have sufficient and efficient diocesan structures for the formation of lay pastoral ministers. The Catholic physician can contribute to the next generation's need for articulate and educated laity in the realm of the secular. In this essay I will explore the theological and professional foundations upon which the Catholic physician could, in one small way, open the parish to secular concerns. And, alternately, enlighten secular approaches to health care ethics through faith-inspired teaching.

A. The Teaching Role of the Physician

To be a physician is to be a teacher. By the very nature of the profession the doctor is called to instruct his or her patients in the ways of preventative care and healing. This teaching is accomplished more often than not in the form of counsel rather than didactic lecture. The physician is also called to teach future physicians by example, and in some cases by holding faculty appointments in medical schools. All of these occasions for the physician to teach about health and pathology are self-evident. The other place the physician is called to teach is within the ecclesial forum. In this setting the Catholic physician stands before his or her fellow believers as an expert in medicine and in the ethical questions which touch upon medicine. Unlike the moral theologian the physician may not be versed in the minutiae of ethical method and theory but can stand before the adults of the parish as a *practitioner* of medicine and a *fellow believer.*

The physician as practitioner and believer embodies the

traditional epistemological mystery out of which all teachers of faith must instruct the Church's members: the relationship between faith and reason. These two realities are to continue in relationship in the instruction of health care ethics even as some theorists try to reduce ethics to either faith *or* reason. The worshipping physician can manage these tension points because he or she is taken up into something bigger than human understanding alone or faith alone.

The believing physician comes before the questions of ethics out of a baptismal identity. It is this identity which grounds us in reality and in the exciting work of articulating moral truth for the benefit of fellow believers. We come to worship in faith and with our minds opened to be instructed by Truth itself. In this worship, we participate in the Paschal mystery as it is offered in the Eucharistic liturgy. In so doing, we are formed as fully human and given strength to resist the temptation of making moral judgments out of reductionist faith stances (I will trust God alone, I will attend only to my devotional stirrings, etc.), or out of rationalistic biases (I will reason without attachment to authority, I will be objective and think beyond or without a context). These extreme approaches are easier to embrace than the reality of thinking out of a reasoned love relationship with God. The fruit born out of such mental short-cutting as rationalism or fideism is spoiled by its superficiality. Can the worshipping physician stand before God and the human and see that Christian ethical deliberation is as united as body and blood? There is no place for the Christian physician to "stand" and reason while simultaneously not being claimed by a baptismal and Eucharistic identity, "after all you have died and your life is now hidden with Christ in God" (Col 3).

The reasoning utilized by the Christian physician aligns itself with Christ in the truth. We can say that in reasoning like a baptized person, the Christian professional is developing the "mind of Christ" (1 Cor 2:16). By this I mean that over time the physician will actually come to reason out of a devotion to Christ. And it is this devotion that directs the mind toward moral truth; a truth embodied in Christ Himself (I am the way, the truth, and the life...). The moral reasoning of the believer is not unlike the thought patterns found in a married person. Previous to marriage this man or woman thought like a single person and acted like a single person; now, since

marrying, his or her mind is imbued with the presence of another. It is this relationship to the beloved that directs not only the considerations of the mind but also the content of one's behavior. Single persons do not act the same after marriage because their love of spouse has changed their worldview. This love informs the very identity of the married person and, hence, informs the spouse's moral deliberation; a deliberation deeply rooted in union with the beloved. In fact, to go on thinking like a single person (i.e., thought and action which is not spousal in character but directed to other goods and values) is an act against one's own identity in love.

In the Christian life we take on the mind of Christ after appropriating our new identity as disciple. Our identity is changed in our love for God in Christ and to not think about morality out of this identity is in fact to be unfaithful to one's deepest self. A true husband is not mindless of his spouse. Certainly our baptismal identity is as deep and as real as our sacramental spousal identities.

The Christian physician is called to teach health care ethics out of his or her Christian consciousness, which is faith and reason. These two realities make up the one sphere within which Christian ethical deliberation can occur.

B. The Moral Life as an "Ideal"

Out of this faith context the physician can study and teach the truths of normative morality. It is crucial to be explicit about morality being normative and not simply procedural. Morality as procedure has its benefits, one of which is the creation of a teaching environment wherein one can "survey" many varying approaches to an ethical question. This can be an effective approach to use in articulating issues and questions within a pluralistic setting, such as a secular university or medical school. There are, however, limits to this survey approach. There exists within this approach no acknowledgement that the faith-imbued mind can actually discover what is morally true. Actions are seen to gain moral value only in the procedures utilized to facilitate a choice. Morality is reduced to the procedure of choosing. Clearly, deliberative choice is crucial; however, the object of the act is crucial as well.

