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The Role of the Church in Making Bio-Medical Decisions

Most Rev. Maurice J. Dingman

Following is the text of an address delivered by Bishop Dingman at the joint meeting of NFCPG and the National Association of Catholic Chaplains in September, 1975, in Washington, D.C.

The author has been Bishop of Des Moines since 1968. In this article, he confronts such problems as static vs. dynamic mentality and classical vs. historical consciousness. He stresses the need for an understanding of Christian Community and for a commitment to personal holiness.

"We are living in difficult times, unstable times, times characterized by great activity and at the same time by great problems." These are the words of Pope Paul VI as he shared his thoughts with the College of Cardinals at Christmas 1973. In the very next sentence of that same paragraph the Holy Father states that "... the breath-giving influence of the Spirit has to awaken within the Church latent forces, to stir up forgotten charisms and to infuse that sense of vitality and joy..."

No one need remind you, as Catholic physicians, that we are living in difficult times with great problems. But I do think you

have to be reminded of the Holy Spirit who resides within you as in a temple and that He has come to awaken within you latent forces and to stir up forgotten charisms as well as to infuse a sense of vitality and joy.

In the course of his remarks Pope Paul VI opened up before the eyes of the Cardinals a panorama of the life of the Church. "... so rich in events, so complex in the phenomena of its historical and spiritual development, and so afflicted interiorly by ever new anxieties, as it is also animated by the impulses and consoled by the signs of the life-giving Spirit." It is a Church in transition.

It is not my purpose to discuss medical-ethical problems. That is necessary at the proper time and will be a part of your convention. Rather I would address the question given to me by your planning committee and that is: How are decisions made in the Church? May I answer this question by offering the suggestion that decisions are made differently now than they were made before the Second Vatican Council. The same authority is in existence but the way in which that authority makes its decisions is different.

Decisions today are made in a very different philosophical and theological climate. We remain the Church of Jesus Christ, but circumstances change the way we understand ourselves. There has been a development of concepts that make new demands in the decision-making process.

During the past seven years I have been the Bishop of Des Moines. Much of my effort has been devoted to the creation of new structures demanded by new pastoral attitudes engendered by Vatican II. My most pressing problem at the moment is exactly the same question that you are asking: How are decisions made in the Church? It is not an easy task. May I share a few principles that have become important to me.

The Principle of Shared Responsibility. The theological concept of the People of God demands that the role of each be recognized. We do not just belong to the Church; we are the Church. Everyone who must obey a command should have an opportunity for input into that decision. Leadership is emphasized rather than authority. It is much easier to build a consensus for a decision before it is made than to do so afterward. There must be a willingness to listen and great patience as consensus is reached.

The Principle of Dialogue. The first Encyclical of Pope Paul gave great emphasis to dialogue. Again and again the Holy Father has referred to the necessity of dia-

logue. We are in a listening Church. The Bishop is cautioned to listen to his priests and to his people. In the words of the Holy Father we must learn “. . . to know each other as members and parts of the Church, recognizing and esteeming one another, and to this end, listening to each other and considering each other with respect and friendship; . . . expressing our opinion frankly . . . always with regard for persons, with humility, patience, kindness and a readiness to forgive; in a word, loving one another really and truly in Christ.”

Principle of Discernment. The consultative process demands a process known as discernment. The goal is a consensus of opinion reflecting the collective mind of the group. Prayer, openness of mind, meticulous gathering of information and a strong dedication on the part of the persons involved, all become essential elements of the process if consultation is to work effectively. Much emphasis is given to the discernment of the Spirit. We never come to meetings with minds made up and already set; rather we come with open minds and a willingness to listen to another point of view even though we may already have formed an opinion. Through prayer and reflection we are intent on reaching that decision which is of the Holy Spirit. What we are looking for is God's Will.

Yet somehow we have failed. The principles are acceptable but they do not work effectively in

practice. We have the structures—World Synod of Bishops, Episcopal Conferences, Diocesan Pastoral Councils, Parish Councils, Boards of Education, etc.—yet decisions are not made with confidence. Why isn't "shared responsibility" working?

More and more I am convinced that there is a more basic problem that must be faced. In so many instances where there is conflict between a Bishop and his priests, between the pastor and his Parish Council, it is not a matter of re-writing the constitution and the by-laws. Rather it is a conflict of mentalities, a conflict of world view, a conflict of basic philosophy, a conflict in categories of thinking, a conflict of models of Church. It is to this that I would like to address my remarks.

Two Mentalities

I would invite you to reflect on your own categories, as I try to sketch out two mentalities for you. In which do you belong? Where would you classify yourself? If you are older have you made a transition from one mentality to the other?

