THE ETHICAL SIGNIFICANCE OF THE VIRTUOUS ORGANIZATION INSPIRED
BY CATHOLIC MISSION FOR THE DELIVERY OF HEALTH CARE

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By
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ABSTRACT

THE ETHICAL SIGNIFICANCE OF THE VIRTUOUS ORGANIZATION INSPIRED BY CATHOLIC MISSION FOR THE DELIVERY OF HEALTH CARE

By
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August 2012

Dissertation supervised by Professor Gerard Magill

Virtuous organizations are those displaying behaviors and works consistent with social norms, organizational core values, and mission. Through relationships and behaviors, organizations formulate character for which they are known. This dissertation has proposed three secular components essential to the character of a virtuous organization: agency, social responsibility and ethical environment. When Catholic mission is the impetus to organizational purpose, the secular components of the virtuous organization are deepened from that faith perspective's mission related religious teachings. A discussion of the secular and religious discourse pairs agency with sanctity of human person, social responsibility with common good, and ethical environment with discipleship to exemplify how Catholic mission inspires that tradition's faith-based virtuous organizations. Catholic mission inspired health care, education or any of the
social ministries is ethically significant because it offers an unparalleled context within which moral issues can be considered. The dissertation proposes that the ethical significance of the virtuous organization inspired by Catholic mission is threefold. First is its enduring witness to the sanctity of human life as a gift from God. Second, is Catholic mission's challenge to the broader community to attend to the common good and to a preferential concern for the poor and disenfranchised. Third, Catholic mission is a witnesses to something greater than the organization itself, its witnesses to the call to and response of Christian discipleship. Catholic health care organizations where organizational character reflects these three dimensions are virtuous, are ethically significant and are needed in today's society.

From a practical position the dissertation considers three dimensions of health care in order to explore the ethical significance of the Catholic mission and its themes. From a clinical perspective, medically assisted nutrition and hydration at the end of life is considered in light of agency and sanctity. From a governance perspective, health care access is considered in light of social responsibility and common good. From a leadership perspective, governance is considered in light of ethical environment and discipleship. The application of the paired secular components and religious themes emphasizes the ethical significance of Catholic mission and encourages its continued presence in the health care arena.
DEDICATION

To dissertation is dedicated to those individuals and organizations throughout the world who continue Jesus' mission to honor the sanctity of human person, contribute to the common good and witness in word and action our call to discipleship.
ACKNOWLEDGEMENT

Gratitude is never fully expressed in word or in action for the endless support that people offer when one journeys through life. Yet I would like to thank Gerry Magill who has served as an unwavering mentor in the development of this dissertation. Your commitment to academic excellence coupled with your pastoral concern allowed me to continue when the journey became difficult. I would also like to thank David Kelly who began the journey with me many years ago. Your willingness to give time from retirement along with your wisdom and insightful comments as a member of the dissertation committee are true gifts. Henk ten Have, a new companion in my pursuit of ethics knowledge, thank you for your commitment to medicine, ethics and the world community. You are an inspiring figure.

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I am also grateful for my family, those living and those enjoying God's intimate presence. You have taught me honesty, you have taught me integrity and you have taught me love. I hope I am the person you pray me to be.

Finally, to the Sisters of the Holy Family of Nazareth who continue to call forth the best I am and all that I am becoming. In ways you can never imagine you form me and shape me. Thank you for sharing communio. For the sake of the Kingdom may we strive to inspire virtuous organizations in our sponsored ministries.
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Chapter One: Introduction

Chapter One provides an introduction to the dissertation. Catholic mission has been influencing the delivery of health care for centuries. Modeled after Jesus' own healing ministry Catholic health care services strive to bring health in a wholistic manner wherever needed. In the United States this heritage was forged predominantly by congregations of women religious. While health care was a ministerial calling for thousands of religious, safeguarding the Church's mission has always been the responsibility of the entire faith community. As the number of women religious declines their sponsored organizations, as expressions of the Church's mission, are at risk. Unless there is recognition of the ethical significance of these virtuous organizations that have been inspired by Catholic mission, Catholic health care organizations may shrink or even disappear as is currently occurring with the congregations that founded them. Such a loss can have significant impact on the Church's effort to continue its mission especially in protecting the basic right to health care and to an effective delivery of that care.

This dissertation argues from the position that there is an ethical significance of the virtuous organization inspired by Catholic mission for the delivery of health care. The intention is to acknowledge the effectiveness of ethical practices in secular discourse and deepen the meaning of those practices through the use of theological discourse from a Catholic tradition. The dissertation initially explores secular concepts in an effort to propose an understanding of virtuous organization. The analysis then aligns Catholic mission related religious themes to deepen from a faith perspective the meaning of the secular concepts. The distinctiveness of the analysis is to explain from theoretical and
practical perspectives that Catholic mission in health care should focus upon fostering virtuous organizations in light of its religious tradition in order to deliver care in an effective and religiously meaningful manner.

**Part One: Theory and Theology**

Chapter Two presents a review of organizational theory, a discussion of stakeholder theory and an analysis of the components of the virtuous organization. The concept of a virtuous organization is neither prevalent in the literature nor the focus of much contemporary research. Yet there are numerous studies that have shown the type of organization with whom many prefer to do business. They are organizations that clearly articulate their purpose and routinely deliver services reflective of that purpose. They are organizations that recognize and emphasize the importance of their employees, consumers and communities. They are organizations known for 'doing the right thing' especially in turbulent or troubling times. Outstanding organizations demonstrate the secular components of moral agency, social responsibility and a penchant for ethical environment. Each component is better understood in light of related concepts that enlighten the component of the virtuous organization. Moral agency is enlightened by a discussion of the concepts of individual intentionality, corporate values and corporate intentionality. Social responsibility is enlightened through a discussion of the related concepts of human flourishing, reciprocal relationality and global context. The component of ethical environment is enlightened through a discussion of the concepts of fostering core values, sustainable ethics and modeling behavior. Organizations that demonstrate an obvious commitment to these components and their related concepts are not only preferred business partners they also embody what it means to be a virtuous
As virtuous organizations their potential for moral reasoning and ethical deliberation are present.

Virtuous organizations raise the bar within the business and health care community. A review of organizational theory demonstrates how priorities have evolved from a bottom-line, production focus to one that prioritizes the relational aspects of the organization. While organizations are essentially separate and distinct groups of people brought together for a common purpose they exist in response to an actual or perceived need. Responding to that need necessitates an interaction with numerous persons on a variety of levels. Organizational theory provides a context within which to analyze the secular components of the virtuous organization that are themselves relational in nature. The secular components are critical to understanding the dynamics of the virtuous organization yet they can be deepened when considered in light of Catholic mission. This is especially pertinent when applied to concrete ministries that are valid expressions of Catholic mission, such as health care organizations. The mission themes help to recognize virtuous health care organizations primarily as ministries rather than simply as a product focused business organization.

An understanding of the secular components (moral agency, social responsibility and ethical environment) of the virtuous organization can be deepened by aligning them, in an interpretative manner, with equivalent mission related religious themes. This effort is not meant to imply that the secular components are in need of deepening. In fact the secular components and the discourse surrounding those components provide adequate insight to support sound ethical deliberation. The mission related religious themes that provide a deeper interpretive meaning of the secular components are rooted in Catholic
tradition and benefit that tradition's efforts and mission. This interpretive manner of looking at the secular components in light of Catholic mission themes exemplifies a process that is referred to as an ethics hermeneutic adopted in the analysis.

Chapter Three introduces the central theme of the dissertation: how the ethical significance of the virtuous organization can be inspired by Catholic mission. Each secular component of the virtuous organization is aligned with an equivalent mission related religious theme to suggest how Catholic mission can deepen the meaning of the secular component. Secular discourse, independent of the mission themes, provides adequate insight into practical solutions for ethical dilemmas in health care. However, this dissertation intends to demonstrate through the ethics hermeneutic the contribution of theological anthropology to ethical deliberation on issues in health care.

The first of three aligned pairs is that of moral agency enlightened by sanctity of human person. To deepen the meaning of the secular component of moral agency the mission theme of sanctity of human person is employed. Moral agency emphasizes individual intentionality, corporate values and corporate intentionality as related concepts descriptive of the virtuous organization. When they are interpreted in light of sanctity of human person the meaning of each of these secular concepts is deepened. The religious themes integral to sanctity of human person include image of God, sanctity of human person and juridical person. Image of God helps to deepen an understanding of the component of individual intentionality by considering more than a person’s ability to make intentional decisions reflective of a core set of principles. Image of God includes an awareness of human persons as subjects of Christ's redeeming efforts who are endowed
with a nature infused with grace. The status of image of God, therefore, deepens the secular notion of individual intentionality to a level worthy of God’s own participation.

Another concept integral to the secular component of moral agency, especially in the realm of organizations, is that of integration of corporate values. Moral agency involves the internalization of organizational core values by a critical mass of the organization’s stakeholders. The integration of organizational values is then witnessed in the actions of individual members on behalf of the organization. A religious theme integral to sanctity of human person and equivalent to internalization of organization values is theology of person. Theology of persons deepens an understanding of an integration of organizational values by emphasizing that individual persons are social by nature and in relationship with other human persons and with God. These relationships influence and motivate who the person is and what the person does. Theology of person deepens the secular concept of integration of values by discussing the influence of an individual’s relationship with God and with others on a person and the person’s actions.

A final concept in deepening the meaning of the secular component of moral agency is that of corporate intentionality. Moral agency, at the corporate level, involves the capacity of an organization to make intentional choices reflective of organizational values. Sanctity of human person can draw upon the religious theme of juridical person as it is applied in canon law as an equivalent religious theme to deepen the meaning of corporate intentionality. The purpose of juridical person is to assign to a group or organization the ethical responsibility for decision making that typically accrues to an individual decision maker. Within Church law juridical persons are intended to help the Church achieve its mission. The theme of juridical person can deepen the meaning of the
secular concept of corporate intentionality. It does so by highlighting the sacramental nature of corporate intentionality by symbolically representing the larger mission of the organization just as juridical person symbolically represents the mission of the Church.

A second of the three aligned pairs of secular components and mission related religious themes are those of social responsibility enlightened by common good. The second secular component integral to an understanding of the virtuous organization is social responsibility. To deepen the secular meaning of social responsibility the mission related religious theme of common good is useful. Social responsibility, from a secular perspective, emphasizes human flourishing, reciprocal relationality and a global context as important concepts of the virtuous organization. When interpreted in light of the mission theme of common good the meaning of each of these secular concepts is deepened. The specific mission related religious themes included in an understanding of common good are care for the poor and vulnerable, solidarity and its collateral theme of subsidiarity, and social justice.

The first religious theme employed to deepen an understanding of human flourishing is care for the poor and vulnerable. Human flourishing in the secular world emphasizes attention to the well being of those with whom organization encounters through its activities. Care for the poor and vulnerable deepens an understanding of human flourishing by considering more than the flourishing of organizational stakeholders and the needs of a flourishing world. Care for the poor and vulnerable emphasizes a religiously motivated obligation to care for this population and even more importantly the need to prioritize this population in any effort at human flourishing.
Another concept integral to the secular component of social responsibility is that of reciprocal relationality. Social responsibility involves awareness on the part of the organization that it is part of a community from which it benefits and to which it is to contribute. An equivalent pair of religious themes integral to common good is that of solidarity and subsidiarity. The essential need for interdependence (solidarity) and the varying levels of accountability (subsidiarity) are foundational to the mission theme of common good. Solidarity and subsidiarity deepen the secular meaning of reciprocal relationality by clarifying the relational tension between being interdependent as a community (solidarity) and accountable relative to different roles and responsibilities (subsidiarity).

The final secular concept to consider when discussing the social responsibility of the virtuous organization is that of global context. Social responsibility challenges the organization to look beyond the boundaries of normal management attention to see the larger system of which the organization is a part. Common good employs the equivalent religious themes of social justice to deepen an understanding of global context. Social justice's focus in the Catholic tradition is on the world community. A theological understanding of social justice involves universality, impartiality, and conviction. This theological understanding of social justice enlightens the secular concept of global context by emphasizing a commitment to our global nature of humanity before God.

The third of the three aligned pairs of secular components and mission related religious themes is that of an ethical environment enlightened by discipleship. To deepen the meaning of the secular component of an ethical environment the mission theme of discipleship is employed. An ethical environment involves the concept of fostering core
values, sustainable ethics and modeling behavior as important dimensions of a virtuous organization. When interpreted in light of discipleship the meaning of each of these secular concepts is deepened. The equivalent religious themes integral to discipleship used to enlighten the secular concepts are mission identity, stewardship and sponsorship.

Core values shape the organization and set the direction for how the organization and its agents will conduct business affairs. An organization's ethical environment is defined by its core values and it is within an ethical environment that an organization's core values are fostered. An equivalent religious theme that can be used to deepen this secular concept of fostering core values is that of mission identity. For a religious context mission identity involves being connected with God, being committed to service God's Kingdom on earth, witnessing to Christ as Devine Savior while engaging in prophetic dialogue in the world. Mission identity connects belief in God with service to others thus deepening the meaning of the secular concept of fostering core values.

Another concept that characterizes the secular component of an ethical environment is developing sustainable ethics. Sustainable ethics involve the need for policies and structures to support and encourage agents in constantly making values-driven decisions. An equivalent mission-related religious theme integral to the mission theme of discipleship is stewardship. Stewardship, as a principle within the Catholic tradition, maintains that organizations have an obligation based on their religious mission to preserve what they have received and to pass along with integrity those gifts and assets to subsequent generations. The religious theme of stewardship can deepen the meaning of the secular concept of sustainable ethics by highlighting the religious mission to preserve and to hand on received gifts to future generations.
The final secular concept to consider when discussing the ethical environment of a virtuous organization is that of modeling behavior. Modeling behavior involves leaders in the organization demonstrating values-driven decision making with a focus on advancing the organization's intended purpose. An ethical environment is nurtured by leaders who model behaviors expected of agents in the organization. An equivalent religious theme is that of sponsorship with its legal, pastoral and theological implications. Sponsorship can deepen the meaning of the secular concept of modeling behavior by fostering a sense of the religious connect between holiness and virtue and the professional services of caring.

The use of mission themes to interpret the secular concepts helps us to recognize that health care encompasses more than business activities. Health care is a service provided by professionals within an organizational context. When influenced by Catholic mission health care becomes a ministry that expresses Jesus' own healing ministry and our participation in that ministry as health care professionals.

