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The Directives: A Crisis of Faith

Thomas J. O'Donnell, S.J.

A storm of violent criticism has broken on the American health and hospital scene on the occasion of the approval, by the Bishops of the United States—last November—of the new *Ethical and Religious Directives for Catholic Health Facilities*. The Directives are being criticized as being mean-

Father O'Donnell responds to the current criticism of the new Ethical and Religious Directives for Catholic Health Facilities. He reviews some of the frequently stated criticisms of the Code and concludes that within the controversy "the basic issue is faith in the Church," particularly its teaching regarding contraception and abortion.

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ingless for our modern day, as hopelessly ill-suited to the ecumenical dimension of our pluralistic society, of being irrelevant regarding what the Catholic hospital should or should not do and beyond the scope of what the American hierarchy should or should not teach.

A proper perspective demands the initial consideration of one very important fact underlying the whole issue—namely: that the controversy is not really (or at most only very partially) about the Directives at all. The controversy is basically about the teaching of the Catholic Church on abortion

and contraception. The publication of the Directives has served as a convenient and more comfortable focus of exacerbation. Perhaps it seems somehow ecclesially safer to attack just the American bishops rather than the entire teaching authority of the Church itself.

To even begin to assess this situation, we must first look at the Directives themselves. The criticism that is launched at them in general really concerns only a very few specific points, and these are items which did not originate with the Directives, but are only borrowed and brought in.

We are talking about a document made up of a preamble of eight paragraphs and 43 specific directives.

Of the eight paragraphs of the preamble, the first two recall the highest ideals of the Christian witness in the care of the sick: to carry into their lives the saving presence of Christ—to see life, and suffering, and death in the light of redemptive love—to see the patient as a whole person, and not just as a pathology—to be dedicated to the humble service of humanity and especially to the poor—and to continue to study and evaluate new medical procedures in the context of Christian moral goodness. Surely it is not ideals such as these which make the Directives so inept and useless.

What makes the preamble so bad in the eyes of its critics seems to me, in all honesty, to be just two

items, namely: that the personnel of the Catholic hospital must administer to all patients who seek service there—within the framework of Catholic teaching; and that, on an institutional level (which means procedures performed within the institution, and thus implies institutional approval) certain limitations are placed on private moral decisions which might or might not be defensible in other circumstances.

Of the 43 specific directives, the last ten deal with the spiritual care of the patient in an eminently sane and (for the non-Catholic patient) in a markedly ecumenical way. Surely there is no cause for criticism here.

Of the remaining 33 directives dealing with medical care, eight of them deal with prohibitory limitations which are likewise found in the Ethics of the American Medical Association and the World Health Organization: dealing with such matters as the dignity of the human person; the consent of the patient; the protection of the patient under therapy and research; adequate consultation, professional secrecy; the limits of clinical research and the transplantation of organs; ghost surgery and unnecessary procedures, whether diagnostic or therapeutic. To condemn these directives is to likewise condemn every respected code of medical ethics known to mankind, from the Hippocratic Oath, through Percival, and to the present moment.

So—what then, is left, to bear the brunt of the positive attack on the Directives? Basically only four items: abortion, contraceptive steri-

lization, artificial insemination, and masturbation.

The present Directives say that these four procedures are morally wrong—not in view of any ecclesial regulatory legislation, but because Catholic doctrine teaches that they are destructive of the integrity of the human person—contrary to the good of the patient as a whole person, and thus contrary to the love that one human being owes another.

This is what the Catholic Church teaches—and it is likewise what, today, many priests, and many nuns, and many Catholic doctors and Catholic nurses simply do not believe. This is a fact which we all must face—and face it very honestly. Otherwise, we will go on deceiving ourselves that the crisis over the Directives is a relatively harmless crisis of authority, or a crisis of obedience—when it is in reality a very serious crisis of Faith.

Let me point out here, almost by way of a parenthetical observation, that it is true that artificial insemination and masturbation for clinical purposes are explicitly treated in ecclesial documents less authoritative than those dealing with abortion and contraceptive sterilization, although the current Catholic teaching on these points is certainly related to and derived from the more basic doctrinal theses. But these are likewise somewhat less pressing problems, and I do not think they should distract us from the fact that the thrust of the criticism of the Directives is really aimed at the Church's teaching on contra-

ception and abortion.

It might be pointed out that some have objected to identifying the present problem as "A Crisis of Faith": protesting that since the Church's doctrine and teaching on abortion and contraception are not infallibly defined, disagreement with them cannot be a matter of faith.

