

Pope Francis and Catholic Healthcare Ethics

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Abstract

This article examines the influence of Pope Francis on Catholic healthcare ethics. The first section offers an analytical summary of his ethics. The second section reviews a “Franciscan” approach to Catholic healthcare ethics, which situates that field within the broader context of Catholic social teaching. The third section analyzes the implications of three of Francis’s most powerful metaphors: his injunction to “go to the peripheries”; his contrast between a throwaway culture and a culture of encounter; and his comparison of the church to a field hospital.

Keywords

Catholic healthcare ethics, Catholic social teaching, Alfie Evans, Pope Francis, field hospital, Charlie Gard, healthcare rationing, moral theology, peripheries, throwaway culture

In the six years of his papacy, Francis has forged a complicated relationship with Catholic theological ethics. On the one hand, he has eschewed the more theoretical discussions that absorbed the attention of his immediate predecessors. Francis has not produced an encyclical intervening in academic debates about action theory (e.g., John Paul II’s *Veritatis Splendor*)¹ or elucidating the understanding of God as love in the history of Christian theology (e.g., Benedict XVI’s *Deus Caritas*

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1. John Paul II, *Veritatis Splendor* (August 6, 1993), http://w2.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_06081993_veritatis-splendor.html.

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Est).² On the other hand, Francis's actions, sermons, and magisterial teaching are suffused with moral concern. Since assuming the papacy, he has been relentlessly focused on burning questions of social ethics, setting them within a larger frame that includes biblical, theological, and spiritual reflections.

Francis already has worked out some of the ramifications of his thought for applied ethics in his encyclical on climate change³ and in his apostolic exhortation on marriage and family life.⁴ He has not, however, devoted the same attention to healthcare ethics. Nonetheless, it is important and possible to consider how his formal and informal teaching by sermons, comments, and his own personal example could influence this realm of normative analysis. This note proceeds in the following manner: The first section gives an overview of Francis's approach to Catholic theological ethics. The second section highlights developments in Catholic healthcare ethics that Francis's approach will invigorate. The third section probes some methodological challenges confronting a Franciscan approach to health care ethics by highlighting three vivid images and phrases from his papacy.

Francis's Ethics: A Capsule Account

Francis does not pretend to offer ethical reflection outside the stream of time, place, and culture in which he lives and serves. He is not producing abstract and ahistorical treatises, but rather proffers concrete ethical guidance for people confronting today's challenges. That does not mean that his work is devoid of normative theological commitments. But it does mean that those commitments are integrated with his reading of the "signs of the times."⁵

The worldwide interest in Francis's evangelical charisma has been intense. Both scholarly and popular attention has underlined his efforts to shape the discussion on particular questions such as climate change and the nature of Christian marriage. Nonetheless, moral theologians are just beginning to grapple with the shape of his work as a whole for our field. Intellectual biographies of Francis are now beginning to appear.⁶ Important efforts to situate his thought holistically in the context of Catholic

2. Benedict XVI, *Deus Caritas Est* (December 25, 2005), http://w2.vatican.va/content/benedict-xvi/en/encyclicals/documents/hf_ben-xvi_enc_20051225_deus-caritas-est.html.
3. Francis, *Laudato Si'* (May 24, 2015), http://w2.vatican.va/content/francesco/en/encyclicals/documents/papa-francesco_20150524_enciclica-laudato-si.html (hereafter cited as *LS*).
4. Francis, *Amoris Laetitia* (March 19, 2016), http://w2.vatican.va/content/francesco/en/apost_exhortations/documents/papa-francesco_esortazione-ap_20160319_amoris-laetitia.html (hereafter cited as *AL*).
5. See, e.g., Francis, "Morning Meditation in the Chapel of the *Domus Sanctae Marthae*: Times Change" (Vatican City, October 23, 2015), http://w2.vatican.va/content/francesco/en/cotidie/2015/documents/papa-francesco-cotidie_20151023_times-change.html. "[T]he Pope noted that 'times change. It is truly Christian wisdom to recognize these changes, to be familiar with the different times, to know the signs of the times,' to distinguish between 'the meaning of one thing and another.'"
6. See, e.g., Massimo Borghesi, *The Mind of Pope Francis: Jorge Mario Bergoglio's Intellectual Journey*, trans. Barry Hudock (Collegeville, MN: Liturgical, 2018); and Thomas R. Rourke,

social teaching (CST) in general or the “theology of the people” rooted in the Latin American context have recently been published.⁷ Efforts to examine the broader theological implications of his key documents or most favored theological concepts are seeing the light of day.⁸ Moralists are also beginning to reconsider their own vocations in light of Francis’s teaching.⁹

Methodologically speaking, one might say that Francis flips the ethical classroom. His primary concerns are the broader cultural currents in which communities, families, and individuals form their moral identities and discern their courses of action. But he does not rest content with general social analysis; Francis also attends to the ways in which these currents both shape and distort the persons and communities caught within their wake. In Francis’s view, the overarching context for contemporary ethical challenges is globalized technocratic capitalism.¹⁰ While he does not deny the benefits provided by capitalist economies, he is acutely aware of the abuses they spawn. A key factor in these abuses is the gaping inequality between the developed and the developing worlds.¹¹ The inhabitants of the former suffer from abject poverty and corruption, while those in the latter are consumed by an insatiable and fruitless materialism.¹²

The Roots of Pope Francis’s Social and Political Thought: From Argentina to the Vatican (Lanham, MD: Rowman and Littlefield, 2018).