Part Two: Application of the Ethics Hermeneutic

Chapter Four discusses decision making regarding medically assisted nutrition and hydration (MANH) at the end of life. First, there is a brief discussion of the issue of decision making with regard to MANH in current bioethics discourse. Second, to introduce the secular aspect of the hermeneutic the component of agency is discussed using its related concepts of individual intentionality and integration of values to enlighten the issue of secular decision making about MANH. Third, adopting the perspective of Catholic mission, the theme of sanctity is discussed using its related religious themes of image of God and theology of person.
This ethics hermeneutic enlightens an understanding of health care decision making as being more than an individual act of an autonomous agent. Through a discussion of the religious themes the ethics hermeneutic clarifies the health care decision making about MANH can be deepened by interpreting its role in the covenant relationship of grace that individuals have with God and with others in social solidarity.

Chapter Five discusses health care access as indispensable for health care reform. First there is a description of the issue of the need for health care access in any effort to reform the provision of health care, especially in the United States. Second, to introduce the secular aspect of the ethics hermeneutic, the component of social responsibility is discussed using its concepts of relationality and global context. Third to adopt the perspective of Catholic mission, the theme of common good is discussed, using the religious themes of solidarity/subsidiarity and Catholic social justice.

This ethics hermeneutic enlightens an understanding of health care access as more than an obligation in justice. Through a discussion of the religious themes the ethics hermeneutic clarifies that health care access is indispensable for health care reform by interpreting its role from the perspective of a faith community that acknowledges the oneness of the human family (solidarity) and prioritizes the well being of others (social justice).

Chapter Six discusses governance of health care organizations. Initially, there is a brief description of the critical issue of health care governance in contemporary organizational ethics discourse. Second, to introduce the secular aspect of the hermeneutic, the component of ethical environment is discussed, using its concepts of modeling behavioral and fostering core values, to enlighten the issue of governance.
Third, to adopt the perspective of Catholic mission, the theme of discipleship is discussed using its religious themes of sponsorship and mission identity to clarify the religious significance of the issue.

This ethics hermeneutic enlightens an understanding of the governance of health care as more than responsible management of human and fiscal resources. Through a discussion of the religious themes the hermeneutic clarifies that governance can be deepened by interpreting its role in remaining faithful to its religious tradition (sponsorship) and actualizing through a healing ministry the purpose for which it was intended (mission identity).

Chapter Seven discusses the ethics hermeneutic and the value of secular discourse when identifying the essential components of the virtuous organization. Virtuous organizations involved in the delivery of health care services are seen as venues for effective moral deliberation and ethical reasoning. This is especially true with regard to clinical, policy and governance issues in health care. However, the dissertation demonstrates that these secular components are deepened when aligned with Catholic, mission related religious themes. These themes clarify, from a faith perspective, the meaning of ethical practices already present in secular discourse. Even more importantly they legitimize the religious context for health care and provide a rationale for ongoing commitment on the part of the health care sponsors to a renewed commitment to health care as an essential expression of Catholic mission.
Chapter Two: The Virtuous Organization

Successful organizations foster relationships with people who are both intimately and tangentially involved in creating and influencing the organization’s existence. Margaret Wheatley, an international management consultant who studies organizational behavior, writes, "In the quantum world, relationships are not just interesting; to many, they are all there is to reality".\textsuperscript{1} Using the model of the quantum world, where the tiniest of atoms, nuclei and particles are required to live interdependently in order to achieve their purpose, Wheatley demonstrates the need for cooperative relationships in the attainment of a common purpose. In organizational theory, relationships between trustees, managers, employees, vendors, consumers and the communities in which the organization does business are necessary for the long-term success of the organization. If the relationships cease or change, the organization as a whole is affected. This relational concept is demonstrated in the wisdom of the ancient Chinese proverb which chaos theorists often reference when discussing relationships, "If you cut a blade of grass, you shake the universe".\textsuperscript{2}

Virtuous organizations are social structures with a myriad of relationships. As such, they can be attributed with three interdependent components: moral agency\textsuperscript{3}, social responsibility\textsuperscript{4}, and the ability to be influenced by and exert influence on relationships in a manner that foster ethical environment.\textsuperscript{5} Each of the components of the virtuous organization will be discussed in detail later in this chapter. However, it is important to develop a brief understanding of them before moving forward.

While moral agency is commonly attributed to individual persons, Peter French proposes and this dissertation adopts the common ontological status of both persons and
corporations. As such it is understood that persons, whether individual or corporate, is an intentional actor, capable of acting independently. One recognizes that corporations bring individuals together and relate them through what French calls a common internal decision (CID) structure. This CID, briefly defined, is a corporate set of policies, principles, vision, mission and values that influence the action of individuals. Actions of the person on the part of the corporation and influenced by the CID are actions of the corporation itself. Hence, corporate moral agency exists when these circumstances are witnessed in organizations.

The social responsibility of organizations is recognized when the company thinks of itself as part of a community as well as a market. In virtuous organizations, focus is consistently on the interplay between market and community benefit. Corporate decisions engage mission, vision and values and those values always attend to the larger stakeholder group some of whom extend to local, regional, national and international stakeholders. Social responsibility is not limited to what organizations are required by law to contribute to the common good. Paying minimum wage, contributing to the tax base and adhering to general accounting principles are the activities of all good businesses. However, social responsibility in virtuous organizations involves, but is not limited to, charitable giving, cause-related marketing, employee volunteering, community investment and stakeholder input into organizational planning.

Ethical environment is a condition where stakeholders know, embody and witness to the core values that drive the organization's business and/or service activities. Hence, virtuous organizations are those that create ethical environments with clearly articulated
intentions, demonstrate action in accord with those intentions and provide an opportunity for others to sustain those intentions in all dimensions of organizational activity.\textsuperscript{11}

These relational functions of agency, social responsibility and fostering an ethical environment can be construed as characterizing a virtuous organization. That is, these relational functions enable an organization to be considered virtuous in the sense of being responsive to its intended purpose and enabling human flourishing for those it encounters in the course of its business activities.\textsuperscript{12}

The significance of the virtuous organization is becoming increasingly recognized within the business community. In part, this is due to widespread organizational scandals that compromise the public trust and in part because of the public's awareness of the need for sound organizational structures to foster better business activity. This includes the need for virtuous health care delivery services. Recent scholarship in health care discusses virtuous organizations in a variety of ways and contributes to an understanding of the ethical significance of virtuous health care organizations.

Imbued with the virtue of solidarity, some feel virtuous health care organizations create relationships that intend healthier communities.\textsuperscript{13} Health care organizations identify themselves as catalysts for health care improvement. There is mutuality between the health care organization and those it serves. Together they seek to identify health care initiatives that respond to critical needs of individuals and the common good. Since the whole community is impacted by illness the whole community is necessarily involved in the delivery of health care. First, virtuous health care organizations are comprised of the sick that are in need of rudimentary goods, including health, to obtain a fully human life. Second, professionals who hold in trust medical knowledge needed to support human
flourishing are another essential part of the virtuous health care organization. Third, society as a whole contributes to the sacred relationship between the sick and professionals who attend to their needs by insuring a compassionate distribution of health care resources to those with need.

The ethical climate of the virtuous health care organization is a focus of Edward Spencer and his colleagues in their work "Organizational Ethics In Health Care". The ethical environment contributes to the overall morale of the organization and instills confidence in those involved in the organization. Employees are secure in understanding the parameters of their employment. Physicians and other collaborators who engage the organization’s ethical environment know the limits of acceptable behavior in both clinical and business activities. Trustees and managers are confident that the organization’s intended mission is honored in day-to-day activities. Challenges to ethical environment, social responsibility and agency are consistently present in an evolving and pluralistic society. Such challenges provide opportunity for dialogue. In virtuous health care organizations these challenges are on both the clinical and business dimensions of organizational activity.

Virtuous organizations are grounded in an anthropology that invites an expression of moral imagination with regard to contemporary health care issues. At the same time such rootedness enables virtuous organizations to expand moral imagination in ways that do not compromise the ethical environment or the values that inspire ethical environment. Stakeholder theory is increasingly used to discuss the ethical environment of health care organizations. Stakeholder theory supports the position that the
organization and all stakeholders are necessary to the formation of a shared moral community.\textsuperscript{20}

The dissertation considers the ethical significance of the virtuous organization by focusing on the role of stakeholders in organizational theory. That is, stakeholder theory highlights the three distinct but related components used to clarify the meaning of virtuous organization: the role of agency in an organization, the importance of social responsibility for an organization, and the need to cultivate ethical environment in organizations. This chapter discusses the integration of these three components to explain the ethical significance of virtuous organizations. And these three components provide the conceptual apparatus for the subsequent chapters to explain how Catholic mission can adopt and deepen this understanding of the virtuous organization to enhance health care delivery.

Organizations have not always prioritized a focus on human flourishing, relational quality or the components of the virtuous organization. An analysis of organizational development throughout the past century demonstrates the evolving priorities of organizations and those who manage and direct organizational activities. A brief historical review of organizational theory serves to clarify this evolution. The role of stakeholders in organizations and the concomitant significance of stakeholder theory for understanding the virtuous organization become obvious through this review.

\textbf{A. Organizational Theory}

Organizations are complex, dynamic, goal-oriented entities. They are comprised of multiple dimensions. An essential dimension of organizations are the people who serve as customers, employees, owners, business partners and in a variety of other roles
that contribute to the fabric of organizational activity. Because of the complexity of relationships among these people organizations routinely develop guidelines for communicating and interacting among themselves and with others. Primary to guiding the contemporary organization and its relationships is a clearly articulated purpose or mission statement that functions to describe the reason for organizational existence and to influences those involved in its activity as vital stakeholders. This has not always been the case in organizations.

Early in the 20th Century Fredrick Taylor was one of the first to formally study organizations and human interaction of those who worked in or were serviced by the organization. His scientific management theory, known as Taylorism, focuses on maximizing productivity and attending to people solely as a way to advance an organization's productivity. He analyzed tasks and broke them down into individual unskilled operations that could be learned quickly. Unfortunately his efforts were viewed as more punitive, less creative and personally unfulfilling to employees. As a result, his legacy was declining production, lower quality of products or outcome, dissatisfaction with work among employees, loss of pride in workmanship, poor morale and ultimately a decline in the volume of customers. Complaints that Taylorism was dehumanizing once led to an investigation of its use by the United State Congress. Despite negative impact on human persons scientific management theory changed the way businesses dealt with employees.

The second half of the 20th Century unfolds a plethora of organizational theories that attend to the dynamics of human interaction in the work place. Max Weber considers the bureaucratic nature of organizations. He subscribes to two deep
underlying convictions, namely, that there is a fundamental vulnerability of all social institutions and that social structures have an inherent instability as a result of the interactions of their members. His theory of organizations includes an effort to analyze the network of human interactions among employees and managers at various levels of the organization. He concludes that organizational behavior and ultimately performance are best served when attention is paid to the methods and processes of those interactions. Hence, his theory enlightens an understanding that the quality of relationships may contribute to the overall wellbeing of the organization as a social structure. Weber's work has influenced generations of organizational theorists who followed him.

Elton Mayo, a contemporary of Weber's, adopts the notion of the relational influence of social structures in his own work infamously known as the Hawthorne Studies. Mayo evolves this theory to include not only the impact of human interactions but that of the overall work environment. Despite the tremendous productivity of the assembly line Mayo recognizes that it was not responsive to human ingenuity and thus a poor use of human resources. He theorizes that employees are members of a group which has strong influence on the individual employee's behavior. Organizations benefit by paying attention to the social and emotional needs of its individual employees and the social employee group. Mayo suggests that communication is vital to the success of the organization. However, his sensitivity to the failure of the traditional top down communication led him to enjoin listening as an even more useful management strategy. Leaders, in Mayo's theory, begin by soliciting from the workforce what they want to know, are interested in and consider being beneficial to their level of satisfaction
and productivity. This level of human interaction acknowledges for the first time a respect for the individual employee, the workforce and the image of the organization.

Gregory McGregor emerges in the 1960s conducting organizational studies that further develop the concept of the organization as a network of human interactions. In 'Theory X' and 'Theory Y' he concludes that human persons long for opportunities at self-fulfillment and self-achievement and do not flourish in tightly controlled and dominated environments. Individuals who are encouraged and allowed to contribute creatively to the organization's objectives will more intrinsically commit to the organization. Leaders, therefore, will solicit the creative input of the employee. William Ouchi continues McGregor's theories by introducing the notion of empowerment in 'Theory Z'. He suggests that the entire workforce should be granted large amounts of freedom and trust to maximize creativity and contribution. Ouchi extends his expectation by concluding that employees who are trusted, secure in their employment relationship, and who sense that their well being is of concern to the organization are employees who will demonstrate intense loyalty to the organization.

The well known organizational theorist Peter Drucker's work spans sixty years of research and writing on organizations, management and human productivity. In his more recent years, Drucker elaborates on the work of McGregor and Ouchi and proposes that employees are not only vital commodities but partners of the organization. He teaches that 'knowledge workers', those who work primarily with information or who develop and use knowledge to benefit the organization, are essential ingredients of today's organization. These knowledge workers, prepared with an essential skill base, know more about their jobs than organizational leaders. Hence, they are no longer
subordinates but associates and organizational activity will not move forward without their contribution or at least the knowledge that they possess.

Drucker's work had a strong influence on Peter Senge’s conceptualized notion of 'learning organizations'.

Senge draws on five interrelated disciplines which he believes converge and lead to the learning organization. The disciplines are systems thinking, achieving personal mastery, shifting mental models, building shared vision and team learning. In such learning organizations which stress these disciplines people continually expand their capacity to create the results they desire. This then leads to strengthening of human capital which drives every organization's long term success and viability. By empowering people with decision making responsibility and concomitant responsibility, organizations foster ownership, shared vision and consensus-driven outcomes.

The development of organizational theory over the past century has moved from the single mindedness of leader dominated entities where only those in positions of formal authority set organizational objectives to the current understanding in which all involved in the organization play vital roles in shaping and contributing to the intended purpose of the organization. This evolution in organizational theory has prioritized the relational aspect of organizational members and has expanded the understanding that those interested in the well being of the organization are more than formal leaders or corporate owners/trustees. This is articulated most clearly in the scholarship involving stakeholder theory originating with Edward Freeman.

Stakeholder theory emerged from an effort to depose the thinking that the only group having a moral claim on corporation is the people who own shares of the stock, commonly known as shareholders. In stakeholder theory many groups have moral
claim. This claim is because the corporation has the ability to benefit them or do them harm.\textsuperscript{41} These stakeholders can indeed be organizational shareholders. But stakeholders also include leaders of the organization, the local community, at times the broader regional, national and global communities, customers, suppliers and employees.\textsuperscript{42} Stakeholders can be identified by three key characteristics. First, those who are vital to the survival and success of the organization are stakeholders. Second, those who, by virtue of their relationship with the organization, can benefit from the activities of the corporation are stakeholders. Finally, those who, because of their relationship with the organization, may be harmed by the organization are stakeholders\textsuperscript{43}.

