BIOETHICS TOPIC SESSION

Topic:	Sacramentality and Tradition in Health-care Practices
Convener:	Ronald Mercier, St. Louis University
Moderator:	Mari Rapela Heidt, University of Dayton
Presenters:	John Berkman, Regis College, University of Toronto
	Robert V. Doyle, Loyola Marymount University
	Nancy Rourke, Canisius College

This session featured three papers relating sacramentality to current health-care practices. John Berkman opened the session with his presentation, "Sacramental Bodies, Profound Disability as a Challenge to the Sacramental Imagination." In this paper, he argued that the diagnosis of severely physically or cognitively compromised patients allows medical professionals to justify lower standards of care, essentially denying the sacramentality of the bodies and beings of the severely disabled. This is especially true when dealing with patients in vegetative states or locked-in states, conditions which prevent patients from communicating and interacting with people around them. These are patients who cannot be cured or "fixed" by modern medicine and are thus shunted to the side of medical practice. The paper included some statistics on the diagnosis and misdiagnosis of these states as well as evidence of many misconceptions about the actual cognitive status of people in these compromised states. The failure to pursue further research into possible interactions with these patients is also evidence of the neglect of the personhood of these patients. The paper concluded with the suggestion that the recovery of a sacramental imagination is necessary to affirm the personhood of the severely disabled and is the first step toward improved research regarding these conditions and, ultimately, better care for physically or cognitively compromised persons.

Robert V. Doyle followed with his presentation, "Tradition and Treatment, the Role of Religion in Health-care Decision-Making." This paper examined the connection between religion and healing and argued for a holistic approach to patient care on the part of health-care providers. Doyle argued that religion is an important tool for bringing meaning to health-care decisions and for treating the whole person. The paper used historic examples of the integration of religion and medicine, noting that medicine was often the purview of religion until the advent of a more secular era, during which religion and medicine became separate areas of inquiry. His paper offered suggestions for health-care providers for integrating awareness of and sensitivity to the religious beliefs of patients into their care. In addition to attempting to ascertain and understand a patient's religious beliefs, the paper suggested the taking of a "religious history," similar to a medical history, for patients who offer religious objections to treatment. Treatment could then be altered or patients persuaded to accept treatment in light of the religious beliefs that influence a patient's decision-making. The paper also suggested several avenues for the involvement of religious personnel, such as chaplains and other clerics, into health-care decision-making, advocating their inclusion early in the treatment process.

Nancy Rourke's presentation, "Swallowing Consistency: Sacramentality and Today's Speech-Language Pathologists," was the final paper. This paper was focused on the question of Daniel Sulmasy: "Would we…say, of a person who cannot swallow but is awake and alert, that it would be preferable to deliver a small bit of the consecrated bread or wine into the feeding tube than to place a drop of the consecrated wine onto the person's tongue?" (Hamel and Walter, 189). Rourke's paper answered "no" to this question and explored in detail problems with swallowing

from the perspective of speech-language pathologists. Her paper explored the moral components of the health-care settings in which SLPs work and also articulated many of the pressures on SLPs in regard to swallowing and PEG tube placement. The paper then considered the importance of swallowing in regard to the Eucharist, emphasizing the importance of human interaction in the offering of the Eucharist and the key moment of cooperation in the "taking in" of the Eucharist, through which the person actively participates in the experience of grace. Introducing the Eucharist into a PEG tube negates this experience.

An interesting and thought-provoking discussion followed the presentations. Discussion centered on the feasibility of incorporating religious histories into medical histories, especially in urgent situations, given the demands that already exist on medical personnel, the many problems with PEG tubes, including the sometimes coercive nature of the placement decision, stresses on SLPs and others in the treatment of the aged and others with swallowing problems, and advances in the diagnosis and treatment of those in compromised states, especially persistent vegetative states.

MARI RAPELA HEIDT
University of Dayton
Dayton, Ohio