7. See, e.g., Thomas Massaro, *Mercy in Action: The Social Teachings of Pope Francis* (Lanham, MD: Rowman & Littlefield, 2018); Andrea Tornielli and Giacomo Galeazzi, *This Economy Kills: Pope Francis on Capitalism and Social Justice* (Collegeville, MN: Liturgical, 2015). For an exploration of the Latin American roots of Francis’s thought, see Juan Carlos Scannone, “Pope Francis and the Theology of the People,” *TS* 77 (2016): 118–35, <https://doi.org/10.1177/0040563915621141>; Rafael Luciani, *Pope Francis and the Theology of the People* (Maryknoll, NY: Orbis Books, 2017). See also V General Conference of the Bishops of Latin America and the Caribbean, Concluding Document, Aparecida (2007), <https://www.celam.org/aparecida/Ingles.pdf>. Francis, then Cardinal Jorge Mario Bergoglio, chaired the drafting committee; the document proposes a vision of CST that is rooted in Latin American theology but applicable to the whole church.
8. See, e.g., Gerard Mannion, ed., *Pope Francis and the Future of Catholicism: Evangelii Gaudium and the Papal Agenda* (New York: Cambridge University Press, 2017).
9. Conor M. Kelly, “The Role of the Moral Theologian in the Church: A Proposal in Light of *Amoris Laetitia*,” *TS* 77 (2016): 922–48, <https://doi.org/10.1177/0040563916666824>.
10. “The worldwide crisis affecting finance and the economy lays bare their imbalances and, above all, their lack of real concern for human beings; man is reduced to one of his needs alone: consumption.” Francis, *Evangelii Gaudium* (November 24, 2013), 55, http://w2.vatican.va/content/francesco/en/apost_exhortations/documents/papa-francesco_esortazione-ap_20131124_evangelii-gaudium.html (hereafter cited as *EG*).
11. In a widely publicized tweet, Francis stated that “inequality is the root of social evil.” See Andrew Brown, “Pope Francis Condemns Inequality, Thus Refusing to Play the Game,” *Guardian*, April 28, 2014, <https://www.theguardian.com/commentisfree/2014/apr/28/pope-francis-condemns-inequality-john-paul>.
12. See *EG* 2: “The great danger in today’s world, pervaded as it is by consumerism, is the desolation and anguish born of a complacent yet covetous heart, the feverish pursuit of frivolous pleasures, and a blunted conscience.” See also *LS* 113.

Substantively, in my view, Francis tacitly operates within the general teleological framework characteristic of Thomistic thought. For Francis, the key concept is *joy*, which, along with its conceptual corollary *praise*, are explicit themes of his most important magisterial documents: *Gaudete et Exsultate*,¹³ *Amoris Laetitia*, *Laudato Si'*, and *Evangelii Gaudium*. Francis uses the word *joy* as a less technical and more vivid way of communicating what the tradition has talked about as *happiness* or *flourishing*. He does not want to reduce joy to a fleeting good feeling or a private experience; yet he also does not want to talk about joy as if it has no affective dimension whatsoever.¹⁴ The Gospel is *good news*—its message enables us to rejoice, even as we bear our afflictions.¹⁵ Moreover, for Francis, joy is at once personal and communal. It is also highly communicable. On the individual level, the essence of joy is to be graciously touched by God's love.¹⁶ In grace we respond to that love by serving other people and binding their wounds, because other people bear the image of God—and the face of Christ.¹⁷

If *joy* is Francis's way of talking about true human flourishing, then the cardinal virtue that equips us to rejoice is *mercy*.¹⁸ He connects mercy with the suffering heart of a father or a mother, thereby drawing from and strengthening his emphasis on the family in personal, social, and global ethics.¹⁹ Mercy points to a familial way of interacting with others, albeit one elevated and directed by God's parentally solicitous way of interacting with us.²⁰ While Francis explores the range of the corporal and

13. Francis, *Gaudete et Exsultate* (March 19, 2018), http://w2.vatican.va/content/francesco/en/apost_exhortations/documents/papa-francesco_esortazione-ap_20180319_gaudete-et-exsultate.html (hereafter cited as *GE*).

14. "Perhaps the most exciting invitation is that of the prophet Zephaniah, who presents God with his people in the midst of a celebration overflowing with the joy of salvation." *EG* 4.

15. "I understand the grief of people who have to endure great suffering, yet slowly but surely we all have to let the joy of faith slowly revive as a quiet yet firm trust, even amid the greatest distress" (*EG* 6).

16. "The joy of the gospel fills the hearts and lives of all who encounter Jesus. Those who accept his offer of salvation are set free from sin, sorrow, inner emptiness and loneliness. With Christ joy is constantly born anew" (*EG* 1).

17. "Sometimes we are tempted to be that kind of Christian who keeps the Lord's wounds at arm's length. Yet Jesus wants us to touch human misery, to touch the suffering flesh of others" (*EG* 270).

18. See, e.g., Pope Francis, *The Name of God is Mercy: A Conversation with Andrea Tornielli* (New York: Random House, 2016); and *The Church of Mercy: A Vision for the Church* (Chicago: Loyola, 2014).

19. Francis criticizes the effect of capitalism on human relationships: "The individualism of our postmodern and globalized era favours a lifestyle which weakens the development and stability of personal relationships and distorts family bonds" (*EG* 67).

20. Much attention has been focused on the question of divorce and remarriage in *Amoris Laetitia*. But the document's concerns are much wider. See, e.g., James F. Keenan and Grant Gallicho, eds., *Amoris Laetitia: A New Momentum for Moral Formation and Pastoral Practice* (Mahwah, NJ: Paulist, 2018). See also Jacob Kohlhaas, "Constructing Parenthood: Catholic Teaching 1880 to the Present," *TS* 79 (2018): 610–33, <https://doi.org/10.1177%2F0040563918784773>.

spiritual works of mercy, he frequently simplifies them into two categories that enable the continuity of warm family life: *forgiveness* and *tenderness*.²¹ Those qualities are the hallmarks of God's familial manner of dealing with human beings. Forgiveness enables families to overcome wrongs and resentments in order to stay together, while tenderness infuses the necessary care for vulnerable and wounded persons—whether their wounds are physical, spiritual, or moral. Strikingly, Francis does not draw sharp distinctions between these various kinds of wounds. They exacerbate each other, as cases of substance abuse or mental illness illustrate. And they all need to be healed. As the Gospels testify, when our wounds are healed, we rejoice, praise God, and serve our brothers and sisters.