Stakeholders are elemental to organizations and the decisions made by organizations. When processing an organization's decision it is necessary for decision makers to identify stakeholder groups and make decisions that take them into account. Organizations consider available options and determine potential effects of those options on the stakeholders. Leaders as one group of stakeholders serve as the agent for stakeholders and act in the interest of the organization. In this role, their primary function is to ensure the ongoing viability of the organization and the mutual interests of the stakeholders without biased representation.\textsuperscript{44} Selecting and applying an ethical analysis to the options in order to determine the best choice is an essential element of stakeholder theory.\textsuperscript{45} Hence, stakeholder theory is an appropriate framework with which to consider the ethical significance of virtuous organizations, including the virtuous health care organization.
A contemporary business ethicist, Patricia Werhane, uses stakeholder theory as a foundation for her work in business and health care organization ethics. The intent of stakeholder theory is normative in nature. It's presumption that

"…managers and others act (or should act) as if all stakeholders' interests have intrinsic value. In turn, recognition of these ultimate moral values and obligations give stakeholder management it fundamental base". Such a normative position challenges the more traditionalist thinking that the primary responsibility of managers is to maximize profit. Instead stakeholder theory proposes that an organization's purpose is to encourage the flourishing of the organization and the human flourishing of its stakeholders. Therefore, the relational nature of stakeholder theory anticipates reciprocation between stakeholders where they are accountable to one another for the general flourishing of the organization and their mutual well-being.

This reciprocal accountability raises organizational activity on two levels. First, persons have a moral accountability to one another simply because they are human persons in relationship with one another. Secondly because of their role in the organization persons have role-accountability to the organization and to other stakeholders. These two levels are cumulative and form a moral perspective gradient. Persons must first have a respect for others because of who they are as persons. This means there has to exist a measure of respect for the person as person. Such respect is witnessed in the interactions of stakeholders. The second level calls forth a clear understanding of the roles in the organization and the contribution of each to the overall well-being of the organization. Roles are defined by the nature of the role itself and can be elaborated by organizational definition. For example, a physician is educated, conditioned and deemed capable of providing assessment, evaluation, diagnosis and treatment of human disease. Health care organizations, who count physicians as
stakeholders, will have other stakeholders who hold physicians accountable for those activities. While the organization may limit or expand the understanding of the physician role to include certain populations, payer capabilities, specific diseases, etc., the role of physician remains basically the same in every health care organization. Stakeholder theory provides a framework for assessing the relationships of the stakeholders within an organization and is invaluable when considering both for-profit business ethics and health care organization ethics.

**B. Business and Health Care Organizational Ethics**

As an area of applied ethics, business ethics considers the ethical principles and moral problems that arise in and between organizations. Business ethics considers the ethics of economics, the decision making by individuals in the organization, and the principles espoused by governance in the operation of the organization.\(^5\) Business ethics as a discipline evolved in part out of intentional misconduct and unintentional, although foreseeable, harms to humanity that occur when business efficiency and profit margins are the focus of an organization's activities.\(^5\) A business, simply stated, is a legal entity that provides a product or service to consumers.\(^5\) The intention of the business is to create a profit, insure solvency, remain competitive, and to the extent possible, create a positive financial return. Ethics in business challenges the organization to conduct these affairs with attention to commonly accepted morality.\(^5\) At a minimum such behavior would include a respect for employees, an avoidance of unfair business practices, honesty with vendors and consumers, and a 'do-no-harm' attitude toward the larger community.\(^5\)

Business ethics has both a normative dimension, which considers the rightness and wrongness of an act in light of codes or principles, and a descriptive dimension
which considers values clarification and moral tendencies. Normative business ethics subscribes to a set of standards and offers a framework for moral reasoning within which individuals can consider ethically grounded options for difficult business dilemmas. Descriptive business ethics considers the moral formation of persons and how that formation influences behavior and decision making in the business arena. The combination of both the normative and the descriptive in stakeholder theory supports its use in business activities. Hence, the behaviors witnessed in the reciprocal relationships of stakeholder theory would include promoting human rights, developing products/services that respect the environment, safeguarding those who use the products/services, and, engaging in healthy and mutually respectful competition.

Therefore, business organizations including health care organizations are responsible for insuring economical stability, growth, healthy competition, a margin of profit and customer satisfaction. While these measures often determine success in a capital-driven business, they are not sufficient as a measure of success for health care organizations. All organizations have a moral obligation to their stakeholders that transcends solvency but health care organizations in particular have measures that far exceed most business organizations. Because of the foundational significance of health for human flourishing, health care organizations have a distinctive relationship with their stakeholders that involve particular measures for success. These measures clearly demonstrate the reciprocal nature of stakeholder relationships as discussed earlier. For example, health care organizations and their stakeholders can measure success by high standards of professional competence, attaining service expectations standards, meeting community health care needs, and involving consumers in futures planning.
activities witness a respect for the moral agency of stakeholders, demonstrate a commitment to socially responsible behavior and set a priority for the ethical environment with a heightened level of accountability among the stakeholders of a health care organization.

Assessing the ethics of health care organizations can be more complicated than other business entities. There are numerous characteristics unique to health care organizations that complicate a strict application of stakeholder theory and subsequently its use in ethics analysis of the health care organization. The fact that the health care organization is more focused in its mission, purpose and consumer base and has more complexity in its stakeholder accountability relationships makes the health care organization unlike many other organizations.\(^5^9\) A brief discussion of the unique characteristics is worthy of some effort.

The mission of the health care organization is one of the unique characteristics of the health care organization.\(^6^0\) Most businesses are mission driven and aim at superior quality of a useful product or excellence in service. Few organizations focus mission solely on profitability although as noted profit is an understandable common objective. Health care organizations exist to provide health care services to individuals and the community at large. This daunting task is overwhelming as a goal and “stands in an uneasy relation to economic ends”\(^6^1\). In fact, most businesses recognize their viability directly related to economic profitability which is directly associated with the volume of products produced or services provided. This is not necessarily the case in health care organizations. If they are true to their purpose health care organizations will provide service without payment to the poor and the uninsured and will attempt to minimize
service units. However, the long term viability of the health care organization and its mission is at risk when services are monolithic in nature.

A tendency toward patient prioritization is a second unique characteristic of the health care organization. All organizations recognize the valuable role of customers as stakeholders. However, in health care organizations customers or patients rise to the top of the stakeholder priority list. This position is dominant because of the focus of health care organizational mission is on the patient – the health and well being of the patient. This does not mean that health care is delivered without consideration of the cost. In fact the welfare of the patient as a priority is in question in some health care organizations because that attitude has witnessed a corollary increase in cost. An outcome has been a broadened interpretation of the patient as well as the professional involved in the care of patients.

If the mission of the health care organization is to improve the health and well being of individuals and communities then a certain criterion for doing so involves the competence of those who deliver the care. Health care professionals including physicians, nurses and social workers are prepared with a knowledge that allows them to guide the organization toward the accomplishment of its purposes. Without these professionals the service cannot be delivered. Health care professionals, just as health care organizations, have a special relationship with their patients. The mere title of their role confers on them a set of principles, ideals and duties which are patient focused and represent a covenant with society. Traditionally this patient-professional relationship has meant that the professional’s care is directed at a given patient in a given circumstance of illness or what Spencer and his colleagues call a monolithic ethical enterprise.
Unfortunately, at times this attitude fails to recognize the greater social need in situations where resources are scarce. Thus, health care professionals and the associations to which they belong have come to recognize the primacy of society as patient as well as the individual person. As such, the health care professional is responsible to a plurality of patients. Hence, professionals need to insure they are addressing their social obligation. They do so as influential stakeholders in dialogue sessions and planning meetings where budgets are decided, policies are formulated and health care planning takes place. Through these activities health care professionals preserve for themselves and the health care organization as a whole their moral responsibility to protect the trust bestowed on them by society. The ethical environment emerges from the stakeholder exchange that demonstrates commitment to the mission and exemplifies behavior responsive to the health and well being of society.

Stakeholder theory, while a business model, provides clarity with regard to the reciprocal relationships in health care organizations. Werhane and her colleagues draw on stakeholder theory to demonstrate that it works well when analyzing the ethics of health care organizations. Furthermore, it allows business ethics in the context of the health care organization to identify three distinct but related components of ethical organizations that when witnessed exemplify the virtuous organization. These components include the role of moral agency in the organization, the importance of social responsibility for an organization and the need to foster ethical environment within the organization. Each is now considered in detail.
C. The Virtuous Organization and the Component of Agency

The meaning of moral agency is indispensible for understanding the virtuous organization. An appropriate model for considering corporate agency and corporate persons is that of individual agency and personhood. There are some who question the legitimacy of corporate moral agency noting that only human persons with a capacity for reasoning are capable of moral agency. However, the meaning of moral agency in virtuous organizations can be understood most clearly through a discussion of three related concepts, individual intentionality, integration of corporate values and corporate intentionality.

The first concept that characterizes moral agency is that of individual intentionality. Persons have the capacity to make decisions and make choices based on the consequences and significance of those choices for themselves and the implication of those choices for others. Moral persons make intentional decisions and consider rational arguments regarding the choices they make. They, also, alter their choices based on the principles, values and reasoning of others that influences their moral reasoning. Moreover, the individual moral agent is able to appreciate that the action or choices made are something for which they can be considered blameworthy or praiseworthy. The individual moral agent can, also, consider the validity of the blame or praise they receive and choose to accept or reject it based on one’s sense of reasoning. Hence, moral persons or agents are those who are self-conscious, rational, free to choose and possess a sense of moral concern.

Persons who are self-conscious are aware of themselves and possess self-identity. They are self-reflective and able to consider themselves as person and as a person among
other persons. In a normative sense, a person recognizes what actions or polices are considered morally right or wrong and what are commonly viewed as good or evil characteristics of persons. In a metaethical sense persons are able to apply these considerations to their understanding of themselves. These self-conscious persons develop a set of beliefs and desires which respect the beliefs and desires of others as expressed in a common morality.

Persons who are rational have the ability to make rational decisions and consider rational arguments regarding their choices. They are able to determine from within whether their choices are intended for good or for evil. Persons are also able and will routinely consider choices in light of other frames of reference or reasoning. The important factor in choices, decisions and actions are that they be freely made without coercion or undue influence from others, including common moral reasoning. The rational person will process external positions but will use them to enlighten reasoning and choice never simply complying with the ideals, wishes or values of another.

At the same time persons will have a moral concern for others and will formulate actions responsiveness to the good of others. Aristotle impresses early civilization with this very notion when he acknowledges that doing good for the sake of rule is not enough. The moral agent draws upon tradition, codes, rules and other legitimate sources of wisdom to inform one’s own reasoning. Such behavior honors the common and individual other’s point of reasoning. When one considers one’s neighbor as well as oneself in the formulation of decisions or actions the decision and the decision maker can be considered informed and intentional.
Like human persons, organizations and those who lead them make choices based on values and principles and thus have the capacity for agency, which is understood as a state of being in intentional action. This does not imply that organizations have a metaphysical capacity to believe, intend or decide nor does it propose that corporate decisions are simply reduced to those of the human persons who lead them. Rather, corporate values and corporate policies provide a cognitive transparency that holds corporate leaders and those who interact with them accountable to organizational intention. Individuals whose moral reasoning has been shaped by the mission and core values of an organization and who are authorized to act as its agents transform individual intentional acts into corporate acts and influence the moral character of the organization.

The second concept that characterizes agency is that of integration of corporate values. Affine agency represents the type of agency present in corporate or organizational structures. Literally, affine means to approach an end point using parallel approaches. Therefore, affine agency takes place when the agent literally adopts the principal’s interest and intends the same endpoint as does the principal. In other words, the agent is satisfied when the principal’s interests are satisfied. The principal in an organizational structure is the organization itself and the agents are those employed to act in the interest of the organization. Corporate agency requires an integration of the corporation’s values by those who represent it. Therefore, in order to act as agents of the corporation, it is necessary for leaders to internalize the organization’s values. A critical mass of stakeholders within the organization must internalize the mission and values of the organization if they are to have legitimate responsibility for the organization and if they are to achieve legitimate organizational ends or purposes. This requires that
some of the leaders of the organization must identify their interests and plans with those of the organization. This does not mean that the leaders, whose interests are the same as the organization's is the organization. Actually, such self-deprecation might be detrimental to a person and harmful to the organization. The affine agent does not adopt the organization’s interest to the exclusion of her own interest. However, affine agents whose personal interests are in line with the organization’s interest will more naturally reflect the organization in decisions and actions.

Peter French insists that affine agents are crucial to the legitimate purpose of the organization. The integration of the organization’s interests and values by a large number of the organization’s leaders potentiates the organization’s witnessing to its mission and the accomplishment of its goals. Passion for the organization’s values is a hallmark of the affine agent. Therefore, they perform role responsibilities spontaneously and at times unceasingly. The synergy from their actions stimulates other stakeholders in the organization to internalize the organizational interests as well. A crucial point in affine agency and the integration of corporate values is an understanding of whose values one is integrating and what the intention of those values is.

The third concept that characterizes agency is that of corporate intentionality. Corporate values motivate agents and encourage their disposition toward a common objective defined by the mission or purpose of the organization. Original principals or incorporators of an organization articulate in formal and informal language what their interests are for the short and long term planning of the organization. These plans can be differentiated from the plans, purposes or interests of the incorporators themselves. Organizational purpose and policies tend to be stable and transparent. In fact, “corporate
intent undeniably is dependent upon relatively transparent policies and plans derived from the socio-psychology of a group of human persons”.

Corporate intent is not the intent of the leaders of the organization. Corporate values and mission, well articulated by founding principles, transcend and survive the organizational affiliation of the principals and the generations of leaders who succeed them. Corporate intentionality is influenced by the roles of authority, past and present, within the organization and the corporate policies that provide direction for the way those in the organization make decisions.

In light of such influence the acts of individuals within the organization are transformed into corporate acts and reveal the moral character of the organization. Well intentioned leaders without the guidance of organizational intention may lead the organization in a totally different direction causing an erosion of mission, purpose, and values. However, when leaders' actions are consistent with established organization policies then the actions can be described as being done for reasons consistent with organizational intent, having been caused by organizational desire and influenced by organizational values. Hence the actions are done with corporate intentionality.

