

Issues for a Catholic Bioethic

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**"Health care as part of a Christian's vocation"
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Health care as part of a Christian's vocation

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I. What a Christian's vocation is

FOR ALL PRACTICAL purposes, heaven and hell can be ignored. That at least is the impression one gets by comparing even the soundest Christian teaching and preaching of the past thirty years with the Synoptic Gospels. In them, Jesus talks constantly about the kingdom and often emphatically calls attention to the awful possibility of being found unworthy to enter it. But unless one takes a lively interest in heaven, thinking about vocation will be pointless. And unless one regards hell as a real possibility, the kingdom seems a sure thing, so that one takes it for granted rather than takes a lively interest in it.

Therefore, as a necessary presupposition for what follows I call attention to a repugnant truth about myself: I could go to hell. Despite all God's graces, I could freely choose to do something I know to be gravely sinful, gambling on the chance to repent. I could even resist the grace of repentance and persist in some habitual grave sin, telling myself that, being well-behaved in other respects, I can count on the merciful Lord not to hold this one thing against me but to find a way to get me into heaven despite it.¹ Then, I could lose my bet or persist too long in my self-deceiving presumption, die, and find myself in hell. Sadly, moreover, this is not true of me due to anything peculiar about me.

Before Vatican II, Catholics often used the word *vocation* to refer to the special calling of some men and women to be priests or religious. The Council broadened the concept by teaching that the whole Church is called to holiness, and every member is bound to respond to that universal vocation by exercising love of God and neighbour in fulfilling the responsibilities of his or her unique *personal vocation*.²

¹ Such self-deception has been facilitated during the present century, especially since around 1960, by theories of fundamental option according to which one can remain faithfully committed to the Lord deep in one's heart while making concrete choices to do particular acts that one knows to be gravely wrong. But such seductive thoughts should be set aside as groundless. The commitment of faith is the fundamental choice of Christian life, and, even without losing faith, one can lose sanctifying grace, charity, and eternal happiness by committing any mortal sin, as the Council of Trent definitively teaches: *sess. VI, Decree on Justification*, chap. 15 and canons 27-28 (DS 1544/808, 1577-78/837-38); cf. John Paul II, *Veritatis splendor* 65-68: 85 (1993) AAS 1184-88; *L'Osservatore Romano* (English edition), 6 October 1993, x.

² See *Lumen Gentium* 39-42; cf. 11, 46; *Presbyterorum ordinis* 6; *Gaudium et spes* 31, 43, 75.

This idea is not entirely new. Scripture tells us: of ourselves we can do nothing good, but God's graces include the gift of good works; apart from Jesus we can do nothing, but if we live in him we will bear fruit.³ Faithful Christians always have believed that God's providence extends to the details of each individual's whole life, and that one works out one's salvation by trying always to do God's will. However, developing the Council's teaching, John Paul II has greatly enriched previous Catholic reflection on personal vocation.

To organize their lives, people without faith must clarify what they want and figure out how to get it. In affluent, secularist societies, such a plan is likely to call for the self-centered pursuit of emotionally appealing goals: wealth to be accumulated, things to be possessed, status to be achieved, honours to be gloried in, relationships to be enjoyed, and, above all, pleasant experiences.

By contrast, people with faith should try to discern God's plan for their lives, especially, though not only, in respect to the major decisions that shape life as a whole: whether to forgo marriage for the kingdom's sake or to marry and if so whom to marry, what sort of work to do and how to prepare for it, with which persons to cultivate friendships, in which voluntary associations to participate actively, where to live, what hobbies and regular forms of recreation to adopt, and so on. To discover God's plan about these major decisions, one must compare one's gifts and talents with others' needs that offer opportunities for service; take into account one's own genuine needs, already existing responsibilities, and other unavoidable limits; and ask how one can fruitfully serve others and, in doing so, truly fulfil oneself.⁴