Your mentality will color your judgment. It will, in a sense, dictate the answer to many problems. For example, reaching a moral judgment in biomedical matters is a complex process involving the experts. The scientist provides empirical data: here is what we know about the bodily organism, and here are the medical possibilities at this moment. The philosopher or ethicist raises

the question of right and wrong: here are the larger human values that need to be considered in any manipulation of the human body. The Christian theologian looks to the Christian tradition and brings still other data to the discussion: here are the values which the Gospel considers primary, and here are the principles which the Christian tradition has articulated in response to the Gospel, and here is what the Magisterium has taught. These are a few of the "specialties" that are involved in reaching a judgment about right and wrong in biomedical questions.

But open dialogue among specialists is an ideal that is rarely made real. As anyone who has ever served on a committee knows, we come to the discussion with presuppositions and vested interests of all kinds. We come with a position based on a set of values. But behind our position lies a whole mentality, a view of the world and an approach to understanding life, which is often not uncovered in the discussion. The discernment that leads to decision-making is often hampered by the fact that people are talking different languages. In our time, much of the disagreement on doctrinal and moral issues stems from a conflict between two different mentalities. Scholars describe it as a conflict between "classical" consciousness and "historical" consciousness.

Anyone who is over thirty knows what classical conscious-

ness is, because it was such a substantial part of our education. In this view, culture is a stable and unchanging thing. To be cultured is to acquire the ideals and virtues which are passed on to us in a good home and through a good education in the liberal arts. In this view, there is a philosophy which is "perennial" because it says everything which needs to be said, no matter what new empirical data we discover, and no matter what new cultural experiences we go through. In the classicist view, there are eternal truths and universally valid laws. In the face of a new experience or new empirical data, all we need to do is call upon the eternal principles and reason to a conclusion.

The classicist knows that the concrete situation is important, and that the circumstances of a case affect the judgment one makes about the case. But one who is operating out of classical consciousness is "far more deeply convinced that circumstances are incidental and that, beyond them, there is some substance or kernel or root that fits in the classicist assumptions of stability, immutability, fixity." Thus, in the realm of church doctrine, the classicist presupposes that there is an original "substance" which has to be kept intact. In this view the church does not really "change." All we finally do is get back to the original "substance" through various kinds of extrinsic reform: keeping what we have by removing abuses, and by making adjustments for differences in times and

places; or keeping what we have by adding new things alongside it and breathing new life into it. The classicist has become psychologically conditioned to think in terms of categories inherited from the past, to cling to ways that are familiar, and to fear novelty. Change means insecurity; it is regarded as a threat to existing institutions and to patterns of thought and to living.

Historical consciousness is a product of twentieth-century research into the history of ideas. Historical consciousness recognizes, as over against classical consciousness, that ideas and principles and doctrines are the products of human intelligence. To put it very simply, concepts have dates. There are certainly "eternal truths," but our expression of the truth is always relative: relative to our world view, relative to our culture, relative to the data we possess, relative to our human experience up to this point.

In approaching a problem in biomedical ethics, the classicist will insist on eternal values and universally valid norms. The person who possesses historical consciousness begs to differ. The old principles are valid and true enough, but those principles were formulated with the knowledge of a certain set of data. New data, new information does not change the old principle; but since the principle was formulated without knowledge of this new data, the inherited principle cannot in

itself be sufficient to provide the grounds for a concrete decision. Classical consciousness is not wrong in assuming that there is something substantial and common to human nature and human activity. Its oversight, as Lonergan puts it, is its failure to grasp that what is "substantial and common" is also something quite open.

The Second Vatican Council's document on the Church in the Modern World states that "modern man has substituted a dynamic and more evolutionary concept of nature for a static one; the result is an immense series of new problems calling for a new endeavor of analysis and synthesis." This statement summarizes in a nutshell the difference in mentalities which I have been discussing. Classical consciousness is a "static" mentality, while historical consciousness brings with it a "dynamic" mentality.

Again I would like you, as Catholic physicians, to categorize yourselves in terms of whether you accept a static mentality or whether you have a dynamic mentality. If we are true to the signs of the times then it seems to me that we have to move with modern man and accept a dynamic and a more evolutionary concept of nature. Otherwise we will not be able to express our faith in terms that the people of our time will understand. Is there any doubt that we have "an immense series of new problems?" I

believe that we have an obligation to go through this "new endeavor of analysis and synthesis" as suggested by the Vatican Council. It is not an easy task for us to take on this new mentality of a dynamic rather than a static vision of life. Our whole past training and education has been static. Everything has been fixed and determined. The categories of thinking have been typically Greek. This mentality has been dominant in Catholic thought. Consequently everything has been seen as unchangeable. The emphasis has been on concepts rather than on experience.

