

BIOETHICS/HEALTHCARE—TOPIC SESSION

Topic:	Bioethics/Healthcare
Convener:	Charles C. Camosy, Fordham University
Moderator:	Andrea Vicini, S.J., Boston College School of Theology and Ministry
Presenters:	Daniel J. Daly, Saint Anselm College Gerard Mannion, Georgetown University Thomas A. Nairn, O.F.M., Catholic Health Association Regina Wentzel Wolfe, Catholic Theological Union

The Bioethics/Healthcare Topic Session featured three presentations addressing current issues in bioethics and healthcare as a bioethical entry into the convention topic.

Dan Daly opened the session with his paper, “A Theoretical and Applied Approach to the Institutional Conscience of the Catholic Hospital.” In light of a concrete case that he faced in his practice in a Catholic hospital ethical committee, and that he presented at the beginning, Daly proposed a renewed understanding of conscience in ethical decision-making by stressing the importance of an institutional conscience. In other words, as moral agents, we are well aware that some ethical decisions might involve one’s conscience. Analogously, we could affirm that institutions too have a type of conscience that, in some challenging cases, guides their institutional decision-making process and their practices. As in the case of individuals, the institutional conscience is shaped by the multiple relevant elements that play a role in articulating ethical agency, from virtues to principles and norms. In particular, in the case of institutions, the institutional conscience depends on the mission, values, virtues, and norms that regulate both the institution’s make-up and its practices. Daly’s presentation allowed a revisiting of both Vatican II’s teaching on individual conscience and how one’s conscience is inseparable from one’s values and prudential discernment. He advocated, moreover, for introducing the concept of institutional conscience and concluded by applying it to his opening concrete case. The numerous attendees responded by further probing the concept of institutional conscience and by asking about its possible constraints and limits.

Gerard Mannion further stimulated the audience with a paper (“Catholic Identity and Difference from Phoenix to Galway: What Has a Fragmented Teaching Church Learned about Morality and Magisterium Today?”) that discussed two recent dramatic cases: one in the U.S.A., in Phoenix (AZ), and the second in Galway, Ireland. Both cases concern abortion, and the Irish case exemplifies a tragic medical malpractice. They both highlighted the medical, institutional, ecclesial, social, and political implications of concrete cases. In each one of the two cases, the ethical solutions were deeply influenced by the context—a Catholic hospital and a Catholic Bishop in Phoenix, and a public hospital and its medical malpractice in Galway. After presenting and discussing the details regarding each case, Mannion articulated his theological reflection by highlighting how both the diverse contexts and the different moral agents involved influenced the outcome in each one of the two cases. The audience was quite taken by the parallels and contrasts between the two cases. Many questions further prodded each of the two ethical situations. They confirmed how

cases related to abortion continue to generate personal, institutional, ecclesial, and social ethical quandaries that require probing, accurate ethical assessment.

The final paper, “Unity and Fragmentation in End of Life Care,” was the result of a collaborative effort between Tom Nairn and Gina Wolfe. Nairn presented the paper. He examined how the current end-of-life care in the U.S. is influenced by the practice of Physician Orders for Life-Sustaining Treatment (POLST). POLST is a form that aims at giving seriously ill patients more control over their end-of-life care, including medical orders to be honored by healthcare workers. POLST began in Oregon in 1991 and is currently promoted in over 26 U.S. states. Nairn discussed three major criticisms of POLST: (1) the difficulty of determining in advance the type of treatment at the end of life; (2) the risk of making autonomy the absolute value and moral criterion; and (3) the concern that POLST might hasten the end of one’s life. As Nairn accurately indicated, each of these three criticisms has surfaced in the theological debates on POLST and has guided the diverse reception of POLST within American dioceses and their Catholic hospitals. In light of his experience and leadership within the Catholic Health Association, Nairn described the changing profile of end-of-life issues in the U.S. with the increasing number of death caused by progressive chronic diseases; moreover, he stressed how POLST aims at empowering both the patient and the patients’ decision-making process at the end of life. He also indicated how POLST forms are constantly reviewed and updated by the patients and their physicians. Finally, he discussed how POLST might limit the autonomy of both patients and physicians. Audience questions focused on the need for further education on POLST and on Nairn’s statement on the fragmented ecclesial scenario where some dioceses support and implement POLST forms, others are still considering them, and finally some are quite critical about their implementation.

In conclusion, the three papers provided a varied approach to contemporary and relevant bioethical ethical issues by showing how the theological concepts of identity and difference, unity and fragmentation can be concretely traced in the fields of bioethics and of healthcare. They also exemplified how identity and difference, unity and fragmentation can be appropriate theological resources to frame ethical analyses and to shape ethical responses that demand further educational involvement.

ANDREA VICINI, S.J.
*Boston College School of Theology and Ministry
Brighton, Massachusetts*