The adoption of the organization’s values by organizational agents and the agent’s predisposition to act in light of those values is an expression of corporate moral agency which is one of three essential components of the virtuous organization. A second component of the virtuous organization is social responsibility. Once agents are cognizant of their responsibility within and for the organization they recognize their duties extend beyond themselves and the organization. An awareness of the broader community as a stakeholder group involves a level of interaction, responsibility and accountability to that stakeholder in a socially responsible manner.
D. The Virtuous Organization and the Component of Social Responsibility

The meaning of social responsibility as a component of the virtuous organization can be expressed in three related concepts: human flourishing, reciprocal relationality and global context. Considering these concepts together and in light of social responsibility centers a more thorough description of the virtuous organization.

An understanding of the concept of human flourishing helps to contextualize the impact of social responsibility for the virtuous organization. Human flourishing is a goal of all persons and is fundamental to the conditions of peoples’ lives and to their efforts to improve those lives. Philosophers used the term eudaimonia, loosely translated as happiness, when they considered human flourishing. Their understanding of happiness extends beyond a modern interpretation of having fun, enjoying life, or pure pleasure. For the Greeks, eudaimonia was understood to involve a well-formed character that encouraged one to live a life of virtue. In practical terms this translates to living a truly rich and full life.

There is an inherent subjectivity to living a truly rich and full life. However, there are common denominators, such as health and meaningful relationships, which are witnessed in most descriptions of human flourishing. Health is somewhat obvious when qualifying a rich and full life. Therefore, little will be said expect that without health there is little opportunity to engage in pursuit of most of life’s other goals. This does not imply that sickness or illness diminishes the human person. However, it does diminish one’s ability to pursue life’s goods and contribute to common good with less effort or consideration of the physical self.
The second important valued associated with human flourishing is the ability to engage in meaningful relationships. We are social by nature and it is difficult to imagine human flourishing without meaningful relationships. It is through meaningful relationships with others that we become more fully human. One might wonder, what is meant by meaningful relationships? Certain qualifiers are used to emphasize relationships as being more or less important.

Panicola suggest that the values of love, respect, dignity and justice are necessary in relationships that enable human flourishing.\(^8^6\) Relationships with these values present encourage those in the relationship to live a rich and meaningful life aimed at what is good and virtuous. The more one fosters and perfects the values of love, respect, dignity, justice and respect for others within relationships the more habitual such behavior becomes. When character is enriched through a habitual expression of prioritized values what is witnessed is virtuous behavior. Virtuous behavior is synonymous with human flourishing.

Aristotle recognized that personal human flourishing is possible only when one wants and encourages the flourishing of others.\(^8^7\) Hence, meaningful relationships are reciprocal and provide all within the relationship with an opportunity for flourishing. When applied to an organization and its stakeholders reciprocal relationality necessitates meaningful interactions where care (love), respect, dignity and justice are fostered and support human flourishing. Consequently in organizations where individual human flourishing is present one is likely to witness organizational flourishing as well.

The second concept that characterizes social responsibility is that of reciprocal relationality. From an organizational point of view one recognizes organizations are
situated within a community and corporate members of the community. The virtuous organization recognizes itself as part of a community from which it is to obtain a benefit and to which it contributes benefit. Therefore, this understanding brings with it an obligation for the organization. The community contributes to the success of the organization in several ways. Members of the community serve as employees and directors. The infrastructure of the community provides the organization with needed supports including safety and security systems, utilities, natural resources, etc. The reciprocal contributions of the organization include creating jobs, paying a just wage and boosting the economy. Hence, the virtuous organization will seek ways to contribute to the community that go beyond these obligatory responsibilities. They will consistently engage or at least consider the well being of the community in organizational planning and development.

It is important for virtuous organizations to establish the objective of community engagement to ensure it represents a mutual or reciprocal benefit. Virtuous organizations will want to see that the objectives of community engagement are not merely benefitting the organization but are responsible to identified needs of the community. Bastone suggests an organization will calculate a return of engagement that considers the direct benefit to community stakeholders, the direct benefit to organizational operations and the correlation between invested resources and targeted goals. These measures help to determine the sustainability of community engagement programs. The measures also provide a check and balance for both the community and organization in evaluating their reciprocal relationships.
Virtuous organizations consistently employ ethical deliberation in their assessment of community engagement activities. While issues of poverty, injustice and discrimination may not be the focus of organizational activities, ethical organizations will, at a minimum, not contribute to these issues in the communities where they do business.\textsuperscript{90} Virtuous organizations recognize these issues as limits to human flourishing and will engage the community in considering viable alternatives to address them. Drucker urges organizational leaders to assess on a regular basis how they and their organization are creating tomorrow’s society and how society is influencing organizational efforts at mission.\textsuperscript{91} He holds organizations responsible for building tomorrow’s citizens through social sector. Organizational response, or lack thereof, to the challenges of society in ways that are not consistent with the mission of the organization devalues the organization. For Drucker, mission and leadership are not just things to read about, to listen to; they are things to do something about.\textsuperscript{92} Such ideology is inherent in reciprocal relationality and contributes to an understanding of an organization’s social responsibility.

Individuals, organizations, systems and the communities that house them have a heightened degree of interdependence than has ever existed. This interdependence, reciprocal relationality, has created new thinking and new choices for individuals and societies. Hence, innovative leaders are thinking differently than organizational theorists of the past. Contemporary leaders are developing core capabilities of seeing systems, collaborating across boundaries and creating desired futures in an effort to fulfill their social responsibility.\textsuperscript{93}
The third concept that characterizes social responsibility is that of global context. As citizens of the world, leaders of virtuous organizations are challenged to expand the boundaries of normal management attention in order to see the larger system of which the organization is a part. This need to focus an organization’s attention beyond the limits of day-to-day activity is echoed by those who recognize the need for broader system attention especially, but not exclusively, when that system is multinational. World citizens will legitimately devote more energy to understanding internal organizational and local community needs but they will sensitize themselves to means by which they impact the world community. Hence, virtuous organizations that value human flourishing across stakeholder boundaries and recognize their reciprocal relationship with those stakeholders are sensitive to the ever expanding global context of those relationships. The networking of these relationships across streets, states, oceans and nations requires systems’ intelligence. Such systems’ intelligence emerges from working together both within and outside the organization to create a preferred outcome.

Creating a preferred future requires drawing energy from the dreams or visions of what stakeholders truly want to see evolve along with an accurate and insightful understanding of what currently exists. A preferred future where human flourishing and reciprocal relationality are essential concepts integral to social responsibility will come to fruition only if efforts to include the world community are considered. Actively engaging processes to address these two concepts in the world community is a hallmark of social responsibility in virtuous organizations. This does not mean that every organization will be conducting business on a global scale. Every business including health care will need to consider its impact, positive or negative, on the world

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community. Where outcomes are more harmful, virtuous organization will help to resolve these issues.

When businesses are multinational, collaborating on indigenous development strategies by relying on the intelligence, resilience and leadership of developing communities is a means by which the virtuous organization hears, responds to and benefits from the visions of others. Through direct involvement in developing countries or communities, organizations can stimulate catalytic change and be changed in the process. Organizations with priorities for universal human flourishing and that value reciprocal relationships are those helping to advance global public goods. Such attitudes are central to more participatory ways of stakeholders resolving conflicts and distributing goods to a global community and enabling human flourishing in an Aristotelian manner.

Creating a preferred future requires drawing energy from dreams and visions of what stakeholders truly want to see evolve. This can become a reality only with an accurate and insightful understanding of what currently exists. Stakeholders, including the global community, are mutually responsible for speaking their truth regarding need, ability, intention and commitment to one another. Therefore, virtuous organizations intending to act in a socially responsible fashion foster an ethical environment in which stakeholders can voice concerns, act without retribution, and conduct the business of the organization in a manner consistent with the organization’s mission, purpose and goals.

E. The Virtuous Organization and the Component of Ethical Environment

An ethical environment is necessary if moral agency and social responsibility are to thrive in organizational life. The meaning of ethical environment as a component of
The virtuous organization can be expressed in three related concepts: fostering core values, sustainable ethics and modeling behavior.

The first concept integral to ethical environment is fostering core values. Earlier in this chapter organizational values were seen as influencing corporate moral agency. In a discussion of ethical environment, those core values of the organization shape the organization and set direction for how the organization and its agents will conduct business affairs. They define the ethical environment of the organization. Therefore need not only be acknowledged and used by stakeholders but values are to be fostered for others use.

The process of fostering core values requires an exercise in information and an exercise in education. An exercise in information involves sharing knowledge about the values themselves, their source, their intention, their meaning within the context of when they influenced the establishment of the organization. An exercise in education involves convincing others of the need to use such specific values that are integral to the organization’s identity and purpose. Since core values influence mission and purpose they are necessary elements of the organization’s ethical environment. There is an assumption that organizations promote values that are positive and able to sustain the organization, its actions and its reputation. Declared or official values are those identified by an organization’s founders. These declared values formulate the organization's core values and are to be apparent from an organization’s actions. Core values, while important to list and name, are learned, fostered and assimilated when discussed throughout the organization.
Knowledge about the organization’s core values requires a sense of history and tradition. Trying to honor the intention of an organization’s founders places the organization in context. However, values that influenced the early development of the organization need to be validated for relevance in today’s organization. Such validation requires the participatory involvement of stakeholders. The aim is to discuss why the values espoused by the organization are important. If these core values remain relevant, stakeholders will be able to identify when, where and why they are actualized by the organization. When core values are not easily witnessed by organizational members the likelihood that other stakeholders witness them is also diminished. The discrepancy between intended core values and the concretization of those values in organizational activity creates confusion and disorientation in the environment of the organization. Such confusion puts an organization’s ethical environment at risk.

Fostering core values promotes consistent direction for members of the organization and minimizes confusion about what actions are appropriate within the organization’s mode of operations. Leaders will foster core values through internal development of values based structures, processes, rules routines, etc. of the organization. Hence, core values will influence decisions and actions of stakeholders, even those who are new to the organization and have not fully integrated them. Through this structure ethical environment is sustained and has the potential to continue into the future.

The second concept that characterizes the ethical environment is that of sustainable ethics. As noted above, leaders play a key role in developing the tone for business activities within the organization. Therefore, leaders need to demonstrate commitment to the values by passionately espousing and making choices consistent with
those values.\textsuperscript{105} Such behavior serves as a teachable point of view whenever leaders exemplify what will and will not be acceptable behavior.\textsuperscript{106} In their efforts leaders must remain cognizant of the reality that the values and mission are not their own. They are the organization’s mission and vision and if they are sustainable it will be through the efforts of all stakeholders.\textsuperscript{107}

Sustainability in business environments typically relates to the viability and economic success of a corporation.\textsuperscript{108} Both for profit and not for profit entities understand the meaning of and need for sustainability. Even the concept of sustainable ethics resonates with corporate stakeholders. In business, ethics can be thought of as an implicit contract that represents who the organization is and what it stands for.\textsuperscript{109} Implicit contracts reflect the organizations ethical core and call an organization beyond the fine print of a written contract. The implicit contract means doing the right thing just because it is in keeping with the spirit of the relationship between the stakeholders.\textsuperscript{110} Such implicit contracts cannot exist if stakeholders have not internalized the core values of the organization. Sustainable ethics are those that survive the test of corporate activities and guide habitual decisions reflective of the reputation and intention of the organization.

Stakeholder theory emphasizes that leaders serve to coordinate the interests of all stakeholders in the fulfillment of organization’s mission.\textsuperscript{111} If stakeholders intend an environment where human flourishing is potentiated then sustainable ethics, those that outlast founders, leaders, and current stakeholders, are necessary. Ethical environments are those in which actions are guided by core values that have been fostered by stakeholders and are sustainable from generation to generation of future stakeholders.
The third concept that characterizes the component of ethical environment is that of modeling behavior. It is through modeling behavior that leaders demonstrate the type of decision making and action expected of employees and other stakeholders involved in conducting the business of the corporation. Virtue is said to grow with use. This marketplace is where organizational values are exercised in practice and where challenges to core values surface and virtue is tested. The marketplace is where leaders are given the best opportunity to demonstrate and model for stakeholder the organization’s intentions or values. Leaders of the organization give greatest witness when faced with challenges to the core values that have come to define the organization. Challenges can surface from the plurality of values prevalent in today’s world. Challenges can also emerge from temptations to modify rather than abandon core values. Such challenges in the marketplace provide an opportunity for leaders to move the organization’s mission toward fulfillment. They can do so by allowing competing values to sharpen their own values and those of the organization. Through their example leaders stimulate and inspire stakeholders to make good choices under difficult as well as good circumstances.

Lest one consider modeling behavior an exercise in propaganda and "towing the corporate line" more clarification is necessary. Modeling behavior calls forth a commitment on the part of the leader, indeed all stakeholders, to the objectives and goals of the organization by aligning them with those of other stakeholders. This necessitates leaders listening, truly listening, to the ideas, desires, dreams of the various stakeholder groups and synthesizing those in light of the organization’s values, mission and vision. From that exchange one can witness engagement but only to the
extent that stakeholders have felt engaged.116 This modeling of engaging reciprocity between leaders-stakeholders and other stakeholder, leaders-stakeholder-organizational mission/vision/value typifies for others the behavior expected in an ethical environment of a virtuous organization. Hence, modeling behavior, involves a commitment to organization as well as personal values, reciprocal relationships, and organizational intentionality. Such commitment exemplifies the moral fabric of the leaders and enables ethical environment.

Chapter Conclusion

The virtuous organization is one with a clearly articulated set of core values, mission and purpose all of which are internalized by organizational agents and used to influence the agent’s actions. Hence, a virtuous organization can be seen as one with recognizable components of moral agency, social responsibility, and ethical environment. While these are not exclusive components of the virtuous organization they are essential to the virtuous organization. Stakeholder theory, a recent model developed by organizational theorists helps to identify these components as vital to the identity of virtuous organizations.

Organizations serve to address particular interests of the individuals who compose them. Organizations, their structures and their management strategies have a long history which spans centuries. They have evolved from simple ‘mom-and-pop’ service entities to multinational endeavors. Management in these organizations has matured from attitudes of control and manipulation to include discernment and cooperative efforts between management and employees. Stakeholder theory articulates a contemporary understanding of virtuous organizations and has been used effectively when considering
health care organizations. The essential components of the virtuous organization, drawn from stakeholder, are appropriate when considering the ethical significance of the virtuous that exist for the delivery of health care.

The essential components of moral agency along with its related concepts of individual intentionality, integration of corporate values and corporate intentionality outline the process of reasoning, assimilating and acting as agents of the organization. Likewise, the essential component of social responsibility and its related concepts of human flourishing, reciprocal relationality and global context contribute to the understanding that virtuous organizations exist not only for profit but to advance the causes of society. Lastly, ethical environment and the components of fostering core values, sustainable ethics and modeling behavior create awareness that human flourishing takes place best in situations that witness to and support the overall well being of stakeholders. These essential components are present in the virtuous organization and they are witnessed by those both within and outside the organization.