God's providential plan directs everything toward creation's eventual consummation in his heavenly kingdom – in the new heaven and new earth, where the blessed, though still created persons, will be like God by seeing him as he is, and also, without losing their individuality, will be members of Jesus' body, sharing his resurrection life, and joining him and one another in an unending wedding feast. Of course, nothing we can do will bring about the kingdom; it will be God's new creation. Still, as Vatican II teaches, good works in this life are important for God's kingdom, because, in a mysterious way, he will salvage what is good in those works and use it as material for the kingdom. So, those who during this life promote human goods in God's Spirit and in accord with his plan will find those goods again in heaven – purified, completed, and transformed.⁵

Therefore, if we put on Jesus' mind to discern God's will for our lives and follow him in taking up our cross and faithfully fulfilling our personal vocation, we will effectively seek the kingdom and prepare material for it, and will use the unique

³ See Eph 2.9–10, Jn 15.1–11; cf. Council of Trent, sess. VI, *Decree on Justification*, chap. 16 (DS 1548/810).

⁴ For a more detailed summary of John Paul II's teaching and for references to the places where it may be found, see Germain Grisez, *The Way of the Lord Jesus*, vol. 2, *Living a Christian Life*, Quincy, Illinois: Franciscan Press 1993, pp. 113–29. (This volume will be referred to hereafter by LCL.)

⁵ See *Gaudium et spes*, 38–39; cf. Germain Grisez, *The Way of the Lord Jesus*, vol. 1, *Christian Moral Principles*, Chicago: Franciscan Herald Press 1983, pp. 459–68, 814–22; LCL, pp. 78–87.

gifts we have received as different members of Jesus' one body to build up that body. If we walk in the life of good works God prepared in advance for us and with each step more fully engage our minds, hearts, souls, and strength, the divine love poured forth in our hearts by the Holy Spirit when we were baptised will gradually suffuse our whole being and transform us into the saints God wishes us to be forever. If we do the truth of faith in love, we will bear credible witness to that truth by our lives, which also will be the living sacrifice, holy and acceptable to God, that we will offer the Father in the Mass along with Jesus' self-sacrifice.

II. The place of health care in every Christian's vocation

Health is not a sensible good: feeling well or being pain free. Someone suffering from a fatal disease might feel fine, and experiencing and responding to pain, as to other sensations, normally is part of healthy functioning. Health does include psychic functions. But it is an intelligible good, an element of true human well-being, though not the whole of it. Human well-being includes intellectual knowledge, acquired skills, moral virtues, harmonious relationships, and God's supernatural gifts – none of which pertains to health. Health is the aspect of well-being that is common to human beings and other animals: functioning well as integrated, psychosomatic wholes. Health is functioning that tends toward growth to maturity, the ability to reproduce, and continuing survival. Its contrary is organic and/or psychic functioning that tends toward stunted growth, the inability to have and raise offspring, and death.

Because human persons are not subjects that merely have and use bodies but are sentient, bodily beings, human life and health are intrinsic elements of human well-being and flourishing.⁶ As such, they are not merely instrumental goods; they are good in themselves and can by themselves provide reasons for health care – that is, for choosing to do what promotes and protects them and to avoid what adversely affects them. Still, life and health are necessary conditions for sharing in many, it not all, other intrinsic human goods. So, other human goods usually provide additional reasons for health care. Some but not all behaviour that pertains to health care also is naturally, and often powerfully, emotionally motivated. Intense pain, anything obviously interfering with a vital function, and any clear and present threat to life always arouse strong emotions. Known but subtler and less immediate threats and risks to life and health usually arouse little or no emotion and do not directly motivate health care behaviour even when one has good reasons for choosing it.