In choosing to explicate mercy in terms of the qualities necessary to sustain family relationships, Francis has found a dynamic way to integrate CST, Catholic ministries, ethics of home and hearth, and personal flourishing. The governing images of *Laudato Si'*, for example, are domestic. Addressed to the entire world, the encyclical encourages each of us to honor the earth as our mother and our common home.²² We are urged to treat each other as brothers and sisters. While *Gaudete et Exsultate* is addressed primarily to Catholic Christians, it too draws on domestic language to limn the shape of holiness in ordinary life.²³ In *Evangelii Gaudium*, Francis calls the church to act like a mother who tenderly nurtures her children, and to forgive their wrongs as does the father in the parable of the Prodigal Son.²⁴

Amoris Laetitia speaks to the situations of families, not in sentimental isolation, but rather as they are actually situated in communities, nations, and the world. Francis defines family in a way that both challenges and potentially counteracts the anomie and exploitation of global capitalism. Family is a place where everyone is welcome,

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21. He repeats and combines these themes in many talks. See, e.g., Francis, "Regina Caeli" (Angelus, Divine Mercy Sunday, Vatican City, April 23, 2017), https://w2.vatican.va/content/francesco/en/angelus/2017/documents/papa-francesco_regina-coeli_20170423.html: "Mercy enables us to understand that violence, rancor, vengefulness have no meaning, and the first victim is whoever feels these sentiments, because he deprives himself of his own dignity. Mercy also opens the *door of the heart* and allows one to express closeness especially to those who are lonely and marginalized, because it makes them feel as brothers and sisters, and as children of one Father."
 22. "Saint Francis of Assisi reminds us that our common home is like a sister with whom we share our life and a beautiful mother who opens her arms to embrace us" (*LS* 1). See also *LS* 13: "The urgent challenge to protect our common home includes a concern to bring the whole human family together to seek a sustainable and integral development, for we know that things can change."
 23. "A community that cherishes the little details of love, whose members care for one another and create an open and evangelizing environment, is a place where the risen Lord is present, sanctifying it in accordance with the Father's plan" (*GE* 145).
 24. Francis uses both maternal and paternal images. See, e.g., *EG* 5, titled "A Mother with an Open Heart," which also claims that "we have to be the father of the prodigal son, who always keeps his door open so that when the son returns, he can readily pass through it" (*EG* 46).

everyone is taken care of, and everyone has a part to play.²⁵ Francis calls the attention of Catholics to the possibilities for joy in relationships of tenderness, service, and forgiveness. These relationships, for him, are always suspended within the arc of grace. We can be tender and forgiving to others only after joyously recognizing and receiving God's tender forgiveness.²⁶

While Francis deeply values family life, he refuses to romanticize it. A gritty reality characterizes Francis's appreciation of both the challenges and the rewards of family life; he is not transfixed by images of opulent Madonnas and well-fed babies. This grittiness extends the familial image to encompass relationships with the less photogenic members of the human community, especially the poor, refugees, and the elderly.²⁷ Some conservative Catholics have chided Francis for his dramatic outreach to marginalized groups, accusing him of crass publicity-seeking.²⁸ That charge is misguided. The images of Francis serving the imprisoned and the displaced function as postmodern icons; transmitted instantaneously around the world, they offer powerful images of the core Christian message. It is how Francis exercises the prophetic or teaching office of his papacy.²⁹

Some commentators have also disparaged the sophistication of Francis's ethical writings by charging that they are merely pastoral applications of the conceptual heavy-lifting performed by John Paul II and Benedict XVI.³⁰ This disparagement, in

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25. Francis is quite realistic about both the possibilities and the challenges of family life. Yet he emphasizes the pedagogy of domesticity. "In the family, we learn closeness, care and respect for others. We break out of our fatal self-absorption and come to realize that we are living with and alongside others who are worthy of our concern, our kindness and our affection" (*AL* 276).
 26. "No one is saved by himself or herself, individually, or by his or her own efforts. God attracts us by taking into account the complex interweaving of personal relationships entailed in the life of a human community" (*EG* 113).
 27. In an interview with Antonio Spadaro, Francis reflected, "I have a dogmatic certainty: God is in every person's life. God is in everyone's life. Even if the life of a person has been a disaster, even if it is destroyed by vices, drugs or anything else—God is in this person's life." Antonio Spadaro, "Interview with Pope Francis" (Vatican City, September 2013), http://w2.vatican.va/content/francesco/en/speeches/2013/september/documents/papa-francesco_20130921_intervista-spadaro.html.
 28. More broadly, conservatives accuse Francis of bamboozling the media. In the United States, *New York Times* columnist Ross Douthat has led the charge. See, e.g., Emma Green, "A Cassandra Cry against Pope Francis," *Atlantic*, April 22, 2018, <https://www.theatlantic.com/politics/archive/2018/04/ross-douthat-pope-francis/558140/>. In Italy, that role belongs to Sandro Magister. See, e.g., his "The Spell of Pope Francis," *Chiesa*, April 29, 2013, <http://chiesa.espresso.repubblica.it/articolo/1350508bdc4.html?eng=y>.
 29. See, e.g., "Pope Francis Washes Prisoners' Feet in Holy Thursday Ritual," *Telegraph*, March 28, 2013, <https://www.telegraph.co.uk/news/worldnews/the-pope/9960795/Pope-Francis-washes-prisoners-feet-in-Holy-Thursday-ritual.html>.
 30. For an exploration of convergences, see Paul Anthony McGavin, "Responding to the Moral Theology Inheritance of Benedict XVI in the Era of Francis I," *Pacifica* 27 (October 2014): 271–93, <https://doi.org/10.1177/1030570x14558359>; and Robert Ryan, "Pope Francis, Theology of the Body, Ecology, and Encounter," *Journal of Moral Theology* 6 (special issue 1) (March 2017): 56–73.

my view is deeply misguided. Francis is not mechanically applying (or cavalierly ignoring) the insights of his predecessors. In fact, he has developed the Catholic moral tradition in at least two significant ways.

First, Francis has made a significant contribution to the *integration* of all levels of Catholic moral thought, a project that was embarked upon after the Second Vatican Council. Before that time, the subject of moral theology largely analyzed individual acts. Moral theological reflection took place in a sphere largely separate from the Church's social teaching, which focused on the role-related responsibilities nations, institutions, and groups. Pre-Vatican II moral theology tended to portray the agent as a distinct source of moral choices. In *Evangelium Vitae*,³¹ John Paul II began to consider the social pressures that prompt persons to resort to abortion and euthanasia. Labeling these pressures the "culture of death," he called for the creation of a countervailing network of institutions and social forces to respect, protect, and promote life.