Today the dynamic mentality is in the ascendancy. The dynamic mentality is Hebrew in its origin. It is biblical. We see the Church now as a pilgrim people.

The static and Greek mentality looks by preference to the past. Since it sees things in terms of their essences, which are unchangeable, it tends to neglect change in individuality. The present state of affairs is presumed to be more or less the same as that which existed in the past. On the other hand, the more dynamic Hebrew mentality looks both to the past and the present, and includes a reference to the future. It sees history, under Divine Providence, as leading to fuller revelation and to the promised salvation. Its great symbolic expression is the Exodus, the liberation, and the journey to the Promised Land. The static mentality was deeply engrained in the

Scholastic philosophers and theologians. Today we must open ourselves to the "dynamic" currents of thought.

Those who embrace the static mentality are prone to reject process and development. It is difficult for them to accept a "shared-responsibility" Church since it seems such a useless waste of time and energy. The static traditional essentialist view understands man and the Church in an abstract way through a definition. It fastens on the general, the universal, the unchangeable. In this view experience is not important. On the other hand the dynamic mentality has great respect for the experiential, the concrete, the changeable. The modern dynamic existentialist mentality sees mankind and the Church as concrete collections of specific individuals. Polarization occurs when the emphasis is so great that the static mentality rejects all experience and the dynamic mentality rejects all abstractions and absolutes.

There is a trend and somehow we must make effective the transition from a static to a dynamic mentality. This must be done in such a way that we do not lose the values that come with a static traditional over-emphasis. There is always the danger that the pendulum will swing too far. How do we keep the delicate balance between static and dynamic, the conservative and liberal, the traditional and the modern, the classicist and the historicist, the

classical and the historical consciousness, the abstract and the concrete, the world of concepts and the world of experience, the scholastics and the biblicist, the closed-mindedness of the essentialists and open-mindedness of the existentialist, theology and sociology, authority and freedom?

Choosing the Middle Course

The great plea at this moment is for all sides to reject polarity. To permit acceptance of an extreme position is to injure and hurt the Christian community. As we move along the whole spectrum from one extreme to the other we must choose the middle course. So often we permit ourselves the luxury of an either/or position. It is so easy to live at the extremes. It is so easy to be close minded. The appeal is for a both/and mentality. In this period of transition in the Church one of the temptations that we must resist is polarization. They must be kept in balanced tension. Very often we must make two concomitant affirmations, to use the words of Cardinal Danielou writing in *L'Osservatore Romano* a few years ago. It isn't easy to live with two concomitant affirmations like Christ is God and Christ is Man. In our faith we must see that there is mystery. It is the tension of living with both that we must be willing to accept. Only a more mature faith can help us; otherwise we will be unable to sustain the tension. Pope Paul VI has cautioned us in these words: "Let us keep our

balance at the changes that are taking place around us." (Audience, July 5, 1972)

In certain areas of biomedical problems we see the necessity of accepting two affirmations which are concomitant. For example, in the case of certain sterilization procedures the physician will say that this is a good medical procedure and the moralist will say this is not good morals. Can one and the same act be both good medicine and bad morals or good morals and bad medicine? It is easy to solve the question by opting for a hysterectomy or for sterilization. The static mentality might argue for the traditional method of hysterectomy and the dynamic mentality might argue for sterilization. One mentality argues from an abstract conceptual approach and the other acts from a more factual experiential mentality. This situation breeds conflict and tension and contestation and disagreement.

If there is conflict and a difference of opinion, how can it be resolved? It is easy for authority to resolve the problem and accept a static traditional point of view. It is easy for the subject to ignore the authority and proceed to act on its own factual experiential evidence.

Where is the process in the Church whereby these two points of view can be reconciled? Is there a process available whereby agreement can be reached? How do we live in balanced tension? How do we reach prudential decisions? If it is a shared-responsibility

Church then there must be a way of resolving these problems.

It seems to me that we have reached a point in the Church where structures are beginning to identify groups of people. There are identifiable national conferences, pastoral councils, boards of education, and perhaps the most important of all, the many parish councils that represent literally hundreds of thousands of our people. How do we effectively incorporate these people into the decision-making process? This is my struggle as a Bishop on the diocesan level of the Church. How much more difficult it is to find and to implement a process at the national and at the level of the Universal Church. But the way must be found or we will have continued dissension and polarization in conflict.

