

BIOETHICS/HEALTHCARE—TOPIC SESSION

Topic: Conversion, Solidarity, and Creative Imagination in Health Care Practices
Convener: Mari Rapela Heidt
Moderator: Charles Camosy, Fordham University
Presenters: Meghan Clark, St. John's University
Patrick Clark, University of Scranton

This session featured two presentations related to solidarity and the use of creative imagination as they pertain to health care practices. Meghan Clark opened the session with her paper, "Seeking Solidarity in Global Health: *Helping Babies Breathe* in Sudan." This paper was accompanied by an AV presentation featuring charts, diagrams, and graphs describing global rates of maternal/child mortality, the United Nations Millennium Development Goals related to lowering neonatal mortality rates and improving maternal health, and photographs from an Irish/Sudanese partnership project to train traditional midwives in Sudan. The presentation began with an explanation of the facts of childbearing and high rates of neonatal death in Sudan, and how the Millennium Development Goals attempt to lower these rates. The second part of the presentation analyzed the ethics of global health partnerships such as the Sudan project. The central argument of the paper was that participation and accompaniment are essential to the success of such partnerships and for seeking solidarity across national and cultural lines. Participation requires attention to the context in which beliefs and practices about health care are embedded, along with dialogue which seeks to understand these beliefs and practices. Such participation requires accompaniment, an attitude of listening and engagement that seeks to integrate some new practices into traditional birth practices instead of replacing the traditional practices completely. Such an attitude leads to greater inclusion of safer practices and an improvement in maternal and infant health, as well as a sense of partnership between participants. Although there is ample evidence that a more Western approach to birth practices would improve survival rates for both mothers and infants, such practices are not possible in many developing countries, and an insistence on eliminating traditional practices not only meets with resistance but presents "outsiders" as authorities who seek to impose new methods, not work within existing cultural norms. Such an attitude is against the principles of Catholic social teaching, good medicine, and the goals of improving health. The presentation concluded with a short note about the limitations of such partnerships, especially the inability of any partnership to address troublesome cultural issues that contribute to maternal and infant deaths, especially the problems presented by female genital mutilation.

A second paper was presented by Patrick Clark, entitled "Conversion and Mutual Intelligibility in the Physician-Assisted Suicide Debate." This paper examined the extent to which this effect of conversion applies to opposing views on physician-assisted suicide. The point of departure for the paper's discussion was Raimond Gaita's analysis of the public debate over torture, in which he argues that the very act of weighing the costs and benefits of torture already indicates a decisive divergence in the moral reasoning from those who oppose the practice

unconditionally. Likewise, P. Clark argued that the current debate over physician-assisted suicide indicates a similar gap between what was once considered unthinkable but has now become the subject of moral debate. This indicates a major shift not only in the academic discussions of such topics but also a change in the communities in which such discussions take place. Admitting the debate over previously unthinkable actions changes not only the issue in question, but the moral and communal space which that discussion occupies. That is, to admit the possibility of some act which was previously thought unthinkable is to change the fundamental context in which the discussion takes place. Thus, asking when it is permissible for a physician to assist in a patient's suicide admits the possibility that a physician may do such a thing, and indicates a shift in the community that makes such a discussion possible. From a Christian point of view, such an inquiry is opposed to the fundamental presuppositions about human life that are a part of Christian moral inquiry. These presuppositions are the starting point for moral inquiry and necessarily preclude those concepts which are opposed to them. The paper concluded with a comparison between such a Christian moral position and a broader cultural discussion surrounding physician-assisted suicide, returning again to Gaita's discussion of torture to illuminate the point of the presentation.

A deep discussion followed the presentations, centering in the need for creative imagination in the approach to moral problems, the demands of participation and solidarity, and the Millennium Development Goals. A major point of the discussion centered on the unthinkable and whether any action is so unthinkable that it cannot be considered or discussed. Some discussion also involved the role of teachers in considering these questions, a topic touched on in P. Clark's paper. Some time was also given to discussion of cultural norms in medicine and the conflicts between cultures that are inherent in those norms.

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