Francis, I believe, takes the process of integration one very important step further. For him, individual moral decision-making has an additional, socially oriented vector not consistently present in the thought of John Paul II. Methodologically, the vector conveys a new dimension and depth to our understanding of individual choice. For Francis, it is not simply that individuals make choices in a social context. It is that the *individuals themselves are essentially social*—thoroughly enculturated in the way that they perceive the world, grasp their own flourishing, understand their obligations, and make their choices.³² Francis's account of prudential decision-making is also thoroughly social. A key concept for Francis is "discernment"—it describes an Ignatian understanding of prudence, which holds the general and the particular together in making decisions. As Francis noted: "According to St. Ignatius, great principles must be embodied in the circumstances of place, time, and people."³³

Second, Francis shifts the mode of ethical reflection. Much of his teaching unfolds in the context of sermons that draw more heavily on scriptural references than scholastic philosophy.³⁴ While his moral sensibilities are influenced by Thomistic thought, his method and style resonate more with the less systematic preaching and teaching of the Fathers of the early church.³⁵ Francis's home is not philosophy or theology;

31. John Paul II, *Evangelium Vitae* (March 25, 1995), http://w2.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae.html (hereafter cited as *EV*).

32. Francis commends the virtue of magnanimity: "Thanks to magnanimity, we can always look at the horizon from the position where we are. That means being able to do the little things of every day with a big heart open to God and to others. That means being able to appreciate the small things inside large horizons, those of the kingdom of God." Spadaro, "Interview with Pope Francis."

33. Spadaro, "Interview with Pope Francis."

34. His morning homilies have been collected and published. Pope Francis, *Morning Homilies*, vols. 1–5 (Maryknoll, NY: Orbis, 2015, 2015, 2016, 2017, 2018).

35. I think of Francis as presenting an "ecology of moral notions" in the manner described by Wayne A. Meeks in *The Origins of Christian Morality: The First Two Centuries* (New Haven, CT: Yale University Press, 1993).

it is homiletics. His understanding of the prophetic function of the papal office is not primarily didactic but rather kerygmatic. In Francis's framework, Christians should not think of themselves as divinely guided syringes injecting the medicine of doctrine into the bodies and souls of nonbelievers. They are witnesses to the saving activity of Jesus Christ.³⁶ The transmission of more detailed points of doctrine is both secondary to and in service of that primary personal witness. According to Francis, "We must not think that in catechesis the kerygma gives way to a supposedly more 'solid' formation."³⁷

Healthcare Ethics in a Franciscan Key

In an important new essay, Therese Lysaught and Michael McCarthy provide a rich and detailed analysis of the body of literature produced by Catholic healthcare ethics from 1980 to 2017.³⁸ They conclusively demonstrate the narrowness of much of the discussion during that time: rooted in the manualist tradition, it was largely focused on clinical issues and dominated by questions related to the beginning and the end of life. But Lysaught and McCarthy also pinpoint a small, emerging "minority discourse" at the intersection of CST and healthcare ethics.³⁹ Of the ninety-two books in Catholic healthcare ethics that they survey, only *thirteen* straightforwardly incorporated the resources of CST.⁴⁰ Yet this minority discourse itself suffers from its own limitations. Most of the books and articles deal with only one issue, such as healthcare access for victims of HIV/AIDS, genetics, or end-of-life care. The only comprehensive text they identify is Lisa Sowle Cahill's *Theological Bioethics: Participation, Justice, Change*. Published eight years before Francis assumed the papacy, Cahill's approach is prescient: "I propose that Christian theological bioethics should make justice in access to health care resources its first priority. This priority includes justice in global access to the goods essential to health."⁴¹

Francis's writings are poised to amplify and encourage this minority discourse in Catholic healthcare ethics. Writing in the Jesuit magazine *America*, James F. Keenan offers

36. See Alessandro Rovati, "Mercy is a Person: Pope Francis and the Christological Turn in Moral Theology," *Journal of Moral Theology* 6 (June 2017): 48–69.

37. *EG*, 165.

38. M. Therese Lysaught and Michael McCarthy, "A Social Praxis for US Healthcare: Revisioning Catholic Health Care Ethics via Catholic Social Thought," *Journal of the Society of Christian Ethics* 38 (2018): 111–30.

39. Lysaught and McCarthy offer a taxonomy of the minority literature: (1) those who oppose integrating CST with health care ethics; (2) those who argue for the connection between the two fields; (3) those who focus on matters of justice in global health care; (4) those who use the language of rights; (5) those who reframe justice in terms of participation; (6) those who advocate a liberationist approach to healthcare ethics. Lysaught and McCarthy, "A Social Praxis for US Healthcare," 114.

40. Lisa Sowle Cahill, *Theological Bioethics: Participation, Justice, Change* (Washington, DC: Georgetown University Press, 2005). See also her more recent article, "Bioethics, the Gospel, and Political Engagement," *Christian Bioethics* 21 (2015): 247–61, <https://doi.org/10.1093/cb/cbv008>.

41. Cahill, *Theological Bioethics*, 1.

a succinct and perceptive analysis. His close reading of Francis's address to the members of the World Medical Association illustrates the breadth and "interconnectedness" of Francis's concerns for human life and flourishing. He writes, "For Pope Francis, sanctity of life must be protected wherever and whenever it is threatened. In this way we can say he becomes the strongest papal advocate for a consistent life ethic in the church."⁴² Needless to say, this movement toward a consistent life ethic has not pleased everyone. From the early days of his papacy, some moralists have been worried that Francis would shift attention away from more traditional medical-moral casuistry focused on avoiding "intrinsic evils" such as abortion and contraception that was energized by John Paul II's papacy.⁴³