⁶ See *Catechism of the Catholic Church*, 362–65; *LCL*, pp. 460–67; cf. John Finnis, Joseph M. Boyle, Jr., and Germain Grisez, *Nuclear Deterrence, Morality and Realism*, Oxford: Oxford University Press 1987, pp. 304–9; Patrick Lee, 'Human Beings Are Animals', in Robert P. George (ed.) *Natural Law and Moral Inquiry: Ethics, Metaphysics, and Politics in the Thought of Germain Grisez*, Washington: Georgetown University Press 1998, pp. 135–151.

We have a large field of possible health care action. It includes regulating exercise, rest, and what one ingests; abstaining from behaviour that risks injury or the transmission of disease; regulating behaviour to protect and promote a healthful environment; and seeking professional help. Moreover, competent people can care not only for their own health but for that of their children and other non-competent dependents, and also can care for one another's health, especially by abstaining from doing various things that might adversely affect others' health.

Some moral responsibilities regarding health care are independent of one's personal vocation. It is always wrong to choose to kill or injure anyone or damage anyone's health, and it is always obligatory to choose in accord with a reason for behaving in a way conducive to health when that reason is opposed only by an emotional motive. In health care as in everything else one must be fair to everyone concerned, and one may never do anything wrong on some other ground for the sake of health.

Since the vocations of personal friends and of members of families and family-like communities include being one another's keepers, they should help one another in health care, encourage and support appropriate self-care, and avoid behaviour likely to harm one another's health. Parents and others caring for children should not only deal with their obvious health problems but adopt a healthful style of life, engage the children in it, and encourage them to follow it in their own choices. Spouses should take health into account in deciding whether and when to engage in marital intercourse; health considerations, whether or not related to a possible pregnancy, often are serious reasons for abstaining.

One's other vocational responsibilities often provide morally compelling reasons for taking care of one's own health. Students should avoid unhealthful behaviours, which impede intellectual development and acquisition of skills. Parents should try to stay alive and healthy to bring up their children, and spouses to help each other as they age. Priests, professionals, and other people in positions of special responsibility should take care of themselves so that they will be able to do well by those who are counting on them. In general, other vocational responsibilities can morally require people, in caring for their health, to take measures that involve sacrifices and cause burdens so great and so serious as to constitute sound and even morally compelling reasons for forgoing or avoiding such measures in the absence of such responsibilities.

At the same time, one's other vocational responsibilities compete with health care. Sometimes the competition is direct – fulfilling a responsibility can harm one's health, yet the responsibility can justify and even require that one accept the harm. Sometimes the competition is for resources: time, energy, money and capacity to endure stress. Many people could use most of their resources for their own health care, but doing so seldom is reasonable except for short stretches.

As one's other vocational responsibilities drop away, they no longer provide reasons for taking care of one's health. Yet greater resources for doing so often simultaneously become available. Of course, the intrinsic goodness of life and health always is a reason for health care. However, in these circumstances,

established practices and strong emotional motivation generated by the prospects of pain, impaired functioning, and death can lead people to go to unreasonable lengths in caring for their health, sometimes neglecting other goods, and sometimes unfairly burdening others or using resources on which others have better claims. Even if not unfair to others, Christians often may – and then as a matter of mercy should – forgo health care to which they otherwise are entitled so that the resources will be available for others in need.⁷

III. Health care as part of a health care professional's vocation

My wife and I began having children while I was studying at the University of Chicago. We lived in public housing and made do on the salary I earned working nights at a bank. Like other poor people in our neighbourhood, we took our children when they needed care to the emergency room of the nearby Catholic hospital. There we got to know a paediatrician, who lingered after completing morning rounds with patients from his private practice, for which he kept hours during the afternoon and evening in an office some miles away. At the emergency room, he would see whatever babies were brought in, but, not having an office there, he was casual about being paid. He was wonderful with children, and I thought he must be a great father. But he told me that, though he had planned to marry and have a family once he completed his training and got into practice, when the time came he realised that, with all there was for him to do for babies needing care, it would hardly be fair to a wife and children if he married and had a family of his own.

