

PRAXIS AND MINISTRY

Is there 'Care' in Health Care?

James Woodward

Health and Human Flourishing, Carol R. Taylor and Roberto Dell'oro (eds.), Georgetown University Press, 2006 (ISBN 978-1-58901-079-6), viii + 284 pp., pb \$29.95

The Rebirth of The Clinic: An Introduction to Spirituality in Health Care, Daniel P. Sulmasy, Georgetown University Press, 2006 (ISBN 1-58901-095-7), xvi + 246 pp., pb \$26.95

Healthcare and Christian Ethics, Robin Gill, Cambridge U.P., 2006 (ISBN 0-521-85723-6), xiii + 229 pp., hb \$75.00

The worlds of health and health care are complex and highly specialized with a sometimes impenetrable culture and language. This is rich soil for theological reflection, demanding an intellectual rigor as we explore how far the Christian tradition will take us through this territory. These three books are all attempts to articulate the theological dimensions of these debates and within their own scope, guide, direct, and stimulate a quality of both theory and practice. Taylor, Dell'Oro, and Sulmasy write out of an American context and Gill from a British perspective. In this review, my intention is to briefly describe the content of each book and commend their strengths. The review will conclude by outlining some areas that demand further thought and reflection.

Health and Human Flourishing offers fourteen essays from the Centre for Clinical Bioethics at Georgetown University. The writers aim at interdisciplinary, ethical reflection and discourse which aspires to offer a theological anthropology for bioethics. The question that shapes the engagement with medicine is this: what exactly does it mean to be human? The authors struggle with a judgment about whether biomedical sciences threaten or enhance our humanity. The writing emerges

from the Roman Catholic faith tradition and from a process of the revision of commissioned papers after group discussion and reflection. The book offers an illustration of the fruit of the type of dialogue that characterizes the moral community at Georgetown University.

The writers ably demonstrate how theology might have something to offer to medicine. In a field consumed with the promises and perils of new medical discoveries, emerging technology and unprecedented social change, much of ethics focuses on questions of harm and benefit, patient autonomy and equality of access to health care. We live in a culture where our human capacity for self-control and self-determination, shape so much of theory and practice. This volume attempts, against this background, to remind us of the inescapable dimensions of the human condition, such as disability, loss and suffering, community and dignity, all of which make it difficult for us to be truly independent. It follows, therefore, that in order for health to enable human flourishing, theoretical discourse and practical action must be shaped by a broader interdisciplinary approach which is more attentive to the richness of lived experience. Chapters 7 and 8, exploring vulnerability and power, are particularly skilled and insightful pieces of writing. The volume rejects any moral minimalism of conventional bioethics and demands that this subject be developed as we examine what it is at stake in our being sick or caring for those who are.

Sulmasy has gathered together a collection of his essays that attempt to examine the meanings, values and foundations of the current rubric of spirituality and health. The writer is a physician-ethicist who aims to build a scholarly foundation for spirituality as the essential element in good health care practice. In this volume, Sulmasy explores the nature of illness and healing; describes empirical research on the effects of spirituality on health and offers some reflections on the care of people at the end of their life. The fundamental presupposition is that medical treatment should treat the whole person not just the body; that medicine is an art as well as a science that should seek to heal both body and soul. Sulmasy's critique that the clinic must be reborn; and medicine humanized within a broader and less dominating ideology are both insightful and convincing. He makes a clear case that health care professionals have a moral duty to address spiritual issues with their patients, but offers them little help in how they might do so. The book would have benefited from a clearer set of definitions, particularly relating to the concepts of spirituality and religion. What is the relationship between spirituality and religion in health care? How coherent are the languages of theology to the health care professional? Is it ever possible, given the constraints of time, human imagination and the task orientated focus of much of health care, to really uncover the complexity of an individual's soul? Sulmasy is at his strongest when discussing the nature of illness and human dignity. However, the medical student

might be at a loss to know how best to incorporate some of these insights into her practice.

Gill has established his reputation as a leading Christian ethicist in Britain. In *Health Care and Christian Ethics*, Gill acknowledges how the world is moving on from principles-based ethics, where the individual applies principles whose relevance has to be established. An inevitable ideological relativism questions the role of Christian ethics, especially in health care. Gill examines the moral gaps in secular accounts of health care ethics and is very honest about the tensions within the specifically theological accounts. The book identifies three challenges. These are: moral fragmentation because of over reliance on the individual and their rationality; the impossibility of establishing a publicly assessable framework of meaning; and the gap between moral demands and the human propensity for selfishness. Gill offers a vision for a public theology that can criticize, deepen, and widen ethical debate.

Gill's Christian ethic identifies four core virtues of compassion, care, faith, and humility. He shows that each of these virtues are able to bring a greater depth to our understanding of ethics. Gill maps out what this might mean in practice, using a wide range of topical issues including health care rationing, genetics, withholding/withdrawing nutrition and the empirical evidence which suggests a connection between religion and health. The quality of theological reflection in this volume's strength. Gill's thinking has clearly benefited from his teaching and engagement with the world of health care and its' professionals. As a text for students, the book's careful organization, index, and bibliography enable the student to participate in the process.

Three commendable pieces of writing, which, of course, pose as many difficulties as they answer. Among these, two very specific issues and a broader conceptual question emerge from these books.

First, there continues to be an unhelpful confusion about the concept of the spiritual. Over the last two decades, there has been in health care, both in the USA and the UK, a wide spread acceptance of the concept of the *spiritual* and *spiritual care* in health. Most writers choose to distinguish spirituality from religion by defining spirituality as a broad search for meaning, purpose, and hope and limiting religion to a particular version of that search via a faith tradition and within a faith community. Is the distinction as clear as that? Has spirituality become the only acceptable way of talking about religion in a health care context? How far is religion an unhealthy factor in human society and as a means of enabling human flourishing? These paradoxes and contradictions deserve closer attention. The nature of the spiritual, its' definition and measurement (in the world of audit and outcomes) require much more empirical and interdisciplinary research. Is the decline in formal adherence to Christian communities linked to the emergence of new spiritual identities? How might these new

spiritualities shape, if at all, the predominant discourses of health and health care? There are more problems associated with these concepts than might at first be apparent.

Second, none of these three volumes face the problems associated with any change within with largely medicalized and reductionist culture of health care. Given the advances in medical science and the vast range of knowledge necessary to acquire in order to practice medicine, it is not surprising that today's doctor functions as a scientific technician for the body rather than an artistic explorer of the soul. Further, while some medical students are introduced to ethics and decision making in their training, this discipline remains for most, far removed from everyday practice. It follows, therefore, that if the clinic is to be reshaped, if medicine is to explore how it might contribute to human flourishing, if the Christian is to secure a foothold in contributing to ethical practice, then the way we educate and train doctors must be radically overhauled. This is a public and political agenda about the kind of doctors we believe we need in order to secure and promote human flourishing. Doctors, too, need the opportunity to voice what for them makes for effective training and education in the twentieth century.

Third and finally, perhaps all theologians underestimate the value of theology as a coherent and practical language of truth? I suspect that very few ethical committees in the UK place any value on a theological voice for its' day-to-day work guiding practice in health care institutions. Indeed, is it possible to have a coherent Christian ethic given the self-evident contradictions in the church's position historically on slavery, and in the contemporary world on the equality of women and its' attitudes to sex and sexuality. Is it possible for the church's voice to be heard as legitimate, given its' own internal set of contradictions in these fields of human flourishing.