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Addresses

Health-care reform and the future of the Catholic health-care vocation

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Most Rev. Charles J. Chaput, O.F.M. Cap., the Catholic Archbishop of Denver, presented the annual "Archbishop Michael Miller Lecture" to Catholic health-care professionals at the University of St. Thomas in Houston, Texas.

Thank you all for being here, and I especially want to thank Sister Miller, Clarke Gormley and George Strake, and of course my friend John Hittinger, for making our time together today possible. Texan hospitality has lived up to the size of its reputation. I'm very grateful.

We should start with the obvious. I'm not a doctor, nurse, hospital administrator, or insurance executive. I'm a pastor. So my thoughts on health care come from that mission. My task – the task of a bishop -- is to preach Jesus Christ, teach the Catholic faith, and guide the people God puts into my care.

When Jesus proclaimed the Gospel, he did it with words. But then he backed it up with deeds. Those deeds were often acts of healing. Scripture shows Jesus healing the blind, the mute, the disabled, and the sick. He cured a woman who was hemorrhaging. He brought a little girl back to life.

Scattered through the Gospels are brief summaries of how Jesus and his disciples understood his mission. Here's one of them from the Gospel of Matthew: "And Jesus went about all the cities and villages ... preaching the gospel of the Kingdom and healing every disease and every infirmity" (Mt 9:35). Jesus redeemed the whole human person – mind, body and spirit.

Jesus gave this same mission to his Church. He told his apostles: "Whenever you enter a town ... heal the sick in it and say to them, 'The Kingdom of God has come near you'" (Lk 10:9). Thus, wherever a local Church was founded, Christians started ministries to the sick, especially to the weak and most vulnerable. They didn't ask permission from the civil authorities. They didn't do these things to show good citizenship, or because it was lucrative business. They cared for the sick because that's what Jesus did. And that's what he commanded his disciples to do.

Each of you here today belongs to that long tradition of Catholic witness in health care. What you do continues Christ's work in the world. Your care for the sick is a sign of God's Kingdom, a sign that God is still with us.

That's the backdrop for our discussion today. It's important because the current national debate over health-care reform has brought us to a crossroads. We face big economic and philosophical questions about the viability of the Catholic health-care ministry. But I want to talk about the one question that undergirds all the others. That's the question of your Catholic identity and your mission: *Who are you?* And what does it really mean to be a *Catholic* health-care professional?

To get our bearings, I want to borrow from the thought of the late Herbert Ratner. Ratner was a Catholic and a family practice doctor who devoted his life to questions of medical ethics. In the mid-1930s, he was picked by Robert Maynard Hutchins to teach in the pioneering "great books" curriculum at the University of Chicago. Ratner also taught on a medical school faculty and served as a local public health official. Until his death in 1997, he also edited a small but influential medical journal called *Child & Family*.

Dr. Ratner knew the pressures of medical work firsthand. He also believed in the nobility of the med-

ical profession. He came of age during the Second World War, when a generation of medical professionals in Germany allowed themselves to become servants of Nazi genocide, eugenics and human experimentation.¹ Ratner actively promoted the World Medical Association's restatement of the Hippocratic Oath in the wake of the Nuremberg trials. He did it for a reason. He felt as early as the mid-1960s that American medicine -- at its own friendly pace and in its own very different way -- was on a similar path.

Ratner believed that the ancient Hippocratic Oath sworn by physicians for 2,500 years offered another path. It could serve as a cornerstone for the identity of persons working in health care. It could be a shield from what he called bullying by the state, "the dehumanization of society and the brutalization of medicine."² Unfortunately, the original oath is rarely used these days. Louis Lasagna rewrote and arguably softened it in 1964. We should also remember that while the original oath barred physicians from helping with abortions -- in fact, the oath specifically *rejects* medical aid for abortions and physician-assisted suicide -- some sources suggest that Hippocrates himself may have invented surgical tools to perform abortions. Abortion, of course, was common in the pre-Christian world.