Such an objection confines the meaning of the word "faith" to a narrow canonical and juridical concept, i.e., as opposed to formal heresy.

Such a juridical concept of faith does not touch that living and loving assent of the Catholic life that is not so much concerned with the juridical dimension or formal heresy as with belief—not only in *what* the Church teaches—but belief in the Church itself—as the continuing ministry of the Lord Jesus. It is rather the dimension of faith that is reflected in the words of Vatican II: "a religious assent of soul—a religious submission of will and of mind" (*Lumen Gentium*, n. 25). When we are dealing with the teaching of the Roman Pontiff, in union with the Bishops of the world, we are very much into this dimension of faith. *Credo* means *I believe*—and Paul VI's "Credo of the People of God" was not limited to formal definitions.

The current criticism of the Directives, then, may conveniently be reduced to five main headings or areas of contention.

First: The credibility of the Papal Encyclical *Humanae Vitae* and the right to "reasonable and responsible

dissent."

Second: A new approach to the principle of totality, which would permit contraception and directly contraceptive sterilization.

Third: The problem of material cooperation in a pluralistic society.

Fourth: The prerogative of the individual bishop to legislate a medical-moral code for the Catholic hospitals in his diocese, or for the assembled Bishops to approve a code for the United States.

And finally, following from this, the deceptive charge that the Directives are "geographical morality."

Permit me to make some brief comment on each of these points:

The Credibility of the Encyclical "Humanae Vitae" and the Right to "Reasonable Dissent"

In reading the current literature that is highly critical of the Directives, the question of the credibility of the encyclical "Humanae Vitae" is more diffuse than explicit, a sort of all-pervading entelechy of the controversy, which becomes more explicit in the considerations of "reasonable" or "responsible" dissent.

The limitations of time do not permit yet another total review of the background and history of this encyclical. The Fathers of the Second Vatican Council faced up to the problem of the Catholic teaching on contraception in what has become an almost totally contraceptive society. In the "Constitution on the Church in the Modern World," a document so filled with the consciousness of the dignity of the human person, the Council Fathers made explicit reference to

the teachings of Pius XI, Pius XII and Paul VI on contraception and contraceptive sterilization, made reference to the fact of certain questions needing further study (presumably the progestational approach to family planning) and anticipated a subsequent pronouncement by the Roman Pontiff; and included in their text those since forgotten words: "sons of the Church may not undertake methods of regulating procreation which are found blameworthy by the teaching authority of the Church in its unfolding of the divine law. (*Gaudium et Spes*, n. 51)

Subsequently the Encyclical appeared, presented as the authentic, official, recent and current as well as traditional teaching of the Catholic Church — condemning contraception and contraceptive sterilization as moral evils — and immediately the Bishops of the world, in their national conferences, subscribed to and re-enforced this teaching.

It should be carefully noted here that while some national groups of Bishops approached the pastoral problem of the perplexed conscience in slightly different ways, none said that contraception was right and the Pope was wrong.

At this point a few theologians and a disastrous number of parish priests and confessors, who had no intention of following Catholic doctrine in this matter, seized upon the well-founded theological concept of reasonable and responsible dissent from the non-infallible teaching of the magisterium, and immediately extrapolated it into a

false and grotesque distortion which seemed to say that, in this matter of contraception, anyone who didn't agree with the Church's teaching was perfectly free just to follow his or her own conscience in the matter.

This is not, by any stretch of the imagination, the authentic meaning of the theological doctrine on reasonable and responsible dissent.

It is noteworthy to point out here that one of the more deceptive criticisms of the Bishops at the present moment is that they allowed for responsible dissent in their Pastoral Letter subsequent to the Encyclical, and then contradicted themselves in their approval of the Directives.

The fact is that in their Pastoral Letter of November 1968, entitled "Human Life in our Day," the Bishops of the United States did make reference to responsible dissent; but they made it perfectly clear that, on the one hand, they were referring to responsible academic investigation in the field of speculative theology and, on the other hand, the case of the perplexed conscience of an individual who is seriously, even though erroneously, convinced that adherence to a teaching of the Church would be positively contrary to the law of God and sinful.

Neither of these situations comes anywhere near the context of officially approved Directives for Catholic Health Facilities; and in no way can such a teaching be extrapolated into meaning that a Catholic who does not agree with a particular teaching of the Church is

thereby perfectly free to follow his or her individual conscience in the matter.