That paediatrician had an adequate income from his work but did not care for babies so as to make money. He was well respected but not ambitious for status and honour. He enjoyed his work and found fulfilment in doing it, but did not live for gratifying experiences. He had become a paediatrician in response to God's call and was using his gifts and training in dedicated service to children who needed care.

Of course, many Christians are called both to have a family of their own and professionally to help others care for their health. But if such people practise their profession as they should in response to God's call, they will be like our Chicago paediatrician in using their gifts and training in dedicated service. Indeed, like Jesus, who came not to be served but to serve, they will not hesitate to play the part of slaves.⁸

⁷ Still, I disagree with Daniel Callahan, *Setting Limits: Medical Goals in an Aging Society*, New York: Simon and Schuster 1988, pp. 115–58, who argues that age can be a valid principle for cutting off governmental support for various forms of health care. People age at different rates, so that some eighty-year-old persons can get greater real benefit from various health care measures than most people who are sixty. My point, rather, is that as people get less real benefit from health care measures that impact on others, fairness and mercy increasingly require them to limit or even forgo such measures.

⁸ See Mt 20.24–28, Mk 9.3–37, Lk 22.24–27, Jn 13.1–20; cf. Eph 6.5–8, Col 3.22–24.

They will serve each patient in solidarity with other health care professionals, but will give any patient's interests priority over solidarity with a professional who wrongs that person or is negligent. They will support making public the facts about differences in quality among professional health care providers and measures so that every patient will be able to make prudent judgments about whose services to seek and what measures to prefer. They will not enter into any relationship with a public entity, an insurance company, a health care business, or any other party likely to generate interests in conflict with those of any patient.

A patient who is untidy, smelly, poor, uneducated, of low class will be treated with no less courtesy, respect, consideration, and kindness than his or her betters; each will be dealt with as a very important person, as a member of Jesus' body. A patient will not be made to wait and wait, or to suffer other inconveniences and discomforts without a good reason, fairly applied and candidly explained. A person suffering from an unusually repugnant condition will not be avoided if possible or turned away, but welcomed. A patient who is difficult – who nags, insults, and fails to cooperate – will not be punished, as such a patient often is in subtle ways, and sometimes significantly and with gross injustice. Instead, a difficult patient not only will be dealt with fairly but mercifully; his or her special need for sympathetic understanding, gentleness, reassurance, and friendly good humour will be recognised and met.

No system of paying for health care adequately covers every person or every need for professional help. Confronted by a person with genuine but uncovered needs, Christian professionals responding to their vocation as they should will not make it their first priority to determine how payment will be made. Instead, they will recognise their profession's co-responsibility to meet such needs, and will generously do more than their fair share toward fulfilling that responsibility – *more* to make up for those who will not serve. Moreover, their readiness to serve will not necessarily be limited to their homeland and to the normal length of a professional's career there. They will hear that Jesus needs health care in other lands and after their retirement, and will be willing to help meet those needs if they can.

They will always bear in mind that they are helping others care for their own and their dependents' health. They will educate and encourage each patient to carry out his or her own responsibilities. They will gently but candidly tell all the truth each patient might need to plan ahead, not least to prepare for death, and will never conceal such information, much less lie, 'for the patient's good'.

They will not suppose that health care is ever the only thing or is usually the most important thing a patient should think about. So, they will take the time to provide each patient with all the information, about his or her problems and the suitable options for dealing with them, that the person might need in order to judge what to do in view of his or her other responsibilities, resources and limitations. In providing this information, they will take care not to prejudice the decision by their tone of voice, gestures, the way they present the options. They will neither pre-empt a patient's judgment in order to save time nor presume to

judge for a patient as if their competence, like parents' over children's lives, extended to the person's every concern and responsibility. Pressed by a patient anxiously seeking to evade his or her responsibility to make a decision, "What would you do if you were in my place?" they will reply softly: "I'm sorry, but I cannot take your place. So far as I can see, both [all] the options I've described could be reasonable, so you must decide what is right for you."

