



# Ethically Speaking...

Newsletter of the Canadian Catholic Bioethics Institute  
at Assumption University

Fall 2016

## Ethically Speaking...

provides news and information from the Canadian Catholic Bioethics Institute at Assumption University.



## Contact Us:

We welcome comments and feedback, please contact us at:

**The Canadian Catholic  
Bioethics Institute**  
Assumption University  
400 Huron Church Road,  
Windsor, ON N9C 2J9

Phone: 519.973.7033 Ext. "0"

Email: [CCBI-A@assumptionu.ca](mailto:CCBI-A@assumptionu.ca)

## Reflecting on Institutional Conscience

by Rev. Leo Walsh CSB, STL, STD

Daphne Gilbert, an associate professor of law, University of Ottawa, writes in the *Globe and Mail*, October 7<sup>th</sup>, 2016, that Catholic hospitals have no right to refuse assisted dying. She means, of course assisted suicide or euthanasia, not the holistic, compassionate assistance of palliative care. Gilbert's claim is that Catholic hospitals do not exist as religious institutions, but as institutions aiming at helping patients with various kinds of health issues. They do not qualify for exemptions, therefore.

She writes:

"Publicly funded hospitals are not constituted 'primarily for religious purposes.' All Ontario hospitals, Catholic and others, exist to deliver medically necessary services, and are funded by the province for that purpose. All hospitals offer aid and support of religious counsel to families that request it. All hospitals have quiet spaces for reflection and prayer. All hospitals recognize that for some patients, religious counsel, empathy and end-of-life support are vital to a sense of holistic care. No publicly funded hospital is organized for the purpose of providing religious care. Therefore, Catholic hospitals do not operate in a way that 'accords' with a religious purpose."

I think that Gilbert misses the essential point in her argument as to what constitutes a religious organization. The Jesuit motto is "Ad Majorem Dei Gloriam" – To the Greater Glory of God.

The whole Jesuit order and each member are called to live by this motto, no matter the ministry in which he serves. The Sisters of St. Joseph and the Grey Sisters do not have this particular motto, but they too are called to live it in all they do.

The Catholic hospitals founded by the sisters were and are called to give glory to God. They *did* and *do* this through excellent holistic care of the sick, each of whom is seen as a brother or sister in Christ. Indeed, in serving these ill brothers and sisters, the sisters knew themselves as serving Christ himself. "What you do to a brother or sister, you do to me."

Gilbert's argument is based on the false premise that Catholic hospitals are claiming as reason for exemption to be akin to houses of prayer or retreat houses. It is not, however, what the hospitals provide (healthcare) that designates them religious, though that obviously is important. What declares them religious institutions is the foundation of that provision, a desire to serve God in one's neighbor.

Some may object that what may have existed during the time that the sisters ran the hospitals has now disappeared. There may be truth in this. Even when the sisters ran the hospitals, not everyone working there would have been caught up in the religious element of serving the sick. When the sisters handed the reins over to laypeople, inevitably (though not necessarily) the religious motivation was

watered down, especially in an age of growing secularization. That, however, does not change the *raison d'être* of the Catholic institution. It simply means that this has to be rediscovered, strengthened and pursued.

There are many solid reasons not based primarily on religion which argue against euthanasia and physician assisted suicide. These arguments are important, especially in the public forum which is impressed more by inductive reasoning. It remains true, however, that the main argument for a Catholic hospital's refusal to participate in dealing death through action or immoral cooperation rests upon its very nature. To force Catholic hospitals to kill patients or make provision for their being killed is an outrageous assault on the very core of Catholic hospitals.

If the sacred nature of an individual's conscience is understood, we readily realize that a demand that a person act against conscience is a demand that a person deny his or her very self. In like manner, a demand that a Catholic hospital in any way provide for or facilitate euthanasia or physician assisted suicide is a demand that the hospital contradict the core of its existence.