Other moralists, however, have been intrigued by the new directions inspired by Francis's thought. Some have reexamined the inner organizational life and mission of healthcare entities, particularly those that are Catholic.⁴⁴ Elizabeth Ramage argues American Catholic healthcare has "'journeyed' far from its 'missionary origins'" in its highly technological services, as well as its organizational and economic complexity. Recognizing that a Franciscan approach to healthcare ethics would be "more clearly related to CST than classic moral theology," John Gallagher urges ethicists to focus on the nexus between evangelization and institutional ethics.⁴⁵ Ron Hamel challenges the leaders of Catholic healthcare entities to define their moral and religious identity in terms that go beyond questions of cooperation with evil questions. "[H]ow much time do we spend reflecting ethically on disparities, on health care for immigrants, on the care of those with Alzheimer's and their families, on the homeless, the mentally ill and addicts, just to name a few?"⁴⁶

Where can we find the broader approach commended by Hamel? Lysaught and McCarthy have recently compiled an anthology that incorporates a wide range of voices

42. James F. Keenan, "What is Pope Francis' Effect on Health Care?" *America*, May 18, 2018, <https://www.americamagazine.org/politics-society/2018/05/18/what-pope-francis-effect-health-care>.

43. This viewpoint is represented by many of the authors in an issue of *Christian Bioethics* from 2015 focused on Francis. For an overview, see Ana S. Iltis, "Whither the Future? Pope Francis and Roman Catholic Bioethics," *Christian Bioethics* 21 (2015) 1–10, <https://doi.org/10.1093/cb/cbu049>. Most of the articles are hostile and polemical; see, e.g., H. Tristram Engelhardt, Jr., "A New Theological Framework for Roman Catholic Bioethics: Pope Francis Makes a Significant Change in the Moral Framework for Bioethics," *Christian Bioethics* 21, no. 1 (2015): 130–34, <https://doi.org/10.1093/cb/cbu046> (chastising Francis for his "weak theology"). Two articles, however, are more nuanced in their analysis and criticism: Joseph Boyle, "Franciscan Compassion and Catholic Bioethical Engagement," *Christian Bioethics* 21 (2015): 35–55, <https://doi.org/10.1093/cb/cbu042>; and Christopher Tollefsen, "Pope Francis and Abortion," *Christian Bioethics* 21 (2015): 56–68, <https://doi.org/10.1093/cb/cbu044>.

44. See, e.g., Elizabeth Ramage, "Pope Francis on Health Care: A Missionary among Us," *National Catholic Bioethics Quarterly* 14 (Autumn 2014): 421–29 at 423. Ramage cites John A. Di Camillo, "Pope Francis and Catholic Health Care in the USA," *The National Catholic Bioethics Center*, March 19, 2013, <http://www.ncbcenter.org/page.aspx?pid=1338>.

45. See John A. Gallagher, "Pope Francis' Potential Impact on American Bioethics," *Christian Bioethics* 21 (2015): 11–34 at 11, <https://doi.org/10.1093/cb/cbu048>.

46. Ron Hamel, "A 'Disruptor' for Catholic Health Care Ethics?" *Health Progress* (September–October 2014): 70–72 at 70.

in considering questions of *Catholic Bioethics and Social Justice*.⁴⁷ Acknowledging their deep debt to Cahill's work, the volume attempts to strengthen the "minority discourse" integrating Catholic healthcare ethics and CST. Authors include academics and system-based healthcare ethicists, as well chaplains and practicing physicians. They feature experts in racial disparities in access to healthcare, epidemiology, and the intersection of environmental ethics and healthcare ethics. The volume is divided into six sections: "Accompanying Vulnerable Communities"; "Countering Injustice in the Patient-Physician Encounter"; "Incarnating a Just Workplace"; "Leading for Social Responsibility"; "Embodying Global Solidarity"; and "Reimagining Frontiers." Topics considered include "invisible problems" such as the gun violence epidemic,⁴⁸ challenges that human trafficking presents for clinical service,⁴⁹ along with numerous essays exploring the relationship of environment to healthcare.⁵⁰

Francis's Metaphors and Catholic Healthcare

One way to grasp the shift in Catholic healthcare ethics prompted by Francis's papacy is to focus on the powerful metaphors and images he has drawn upon to convey his vision of the Christian life. Even as these images reorient the practice of Catholic healthcare ethics, they raise significant normative and methodological challenges for the field. Successfully addressing these challenges will require ethicists to maintain Francis's prophetic commitments while deploying their analytical skills and training to highlight and address incipient tensions in these commitments.

Go to the Peripheries!

A constant theme of Francis's papacy has been for Christians—and the church itself—to seek out, assist, and advocate for those at the peripheries of human societies.⁵¹ But

47. M. Therese Lysaught and Michael McCarthy, eds., *Catholic Bioethics and Social Justice: The Praxis of U.S. Health Care in a Globalized World* (Collegeville, MN: Liturgical, 2018).

48. Michelle Byrne, Virginia McCarthy, Abigail Silva, and Sharon Homan, "Health Care Providers on the Frontline: Responding to the Gun Violence Epidemic," in Lysaught and McCarthy, eds., *Catholic Bioethics and Social Justice*, 31–45.

49. Alan Sanders, Kelly R. Herron, and Carly Mesnick, "Catholic Bioethics and Invisible Problems: Human Trafficking, Clinical Care, and Social Strategy," in Lysaught and McCarthy, eds., *Catholic Bioethics and Social Justice*, 47–61.

50. Cristina Richie, "Greening the End of Life: Refracting Clinical Ethics through an Ecological Prism," in Lysaught and McCarthy, eds., *Catholic Bioethics and Social Justice*, 129–42; Ron Hamel, "A Call to Conversion: Toward a Catholic Environmental Bioethics and Environmentally Responsible Health Care," in Lysaught and McCarthy, eds., *Catholic Bioethics and Social Justice*, 235–52; and Andrea Vicini and Tobias Winright, "Environmental Ethics as Bioethics," in Lysaught and McCarthy, eds., *Catholic Bioethics and Social Justice*, 377–88. See also Carlos Alberto Rosas Jiménez, "Bioética de la Esperanza: Claves desde *La Laudato Si'*," *Perseitas* 4 (2016): 185–201, <https://doi.org/10.21501/23461780.2013>.

