The Evolution in Practice of Catholic Healthcare Workers: Persistence of Truth in Post-Christian Culture

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Dear Linacre readers, I am very excited to be able to present this essay to you by Dr. Barbara Golder, a prominent Catholic author, who is challenging us to consider real and present changes that may occur in our clinical lives as healthcare professionals due to secular pressures and other forces threatening truth with regard to the sanctity of life and other ethical Catholic teachings. Your homework is to read this provocative piece, which poses questions without answers, and jot down your thoughts on the back of a napkin or type them out and submit them to the Linacre Quarterly as a continuation of thinking on these hot-button yet realistic scenarios that Dr. Golder has outlined. We want to publish a second paper in response to hers, which will contain your thinking and inform others regarding your ideas about how should we should respond as Catholic healthcare professionals to these complicated scenarios. And while I have your attention, we would welcome any of you to submit your own essay to this Linacre column, "On Being a Catholic Physician."—Wes Ely, MD

Faithful Catholics will always care for the sick and vulnerable—but in the future, perhaps not as professionals. There is real cause for concern, and not just with physician-assisted suicide (PAS). What does it look like to be a Catholic physician in ten years?

Already the owners of a pharmacy chain have been forced to carry plan B abortifacients against their consciences. There has long been a push to make abortion training a requirement for ob-gyn training, so far with opt-out provisions, but for how long? Several nurses have lost positions over conscience objections; fighting such discharge, even when impermissible, takes time and money. Freedom of exercise of religion is increasingly cast as freedom of worship in public discourse: believe what you wish in private but act in accordance with society. Contraception, transgender, and PAS issues will permeate every aspect of medicine, regardless of who is in the White House.

It is essential to explore the latitude for various moral decisions in these areas. Catholics may not

be able to function in some disciplines in the future, if conscience protections continue to shrink, but there is no sense in ceding ground we do not have to by limiting our legitimate options. The concept of cooperation with evil is always clear in the individual mind but not always clear across minds, even within the Church, even when we agree on the appropriate paradigm.

A few examples of the collision of consciences, rights, patient care, and legislation—which I offer for rumination to point out the thorny questions that lie ahead:

If a patient has expressed dissatisfaction with his life and asks for a referral to a physician

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I know to be in favor of PAS, but the patient has made no particular statement about PAS, may I refer?

What is the moral responsibility—if any—of a Catholic hospital that is the sole provider in the rural community to facilitate transfer of patients to other facilities for immoral procedures not done in Catholic hospitals, remembering that the hospital already has a moral and legal responsibility to the patient who has no choice of facilities, especially in emergent care or obstetrics?

If a patient asks for PAS, may I refer to a psychiatrist for evaluation and leave it to him to decide what, if any, further referrals are needed? Do I have to inquire whether the physician supports PAS?

If the family but not the patient asked about PAS and the patient asks for a referral to a physician amenable to PAS, may I refer? Must I inquire more?

If a patient asks for PAS and I want to dismiss him from my practice, may I simply give him a list of all physicians currently accepting patients (some of whom are amenable to PAS and some who are not) and permit him to choose?

Is there a role for an initial contract between physician and patient indicating that there are some procedures the physician will not participate in (if, and this is a big if, such contracts are not found against public policy and therefore void)?

If a patient discusses PAS with me and I cannot morally comply with his wishes, what are the permissible actions for me given that he no longer desires my services—keeping in mind the legal concepts of patient abandonment? If he asks for referral to a physician who supports PAS, does that change my options?

As a radiologist, can I perform studies that will be used to complete transgender reassignment surgery? As a pathologist, can I read out the specimens? As a psychiatrist, can I evaluate?

For that matter, how will these topics affect medical training?—what latitude will there

be for residents who reject the notion of transgenderism but must be tested on it and will be required to train in it? How does the notion of nondiscrimination figure in?

As a pharmacist, must I ask when particular drugs are prescribed what they will be used for knowing that there are certain preparations that can be used for PAS? Can I support efforts to make those drugs (or oral contraceptives) available without physician prescription because it will help protect conscience? If I cannot support the use of such drugs, am I at least free not to oppose?

As a pediatrician, what are my choices when state law and accepted medical practice dictate counseling unmarried, teenaged girls on the availability of contraception? As a medical student or resident, what are my options?

As an OB-GYN may/must/can I offer prenatal genetic testing for Down syndrome, knowing that up to 90 percent of patients then choose abortion—even if I refuse to perform an abortion?

Respect of conscience requires the cooperation of the state. When that is not present, hostile attitudes can lead to targeting for the purposes of making examples of Christians (note that no one has yet sued a Muslim bakery for failing to make a wedding cake). We cannot prevent that, but we can make it harder to accomplish the goal of marginalizing Catholics by understanding the various moral options open to us—all of them, not just the ideal ones; the gray ones as well as the clear ones. Moral questions always arise in a social and legal context, and we need to know how to exploit that context to protect conscience.

Even more importantly, are we going to be able as Catholics to accept that there are legitimate differences of opinion in some of these areas and not let that divide us?

Author Biography

Barbara Golder, MD, JD, is a physician, lawyer, author, speaker from Tennessee who is an active member of the CMA guilds in Nashville and Chattanooga, TN.