But that doesn't change the importance of Dr. Ratner's passion for the oath. The original Hippocratic Oath is still deeply compelling. It defines health care as a field where practitioners admit the higher authority of God, and strive for purity and holiness of life. It defines your health-care mission in this way: to help the sick to the best of your ability and judgment, and to never intentionally do harm to a patient.

That's your mandate, whether you're a doctor, nurse, pastoral care worker, or administrator. Your purpose is to serve the life and health of the human person; to help and protect; *to do no harm*. The common ground that links Christian revelation with the founding philosophy of medicine is exactly this: the sanctity of the human person.

Unfortunately, we live in a time when both of those simple words -- "human" and "person" -- have disputed meanings, and the idea of the "sanctity" of human life is sometimes seen as little more than romantic poetry. And this cultural confusion, fueled by trends in our science and technology, is magnified in the current debates over health-care reform.

Dr. Ratner had a special uneasiness about the growth of secularized bioethics in the United States, guided not by universal moral norms but by questions of procedure, utility, and vaguely drawn "values" of compassion and patient autonomy. And he feared that American medicine would lose its autonomy and become "no longer ... the dedicated servant of the individual patient, but the dutiful instrument of the state."

In the years since his death, at least some of Ratner's concerns have proven true. Already in a number of states, the Church has faced government attempts to press Catholic hospitals, clinics and other social service institutions into violating their religious principles. This is becoming a national pattern. In Colorado, to name just one example, lawmakers recently tried to block the sale of two local hospitals to a large Catholic hospital system *unless* the Catholic system agreed to demands that it arrange for abortions, sterilizations, and other so-called women's services.

This was a fairly bald attempt at bullying, and it failed. The state attorney general sided with the Catholic system. The sale finally went through. But hostile lawmakers remain in the state Assembly. They haven't given up. And they continue to work on undermining the conscience rights of religious believers, communities and institutions. In a nation built largely by people of faith, with a long history of religious liberty, this is a battle Catholics should never have been forced to fight.

The question we should ask ourselves is this: What kind of a society would need to coerce religious believers into doing things that undermine their religious convictions -- especially when those *same* believers provide vital services to the public?

We might find an answer to that question in a curious but telling moment from the U.S. Senate race in Massachusetts earlier this year. Near the end of her already strange campaign, Martha Coakley, the state attorney general and a Catholic, began running ads accusing her opponent of wanting to deny emergency contraception to rape victims.

Massachusetts law requires every hospital in the state to provide emergency contraception drugs to the victims of sexual assault. Catholic hospitals were among the first in the state to have excellent protocols for rape victims, including the administration of anti-ovulant drugs when tests determine that ovu-

lation has not occurred. But that wasn't good enough for the state's abortion lobby. So it pushed through a law that requires Catholic hospitals to administer drugs even if they might act to cause an abortion.

Clearly that's bad law and bad medicine. And it sets a dangerous precedent because it allows the government to directly interfere in the doctor-patient relationship. In effect, it dictates the exact medical procedure that doctors must follow in every case, no matter what their professional judgment might be. It requires doctors and nurses to be the enforcers of state abortion ideology.

Coakley's opponent, Scott Brown -- who is not Catholic and describes himself as "pro-choice" -- had sponsored an unsuccessful amendment to the law in the state legislature that would have respected the rights of Catholic hospitals. It would have allowed health-care workers to decline administering anti-ovulation drugs in cases where they might cause an abortion. This became the basis of Coakley's attack ads.

An interviewer then asked Coakley about the impact of the Massachusetts law on the religious freedom of Catholics. She replied: "You can have religious freedom, but you probably shouldn't work in the emergency room."

Embedded in that remark is a bias worthy of a 19th-century Nativist bigot. And it captures the situation many Catholics now face across the country. In effect Catholics, because of their backward religious beliefs, should exclude themselves -- or *should be excluded* -- from some of society's important health-care positions.