The meaning of the essential components may be deepened when considered in light of various religious traditions. One tradition that provides significant depth to the components is Catholic mission especially when each component is aligned with and considered in light of specific theological themes.
Chapter Three: Catholic Mission

Chapter Two discusses the secular components of the virtuous organization. Chapter Three will now align each of the secular components with equivalent mission related religious themes in an effort to deepen the meaning of the secular components. Specifically, agency is aligned with the mission related theme of sanctity of human person. Social responsibility is aligned with common good. And ethical environment is aligned with the theme of discipleship. This ethics hermeneutic introduces the central thesis of the dissertation, which is the ethical significance of the virtuous organization inspired by Catholic mission.

The hermeneutic provides an interpretation of the ethical significance of the secular components of the virtuous organization in light of the mission related religious themes. This does not imply a validation of the secular components. As discussed in Chapter Two, the components already present an understanding of the ethical significance of the virtuous organization. There is no need for further validation. The hermeneutic instead serves to consider them in light of Catholic tradition and adds substance to them from that tradition's point of view.

A. Agency and the Mission Theme of Sanctity of Human Person

Agency is an essential component of the virtuous organization and as such contributes to an understanding of the ethical significance of the virtuous organization. From a faith perspective, the Catholic mission related religious theme of sanctity of human person deepens the meaning of agency.

Sanctity of the human person is a foundational truth within the Catholic tradition.¹ This stems from a belief that human persons not only have self-knowledge and self-
determination but that the human person is called by God to a covenant relationship in which those abilities naturally reflect one's relationship with God. In this relationship the human person freely responds to God's gift of love by loving God in return and by entering into loving communion with others as God does. This relationship is one unlike any other creatures and therefore affords the human person an unparalleled sacredness as image of God.

Sanctity of human person is rooted in an understanding that a person is made in the image of God and as such is oriented toward a relationship with God. As with any relationship, a relationship with God necessitates a certain predisposition toward behaviors reflective of that relationship. Since God’s intentions are oriented toward good, human persons by nature of their relationship with God will likewise be oriented toward good. In addition, a relationship with God orients the human person toward a relationship with others as well as with God. It is in this understanding of relationships with God and with others that a theology of person begins to emerge. The religious theme of theology of person considers the community formed from one’s relationships with God and others. What emerges from these relationships is communal intention and communal interests. The communal attitudes that result from one's relationship with God and others align well with the third secular concept of corporate intentionality. From a Catholic tradition the mission related religious theme of juridic person provides a framework for considering common intentions within a faith perspective. Hence, the potential to deepen the meaning of corporate intentionality occurs with an understanding of theological discourse on the mission related religious theme of juridic person.
If sanctity of human person is to be aligned with the secular component of agency, than the mission related religious themes need to be clearly understood in light of how they deepen the secular concepts associated with agency. The deeper meaning emerges by providing a transcendent context for individual intentionality and integration of corporate values wherein the integration of values occurs by relating the communal intention of the individual with others and with God. Likewise, by providing a transcendent context for corporate intentionality that is present in the juridic person as witness to the mission of the Church, a deeper meaning emerges. Just as agency characterizes a crucial component of organizational virtue, through the use of the ethics hermeneutic a deeper meaning can be construed by aligning agency with sanctity of the human person.

A. 1. Image of God.

Image of God deepens the meaning of the secular concept of individual intentionality by providing a transcendent context for interpreting the secular concept. Image of God is a religious theme first seen in scripture. The creation story proclaims that on day six the human person (male and female) is made in God's image and likeness and, like God, the human person is designated as master of the rest of creation. One need not take the creation story literally to understand its meaning. Image of God implies that human persons reflect the qualities of God as master of creation. This is as God ordered it. God's dominion over all of creation including human persons, and human persons serving along with God as stewards over the rest of creation, constitutes the original harmony intended by God. Therefore, like God, human persons demonstrate loving concern for creation. God would not run roughshod over creation nor would God destroy
any of creation for His own satisfaction. In a like manner, those who are image of God
treasure and honor God's creation. To do otherwise would not be as God intended for
those created in God's image. Human persons are created by a loving God and
participate in co-creating through proper stewardship of what God has created. This
responsibility as co-creator elevates and sanctifies the status of human persons as image
of God.

Theological discourse contends that image of God is not reversible. Image of
God was assigned to human persons and describes the special status humans have with
God and with God's creation. Therefore, human persons as image of God are part of
God's creation. Sanctity of the human person is rooted in an understanding of the human
person's relationship with God and with God's creation. Human persons are said to have
a transcendent nature, meaning they can transcend who they are through self-creation.
They are able to make choices and work to bring about what they hope for and what God
intends for them and for all of creation.

The image of God is a core creational theme of Christian anthropology that
involves a special relationship between God and human persons. Scripture, both
Christian and Hebrew testament accounts, provides insight into what is expected of the
human person who is made in the image of God. When God creates the human person
in God's image, it is with a certain intention or destiny for the human person. While the
intention is God's intention, the human person chooses to respond, thus participating in
one's own destiny. God offers support to help those made in God's image to attain their
destiny. Through a covenant forged with those who are made in his image, "You will be
my people and I will be your God", there is an assurance of God's presence on the journey. God's fidelity is unconditional.

While God is always faithful, those who have been made in his image are not. However, God does not turn his back on his people. God continues to call them to love as God loves, to care as God cares. As long as God continues to love those made in God's image, human persons will enjoy a sacred dignity whether they are faithful to their responsibilities or not. Human persons have an opportunity to amend their choices and renew their commitment and thus continue their journey toward a final destiny of union with God.

All who are made in the image of God have a responsibility to live lives reflective of that image. At a minimum such lives demonstrate faithfulness to God, care for the poor and vulnerable, and efforts at transforming oneself and society as God intends for God’s people. However, there are those who are challenged with even greater responsibility. Some made in God's image are called to lead others toward their destiny. Scholars refer to this as the election of the chosen people of Israel. This election is part of the agreement between God and those who are made in God's image. In fact, some scholars consider giving oneself in service to others the fundamental responsibility of being made in the image of God. For the Christian, Jesus is the perfect image of God. Jesus demonstrates how human persons respond to the call to transform the world in accordance with God's plan and their own destiny.

The incarnation emphasizes the sanctity of the human person, for in the incarnation the image of God is epitomized in the radical union of God and human person. God renews the covenant by communicating God's desire in the person of Jesus.
In love God sends his son to be an example, to be the perfect image of the invisible God and to challenge human persons to a new covenant. "As I have loved you, so you must love one another". That which human persons are most intensely invited to imitate is God as love. The sanctity of the human person lies in God's creation of the persons in his image. God gifts the human person not only with a nature made in God’s image but with the grace necessary for the human person to fulfill that destiny.

Grace is the self-communication of God to God's creation. God shares God's self with human persons in an effort to insure the person is able to consider possibilities that extend beyond what is normal. Grace enables persons to transcend normal possibilities. Through God's imparting God's self to the human person, God becomes both the goal and the motivating force toward that goal. God's good creation is the human person made in God's image and gifted with grace to fulfill human destiny of sharing the vision of God.

Grace enables the human person to make choices that transcend a worldly point of view, hope against all hope, love without counting the cost, find meaning in what appears meaningless. This does not mean that human persons are denied freedom and choice and are simply programmed as God designs. Nor does it mean that all human persons accept grace and are automatically oriented toward God. While grace is constantly given, always and everywhere, accepting grace is a choice each human person makes.

Human beings say their yes or no to their graced condition (their orientation toward the immediacy of God) over some worldly reality because they have this orientation consciously and freely only in relationship to someone or something in their world. This is why their history is the history of their free relationship to their graced transcendentality, why it is salvation history.
Human nature in its graced state as well as its un-graced state retains its natural tendency toward God in whose image persons are made. However, it is the integration of nature and grace that defines the human person.

The religious theme of being made in the image of God provides a transcendent context for interpreting the secular concept of individual intentionality. This interpretation deepens individual intentionality by positioning it within a faith perspective that considers individual intentionality as inclusive of a deeper relational understanding of the individual with a primordial orientation toward God and God's intention. In other words, human persons are not left solely to their own devices. Human persons, through a constant exposure to grace, are encouraged toward choices aimed at fulfilling their destiny with God. To be the image of God involves an imperative calling to live out of the fullness of the gifts received by moving out of oneself and into the world of relationships.

A.2. Theology of Person.

While persons are made in God’s image and graced with an existence that is destined to union with God, the journey toward that union is a process of becoming the person one is called to be. A theology of person is the second religious theme with which to consider the mission related religious theme of sanctity of human person. Theology of person is aligned with the secular concept of integration of corporate values. This is appropriate because integration of values by a critical mass is essential to the virtuous organization. If a critical mass of persons is to integrate corporate values it will happen only if the integration takes place one person at a time. Hence, theology of person which
considers the individual person is an equivalent religious theme to align with the secular concept of integration of corporate values.

Image of God emphasizes the human person’s orientation toward God and other persons. Similarly, theology of person emphasizes that personhood is conceived in terms of one’s ability to have relationships with other human persons and the world at large as well as a special relationship with God. Persons are shaped by their relationships and integrate values reflective of those relationships. This integration of values motivates and influences who the person is as subject and what the person does as agent. In fact the human person adequately considered involves the totality of the person. The human person engaged with the world, other persons, social structures and God maintains a unique originality distinct from but equal with all other persons who are on the same journey.

Theology of person recognizes that persons are characterized by self-consciousness and freedom. Self awareness with the possibility of fulfilling one’s destiny as image of God is foundational to a theology of person. Being person is an ongoing process and requires commitment to the development of one’s own person. Development is influenced by who and what a person encounters in the broader context of one’s experiences. There are no set paths that God has mapped out for the human person’s development. By the very nature of being a human person, one’s development is continually unfolded and revealed as one lives in relationship with God and the rest of God’s creation.

Contemporary theological discourse emphasizes that to understand salvation and grace one must consider them in a soteriological context. A theology of person
anticipates relationships modeled on the perfect relationship of the Trinity with an emphasis on the soteriological function of human development. In fact, Curran emphasizes that the human person is not in a solitary Jesus-and-me relationship. Rather, human persons are aware of and related to God primarily through relationships with others.

The divine Trinity of persons in God are in relationship for one another and for us. Throughout salvific relationship with the Trinity, we too become persons in relationship for others.

Therefore, a theology of person involves the whole person in the totality of one's relationships.

The gospel call to holiness orients the human person toward others. While each person is called to a destiny with God it is not intended or possible to respond in isolation. The sanctity of the human person is expressed in the sacramental activities where one encounters the holy in others. Persons in union with one another are missioned with a responsibility for transforming themselves and the world. This communion of purposes strengthens human interaction within the complex structures that impact human existence. Within the Church the community of faithful celebrates relationship with the Divine in and through relationships with all of creation. The sacramental system itself exemplifies the human person in relationship with all of creation. Bread and wine as gifts of the earth, formed by human hands, made holy through the spirit and participated in by a community of believers, gives witness to a theology of person rooted in relationships. Each person is inspired by sacramental relationships and becomes a more complete person enlightened by those relationships. Therefore, each person is an agent whose actions are influenced by one's faith-based relationships and what they learn within them.
Theological discourse is resplendent with discussion regarding who the human person is as subject and what the person does as agent. Many theologians explain this basic orientation in terms of conversion. This implies that the human person, although oriented toward good, may make choices that are contrary to that orientation and at times is in need of conversion. Conversion involves a transformation of the person, a sacramental celebration and an embrace of God in and through the world in which God reveals God’s self. As a basic human experience conversion is an essential part of any theology of person in which destiny is aimed at union with God.

Lonergan, a noted theologian, discusses conversion in light of a continuum with an ultimate transformation of the self in response to the one's relationships with God and others. Lonergan discusses four conversions including intellectual, affective, moral and religious. Curran interprets Lonergan’s conversions simply in his discussion of moral theology and the person. Intellectual conversion helps the person understand that reality is more than what one sees or experiences. Affective conversion enables a person to move from self-focus to attention and concern for others. Moral conversion transforms the person from seeking personal satisfaction to making values focused choices. Religious conversion transforms the person to an unconditional ‘other focus’. Both moral conversion and religious conversion are inclusive of intellectual and affective conversion. To live a moral life, a person must experience transformation at the intellectual and affective level. Moral conversion can exists independent of religious conversion. Religious conversion, however, can be mediated in and through the moral life. This four dimensional theory of conversion exemplifies the key component of the human person’s transformation from a fledgling self to a fully integrated self with regard to moral
choices. One theory of contemporary moral theology that focuses on the dimension of religious conversion is Rahner’s fundamental option.47

Fundamental option considers the human person’s basic orientation and commitment to God and God’s ways. The fundamental option extends the earlier discussion of the human person as agent and as subject. As agent, persons have the freedom to make choices that are categorical, such as what house to buy or how many eggs to have for breakfast. On a deeper level human persons transcend their agent self and become subject. It is as subject that the human person says yes to God. A commitment to God once made disposes the person to God and influences categorical choices. Rahner’s theory has been criticized by many because of its perceived failure to address the human person adequately considered or with the complexity of relationships.48 However, to avoid consideration of the fundamental option in a discussion of a theology of person would be error. It is precisely this theory of fundamental option that describes the determination of the subject in the performance of particular categorical acts.49 Human persons have a basic orientation which is enlightened by relationships with self, others and God. In a theology of person individual acts are reflective of the totality of the human person’s relationships. As the person and the person’s relationships are more fully developed, their choices transcend self-centeredness. Relationships become more responsive to others and reflective of God's plan.

This religious theme, theology of person, deepens the meaning of the secular concept of integration of corporate values by highlighting that the integration of values occurs by relating the individual with others and with God. These relationships influence
values that are integrated at a transcendental level, thus deepening the meaning of the secular concept.

**A.3. Juridic Person.**

The third secular concept that characterizes agency is that of corporate intentionality. As with individual moral decision making, agency at the corporate level involves the capacity of an organization to make intentional choices reflective of a set of core principles that are intended to guide corporate moral decision making. A mission related religious theme that correlates is that of juridic person. The purpose of juridic person in Canon law is to assign to a group or organization the ethical responsibility for decision making that typically resides in an individual conscience.\(^{50}\)

Canon law or Church law developed naturally as ministries within the Church began to emerge. Canon law provides structure to allow ministries within the Church to relate with one another and with the Church herself.\(^{51}\) Health care as a ministry evolved as did other ministries out of an identified need “...the needs and ministry always predate any law, regulation or guidelines” by the Church.\(^{52}\) For the people of God, identifying and responding to critical needs of others are essential steps in the dynamic of emergent ministries in the Church for they reflect the call of Christ to love one another as he has loved.\(^{53}\) To concretize such ministries in the name of the Church involves an adaptation to the canons of Church law which are rooted in scripture, tradition and teaching of the Church, Concilliar documents and civil law.\(^{54}\) The notion of juridic person most resembles the concept of organization in secular society and is critical to formalizing ministry within the Church.
A juridic person is a group of persons or things dedicated to the purpose of helping the church achieve its mission.\textsuperscript{55} Code 114 discusses the juridic persons as one who engages in works of piety, the apostolate or charity and would fail to be juridic if it engaged in purely secular or temporal activities.\textsuperscript{56} Healing the sick and caring for the poor are works of charity that hallmark health care and address both spiritual and temporal needs in Catholic health care organizations.