In a Catholic setting one can strive to be clear about the

normative status of many behaviors and teach with conviction about virtues. The Catholic tradition of moral teachings on health care have been explicated and defined by the bishops and popes over many years. Some norms are perennial – preserve the life of innocents, lavish care upon the sick and do not abandon them, respect the unity of the procreative and unitive goods of sexuality, and the like. The moral truths of Catholic health care ethics can be appropriated and lived out. They are not simply "ideals", concepts that lack practicality or embody "fancy". Rather, the moral truths of Catholicism are moral reality and eminently practical if one is disposed to undergo the formation in virtue needed to embody them. This virtue formation is not esoteric or only for the elite; it is simply the disciplines known in the practices of Catholic parish life. Our faith "impels the spirit toward courage and self-sacrifice" in the midst of community.[3] The greatest threat to teaching sound Catholic medical ethics is the idea that morality is for the "elite". Some have indicated that moral truths such as the preservation of innocent life should "develop" to include some instances of direct abortion (e.g., for rape victims) or euthanasia. To ask Catholics to shoulder the burdens of moral living is beyond the norm, say critics, and only appropriate for moral heroes.

This trend of seeing moral living as only for the elite indicates an interesting turn of affairs. Not so long ago it was held that the spiritual life was the ideal for the elite who live in monasteries and convents. During this time morality, bolstered by piety and devotion, was the way of life for the "average" Catholic. Today morality is for the elite. It is asked, "who is able to live in marriage until death? Who is able to bear a child out of marriage or one that is conceived at an inopportune time? Who is able to suffer illness unto death without asking for help in suicide?" Catholicism and moral norms are seen to be merciless, idealistic and, therefore, without benefit. Perhaps, it is thought, the elite can live these things, but not the average Catholic.

In teaching moral truth is the Catholic tradition holding out a doctrine of impossible perfection? I think not. It is simply articulating its judgment about what kind of behavior expresses the dignity of the human as a being whose mind can apprehend the truth and whose heart can love. The moral norms attempt to express

which behaviors best embrace what life lived in the sight of God is all about. To live such a life is not an impossible ideal that borders on irrelevancy for life in "the real world". Rather, living the moral life is the entrance way into the only real world that exists: communion with the good (ethics) and with goodness itself (God). To argue for behavior that undermines the dignity of innocent life and sexuality, for example, is not to promote choices that mercifully and "realistically" acknowledge the finitude of the human condition. Rather, it is to put forth arguments for behavior that contradict the human identity as known in the light of our relatedness to God. To be good is not a gift for the elite, it is the very desire of each of us and can be fulfilled when faith-filled reason is grasped by moral truth and our affections are filled with the love of the good and God. John Paul II states:

> It would be a very serious error to conclude...that the church's teaching is essentially only an ideal which must then be adapted, proportioned, graduated to the so-called concrete possibilities of man...But what are the concrete possibilities of man? And of which man are we speaking? Of man dominated by [sin] or of man redeemed by Christ. This is what is at stake: the reality of Christ's redemption.[4]

As I mentioned above, it is faith that impels us toward doing the good in the midst of community. The moral life as presented in catechetics will only remain an ideal if people do not regularly draw from the spiritual and intellectual resources of faith (sacraments, prayer, scripture, lives of saints, service to the poor) in the midst of a community which embodies, conserves and transmits the Catholic identity. Moral living will never be the "norm" if major aspects of it are seen to be alien to our very nature and abilities. It is within the parish community that those misperceptions must be addressed.

A supportive parish community manifests the caring and providential presence of God so that we can internalize that love for support needed in the times when the ethical good may summon us to rare, but real, "crucifixion". These crucifixion moments bid us to be faithful to the truths the conscience has grasped even if it means we stand alone. Not every ethical decision, however, should be experienced as a crucifixion moment; not every ethical decision thrusts us up against evil in a fight to the end. No, moral goodness,

virtue, learned in the parish community inhabits us with ease through the countless ethical decisions one makes in daily life. The saints testify that the moral life is a "light burden". Yes, it can be a burden but in the community of redemption, with much support from brothers and sisters we can simply be good. By teaching what is morally good in the midst of community, many can come to see that goodness and right decision making is the norm, and not only for a select few.

In current times, however, it is easy to understand why some think Catholic moral living is an ideal. Many Catholics have formed their minds not out of a baptismal identity but out of other configurations of belief, both popular and political. Drawing upon my analogy above of the single person heading for marriage, I would say that some people's allegiance has not been given to the "spouse" (God) but to the diffuse reality of a cultural "lifestyle". No doubt God inhabits the goodness of our culture, but it is only in the explicit "gathering of believers" that one can gain the discerning skills needed to identify that goodness. This is not to say that others outside the Church cannot find the good, but their discovery of the good does not involve that explicit claim that God has upon Christians. By what logic does a Christian intentionally spurn the formative elements of parish life in order to pay attention, more or less, to the diffuse sources of moral formation in secular society? Even if we were to find a prophetic teaching within the secular culture, as the Church has in the past, this prophecy is only recognized as moral truth in light of the truths of faith. This is what we mean when we say that Christ is the norm of morality (cf. GS 22).