But Coakley's gaffe also shows the larger problems in a certain kind of "progressive" thinking. Tucked inside Coakley's attitude is the notion that government is the embodied will of the people. Therefore the agenda of the government and its leaders trumps everything else. And following that logic to its remote but real conclusion, human dignity and religious freedom are *not* finally God-given and inalienable rights, but benefits that government may distribute or withhold depending on its priorities.

Ironically, this is *exactly* what the Jesuit scholar John Courtney Murray warned Catholics to resist more than 50 years ago.³ He saw a growing secularist spirit in America's leadership classes, even then, that identified civil society exclusively with the state and thereby corrupted both -- a spirit that recognized no human dignity higher than *civil* dignity, and no law higher than *civil* law. And he judged that kind of thinking as profoundly dangerous.

Murray put it this way: "Given this [secularized] political theory, [churches] are inevitably englobed within the state, as private associations organized for private purposes. They possess their title to existence from positive law. Their right to freedom is a civil right, and it is respected as long as it is not understood to include any claim to independently sovereign authority . . . The notion that any church should acquire status in public life as a society in its own right is *per se* absurd; for there is only one society, civil society, which may so exist." Murray added that "In this view, the separation of church and state, as ultimately implying the *subordination* of church to state, follows from the very nature of the state and its law . . ."

What Father Murray feared, we now often see in the actions of our public authorities. It's *precisely the opposite* of what the American Founders intended for our country. The Founders worked hard to create the structures of a *limited* government *subordinate* to civil society. Civil society is much larger and much more alive than the state. And to stay that way, it depends for its survival on the autonomy and free cooperation of its parts -- families, communities, churches, synagogues, and fraternal and charitable associations. All of these entities have rights *completely independent of government*. Rights that precede the state.

Now how does all this relate to the very practical topic of our time together today: health-care reform and the future of the Catholic health-care ministry? I'll answer with a few simple facts.

First, while access to decent health care may not seem like a "right" to some people in the same sense as our rights to life, liberty and the pursuit of happiness -- reasonable people might reasonably disagree about that -- the Church *does* see it as a right. At a minimum, it certainly is the duty of a just society. If we see ourselves as a civilized people, then we have an obligation to serve the basic medical needs of all people, including the poor, the elderly and the disabled to the best of our ability. This is why America's bishops have pressed so hard for national health-care reform for so many decades. And they continue to do so.

Second, a government role in ensuring basic health care for all citizens and immigrants can be very legitimate and even required. Americans have always had a prudent wariness toward government and expanding state power – for good reasons, as we’ve just seen. But that doesn’t justify excluding government from helping to solve chronic problems when no other solutions work.

Third, the principle of subsidiarity reminds us that problems should be solved as locally as possible.

Fourth, no national health-care plan can be morally legitimate if it allows, even indirectly, for the killing of the unborn, or discriminatory policies and pressures against the elderly, the infirm and the disabled. Protecting the unborn child and serving the poor are *not* unrelated issues. They flow from exactly the same Christian duty to work for social justice.

Fifth, despite everything I’ve just said, the health-care reform proposals with any hope of advancing now in Washington *all* remain fatally flawed on the abortion issue, conscience protections and the inclusion of immigrants. But the even harsher reality is this: Whether we get good health-care reform or not, legislative and judicial attacks on Catholic health care will not go away, and could easily get worse.

If our nation’s abortion lobby and “family planning” interests have their way, ultimately hospitals and other health-care providers will be mandated by law to provide abortions, sterilizations, and a range of other so-called “reproductive services” the Catholic community sees as deeply wrong. And many other pressing issues like physician-assisted suicide and new developments in biotechnology will raise very difficult moral questions in the years ahead.

So what do *you* need to do as Catholic health-care professionals in the face of these challenges?