If Catholic hospitals were to provide substandard healthcare they may be and should be censured. If a particular Catholic hospital were to have lost its soul to secularization and forgotten its essential vocation to give glory to God through excellent ministry, then Catholics and others feel betrayed and dispirited. If a Catholic hospital were to bow to unjust pressure to aid or abet euthanasia or physician assisted suicide, it has ceased to be Catholic and should surrender the name.



# A Reflection on the Ministry of Catholic Health Care

by Maria Giannotti MA, MS Bioethics

Healthcare, in general, is in the midst of a chaotic and tumultuous storm of increased regulation, cost pressures and escalating demands from government to do 'more with less'. Faith-based healthcare faces a further challenge; we are ministry as well as business. As a Catholic organization, the challenge is blending market pressures with our call to continue the healing ministry of Jesus. In reflecting upon this challenge, numerous questions arise. How can we remain true to the ministry and mission of the Church and to the founding vision of our sponsors? How does our Catholic identity differentiate us from other healthcare organizations? How does it impact on the care we provide? As a Catholic healthcare providers, we face this challenge daily. Many of us struggle with these questions both personally and professionally.

A lack of understanding persists regarding the nature of mission and its integration within Catholic health care. Too few seem to perceive or reflect upon the spiritual nature and sacredness of the work that we do. There exists a sense of 'disconnect' between our daily work lives and our inner lives. What we 'do' does not appear to be connected to who we are. Notwithstanding this, I do believe that there are those 'defining moments' throughout the day, which not only demonstrate that our mission differentiates us from secular healthcare but also truly drives our actions. Is our care different because of our identity? I would suggest that it is. As an

organization, in order to nourish what the literature has termed 'institutional integrity', we need to understand more clearly our purpose and how to carry out that purpose in offering service to our patients and their families. As Catholic health providers working in institutions founded on the healing mission of Jesus, it is crucial to ask whether 'who we say we are' through our mission statement is in harmony with 'what our actions and activities' say we truly value.

Christian healthcare is a ministry deeply rooted in the mission of Jesus Christ. Jesus was sent by God to be God's healing reconciling presence to the world. He worked tirelessly to bring about the reign of God. In Catholic healthcare when we reach out to others in compassion, we act as his disciples and reveal the healing compassion of God to those most in need. Catholic healthcare is a ministry within the Catholic Church. The Church is the vehicle that allows for its continuation, it is the "house in which we dwell, receive nourishment and from which we are sent forth to serve".

If we are a community truly rooted in the theological vision of the Church, then we must act in ways that resonate with that vision. For all of us, the call to mission is a call to make real the presence of God and practise gospel values. We are called to live the mission. Living the mission helps people understand what compassion, community and respect are all about.

## Reflection on Ministry ...continued

People who live these values every day have no need for definitions but they do need to know their behaviour is mission driven. They need to be able to name their actions in mission terms and they need to understand that they are God's presence in the world. Thomas Aquinas said 'action follows being'. It is a question of intention. If our intention is to be a people who give witness to God's loving presence, then we must create an atmosphere where God's presence can be concretely felt and recognized. It is our intention that sets us apart.



**Ethically Speaking** provides news, articles and information from the Canadian Catholic Bioethics Institute at Assumption University in Windsor, Ontario. We welcome comments and feedback. Should you have suggestions for future articles or inserts, please contact the Editor at [CCBI-A@assumptionu.ca](mailto:CCBI-A@assumptionu.ca)

### CCBI-A Staff:

**Rev. Leo Walsh**, CSB, STL, STD

Executive Director VP Academics, Assumption

**Rev. Michael Prieur**, BA, BTh, STL, STD

Professor of Moral and Sacramental Theology

**Richard Corneil**, PhD (c)

Principal, Chief Administrator Assumption

**Maria Giannotti**, BEd, MA, MS Bioethics

Editor & Consultant Clinical Ethics, Catholic Healthcare