

BIOETHICS & HEALTHCARE ETHICS

- Topic: Holiness, Poverty, and ‘All the Saint’: Seeking Justice in Health Care”
- Convener: Ronald Mercier, St. Louis University
- Moderator: Teresia Hinga, Santa Clara University
- Presenters: Daniel Daly, St. Anselm’s College
William Buckley, Seattle University
Charles Camosy, Fordham University

Daniel Daly’s presentation, “Transforming Structures of Vice into Virtue: The Witness of the Saints and Contemporary Health Care Distribution and Use”, set in juxtaposition the Catholic tradition of healthcare ministry and the current dynamics in healthcare, notably Catholic healthcare, in the United States. He used the examples of Dionysius of Alexandria, Benedict of Nursia, and Camillus de Lellis to construct a historical frame concerning the hallmarks of the witness provided by the saints. Throughout the first part of his presentation, two themes emerged as foundational. First, the saintly life, including in its monastic dimension, always demonstrated a consistent care of the sick in imitation of the service provided by Christ. Second, though, this service always had a focus on the care of the most vulnerable in the community, notably those who had been abandoned by society. He highlighted this as a particular case of the preferential option for the poor within the tradition, challenging ‘sinful social structures’. He then turned to the extraordinary role of Catholic healthcare in the United States which provides a significant portion of all healthcare delivered in the U.S. While noting the importance of this ministry, he challenged the ways in which the system militates against such care, notably through recruiting healthcare professionals from the Global South. Sub-Saharan Africa, he noted, bears 25% of the global burden of disease, but has only 3% of its health workers; 25% of doctors and nurses trained in this area now practice in the Global North. The Catholic healthcare system must once again take a prophetic stance against such sinful structures, creating instead places of mercy, the sacrifice more acceptable to God (Aquinas).

William Buckley in his “Can the Communion of Saints Help the Search for Justice in Dying Well (Enough), ‘In Abraham’s Arms, Where Lazarus is Poor No Longer?’” invited those in attendance to consider the differences between various cultures in their care of the dying, notably those in significant pain, as between the United States and Central Europe. He used a series of interlocking personal narratives to note the comparative patterns of care. In particular, Buckley analyzed demographic and epidemiological statistics to sketch out the emerging challenges in end-of-life care as Baby Boomers age. He highlighted the limits, both pastoral and financial, to the medicalized model normative in the U.S. He spoke rather to the different imagery employed in Central Europe, where pastoral practice aims at forming imagination personally and communally to help set limits to therapeutic interventions, emphasizing modes of appropriate care, ‘dying *well enough*’.

Charles Camosy engaged the narrative of Chiara Luce Badano in his “Dying in Community and with Dignity”, continuing the attention to formation of imagination. Badano, a teenage member of the Focolare movement, died a very painful and protracted death from bone cancer. Her process of dying stands in contradistinction to the dominant images of our culture. Camosy cited Pope John Paul II’s sense of Scripture as a ‘Great Book of Suffering’ which could provide spiritual relief to the soul of the person who suffers. Camosy saw this as responding in part to our emerging ‘euthanasia wars’ which begin with the assumption that suffering has no value and is to be eradicated by all means possible, including euthanasia, as in the Groningen Protocol. Badano’s witness grew from Focolare’s insistence on finding ‘Jesus in the Midst’, a Jesus who in his agony prays for the unity of all and is found wherever those in agony gather the community. This emphasizes the salvific quality to suffering, and invites one, as Camosy added to this vision, to a sense of humility, or recognizing that our inability to see meaning in the suffering does not mean there is none present. Badano refused morphine and instead her suffering became a place of gathering, interacting with Chiara Lubich and others, inspiring others all over the world. Far from being a burden or meaningless, her suffering provided a space within which a community arose. He called for cultivating a ‘counter-cultural spirituality’ to reshape attitudes in our world, using Focolare’s model as one possible means of reshaping our common imagination.

Discussion in the session focused on two elements in particular. First, the call to limit recruiting healthcare professionals from the Global South evoked challenges on two counts. A number of people raised the important issue of the way in which such healthcare professionals provide an important source of income for their home communities over time; also, the valuable skills and knowledge acquired by working in the Global North can provide key resources when people return to their homelands. Still, the concern arose about the working conditions frequently endured by professionals from the Global South, and the ambiguities of their status both regarding their credentials and their immigration status. Regarding the call for cultivating a spiritual response to suffering, several participants noted that in our culture such a perspective falls on deaf ears; the credibility of Churches has hit historic lows and few have the access to the spiritual care needed for such a shift of perspective.

The session resumed in the evening with the documentary ‘Hold Your Breath’ from the Stanford Center of Bioethics on the difficulties of medical decision-making across cultural and religious divides. A discussion followed the presentation, moderated by Teresia Hinga.

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