The first thing all of us need to do – and I mean bishops, priests, deacons, religious, mothers and fathers, mechanics, lawyers, shopkeepers, business executives and doctors – is to ask God for the gift of honesty. We need to examine our hearts with real candor. And we need to ask ourselves how “Catholic” we really want to be. If the answer is “pretty much” or “sort of” or “on my own terms” – then we need to stop fooling ourselves, for our own sake and for the sake of the people around us who really do believe. There’s no more room in American life for easy or tepid faith.

This has consequences. If you’re a doctor or ethicist or hospital administrator or system executive working in Catholic health care, and in good conscience you cannot support Catholic teaching or cannot apply it with an honest will – *then you need to follow your conscience*. The Church respects that. Obedience to conscience is the road to integrity. But conscience, as Newman once said, has rights because it has duties.⁴ One of those duties is honesty. It may be time to ask whether a different place to live your vocation, *outside* Catholic health care, is also the more honest place for your personal convictions. What really *can’t* work is staying within Catholic health care and not respecting its religious and moral principles with all your skill, and all your heart.

If on the other hand, you’re one of the many in Catholic health care – too many to count, starting with the people in this room – who see the Church and her teachings as the ministry of Jesus himself, and seek God in your vocation, and see the face of Christ in the suffering persons you help; then *you are what the soul of the Catholic health-care vocation has always been about*.

The recognition of human dignity, which you serve every day in your work, is at the heart of the 2,000 year-old Catholic tradition of medical ethics. It’s at the heart of the American bishops’ *Ethical and Religious Directives for Catholic Health Care Services*, the ERDs. They’re easy to find on the internet. Read them. Study them. Talk about them with your colleagues. And then *live by them*. These directives offer practical, real-world moral guidance for your daily work. But they’re much more than a listing of ethical “dos” and “don’ts.” They provide you with a spirituality and a wisdom based on the example of Jesus Christ, the teachings of the natural law, and the truth of the human person as created in the image and likeness of God.

The Holy See’s “Charter for Health Care Workers” tells us that “Health care is a ministerial instrument of God’s outpouring love for the suffering person; and, at the same time, it is an act of love of God, shown in the loving care for the person.” In God’s plan, you have a beautiful and demanding vocation. God asks you to be servants of life and guardians of human dignity through your healing and care of others. It’s a noble calling, and it’s threatened by trends in our society which are magnified in the current debate over health-care reform.

Have courage. Trust in God. Speak up and defend your Catholic faith with your medical colleagues. Commit yourself to good and moral medicine. Get involved and fight hard for the conscience rights of your fellow Catholics and their institutions. Remember the Hippocratic Oath. Dedicate yourselves again to being truly Christian and deeply *Catholic* health-care professionals.

You and I and all of us – we're disciples first. That's why you gave your heart and all your talent to this extraordinary vocation in the first place. Remember that as you go home today. Use up your lives for the glory of God and the dignity of your patients. You walk in the footsteps of the Healer of humanity and Redeemer of history. In healing the sick, proclaim his Kingdom with the witness of your lives.

Endnotes:

1. See Michael Burleigh, *Death and Deliverance: Euthanasia in Germany, 1900-1945*, Cambridge University Press, New York, 1994. Burleigh argues that many in the German medical profession had already abandoned their traditional medical ethics for a more utilitarian model years before the Third Reich came to power. This made their complicity with Nazi eugenics much easier, and in a sense, logical. Burleigh also notes how skillfully the regime manipulated Catholic and Protestant institutions caring for the mentally and physically disabled. In their attempts to save a few of their patients, keep their doors open and maintain relations with the regime, religious institutions surrendered thousands of other disabled and chronically ill patients to "mercy killing."
2. See "The Physician's Obligation: Society vs. Person," 1978; a talk collected in *Nature, the Physician, and the Family: Selected Writings of Herbert Ratner, M.D.*, 2nd. ed., Author House, 2007, pages 113-117
3. John Courtney Murray, S.J., "Civil Unity and Religious Integrity," 1954; available online from the Woodstock Theological Center Library
4. John Henry Cardinal Newman, "Letter to the Duke of Norfolk," 1875; available online