May I suggest an interesting process that may suggest a solution. I refer to the Bicentennial Program of the American Bishops on Liberty and Justice for all. Here is a process that truly involves our people at the grass roots level. There are hearings on the subject of peace and justice. We are truly listening to hundreds of thousands of people. There is a considerable risk involved; that is true. But it is a new direction that is basically a shared-responsibility approach.

Discernment Is The Key

At this point I come to the heart of my address. We have been prone to make decisions much like any other business or political or civic organization. We

have failed to really understand that we are different from General Motors. We are the Church, a Divine organization, a Mystical Body, a Community of believers united intimately with Christ, a Trinitarian community whose power is that of the Holy Spirit. The key is discernment. We do face difficult questions but they are not insoluble. They do not permit us to justify indecision or inaction. They do demand discernment. The first truth of discernment is to identify, at least initially, areas of ambiguity. Then it is necessary to reflect, which is really the beginning of the process of discernment. The Church must practice discernment. It means that we, the People of God, must discern what to do and how to act so that our lives may bear witness to our values. It must be practiced at every level of community in the Church: the parish, the diocese, the episcopal conference, the religious institute, the lay organizations, etc. The Christian Community should become a discerning body and should structure itself accordingly.

The challenge to the Catholic Physicians' Guilds is that you take the lead in making the process of discernment operative in the Church. It seems to me that we who are in positions of responsibility or influence must take on that obligation. We must set the example. We must put ourselves in the state of mind and spirit that will enable us to discern truly and clearly. Our first question is: what are the facts? An objective

knowledge of the relevant facts is indispensable.

Of first importance is research. We must set up those agencies and procedures by which accurate information is collected, analyzed and shared. Then we must reflect on the facts and interpret them in the light of our faith. The World Synod of Bishops in 1971 in their document "Justice in the World" suggested that episcopal conferences set up centers of social and theological research. We have the beginnings of such an organization in CARA. We also have the example of the Study made a few years ago by the American Bishops.

But the gathering and interpretation of actual data is not yet discernment. Discernment properly is the prayerful reflection on a human reality in the light of faith. Our objective must be the shaping and guiding of our actions only and solely as the Spirit shall direct. This means that we seek not our own will but rather we seek the Will of God as it is revealed through His Holy Spirit.

My final recommendation to you as Catholic physicians is the need for holiness. There is an absolute prerequisite for discernment of which I speak. That prerequisite is conversion: a radical inner transformation of ourselves. It is the living of the Paschal Mystery. It is to be Spirit filled. Discernment is nothing else but being guided by the Spirit: seeing the world, and what we must be and do in the world, no longer with our own eyes but with

the eyes of the Spirit.

In matters of bio-ethics, therefore, we cannot finally look to the experts alone for decisions. There are people around us who live in faith and who are "healers" in a way that is larger than medical healing. You know these people; nurses, aides, and doctors whose care for the sick is far more total than medical care. Isn't that what holiness is all about; to heal others and to care for others? A doctor does not have to be holy in order to do his doctoring. But a healer has to be holy, or rather, the true healer is holy; the true healer cares for others in a total human way that goes beyond a medical speciality. In the Gospel's eyes to care in this total way is to be on the path to holiness.

We are surrounded by many holy people—in hospitals, in medical offices, in everyday life—whose experience is richer than any philosophical or ethical concepts. Their experience has to be heard and reflected on before we can make good moral judgments in medical matters. Otherwise we risk losing what is perhaps the richest source of Church doctrine; holy people, healers who are holy, people whose care for the sick is the same care that Jesus had. "To Heal as Jesus Did." That is our motto.

Shared responsibility has been a frequent theme in the contemporary Church. Catholics and Christians everywhere have become aware that decision-making is the responsibility not just of one group within the Church; it is a responsibility in which all share at many different levels and with many kinds of input. This is true even in regard to Church Doctrine. In matters of doctrine, we all know the importance that the Church has given to Scripture and to the teaching Magisterium (The Church Fathers, theologians, Bishops, Popes). But the manuals of theology throughout the centuries have also listed another important source of Doctrine; namely, the "common understanding of the faithful." It is the faithful who bring into any discussion the whole dimension of experience and lived faith. No decision-making process can be adequate without that dimension.

On the differences between classical and historical consciousness, I am indebted to John W. O'Malley, S.J., "Reform, Historical Consciousness, and Vatican II's *Aggiornamento*," *Theological Studies*, 32 (1971) 573-601; and to Bernard Lonergan, *Doctrinal Pluralism* (Milwaukee: Marquette University Press, 1971), esp. p. 5.