A New Approach to the Principle of Totality

Some seek to defend contraception and contraceptive sterilization under the guise of a new and wider application of the principle of totality. This approach, appearing in the popular literature and then filtering through to the pseudo-theological sophistication of some segments of the faithful, has become more of a shibboleth than a thoughtful study.

The theological ramifications of the principle of totality are not readily reviewed in a paragraph. When one applies the principle to the human generative system there is a great deal more to it than the simple concept of the parts being oriented to the good of the whole. The immanent teleology of the generative organ in its multiple functions must likewise become part of the consideration.

The principle of totality as applied to the generative system may well indeed be a subject for deeper study within the context of speculative theology. What is to be noted here is that such speculation has not yet matured into practical fruition. If it had matured to the extent that some are presenting it today, there would have been no reason for the Encyclical "Humanae Vitae," because there would have been no basic moral problem with contraception or contraceptive sterilization. The appearance of the Encyclical does not mean that this

new approach — partly developed in the papal study commission, was ignored — rather it means that it was weighed and found wanting. And that is where the matter stands today, in the development of doctrine.

The Principles of Cooperation in a Pluralistic Society

Another popular facet of the discussion involves the question of the proper and legitimate application of the principles of material cooperation in a publicly supported health facility in a pluralistic society.

Again, it is impossible to adequately summarize all of the theological and moral implications of material cooperation in the space of a short paragraph. The fundamental distinction here, for the Catholic hospital (and indeed for the Catholic physician) is the distinction between what is performed with approval and what is merely permitted with sufferance; and the further question: "with what effects in the moral order?"

Encouragingly enough, this approach to the problem of permitting contraceptive sterilization and abortion in the Catholic health facility presupposes that each of these practices or procedures is a moral evil in itself; but might be permitted — again, not with approval but with sufferance — because each of them, in our pluralistic society, has become a medical procedure viewed as both medically indicated and morally acceptable by many members of the community which the Catholic hospital serves. *Note that here again I join the consideration of abortion to*

that of sterilization — not because they are identical moral entities, but because the reasons put forth for permitting one in the Catholic hospital apply equally to the other.

In the present atmosphere of the clerically-induced weakened faith of the faithful (or perhaps, in some cases, of the less-than-faithful) the attempt to defend the permissive practice of contraceptive sterilization or abortion in the Catholic hospital — by an application of the principles of material cooperation — strikes me as an example of "moral casuistry" of the worst sort. It is a recurrence of the kind of "moral casuistry" that we had hoped had been abandoned on the far side of Vatican II.

If we believe in the teaching of the Church (and again, that may be the real problem) then such a policy, defended in such a way, is casuistry riding roughshod over the Law of Love. It seems to me that it is trying to find a morally defensible way of helping the patient to get that which the Catholic Church teaches is morally harmful. This is not the Law of Love.

The Prerogative of the Individual Bishop

In this day of instant communication and the ready availability of the printed word, I will not prolong this presentation by lengthy quotations from the acts of the Second Vatican Council.

We need only to remind ourselves that an Ecumenical Council, teaching the entire Catholic world — and in union with the Roman Pontiff — represents the ultimate

expression of the authentic faith of the Catholic Church.

In the documents of Vatican II, the Dogmatic Constitution on the Church (*Lumen Gentium*) most clearly describes the role of the Roman Pontiff in teaching the whole Church, and the diocesan Bishops in their respective dioceses, as the official teachers of the Catholic Faith — and the co-relative obligation of Catholics to accept this teaching (No. 25).

The day of doctrinal documentation by such naive expressions as "a priest told me" or "I read it in a Catholic book" is no longer with us (if, indeed, it ever properly was). As Archbishop John Whealon so aptly stated in his address to the Catholic Hospital Association last year: "In his formal teaching in faith and morals, the Catholic looks to two teachers only: his own Bishop and the Bishop of Rome. With modern communications so efficient, a Catholic has little excuse for not knowing what is Catholic doctrine."

The Charge of "Geographic Morality"

Because the promulgation of the new Directives (as was the case with the old ones) is left to the individual Bishop for his own diocese, and because the Canadian Directives are phrased in a different style and tone (seemingly somewhat more lenient — not with regard to basic moral doctrine, but with regard to some aspects of material cooperation — and even then, not nearly as lenient as some have claimed) the charge of "geographical morality" has been lev-

eled at the United States Directives — (and, of course, by implication, at the Canadian Directives likewise).