Christian health care professionals responding to their vocation as they should will be humble and self-critical. They will acknowledge not only the limitations of medications and technologies but their own limitations and shortcomings: their uncertainty, ignorance, lack of skills, weaknesses, mistakes and faults. Knowing that they can only try to bring about some state of affairs with a reasonable expectation that doing so will benefit health, that the expected benefit may not be realised, and that whatever they do may have unexpected bad effects, they will realise that the success of even the simplest and most effective measures always depends on a kindly providence. So, they will hope in God, put their trust in him, constantly ask him to give success to the work of their hands, and thank him for any good result they seem to achieve. And they will not hide their faith and prayerfulness from other professionals or a patient they serve. "Just a moment – before we begin, I need to pray"; "Would you like me to pray with you?"; "I think this is worth trying, but I'm not sure it will work; we could try it and pray that it does"; "I made a stupid mistake, but no harm's done; and I thank God for that."

Always responding to genuine needs rather than wishful thinking and never nurturing false expectations, such Christian professionals will not do or cooperate with what they consider unreasonably burdensome and costly in view of its minimal likely benefits. Of course, they will never abandon a patient and will do what they can to mitigate suffering. But when their well-trained hands no longer have any work for whose success they can honestly pray, they will put aside their white coats and whatever else distinguishes them from other visitors, sit down by the person they had helped or tried to help, grasp the person's hand, and share his or her helplessness and feeling of despair.⁹ They will neither pretend that death can be avoided nor suggest it is a friend to be welcomed. They will recall that death remains the last enemy to be destroyed, whose temporary victory must be endured and whose horror can be mitigated only by hope for the resurrection of the dead and the life of the world to come.

For the foreseeable future, Christian health care professionals responding to their vocation as they should will work as aliens in the world.¹⁰ They find it more and more difficult to maintain their standards in doing their work. Their

⁹ See Sheila Cassidy, *Sharing the Darkness: The Spirituality of Caring*, Maryknoll, New York: Orbis Books 1991, pp. 1-71.

¹⁰ Of course, all Christians should use every morally acceptable means to resist and strive to overcome secularists' injustices against not only themselves but all theists. Realistically, however, though true believers can win some battles, they cannot expect to avoid persecution and suffering. And Jesus' faithful disciples can hope to overcome the world only as he did: by rising from the dead.

consciences are increasingly disrespected. Some fields of activity already are closed to them, and others will be. They are being pressured to help manufacture babies, prevent them, and kill them; they soon will be pressured to help people commit suicide and to kill people unwanted by those close to them or by society. Some committed people will not be able to keep their jobs, maintain their practices, continue to operate their facilities unless they betray their commitments by doing wicked things.

They will be urged and tempted to make an arrangement with a third party who has no objection to doing the wicked things – so that they will be able to satisfy the evil demands while keeping their own hands clean. But those who are clear-headed and faithful will realise that they can make no such arrangement without *intending* that the third party carry out his, her or its undertakings to do the wicked things. And, rather than intend that, they will lose their jobs, give up their practices, close their facilities.¹¹ They will regret not being able to continue to follow their vocation of helping others care for their health. But having undertaken to follow Jesus in responding to their vocation, they will remember that, though he regretted accepting the unsuccessful end of his effort to gather up the lost sheep of the house of Israel; he endured the cross for the sake of the joy that was set before him.¹²

And so they will endure their cross, looking forward with confident hope to finding again in heaven not only all the goods they have nurtured – purified, completed, and transformed – but many, if not all, the persons they have served: gloriously, joyously, permanently alive.

¹¹ See Germain Grisez, *The Way of the Lord Jesus*, vol. 3, *Difficult Moral Questions*, Quincy, Illinois: Franciscan Press, 1997, pp. 292–318, 325–28, 355–60, 370–80, 391–402.

¹² See Mt 10.5–7; 23.37–38; Heb 12.2.