51. See, e.g., *EG*, 20: "Each Christian and every community must discern the path that the Lord points out, but all of us are asked to obey his call to go forth from our own comfort zone in order to reach all the 'peripheries' in need of the light of the Gospel."

what, exactly, does “going to the peripheries” entail for the work of Catholic healthcare ethicists? We can identify three implications, many of which are exemplified by the essays in *Catholic Bioethics and Social Justice*. The first is epistemological. Catholic ethicists should identify the moral problems within the healthcare financing and delivery system by taking the perspective of those excluded from its benefits. The second pertains to social priorities. Francis challenges Catholic ethicists to lift up, examine, and respond to situations that affect the minds and bodies of the most marginalized. We cannot limit our attention to the purportedly perennial questions addressed in the moral manuals. The third highlights moral orientation. It would be completely misguided to address the question of prioritization solely within a crude utilitarian framework of public health. “Going to the peripheries” must also encompass tender accompaniment of those who are suffering from physical or mental ailments. Mercy cannot be separated from justice.

But these three implications are not unproblematic. First, how will we ensure the next generation of Catholic healthcare ethicists receive the necessary broad training to practice their vocation in a “Franciscan” key? “Going to the peripheries” entails moving beyond disciplinary comfort zones. We need more interdisciplinary analysis—many more attempts to break out beyond the disciplinary divisions that have tightly cabined our analysis of issues and questions of the flourishing of embodied and vulnerable human beings. In the secular realm, traditional bioethics at the bedside has expanded to encompass healthcare ethics (which also examines the healthcare financing and delivery system), public health, and healthcare law and economics. Francis’s injunction to “go to the peripheries” prompts ethicists to consider additional factors that affect the health and well-being of vulnerable populations, such as access to clean water or the prevalence of other environmental pollutants. Young Catholic moralists will need to master the necessary secular literature, as well as the Catholic moral tradition.

Second, interdisciplinary analysis inevitably raises urgent questions on the practical applications of distributive justice. The idea of “rationing” healthcare seems morally repellent to many people. Yet questions of how to distribute scarce resources need to be faced.⁵² The questions can appear like a set of nesting Russian dolls: (1) How much of a nation’s GDP should be allocated to healthcare? (2) Within the segment healthcare, how much should be dedicated to research, how much to preventive care, how much to curative measures, how much to palliative care? (3) What sorts of preventive, curative, and palliative measures should be prioritized? and (4) Who should have access to those

52. The “rationing” question can be further divided into questions of which services should be available for purchase, and which should be covered by third-party payors, particularly governmental payors. See, e.g., Danielle da Costa Leite Borges, *EU Health Systems and Distributive Justice: Towards New Paradigms for the Provision of Health Care Services?* (London/New York: Routledge, 2017). An older but still helpful volume is Kevin Wm. Wildes, ed., *Critical Choices and Critical Care: Catholic Perspectives on Allocating Resources in Intensive Care Medicine* (Dordrecht: Kluwer, 1995). My own essay in that volume, “Distributive Justice in the Era of the Benefit Package: The Dispute over the Oregon Basic Health Services Act,” 163–88, offers an analytical framework for distributive questions.

measures and according to what principles of distribution?⁵³ A fifth and broader question, which cuts across fields ranging from healthcare to economics to immigration law, is what do prosperous nations owe to those who are less materially well off?

In *Spheres of Justice*, Michael Walzer famously argued that different principles of distribution were appropriate in different segments of social life, which he conceptualizes as largely autonomous “spheres.”⁵⁴ In my view, the image of a sphere does not help us address pressing questions of distributive justice and healthcare, for two reasons. First, once we define a realm sufficiently broadly, it becomes difficult to argue that it is a distinct sphere appropriately governed by only one principle of distribution. CST teaches that healthcare should be distributed according to the principle “to each according to need”—but whose need counts? How should we think about allocating resources to rehabilitation services and public health? How, more generally, do we think about the relationship between the individual good and the common good in distributing healthcare?

Second, CST also has commitments to the common good, which are difficult to accommodate imaginatively in Walzer’s theory of separate spheres. Francis attempts to get at CST’s commitment to unity in diversity by drawing upon a different geometrical image—that of a *polyhedron*.⁵⁵ Francis tends to use this image to discuss the relationship of different cultures in the context of globalization. Yet the polyhedron is also helpful for thinking about unity and diversity *within* a particular society. Different realms of social life are different but not autonomous; they are connected surfaces covering a living substratum, which nourishes and sustains them all. Moreover, complex sectors like healthcare are also not best conceptualized as spheres; they draw on, contribute to, and imperfectly integrate a number of goods, which are both related and in tension with each other. In my view, Francis’s image of a polyhedron will prove to be conceptually generative for emerging articulations of Catholic healthcare ethics.

Throwaway Culture vs. Culture of Encounter

In *Evangelium Vitae*, John Paul II famously framed his most influential social critique in terms of a conflict between the “culture of life” and the “culture of death.” Not as tightly framed in a single encyclical, Francis’s governing conflict is both related and

53. Scholarly attention to questions of distributive justice in healthcare waxes and wanes. An important recent work is Ezekiel Emanuel, Andrew Steinmetz, and Harald Schmidt, eds., *Rationing and Resource Allocation in Healthcare: Essential Readings* (New York: Oxford University, 2018). For historical perspective, see Beatrix Hoffman, *Health Care for Some: Rights and Rationing in the United States since 1930* (Chicago: University of Chicago Press, 2012). For global perspective, see Patti Tamara Lenard and Christine Straehle, eds., *Health Inequalities and Global Justice* (Edinburgh: Edinburgh University Press, 2014).

54. Michael Walzer, *Spheres of Justice: A Defense of Pluralism and Equality* (New York: Basic Books, 1983).

55. See EG 236. See also Michael Mohr, “Pope Francis: The World is Not Round,” *Jesuit Post*, April 24, 2017, <https://thejesuitpost.org/2017/04/pope-francis-the-world-is-not-round/>.

distinct; he tends to contrast a “throw-away culture”⁵⁶ with a “culture of encounter.”⁵⁷ What are the differences?