Again, the catch phrase is deceptive and the criticism so subtly erroneous as to make any brief comment less than adequate. No one denies, for example, that acceptable solutions to moral problems involving the principles of cooperation may well vary circumstantially — and hence both from place to place and from time to time. Here again we are dealing with the difference between approval and sufferance, and its impact on the moral scene. It is likewise clear in the documents of Vatican II, as has just been pointed out, that the individual Bishop in his diocese, or the National Conference of Bishops in their area, have the prerogative of making or confirming prudential judgments in these matters — particularly with regard to institutions which want to continue to claim the name of "Catholic."

This charge of geographic morality brings with it a peculiar irony — in the fact that some of the modern theologians would tend to ignore moral absolutes in favor of a situation ethic (claiming that the moral evaluation of any action is totally discernible in the varying circumstances of its context). Now some of these same theologians not only falsely accuse the Bishops of the same error, but also proceed to castigate them for it. They seem to discern circumstances as the almost, if not totally, exclusive source of moral relevance, but at the same time condemn the Bishops

for considering circumstances as even one of the determinants of morality in any instance.

In so far as some of the Directives embody prudential judgments based on operative moral principles (such as the principle of cooperation), of course they consider the circumstances of the situation in the United States (say); and hence they are bound to be, in some sense, geographic. Such judgments are not moral absolutes. The real complaint of the critics is that the Bishops should dare to make such judgments on a diocesan level — but there is no doubt that the Second Vatican Council reasserted their right, and at times their obligation, to do so. This is not geographical morality, in the derogatory sense which the critics imply.

These, I believe, are the real points at issue. There are other criticisms which seem to be thrown in more or less just to add weight to the load — weightless as they are.

The Directives are criticized for not dealing with the question of the moment of death (even though Directive 31 does) and other newer problems on the medical horizon.

But many of these newer problems are still obscure and under initial investigation by the research community. What, one wonders, would the criticism have been if the assembled Bishops (already charged with a lack of theological sophistication, by the critics) would have pronounced on various still obscure questions of research academic medicine.

Another criticism is that the Directives deal too much with the problems of sex, and not sufficiently with the broader and more significant questions of "who shall live" and "the quality of life." Yet of the 43 specific directives, only 5 deal directly with the use of sex, 11 deal with the protection of life and 16 deal with the quality of life.

Let us be honest enough to acknowledge that the problem of the Directives is not so much one of sexuality as of Ecclesiology. The point of contention is not so much what the Church teaches on the question of sex — because that is perfectly clear — the point at issue is rather: "Should Catholics go on believing it?" — and there precisely is the crisis of faith.

In summary, then, the basic issue is faith in the Church, in its teaching with regard to contraception (and contraceptive sterilization) in our predominately contraceptive pluralistic society today — with abortion looming ever larger on the horizon.

The authentic, official, recent as well as traditional, and repeated teaching of the Catholic Church is that these practices are moral evils. The Second Vatican Council left that teaching undisturbed and made provision for its re-affirmation in the Encyclical *Humanae Vitae*. The Encyclical appeared, and the Bishops of the entire Church reinforced it.

There are more than a few Catholics today who simply do not accept this teaching. That is damaging enough to the Church — to the

faithful of Christ. But the worse danger and damage is in priests and theological writers using their authority and prestige to say that this is not really the teaching of the Church; or, if it is, that Catholics need not accept it; or that it doesn't really mean what it says; or that the Pope and the Bishops are incompetent and so need not be listened to — because they do not understand the new Ecclesiology or the new morality — which is to say that they do not know either the nature or the function of the Catholic Church.

If we would close with a prayer, that prayer should be the twentieth century plea of the Lord Jesus, to His eternal Father, as He renews His Sacrifice on the altars of our contemporary world: "Strengthen, in faith and love, Your pilgrim Church on earth."

This is a prayer that really says it all. The road ahead — for the Catholic Hospital — partly supported by public funds in a pluralistic, and to a great extent, contraceptive and abortion-oriented society — is fraught with dangers to its corporate endurance, and even continued existence.

The pilgrim road ahead will require great reserves of strength, and faith, and love.

But if faith fails — faith *in* the Church as the authentic on-going Galilean ministry of the Lord Jesus — bringing His redemptive love to today's troubled world — if that faith fails, then our attempts at love will bring to others more harm and hurt — than wholeness and healing and good. ☩