C. Parish Formation and Preparation

In many ways the physician who teaches parishioners about ethics prepares the Church for the kind of moral stance its members will take during illness. How are the sick expected to cope with their illness? "In a real sense illness confronts patients with moral imperatives. How ought I behave, what ought I think and feel about my illness?"[5] Only in the community of explicit belief and worship can we explore, as Catholics, the ethical questions and choices that

arise during illness. In parish moral education nothing of reason or faith is discounted or ignored. This is precisely why the believing physician is uniquely positioned today to "re-evangelize" the conscience of his or her fellow parishioners. Thus positioned the physician approaches the ethical from within the world of the sick, the world of medicine and the world of faith.

> It is [the task of the laity] to cultivate a properly formed conscience and to impress the divine law on the affairs of the earthly city. Let the layman not imagine that his pastors are always such experts, that to every problem which arises, however complicated, they can readily give him a concrete solution or even that such is their mission. Rather, enlightened by Christian wisdom and giving close attention to the teaching authority of the church, let the layman take on his own distinctive role (GS 43).

What the physician knows about morality in the context of care and healing is not simply his or her own knowledge but is to be shared for the benefit of the common good. Through the practice of his or her Christian faith the physician becomes disposed to conversion away from motives of selfish interest to a stance which can be characterized as "servant of the public interest".[6]

In dedicating part of one's professional medical life to instructing other Catholics on the realities of medical ethical questions the physician does not become sectarian, rather this education commitment serves the wider good of society by establishing a certain level of moral knowledge among the Catholic citizenry. Who else is doing even this small, local instruction in medical moral reasoning?

This call to be moral educator flows not only out of one's baptism but also out of the "moral center of the relationship one has with patients."[7] To instruct citizens and believers, prospective patients all, on the exigencies of moral matters in health care is not an alien aspect of doctoring. Rather, this teaching service flows naturally from the physician's knowledge of medicine, years of attending to the suffering of the human body and spirit, and from his or her own effort to place the reality of illness in the context of ultimate meaning and goodness.

As with all teaching, the teaching of medical ethics is a form

of service to the poor, to those in need. The parishioners one instructs may not be economically deprived but they are indeed intellectually deprived in the area of medical moral deliberation. This is not to say that the physician teacher is the only enlightened one among the learners. The physician is a real teacher but also one who welcomes the conversation with and criticism of others so that his or her own thinking can be purified of any prejudice or bias. Oftentimes it is only in public interaction that a teacher is granted insight into his or her own position. So, while *teaching* about the moral good within medicine the physician is also *listening* to parishioners articulate their own questions within a personal context. This interplay between teaching and listening refines the teaching process so that real contact may be made between learner and expert. In this contact, intellectual engagement at the level of freedom is facilitated and thus intellectual conversion toward moral truth becomes possible as well.

D. The Context and Value of Education in the Faith

The physician who instructs fellow Christians in ethics brings the two thousand-year tradition of moral values to bear upon the ancient art of medicine. He or she can also witness to the sacredness of life by placing this value at the moral core of his or her medical practice, a core which is the source of any moral teaching he or she might engage in.[8] This truth of the sacredness of human life is the lodestar for the practice of medicine and one's moral reflection about such a practice. The physician attends to this truth and thus forms his or her own conscience from within the moral community of church and medicine.[9]

> What America, the sick among us, and the health care system need desperately are moral leadership and medical statesmanship. That leadership cannot be affected by physicians acting alone. But acting as a moral community, the profession...can influence the public...to reevaluate [its] values.[10]

In teaching parishioners the core of medical ethics the physician goes

beyond what is currently passing for ethics education; namely proceduralism.[11] Ethics as procedure simply reduces the moral enterprise to a value-neutral survey of ideas. Proceduralism can be a commendable way to make known differing ethical questions and stances for public conversation without fear of "offending" anyone's sensibilities. Like the vision of justice, which simply states that equity has been accomplished when acceptable procedures are enacted, proceduralism in teaching states that ethics has been taught if a survey of competing judgments have been given a fair hearing. This way of sharing information has its place at certain levels of education and in certain forums; the parish, however, is not usually one of them. The need to investigate the reasons *why* the Church holds some behaviors as good and some as morally evil is precisely the kind of teaching and reasoning most needed today.