The Church recognizes three different kinds of persons: physical, moral and juridic, all of which must be clearly understood by the others as they work together to further the mission of the Church. Therefore, before proceeding with an extensive discussion of juridic persons, it is necessary to consider the other persons who are involved in ministry. Physical persons are those who have been baptized and are members of the Church similar to citizens who are members of a society in the secular domain.\textsuperscript{57} As baptized members of the Church the persons have certain rights and responsibilities which are proper to all Christians.\textsuperscript{58} The Church and the Apostolic See are institutions that have the nature of moral persons as granted by divine law.\textsuperscript{59} These institutions have come into existence without formal legislation or decree. Morrisey compares these moral persons to the secular concepts of nation or family, neither of which has specific legal recognition but both of which are recognized as formal groups of respective members.\textsuperscript{60} Juridic person is the topic of consideration in canons 113-125 and the focus of consideration when discussing integration of corporate values.

Juridic persons are constituted by prescription of law or by special concession of the competent authority given through a decree: They are aggregates of persons or of things ordered towards a purpose congruent with the mission of the Church and which transcends the purpose of the individuals which make them up.\textsuperscript{61}
Juridic persons are either public or private and can be conferred such personality by a competent ecclesial authority only if they have a truly useful purpose and the resources to achieve that purpose.\textsuperscript{62}

A private juridic person does not act in the name of the Church. However, it does come into existence through a decree of a competent authority of the Church. The private juridic person acts in its own name, its temporal goods belong to the entity, and its works are more appropriately considered works of Catholics rather than Catholic works.\textsuperscript{63} These are the distinctive differences from a public juridic person. The public juridic person is the specific juridic personality under consideration in this discussion of the virtuous organization. It is the religious theme public juridic person that deepens the meaning of the secular concept integration of corporate values.

The Catholic Church takes great care in overseeing the works done in its name and with its intended purpose. Experience and history demonstrate that religious communities or dioceses have traditionally been the vehicles for carrying out the work of sponsoring ministries such as healthcare. There are other ways for this oversight to be accomplished, including the establishment of what is called a public juridic person.

Public juridic persons, unlike private juridic persons, operate in the name of the Church. Their temporal goods are goods of the Church and their works are Catholic works. There are five specific characteristics of the public juridic person, some of which have been alluded to but are worth repeating at this point for clarification and completeness. First, a public juridic person is constituted by a competent Church authority. Second, the work it performs is done in the name of the Church, not merely its
own name. Third, it fulfills a specific task entrusted to it in view of the common good.
Forth, it performs its task in accord with the limits set for it in Church law. Fifth, its
property is Church property. These characteristics are clearly articulated in the statutes
of the organization which must be approved by law or a competent ecclesial authority for juridic status to be conferred. The statutes also define who is competent to act on behalf of the juridic person. This is a crucial aspect of the statutes, for while all members of the organization play a role in the mission activities, not all necessarily participate in its decisions. A juridic person is considered “non-collegial when decision making belongs to an individual or group to whom governance has been entrusted”. Collegial juridic persons, on the other hand, have members who actively participate in its decisions. Hite provides examples of collegial juridic persons when he discusses religious institutes of women or men. Likewise, Hite points to a diocese of parishes as examples of non-collegial juridic persons in which the bishop is entrusted with decision making.

If the corporate intention of the Catholic Church is the furtherance of the mission of Jesus Christ through works of piety, the apostolate or charity, both spiritual and temporal, then the presence of public juridic persons are a formal testament to that intention. Thus, the mission related religious theme of juridic person can deepen the meaning of the secular concept of corporate intentionality by symbolically representing the larger mission of the organization just as juridic person symbolically represents the mission of the Church.

Before departing from this discussion of juridic person it is necessary to insure the reader understands that this process of juridic person is described in light of canon law and defines canonical structures. Organizations such as health care organizations are to
be validated by proper civil law as well as the canons of the Church. Agency available to human persons by virtue of their nature is made possible for organizations through civil and canonical processes.

**A.4. Conclusion.**

Aligning the religious theme of sanctity of human person with the secular concept of agency has deepened an understanding of agency as an essential concept of the virtuous organization. The deeper meaning emerges from their distinct but related considerations: first, by providing a transcendent context for individual intentionality; second, by highlighting that the integration of values occurs by relating the individual with others and ultimately with God; third, by understanding corporate intentionality in a symbolic manner that reflects the mission of the Church. In other words, just as agency characterizes a crucial component of organizational virtue, a deeper meaning is construed by aligning agency with sanctity of human persons and its religious themes of image of God, theology of person and juridic person.

**B. Social Responsibility and the Mission Theme of Common Good**

Social responsibility is the second characteristic of organizational virtue. The meaning of social responsibility can be deepened when aligned with the mission related religious theme of common good. Human persons tend by nature toward communion. This predilection toward communion with others is the basis for an understanding of common good. Therefore, the fundamental good for the human person is to be in communion with others and not to live in solitude. While the ultimate fulfillment of communion is realized in God, the human person, while made in the image of God is not
capable of full communion as is God. Yet the desire for communion which involves love, mutual communion and solidarity is the life work of human persons. James Hanigan summarizes this notion well:

To recognize the social nature of the human person is to recognize that human beings need one another in order to be what they are – human. Human life is not possible in isolation: human development cannot take place apart from a human community..."It is not good that man should be alone" (Gen 2:18). Human life needs other human lives in order to be human.

In the process of seeking communion with others, human persons, regardless of culture, religious tendencies or political stance, have a fundamental reasoning capacity that makes certain values universal. Thomas Aquinas identifies such common values in his discussion of natural law, a topic that has influenced much of Catholic morality throughout the centuries. Aquinas claims the desire of human persons to preserve life, to educate the young and to live cooperatively with others is commonly observed in most societies. Lisa Cahill suggest that, from these common values and the human person's need for communion emerge two other premises that influence an understanding of common good.

The first premise is that human persons who have a capacity for sin are "essentially good creatures of a good God" and desire to do good, know the truth and seek justice. This is reflective of the fact that human persons are made in the image of God. As such, human persons will choose actions that demonstrate love and concern for other persons and things within the universe to which they are in relationship. Persons want to secure the good for themselves and in doing so may elect choices that are evil. However, in general, persons want to secure good not only for themselves but for those persons and things within the universe with which they have a relationship. Societies
emerge primarily for this reason. The development of policies and laws allow societies to demonstrate attitudes of cooperation that enhance both individual and communal well-being. Such practices witness a respect for basic human needs that support democracy and protect civil liberties.\textsuperscript{77} In fact, Catholic tradition holds that society must strive for a level of goodness that is larger than individual claims and larger than the sum total of the goods of all individuals taken separately.\textsuperscript{78} If the legitimate needs of all persons are not met the whole fiber of the society suffers.\textsuperscript{79}

The second premise regarding common good that Cahill proposes is that human persons have the ability to know, with more or less accuracy, what "cooperative social life and human flourishing actually require".\textsuperscript{80} Scholars and Church leaders, not that they are necessarily mutually exclusive, continue to build on Aquinas' common values in an effort to describe the common good needed to promote human flourishing. Leo XIII calls on governments as well as individuals to secure peace, maintain civil order, strive for high standards of moral behavior in public and private activities, respect the sanctity of the human person, and avoid injuring others.\textsuperscript{81} John XXIII further challenges the human race to eliminate the persecution of others, especially minority groups, welcome economic and political refugees and eliminate the stockpiling and use of weapons of mass destruction.\textsuperscript{82} Paul VI encourages wealthy citizens and their societies to active participation in solidarity, justice and charity in order to bring about a more humane world "...where all will be able to give and receive, without one making progress at the expense of the other".\textsuperscript{83}

Theologians have echoed and further developed the social teachings that have emerged from the above cited encyclicals.\textsuperscript{84} However, theologians recognize the
difficulty in determining exactly what the common good is since common good progresses and develops over time.\textsuperscript{85} It is generally understood that what is good for the community is good for the individual and what is good for the individual is good for the community. However, neither extreme is reflective of the common good.\textsuperscript{86} Extreme individualism focuses on individual goods that benefit only the individual. The individual's efforts are egocentric and do not attend to the collective goods of society. Collectivism, on the other hand, considers only the good of the group as a whole without attention to the needs of individuals which at times should be prioritized. The tendency for each person or group to pursue narrow individual or group interests can make working for the common good difficult.\textsuperscript{87} The intimate communion of persons in the Trinity models the Christian concept of common good and offers Christians some understanding of how each person subsists in total, absolute communion with the other.\textsuperscript{88} The Trinity is used in Catholic tradition to exemplify a perfect communion in which each person is in the other through an infinite communion where the concerns of one are concerns of the many and subsequently concerns of the whole.\textsuperscript{89}

This understanding of the mission related religious theme of common good can deepen the meaning of the secular concept of social responsibility. The meaning of social responsibility as a secular component of the virtuous organization is expressed in the three related concepts of human flourishing, reciprocal relationality and the global context of social responsibility. The meaning of each secular concept can be deepened when aligned with equivalent religious themes. Therefore, human flourishing will be aligned with the religious theme of care for the poor and vulnerable, reciprocal relationality will be aligned with solidarity and subsidiarity, and global context will be
aligned with social justice. All of this is done in an effort to exemplify how the mission theme of common good deepens the meaning of social responsibility as a secular concept of the virtuous organization.

**B.1. Care for the Poor and Vulnerable.**

The first secular concept that characterizes the virtuous organization's component of social responsibility is that of human flourishing. Human flourishing, in an organizational context, involves attending to the needs of others and working to enhance the lives of organizational stakeholders. Care for the poor and vulnerable is an equivalent religious theme to be considered in deepening the meaning of human flourishing. Care for the poor as a religious theme in contemporary Church literature dates back to Rerum Novarum. Leo XIII stated clearly that when there is a question of protecting the rights of individuals, those of the poor and vulnerable must have special consideration. John Paul II in celebration of the 100th anniversary of *Rerum Novarum* definitively echoed the Church’s historical commitment to a preferential option to care for the poor by proclaiming the option for the poor as having a “special primacy in the exercise of Christian Charity”. Again, in *Sollicitud rei Socialis*, John Paul makes explicit the option or love of preference for the poor as a central guideline that inspires human choices. The understanding is that human persons have an obligation to provide in a special way for those who cannot, for whatever reason, care for themselves. The United States Bishops reinforce this position when they posit that the poor have the most urgent moral claim on the conscience of society. Option for the poor is a decisive action and a deliberate choice, reflecting values as well as desires to stand on the side of the poor in
solidarity with them.\textsuperscript{95} Dorr's description of option for the poor adds another dimension of responsibility from both the privileged and underprivileged.

\ldots people who are not already poor\ldots decide freely to relinquish their privileges, at least in part, and become identified with the underprivileged\ldots those who are disadvantaged make a choice to be in solidarity with other underprivileged people rather than try to take advantage of them and join the rich and powerful.\textsuperscript{96}

This is a key consideration, for the poor are not to be merely recipients of some kind of aid nor objects upon which the more privileged provide support for any reason other than creating a new society in which there are no more poor.\textsuperscript{97}

An option for the poor, according to the U.S. bishops, is a means of claiming that “\ldots the deprivation and powerlessness of the poor wounds the whole community” and must be attended to if the common good is to be realized.\textsuperscript{98} Social attention is needed to those who are poor and on the margins of society not only by the privileged but by the poor themselves. Hence, care for the poor and vulnerable emphasizes attention to the neediest in society with a specific intention to increase their potential for human flourishing and to diminish the stratification of the believing community.\textsuperscript{99} This religious theme and its intention are deeply rooted in scripture, Christology, and epistemology, each of which will be explored to help understand the religiously motivated obligation to care for the poor and the vulnerable.\textsuperscript{100}

The Exodus story describes the love God has for those who are victims of an unjust society.\textsuperscript{101} God leads Israel out of bondage, oppression and poverty to a land of prosperity, a land of milk and honey. This new land is not only intended to be a safe haven from the Egyptians but a place where the Israelites will find wealth and plenty.\textsuperscript{102} God intends through the miracles of the Exodus to not only address the needs of the poor
but to create a new nation where there are no more poor. This new land is an equalizer where those who were oppressed are now equal to all others, place where bondage and oppression and poverty are no longer a reality. In fact God's covenant calls forth a new attitude in this new land where even the alien and the poor who will come in the future will be welcome as members of the one community of God.

God’s covenant with Israel was dependent on the way the community treated the poor and the unprotected, the widows, the orphans and the stranger. Hence, there is a consistent theme in Jewish and Christian traditions that a crucial measure for a community’s fidelity to God is the community’s treatment of the poor within it. In fact the Church recognizes the option for the poor as a biblical mandate that begins with an understanding that each person is made in the image of God and is called by God into a caring relationship with one another. Scripture continues to provide testament to God’s covenant when Isaiah tells of God’s concern for how the poor are treated, “What do you mean by crushing my people, by grinding down the faces of the poor?” Likewise, it is clear that God takes issue with those who betray God’s covenant by demanding an account for abuses imposed on the poor and weak: “...who sells the just person for money and the poor for a pair of shoes, and trample the heads of the impoverished into the dust of the ground and shove the afflicted aside on the road?” A preference for the poor and the marginalized is emphasized again in the Priestly Code of Leviticus when God instructs Moses on the statutes and decrees to be observed by God's people. Throughout Israel’s history there is evidence that the poor have been given preferential attention and as such have served as agents of God’s transforming power.
Christian Scripture, too, calls the followers of Jesus to recognize their oneness as children of God. The Gospels emphasize that God is a God on the side of those who are poor and vulnerable. Jesus' parables emphasize this over and over. In Luke 14 Jesus instructs his followers not to invite friends or the rich to the banquet but to invite the poor, the cripple, the lame and others who cannot repay the kindness. The parables of Lazarus and the rich man, the Prodigal son, and others emphasize Jesus' instruction to love and welcome and care for those who are poor, lost, foreign, and marginalized. Jesus' invitation is always to communion and to the elimination of anything that separates those who are made in God's image from one another or from the Father. Matthew's account of the Great Judgment emphasizes that full communion with God is dependent on how persons have responded to the needs of the poor, the vulnerable and the marginalized. This same account describes Jesus' new order and yet acknowledges that even those who turn from Jesus will be judged according to the way they treat the poor. The follower of Jesus is to bring about the Kingdom on earth through a new order that eliminates poverty in all its forms and creates a new communion among the people of God. Hence, the option for the poor has strong Christological roots.