One difference is rhetorical stance. John Paul II demanded implacable opposition to the “culture of death”—indeed, casting the struggle in that manner could hardly generate a different response.⁵⁸ By contrast, Francis’s “culture of encounter” permits a wide range of conversations and possible collaborations with people who disagree with the official Catholic teaching on a range of issues.⁵⁹ A second difference is breadth of focus. For Francis, the idea of balanced concern is key.⁶⁰ When abortion is wrenched out of a broader normative framework that mandates care for all of the vulnerable, it conveys, tacitly or explicitly, a distorted idea about why the practice is morally problematic. It generates temptations to valorize unborn life because of their youth and purity, rather than the dignity they share with those who are older, morally compromised, and far more troublesome because they are no longer infants, but speak with their own voices.⁶¹

Francis’s modifications to the Pontifical Academy of Life offer a good illustration of his broadening priorities. Founded by John Paul II in 1994,⁶² the Academy quickly became known for its uncompromising stance in the culture wars; conferences rarely if ever featured a speaker who adopted a different perspective on a range of controversial medical-moral questions such as in vitro fertilization. In October 2016, Francis issued a new set of governing regulations for the Academy, which had the effect of opening up both the membership and the conversation.⁶³ Some of the more strident culture warriors were not reappointed. The most controversial new member was Nigel Biggar, the Regius Professor of Moral and Pastoral Theology at Oxford, who has taken the position that abortion is morally permissible in early pregnancy.⁶⁴ More recently,

56. See, e.g., Francis, “Address to the Italian Pro-Life Movement” (Vatican City, April 11, 2014), https://w2.vatican.va/content/francesco/en/speeches/2014/april/documents/papa-francesco_20140411_movim-per-la-vita.html.

57. Spadaro, “Interview with Pope Francis.”

58. See, e.g., *EV* 104, on an apocalyptic struggle between light and darkness.

59. In his interview with Spadaro, Francis indicated that one of the reasons he so admired Peter Faber was his “dialogue with all . . . even the most remote and even with his opponents.”

60. “We have to find a new balance; otherwise even the moral edifice of the church is likely to fall like a house of cards, losing the freshness and fragrance of the Gospel.” Spadaro, “Interview with Pope Francis.”

61. See, e.g., *GE*, 101–102. This is not to say that Francis is “soft” on abortion—in fact, he has compared seeking an abortion to hiring a hit man. Francis, “General Audience” (Vatican City, October 10, 2018), http://w2.vatican.va/content/francesco/en/audiences/2018/documents/papa-francesco_20181010_udienza-generale.html.

62. Pontifical Academies for Science, Social Sciences, Life, http://www.vatican.va/roman_curia/pontifical_academies/acdlife/documents/rc_pa_acdlife_pro_20051996_en.html.

63. Francis, “Statutes of the Pontifical Academy of Life” (October 18, 2016), https://w2.vatican.va/content/francesco/en/motu_proprio/documents/papa-francesco_20161018_statuto-accademia-vita.html.

64. See Austen Ivereigh, “Academy for Life No Longer an ‘Enclave of the Ideologically Pure,’” *Crux*, June 20, 2017, <https://cruxnow.com/commentary/2017/06/20/academy-life-no-longer-enclave-ideologically-pure/>.

Francis called upon the Academy to broaden its focus, to consider the whole range of issues that affected respect for life, including technology and environmental issues.⁶⁵

While Francis rails against runaway capitalist structures in his condemnations of the throwaway culture, the positive alternatives he recommends do not remain at the structural level. Instead, he often focuses on the concrete acts that churches and individuals can perform that embody encounter, mercy, and tenderness. But this disjunction between the diagnosis of the cultural problem and the proposed response has prompted two prominent papal interventions in recent bioethical disputes. Both interventions involved dying toddlers: Charlie Gard and Alfie Evans were both born with progressive and untreatable diseases.⁶⁶ In both cases, their medical teams concluded that further treatment would be futile and even harmful to the child, while the parents wanted to keep fighting with untested and experimental measures. Both controversies exploded in the international media as they made their respective ways through the British court system. In both cases, the courts ruled that further treatment was not in the child's best interests.⁶⁷

In the case of Charlie Gard, Vincenzo Paglia, the president of the Pontifical Academy of Life, gave moral support to the doctors, emphasizing the need to "avoid aggressive medical procedures that are disproportionate to any expected results or excessively burdensome to the patient or the family."⁶⁸ A few days later, however, Francis seemed to intervene in favor of the parents, expressing the wish that their desire to accompany and care for their own child to the end should be honored.⁶⁹ Some commentators read the pope's statement as implicitly critical of Paglia.⁷⁰ Yet as John Paris, Michael Moreland, and Brian Cummings persuasively argue, it is also possible to reconcile the two statements. Francis's intervention can be read as a call for encounter, not as a demand for the latest technology in a last-ditch effort to save Charlie's life.

65. Francis, "Address to Participants in the General Assembly of the Pontifical Academy of Life" (Vatican City, October 5, 2017), https://w2.vatican.va/content/francesco/en/speeches/2017/october/documents/papa-francesco_20171005_assemblea-pav.html.

66. Charlie Gard suffered from a rare genetic disorder (mitochondrial DNA depletion syndrome), while Alfie Evans suffered from an undiagnosed neurodegenerative disorder which progressively destroyed his brain.

67. The key decisions for ethicists are: *Great Ormond Street Hospital v. Gard*, 2017 EWHC 972 (Fam), <http://www.bailii.org/ew/cases/EWHC/Fam/2017/972.html>; and *Alder Hey Children's NHS Foundation Trust v. Evans*, 2018 EWHC 308 (Fam), <https://www.judiciary.uk/wp-content/uploads/2018/02/alder-hey-v-evans.pdf>. In the British system, the ultimate decision of what counts in the child's best interests rests with the courts—not with the parents. These decisions were upheld at all levels of appeal.

68. Vincenzo Paglia, Pontifical Academy of Life, "The Case of Charlie Gard," June 29, 2017, http://www.academiavita.org/_articles/2019945661-comunicazione_case_charlie_gard.php.

69. Dan Bilefsky and Sewell Chan, "Dispute Over British Baby's Fate Draws in Pope and US President," *New York Times*, July 3, 2017, <https://www.nytimes.com/2017/07/03/world/europe/uk-trump-pope-francis-charlie-gard.html>.