Striving for value-neutral education has been unmasked as a fruitless task.[12] We all stand somewhere in our analysis and teaching of ethics. Even those who stand in the "neutral zone" giving surveys of ethical conclusions and methods stand upon the belief that their stance is true, or at least effective. The necessity of teaching out of conviction, of actually identifying objective moral evil (e.g., killing of the innocent in euthanasia and assisted suicide) is at the service of catechesis. Catechetical education is a different task than introducing a survey of ideas. The very nature of catechesis is contextualized and oriented toward the intellectual appropriation of the moral truth in faith. Parish adult education is supposed to conserve the tradition as it has been defined up to and including the present time. This does not mean one cannot speak about opposing arguments, identify weaknesses in the present articulation of the moral truth, or engage in lively conversation about the difficulty of living out those truths in present culture. All of this is grist for the adult mind. What cannot be done in the catechetical setting is for the teacher in any way to set him or herself *against* the teaching in a fashion that undermines the ability of participants to wrestle with the moral truths present. In being publicly against a moral truth, the physician makes current or eventual appropriation of those truths by parishioners more difficult or seen to be only an optional goal. The real goal of moral education is not the imparting of facts regarding the present state of moral argument. This is thin gruel for the

believing mind. The believer wants to make contact with moral truth in light of his or her love and trust of God, not simply be exposed to "information."

The physician who has faith can educate others into moral knowledge, not simply moral information. Why? The believing physician can teach medical ethics within a context of faith, a faith that bathes the intellect as well; a faith that colors the way he or she approaches the questions of ethics, and a faith that leads that physician to worship. Out of the worshipping medical mind, the physician can lead the adult learner to confront the questions and sureties of his or her own faith and point out ways that faith "makes known the full ideal which God has set for man, thus guiding the mind toward solutions that are fully human" (GS 11).

Out of time spent with the suffering and dying the Christian physician is bid to become the teacher or interpreter of the moral meaning of illness and death.[13] How can the teaching physician help the parishioner integrate the parts (body, death, illness, and morals) into a whole, and thus share wisdom? In calling for physicians to take a role in moral catechesis I am simply trying to encourage the professional to once again become a public thinker, albeit in a certain limited sphere, the public of religion. This intellectual move outside of the physician's specialty invites the health care professional to think more as citizen of church and society and not simply as expert in medicine. In the confidence and love of the faith the medical professional can speak to a religious public and share in the task of making sense of illness, health and ethics. Many have argued that the professional has "abandoned the public arena" for the safety of his or her "specialty" alone.[14] Part of the needed work of the specialist is to once again return to the polis, either civic or ecclesial, and thus, after years of drawing deeply from medicine, enter a conversation on ethics with a broader professional public. Perhaps the moral community of Catholic physicians, and their sympathizers, might find the inclination, time and competence to "redress the deficiencies of an educated public."[15]

Some Practical Conclusions

Being a physician of faith does not make a doctor an expert

in health care ethics. The profession is blessed to have such physician-ethicists as Edmund Pellegrino and Daniel Sulmasy, but these, and persons like them, with expertise in both fields are rare. This does not mean that physicians cannot become excellent catechists of moral knowledge. In fact, it is teaching at the pastoral level that local churches need now more than ever as the complexity of medical technology and business mounts. Self-education for the physician occurs by reading such works as *Evangelium Vitae*, the appropriate sections of the *Catechism*, or the works of respected ethicists. Moreover, continuing education events are sponsored with some regularity at hospitals or through diocesan structures.

Beyond this, however, the physician needs to feel the desire to teach. Fundamentally, one has to identify the teaching desire within the heart. Pastoral catechesis of adults can be an effective way to influence the American culture to reverence life, but being a teacher will be burdensome for the physician if it does not flow from a deeper baptismal call to evangelize and catechize.

The teaching style may be lecture, or seminar, dialogue, or commentary on cases or video narrative, no matter. Primarily, the participants have to feel they are in the room with an impassioned lover of moral truth. With this desire, to love the moral truth, at the heart of one's teaching any *needed* development of teaching skills can be seen as vital for the effective communication of that love.

Finally, one's service to catechesis in the area of health care ethics does not simply have to occur in the classroom setting. This service can manifest itself by one's advocacy for a regularly scheduled celebration of the sacrament of the sick, parish bulletin inserts about Catholic teaching on health care ethics, and in facilitating workshops for those who minister to the sick of the parish.

Conclusion

The education of adults in the Catholic teachings on health care ethics is a ministry designed for the lay Catholic professional. This ministry complements the medical practice one is engaged in and furthers the public expression of baptism; the basic sacrament of renewed life in Christ and a graced reality for assisting in the

renewing of the lives of others.

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