Jesus' own life and death are demonstrative of the Christological roots of caring for the poor and the vulnerable. The choice to step outside of his divinity and become a human person and victim of an unjust world unites Jesus experientially with the poor and marginalized. Jesus experiences injustice and identifies with the needs of those who have been mistreated and victimized. Because of his experience Jesus chooses to proclaim the good news to them and to offer liberation to them and promise salvation to them.
However, Jesus does not seek isolated conversion; he seeks to reform the life of the people as a whole.\textsuperscript{120}

It is virtually impossible to capture the volumes of scholarly works written about Jesus of Nazareth. Nor can one even begin to summarize the Christologies that have formed from exegetic, dogmatic and systematic disciplines on Jesus Christ although efforts have been made to do so.\textsuperscript{121} Therefore, this discussion of the Christological roots of care for the poor is intentionally limited to a Christology that may offer intentional reflections about the religious theme. One cannot discuss Christological roots of care for the poor without considering discourse on the religious theme as discussed by liberation theology.\textsuperscript{122} Even a focused consideration of liberation theology will be difficult due to the overwhelming discourse available from liberation theologians. However, it is liberation theology that has influenced, in many ways, contemporary Catholic tradition and its understanding of care for the poor. Jon Sobrino's discussion of Jesus the liberator will serve as a representative text for a brief discussion of a Christological source of care for the poor.\textsuperscript{123}

Sobrino's Christology emerges from a consideration of the historical Jesus, Jesus and the Kingdom of God and the crucified Jesus and resurrected Christ.\textsuperscript{124} The historical Jesus is important for Sobrino because it is in the history of Jesus that his divinity is safeguarded.\textsuperscript{125} The historical Jesus of Nazareth is sent to bring good news to the poor and release to captives.\textsuperscript{126} This truth, for Sobrino, introduces a new way of living faith. To be faithful to Christ is to follow Jesus in his example and his mission even to the radical end of sacrificing life to announce the good news and care for the poor and eradicate poverty in all its forms.\textsuperscript{127} This historical Jesus also intentionally provokes
conflict. When Jesus professes to be for the oppressed and against the oppressor a natural tension emerges: "the poor proclaim him as the true Christ, while the oppressors warn against him". Following the historical Jesus then involves actions in favor of the poor and against those individuals, groups and governments who continue their oppressive practices.

Sobrino's Christology also develops an understanding of the relationship between Jesus Christ and the Kingdom or reign of God. This concept is based on Jesus' own understanding of the uniqueness of his relationship with the Father. Sobrino notes that both terms, Kingdom of God and Father are authentic words of Jesus. As such, "The Kingdom explains God's being abba and the Fatherhood of God provides a basis for the explanation of the Kingdom". Jesus' preaching draws on the notion or understanding of the Kingdom held by the Hebrew people. When Jesus announces that the Kingdom is at hand, he also announces that the Kingdom requires a change. In fact, the word he uses is metanoia or change of heart that renders Jesus' listeners ready to receive God's grace. Such a metanoia, for Sobrino, intends that the poor are renewed in hope and the oppressor stops the oppression so that both can be made worthy of the Kingdom which is at hand. While Jesus offers salvation to everyone, Jesus knows that he has been sent especially to bring the good news to the poor. For Sobrino, this preferential treatment of the poor by Jesus is scandalous in the sense that at Jesus' time, and even today, there could exist a preference for those "persons whom societies have deemed inherently unlovable". Sobrino finally describes the Kingdom as Jesus' behavior or praxis, as an enactment of the Kingdom. Jesus' care for the poor through his being one with others,
performing miracles, instilling hope are for Sobrino's Christology concrete expressions or signs that something of the Kingdom has already arrived.  

The last dimension of Sobrino's theology considers the death of Jesus and the crucified God. The cross is the ultimate expression of Jesus' experience of the human condition. It is on the cross that "Jesus experiences the full range of our human condition, not only by undergoing death, but by undergoing an unjust, violent death that reaches its climax in the experience of abandonment". Through his experience of the cross Jesus experiences not only physical death, but a social death as an innocent victim deserted by his friends and a spiritual death of one who feels abandoned by God. This abandonment by God is recognized in Mark's Gospel account which ends with Jesus' cry and God's silence. For Sobrino and others, Jesus death shows "much more theological desolation than consolation, that what is to be heard from God is much more his silence than a word of closeness". The cross and Jesus' abandonment and death on the cross is for Sobrino the expression of God's love. These two acts say "that God has irrevocably drawn near to this world, that he is God 'with us' and a God 'for us'".  

As a discussion of Christology this short text has not done justice to the depth of discourse or questions inherent in Liberation theology. However, it has provided a Christological interpretation and demonstrated a prioritization of the religious theme of care for the poor. The history of Jesus, his enactment of the Kingdom, his closeness to the human condition and his promise of hope here and ultimately in God have enlightened an understanding of the common good.
Epistemological roots are the third source of option for the poor discussed by Curran and the last source considered in this discussion of the religious theme care for the poor and vulnerable. A traditional notion of knowing holds that science, facts, objectivity, and value neutrality are needed to truly know something. Modern understanding of epistemology proposes that there can be no pure objectivity, that all persons are influenced by their individual and communal values. Theologians propose that even God "herself was prejudiced in favor of the poor". The human person's knowing is also shaped by preferences. Therefore, prejudices when aligned with truth do not constitute an evil or wrong doing when acted upon. But the question of epistemology is how does one know the truth? And for a deeper understanding of common good a question of epistemology is how does one know the truth about care for the poor and vulnerable? Again, liberation theology, which has influenced Catholic social teaching on the option for the poor provides a theological methodology for knowing as it relates to care for the poor and vulnerable and will serve as a context for this discussion.

From a liberation theology perspective persons know by seeing, judging and acting. The theologian Clovis Boff considers these as acts of mediation or means to develop theological truth regarding option for the poor. In his theological methodology, Boff, discusses three specific means for discovering theological understanding, socioanalytical mediation, hermeneutical mediation and practical mediation. Socioanalytical methodology as a means of coming to know requires a concerted effort to experience poverty. To immerse oneself in the reality of the poor or by, "stooping down and examining the actual conditions in which the oppressed find themselves". Such examination involves more than witnessing poverty and oppression. It involves
discovering the phenomenon, its historical evolution and the world view that has addressed and let go unaddressed the poverty and oppression of peoples.\textsuperscript{149}

A hermeneutic mediation necessitates a concrete understanding of the issues of the oppressed and then wonders what scripture says about the situation. Reflection on the word of God in light of the issues of poverty and oppression is intended to inspire a deeper understanding of the issues in light of faith.\textsuperscript{150} Scripture itself has served as a source of Christian praxis and discourse that has led to the formation of social teachings on option for the poor. From a living faith perspective both scripturally inspired praxis and discourse provide insight into the option for the poor. Hence, hermeneutic mediation provides a process of coming to know more regarding care for the poor from a living faith tradition inspired by scripture, theological discourse and doctrine.\textsuperscript{151}

The third, and final mediation discussed by Boff is practical mediation. Liberation theology, by its very nomenclature exists for action and practical mediation is about acting. Yet, for action to be liberating it must be steeped in faith. Hence, liberation "…emerges from action and leads to action…wrapped in an atmosphere of faith from start to finish".\textsuperscript{152} Faith involves contemplation, awe, gratitude and wonder. Faith involves allowing oneself to be open to the mystery of God and in and through that experience faith involves being inspired to act. When one reflects on the poverty and oppression present in society Boff suggests the option is to justice, to the deed of love, to conversion, to church renewal, to the very transformation of society.\textsuperscript{153}

This discussion of care for the poor and vulnerable as a religious theme is integral to any discussion of common good. Before moving forward it is important to emphasize that Hebrew and Christian scripture exists for both the poor and those who are less poor.
While Jesus announced the Good News to the poor he secures salvation for all God's people through the message of God's special concern for the poor. Knowledge regarding the option for the poor is found through experiences, scripture, and action but is also made known through Divine inspiration and human reason. Liberation theology is a methodology easily applied to an understanding of care for the poor and vulnerable but is not the only methodology. However, Liberation Theology’s influence on Catholic social teaching's understanding of option for the poor makes it a preferred body of discourse for the purpose of this discussion.

Care for the poor and vulnerable draws on a community's interdependence and holds members of the community accountable for each one's role in securing the common good. The conjoined religious themes of solidarity and subsidiarity emphasize the community of human persons and the need for each person to be integrally involved in developing and protecting the common good.

B. 2. Solidarity and Subsidiarity.

The second secular concept that characterizes the virtuous organization’s component of social responsibility is that of reciprocal relationality. Reciprocal relationality in an organizational context involves an organization recognizing itself as part of a community from which the corporation obtains a benefit and to which it contributes a benefit. Solidarity and subsidiarity as a pair of religious themes is an equivalent religious theme able to deepen the secular meaning of reciprocal relationality.

Human persons live in religiously and culturally pluralistic societies that provide opportunities for social unity or social discord. The challenge is to actualize the virtue of tolerance and to work to develop an understanding of the common good within such a
pluralistic society.\textsuperscript{155} Efforts to create a common life together begin with a respect for the dignity of the human person and acceptance of responsibility to work together to enact the common good.\textsuperscript{156} It is valuable to recognize that common good is not something individuals accomplish on their own. Common good requires interdependence as a moral reality and solidarity as a virtue if it is to support the development of persons.\textsuperscript{157} The mission related religious theme of solidarity is integral to the previous discussion of care for the poor. However, the intent is to deviate from a purely Liberation Theology methodology in order to consider Hollenbach's more centralist methodology combined with what Curran, Himes and Shannon call a more deontological analysis of solidarity and subsidiarity by John Paul II in \textit{Sollicitudo rei Socialis}.\textsuperscript{158}

Solidarity involves an essential interdependence among individuals, groups and nations.\textsuperscript{159} A requirement of solidarity is to see the other person as a companion who is equal to one's self.\textsuperscript{160} When such realization is present then there exists mutuality or reciprocal solidarity. This sense of reciprocal solidarity links persons, peoples, and nations which can provide a transformation of social structures in which people are free and active participants.\textsuperscript{161} When interdependence involves the acts of determining economic, cultural, political and religious freedoms the status of independent activity is elevated to a moral category.\textsuperscript{162} John Paul II believes that such moral categories require a correlative response in the form of a moral attitude or virtue of solidarity.\textsuperscript{163} Solidarity is a Christian virtue necessary for conversion but it also a virtue and duty of all humankind.\textsuperscript{164}

Solidarity requires that the dignity of the human person is recognized not merely in an abstract, philosophical manner. Instead, when solidarity is present, members of
society acknowledge persons as *person* with inherent dignity and not simply as an instrument or means to an end.\(^{165}\) Solidarity involves a "firm and persevering determination to commit oneself to the common good".\(^{166}\) While it is important at all levels, solidarity is most important at the societal level. At the level of society solidarity requires attention to the poor without losing sight of the common good. Therefore, solidarity will oppose any form of exploitation, oppression or annihilation of others.\(^{167}\)

Karl Wojtyla's social teaching, as a philosopher and theologian, has been inspired by his history, philosophy and reflection on the atrocities of human suffering and prejudice. Therefore, the Church's social doctrine which encompasses solidarity as a critical ingredient has been influenced greatly by the philosopher who became pope. Wojtyla teaches,

…the solidarity that we propose is the path to peace and at the same time development. For world peace is inconceivable unless the world's leaders come to recognize that interdependence in itself demands the abandonment of the politics of blocs, the sacrifice of all forms of economic, military and political imperialism, and the transformation of mutual distrust into collaboration. This is precisely the *act proper* to solidarity among individuals and nations.\(^{168}\)

The Holy Father's own definition of the Church's social doctrine engages a set of principles that guide reflection, judgment and action.\(^{169}\) This method exemplifies a deontological methodology or what some have called a top-down-approach that differs from Liberation Theology, which begins with the lived experience of the people and is a bottom-up-approach. Curran, Himes and Shannon believe the Holy Father's methodology fits very well with the Holy Father’s understanding of solidarity as a central and fundamental duty and virtue for social life responsive to Catholic social teaching.\(^{170}\) John Paul II's teaching is not limited to a Catholic audience but to the entire world and has as its focus shared duties to one another especially the poor and vulnerable. Hence, he sets
forth a series of guidelines that are meant to encourage and enable solidarity among the world's citizens and thus potentiate the ultimate Christian objective, communion.\textsuperscript{171} The Guidelines that John Paul II emphasizes are: of option or love of preference for the poor; the goods of the world are meant for all; those with more are to respond to those with less, at all levels; needy countries/persons are to demonstrate initiative and involvement in addressing their own issues; subsidiarity is present in all relationships.\textsuperscript{172}

Within the Catholic tradition solidarity does not exist without subsidiarity. The Guidelines which the Holy Father emphasizes with regard to solidarity and social concerns support the principle of subsidiarity. Subsidiarity claims that the smaller units in society, person, family, neighborhood, Church and organization are usually preferable to large government entities when solving social concerns. The term subsidiarity derives from the Latin \textit{subsidium} which translated means help. Hence the larger social entities exist to help the smaller social structures.\textsuperscript{173} To the extent possible the less bureaucratic a decision can be regarding the common good, the more opportunity it has to be responsive to the needs of those involved.\textsuperscript{174} Those in authority, therefore, should be sure that a more perfectly graduated order is kept to insure that those impacted by a situation and who have the capacity to engage in decisions are involved in choices relative to them and their circumstances.

Fundamental to an understanding of subsidiarity is that higher levels of society are not to dominate or absorb the lower levels. Higher levels are to enable lower levels, intervening only when those at the lower level are incapable of doing what has to be done.\textsuperscript{175} These lower levels of interaction are where solidarity is realized most easily. It is
at these more intimate levels where awareness of common concerns and common potentials are most intense.

Catholic tradition upholds the human person as a primary locus of society. Families naturally emerge from the relationships individuals forge to address basic human needs and desires. Families formulate neighborhoods and social structures to enable a more comprehensive means of addressing common concerns. Social agencies develop to provide specialty needs and from all these relationships can grow local, state, national and non-government structures that transect nation states. Each gradient emerges to support the unit before it but only to the extent needed or wanted, according to subsidiarity. The state or government is limited to an essential but subservient role. Just as all other persons, organizations, structures, and institutions in society, government has its role to play in a well organized society. The limited role of government or politics emphasizes that these levels of society are not and cannot be allowed to compromise the whole of the social order. To do so takes away the rights and roles of individuals, families and all other mediating institutions. However, what emerges from the concurrent development of groups within a society is a plethora of convictions about the common good and how it might best be served.