70. Inés San Martín, "Pope Francis Backs Parents in UK's Charlie Gard Drama," *Crux*, July 2, 2017, <https://cruxnow.com/vatican/2017/07/02/pope-francis-backs-parents-uks-charlie-gard-drama/>.

In light of the litigation, he urges everyone to remember that it is best for Charlie to end his days in the arms of his loving parents.⁷¹

Francis's response in the case of Alfie Evans is more puzzling. Alfie was not a disabled child; he was a dying child. Multiple brain scans confirmed that the progressive degeneration of his cerebrum and his cerebellum was "both catastrophic and untreatable."⁷² The Catholic bishops of England and Wales expressed their support for the hospital's decision to provide palliative care.⁷³ But Francis adopted a more interventionist approach, stating that it is "our duty to do everything to preserve life." He later tweeted his request that "the suffering of his parents may be heard and that their desire to seek new forms of treatment may be granted."⁷⁴ It is not clear how Francis's approach in the Alfie Evans case coheres with his earlier rejection of "overzealous treatment" in a futile effort to stave off death.⁷⁵

There is also a larger question, that highlights the potential gaps between Francis's understanding of a throwaway culture (which focuses on broad social injustices), and his advocacy of the culture of encounter (which focuses on the well-being of particular persons). How do we reconcile his injunction to combat *in general* the excess of global capitalism and technology, on the one hand,⁷⁶ with his advocacy for highly experimental treatment for a *particular* patient in the developed world, on the other?

Conclusion: A Field Hospital

The field of organizational behavior is increasingly interested in the relationship of moral imagination and structural change. Experts realize that institutional cultures are shaped not only by bylaws procedure manuals, but also by the morally rich images and

71. John J. Paris, Michael P. Moreland, and Brian M. Cummings, "The Catholic Tradition on the Due Use of Medical Remedies: The Charlie Gard Case," *TS* 79 (2018): 165–81, <https://doi.org/10.1177/0040563917744395>. Paris is an ethicist-theologian, Moreland is an ethicist-lawyer, and Cummings is a pediatric intensive care physician and chair of the Pediatric Ethics Committee at the Massachusetts General Hospital.

72. *Alder Hey Children's NHS Foundation Trust v. Evans*, para. 19.

73. Catholic Bishops' Conference of England and Wales, Statement on the Case of Alfie Evans (April 18, 2018), <http://www.catholicnews.org.uk/Home/News/Alfie-Evans>.

74. Charles Collins, "Pope Francis Asks that Alfie Evans Be Allowed to Seek New Forms of Treatment," *Crux*, April 23, 2018, <https://cruxnow.com/church-in-uk-and-ireland/2018/04/23/pope-francis-asks-that-alfie-evans-be-allowed-to-seek-new-forms-of-treatment/>.

75. See, e.g., Francis, "Message to the Participants in the European Regional Meeting of the World Medical Association" (Vatican City, November 7, 2017), https://w2.vatican.va/content/francesco/en/messages/pont-messages/2017/documents/papa-francesco_20171107_messaggio-monspaglia.html.

76. Francis has repeatedly decried inequality in access to medical treatment across rich and poor nations. See, e.g., Francis, "Address to 'Doctors with Africa—CUAMM' (College for Aspiring and Missionary Doctors)" (Vatican City, May 7, 2016), http://w2.vatican.va/content/francesco/en/speeches/2016/may/documents/papa-francesco_20160507_medici-africa-cuamm.html.

stories that inspire decision-making within the organization.⁷⁷ The most vivid of Francis's images for reforming the church draws on a medical theme: "I see the church as a field hospital after battle. It is useless to ask a seriously injured person if he has high cholesterol and about the level of his blood sugars! You have to heal his wounds. Then we can talk about everything else."⁷⁸ This image is reorienting how some bishops and theologians think about the mission of the church.⁷⁹ It is likely also to reshape the way institutional Catholic healthcare conceives its mission. In March 2017, the Catholic Health Association dedicated its annual Theology and Ethics Colloquium to the topic "Field Hospital: An Image for Catholic Health Care in the U.S."⁸⁰ May this image spark tenderness, humility, and solidarity, as well as rigorous, interdisciplinary, and intersectional work in Catholic healthcare ethics for years to come.

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77. See, e.g., Neil A. Thompson, "Imagination and Creativity in Organizations," *Organization Studies* 39 (2018): 229–50, <https://doi.org/10.1177/0170840617736939>. Interesting work has been done on moral imagination; see John K. Alexander, "Metaphors, Moral Imagination and the Healthy Business Organisation: A Manager's Perspective," *Philosophy of Management* 5 (2005): 43–53, <https://doi.org/10.5840/pom2005535>; Lindsey N. Godwin, "Examining the Impact of Moral Imagination on Organizational Decision-Making," *Business and Society* 54 (2015): 254–78, <https://doi.org/10.1177/0007650312443641>. Key sources include Mark Johnson, *Moral Imagination: Implications of Cognitive Science for Ethics* (Chicago: University of Chicago Press, 1993) and Patricia Werhane, *Moral Imagination and Management Decision-Making* (New York: Oxford University Press, 1999).
78. Spadaro, "Interview with Pope Francis."
79. See, e.g., Blase J. Cupich, "Pope Francis' 'Field Hospital' Calls Us to Radically Rethink Church Life," *America*, December 29, 2017, <https://www.americamagazine.org/fait/2017/12/29/cardinal-cupich-pope-francis-field-hospital-calls-us-radically-rethink-church-life>; and William T. Cavanaugh, *Field Hospital: The Church's Engagement with a Wounded World* (Grand Rapids, MI: Eerdmans, 2016).
80. Thomas Nairn, "Catholic Ethics as a Field Hospital," *Health Progress* 98 (July/August 2017): 62–64. An emerging ethical question pertains to excessive compensation for the leadership of Catholic health care entities. See, e.g., Michael Sean Winters, "Ascension Health Commits Structural Sins of Income Inequality, Capitalist Excess," *National Catholic Reporter*, November 29, 2018, <https://www.ncronline.org/news/opinion/distinctly-catholic/ascension-health-commits-structural-sins-income-inequality>.