Society is composed of persons with numerous convictions, ideologies, religious beliefs, cultural traditions and values different from the Christian quest for communio. Such a pluralistic society, by definition, does not share a common vision. Therefore, if a civic community, local or national, is committed to the freedom and welfare of its citizens, efforts at developing a shared good for the community are necessary. Recognizing that the common good is incompatible with all forms of domination or
exclusion of one group of persons by another is a first step in developing solidarity in the midst of pluralism. Common good is possible since the good, an absence of domination and an attitude of inclusion, are values recognizable through a process of human reasoning.

Hollenbach suggests that since solidarity does not exist naturally in a pluralistic society human reasoning is necessary and can lead to what he identifies as intellectual solidarity. Intellectual solidarity occurs in "active dialogue of mutual listening and speaking across the boundaries of religion and culture". As an orientation of thinking, intellectual solidarity recognizes differences as opportunities to stimulate intellectual engagements across cultures and traditions present in the community. Intellectual solidarity enables Christians to bring their vision of the common good to a broader audience and enact solidarity through efforts at mutual understanding of common good. In theory, one might expect intellectual solidarity to identify and develop common themes that can be supported by a pluralistic audience. However, an orientation is needed in intellectual solidarity that regards differences as stimuli to intellectual engagement and welcomes foreign understanding of the common good. Intellectual solidarity “…is a disposition based on the hope that we can actually get somewhere if we decide to listen to what others think a good life looks like and in turn to tell them why we see the good life the way we do”. The effort at intellectual solidarity respects the essential interdependence in broader social issues common to all of God’s creation. Through intellectual solidarity something as large as the world community can recognize various levels of accountability and begins to address issues of common good and social justice.
One can hopefully see that the religious themes of solidarity and subsidiarity deepen the meaning of the secular concept of reciprocal relationality. By clarifying that the relational tension between being interdependent and being accountable to one another through appropriate roles and responsibilities that are not necessarily defined by laws or contracts extends the mutuality of social responsibility to a much deeper intention.

**B. 3. Social Justice.**

Common good has another mission related religious theme that can be considered when intending to deepen the secular meaning of social responsibility. The third secular concept that characterizes social responsibility as a component of the virtuous organization is that of global context. Global context in an organizational context involves developing systems intelligence by working together both within and outside the organization to create a preferred outcome for all involved. An equivalent mission related religious theme is that of social justice which in the Catholic tradition focuses attention on the world community as well as smaller social structures such as local or regional communities.

Curran's understanding of global morality provides a theological understanding of social justice that enlightens the secular concept of global concern or common good.\textsuperscript{184} The precepts of universality, impartiality and conviction can enlighten an understanding of social justice. Curran considers the precepts in light of a more traditional neoscholastic approach and then enlightens them in a more nuanced and chastened discussion.\textsuperscript{185} It is this latter perspective that adds clarity to social justice as a religious theme integral to the common good.
Universality recognizes the uniqueness of cultures and traditions present in today's society. There is a tendency to deny the opportunity for universal or common good because of the pluralistic nature of society. However, Paul VI as well as popes, theologians and social leaders who have followed him have outlined solutions that have universal validity regarding social justice.\(^\text{186}\) While the world's diversity may make justice issues difficult, the notion of universal points of agreement on moral values and principles can move efforts toward global social justice. Caution must be taken in any appeal for universal social justice to never intend the destruction of smaller or local cultural communities.\(^\text{187}\) At the same time, respect for local, regional, ethnic or religious distinctness cannot justify denial of anyone else's human dignity. Catholic social justice calls for universal action that not only avoids exclusion of persons, groups, or nations but supports the inclusion of those who are typically marginalized.\(^\text{188}\)

The need for universal values and principles comes from the Catholic tradition's understanding that God's love is universal and Christian love is to follow God's example. Therefore, the need for some universality in how the world community approaches one another is important to any discussion of social justice.\(^\text{189}\) As creatures of a loving God all human persons are united in their experience of God's love. Love of neighbor must be guided by what the Catholic tradition witnesses as non-negotiables. Such critical elements in achieving common good include: avoiding evils of discrimination, recognizing the importance of common good, supporting emigration rights, avoiding dangers of exploitation, fighting for equality, prioritizing concern for the poor and vulnerable. Because the Church has a certain public presence she has an obligation to set forth the non-negotiables she identifies for social justice not as though they are obligatory
elements of a universal social truth but as the Catholic tradition's expectations for social justice. The Church is to become an advocate for these rights if a social justice is to be universal. However, the Church cannot just advocate for justice, she must witness justice in her own interactions. The justice that the Church demonstrates is an example, a first and necessary step toward effectively proclaiming and witnessing the universality of God's justice to all peoples.

The second precept Curran suggests in understanding social justice from a Catholic tradition is that of impartiality. The impartial perspective relates to the social location of the knower and a limited worldview. Hence, pure impartiality is rare and maybe even impossible. Human tendencies exist that prejudice choices in favor of those with whom one has connections and in light of what one knows. From a theological perspective problems with impartiality arise on two levels. The first problem deals with the notion of finitude or that which keeps human persons from seeing the whole picture. This is especially true when social justice is intended to be universal. When one person, group or society believe they know what is good for everyone there are going to be inherent prejudices. The second problem human persons face is that of sinfulness in the form of self-centeredness. This attitude hinders openness to the other and stands in opposition to any effort at impartiality. Human prejudice and self-centeredness limit impartiality and affect the potential for a universal social justice. The problem of finitude calls for concerted efforts at developing a world view greater than one's own. The Church's effort at social justice attempts to overcome the problem of finitude through the empowerment of others. The voices of the others need to be encouraged and heard if a worldview that is truly representative of the world is to emerge. Bevans and Schroder
suggest this is made possible through a ministry of conscientization, of helping others find their own voices and using those voices to shape social justice by speaking within their culture, their traditions, their own humanity.  

"As people become more certain of their own power, of their own right to justice, and most fundamentally of their own goodness and dignity as human persons, the outcome of the struggle for justice is assured." Once an expanded worldview emerges, the issues of self-centeredness begin to erode. The challenge then is to allow social justice to confidently emerge from an expanded worldview.

Curran's third precept is certitude or conviction. Catholic social teaching intentionally proposes general directives, values, and principles since one can claim certitude on a more general level as opposed to espousing an obligatory set of norms.  

A general directive, value or principle is one in which other human persons can find meaning through their own process of rational consideration or by witnessing them in the actions of others. For example, opting for the poor calls for both solidarity and action.  

Solidarity involves sharing a lifestyle with the poor as much as particular circumstances allow. It also means listening to the voices of the poor, voting for their concerns, contributing to causes that support their development, cultivating a spirituality of patience, letting go of the way of the powerful and relying more completely on God.  

When the Christian passionately integrates these convictions and demonstrates behavior consistent with them the common good is potentiated by those actions and by the impact of those actions on those who witness them.

Understanding that social justice is mired and enlightened by the human potential for universality, impartiality and certitude the Catholic tradition continues to stress the
duty of everyone to create the goods, services and general welfare of the whole community.\textsuperscript{199} This reinforces the notation of subsidiarity and anticipates involvement of various structures, mediating institutions and governments as participants in arriving at the common good.\textsuperscript{200} This theological understanding of the human community and its essential role in social justice enlightens the global nature of humanity before God as a distinctly religious challenge of the concomitant commitment to common good.

\textbf{B. 4. Conclusion.}

Common good is molded within a social context and the way those in a society respond to the needs of the poor and vulnerable. Societies characterized by solidarity and subsidiarity are societies where the common good is celebrated through relationships of mutuality and unity of purpose. Morality embedded with an attitude of social justice influences the nature of interactions and outcomes of the group. Each of these religious themes helps to deepen the secular concept of social responsibility.

In other words the meaning of the secular concept of social responsibility can be deepened by being aligned with the religious theme of common good. This deeper meaning emerges from highlighting the need for including the poor and vulnerable in any approach to human flourishing, from clarifying the relational tension between being interdependent as a community and being accountable according to human circumstances, and enlightening the global nature of humanity before good as distinctively religious commitment to social justice.

\textbf{C. Ethical Environment and the Mission Theme of Discipleship}

Ethical environment is the third characteristic of organizational virtue. The meaning of an ethical environment can be deepened when aligned with the religious
theme of discipleship. For the Christian, discipleship is a concept described first by the
synoptic writers. Each gospel account presents an understanding of what it means to
follow Jesus. As a mission theme within the Catholic tradition, discipleship involves four
features common to the gospel accounts: a call by God, a response through communion
with others, total commitment, and living in the world where one’s relationship with God
and others can deepen. 201

To be called by God is an invitation to accept God’s gift of love. The call comes
in the form of Jesus who was sent to preach the good news of God’s Kingdom on earth.
The invitation involves Jesus’ request to "come, follow me". Those who follow Jesus as a
norm for life on earth enter into a way of discipleship that is caught up in God’s love. 202
The call to discipleship is universally offered and requires letting go of whatever
occupies a person’s heart in order to have room for God’s love.

Discipleship involves responding to God’s love by loving God in return.
However, discipleship also involves sharing God’s love with others and experiencing
God’s love in and through other persons. Discipleship requires acting toward others as
God has acted toward oneself. 203 Just as Jesus forged a relationship with and a priority for
the poor, disciples, too, are to show a preferential option for the love of the poor. 204
Through one’s relationship with Jesus one discovers the cost of discipleship. Through
communion with others one discovers the depth of God’s love. A community of disciples
is needed to remain faithful to God’s call. 205

The acceptance of one’s call to discipleship reorients one’s life toward the
Kingdom of God on earth. Therefore, a decision to follow Jesus involves a commitment
to discover the sort of person one ought to be and the sort of actions one ought to perform in light of the gospel call to discipleship.  

Lastly, discipleship involves living one’s love for God and others in and through the very actions of being human. In the simple chores associated with life on earth, human persons are called to spread the Gospel and transform the world into God’s Kingdom on earth. Through relationships forged in the family, the work place and society, disciples can share God’s love and come to know God’s love more fully. In the Catholic tradition the call to discipleship is offered by God who wants to be in intimate relationship with God’s people. A relationship with God involves an intimacy with others, creating a community and making it impossible to live in isolation. When disciples stand united in God’s love, the possibilities for affecting the world are endless.  

The understanding of the mission related religious theme of discipleship can deepen the meaning of the secular concept of ethical environment. Ethical environment as a secular component of the virtuous organization is expressed in three related concepts of fostering core values, sustainable ethics and modeling behavior. The meaning of each concept is deepened when aligned with equivalent religious themes. Therefore, fostering core values is aligned with the religious theme of mission identity, sustainable ethics is aligned with the religious theme stewardship and modeling behavior is aligned with the religious them of sponsorship. This hermeneutic exemplifies how the mission theme of discipleship deepens the meaning, from a faith perspective, of ethical environment as a secular concept of the virtuous organization.

The first secular concept that characterizes the virtuous organization’s ethical environment is that of fostering core values. Ethical environments are present in organizations where essential values are clearly articulated, policies are developed and processes are in place to guide the use of those values in daily operations. An equivalent mission related religious theme is that of mission identity.

Mission identity helps to clarify an organization's core values, plan its strategic direction and encourage its intended development. Mission identity in a religious setting has several priorities which are reflective of the call to discipleship. These priorities include being connected with God, being committed to God’s Kingdom on earth, witnessing to Christ as divine savior, and, engaging in prophetic dialogue in the world. Considering each of these priorities individually helps to clarify mission identity from a faith perspective.

Mission identity, first and foremost, involves being connected with God. Mission is primarily “rooted in the continual self-giving and self-revelation of God within the history of creation”. Christians are connected with God as members of creation, as image of God, as object of Christ’s redeeming act of love, as recipients of grace and as agents of God open to the Spirit. In these roles Christians reflect the unity, communion and love of the Trinity. Hence, mission identity involves being caught up in the very mission of God, in creation, redemption and ongoing sanctification. Simply stated, mission identity includes being rooted in the Trinitarian mission of God’s love in the world.
The religious folk song of the 1960’s proclaimed "…They will know we are Christians by our love, by our love,…". It is indeed the love and communion of the Trinity that the song is talking about and that Christian disciples witness. Rahner’s Trinitarian theology describes the Trinity as "immanent" and discusses that Trinitarian love is not something persons learn or come to understand as arcane revelation but from their experience of God in the historical Jesus and as God continues to reveal God’s self through the Spirit.  

To be Church, then, is to share in the life of the risen Christ, live the Father’s will, and be directed by the Spirit in an effort to shape the course of humankind. This is the mission of the Church.

Through a personal connection with the Trinity one comes to know the radical depth of divine love possible in and through communion. When disciples are connected to the Trinity, experience the love of the Trinity and share that love with other disciples, the mission is realized and others identify them by their love for one another.

Another priority for mission identity is being connected to God’s Kingdom on earth. Jesus is the first and greatest evangelizer who comes to proclaim the Kingdom of God on earth. Disciples of Jesus are to follow and continue Jesus’ mission in the world. Discipleship therefore cannot come to accept God’s love or to fully know God’s love without intending to share the news of God’s love and God’s love itself with others. Paul VI exhorts the disciple:

Here lies the touchstone of evangelization, it is unthinkable that a person should accept the word and give himself to the kingdom without becoming a person who bears to and proclaims it in his turn.

The disciple takes one’s mission from one’s relationship to the Kingdom of God. Discipleship involves participation in the mission of Jesus in service to the Kingdom by
preaching, serving and witnessing to the Kingdom of God. Hence, mission done in light of the reign of God is always about transformation. According to Bevans and Schroeder a focus on the Kingdom of God involves efforts at transforming the world.

A commitment to action within it, in imitation of Jesus’ own action of preaching about God’s love and mercy, bringing comfort and healing to those who suffer, and witnessing to God's inclusiveness by his association with those deemed unworthy of God's concern and compassion.²¹⁵

The disciple’s actions witness to a dynamic and evolving orientation toward the future. While Jesus proclaimed that the Kingdom of God is enacted through him and is continued through Christian love for one another, He also attests that the fullness of the Kingdom is still in the undetermined future.²¹⁶ Mission identity is present in the efforts of disciples servicing God’s Kingdom on earth in preparation for a future when God’s reign is fully realized.

Mission identity also prioritizes the disciple's witnessing to Christ as divine savior. The very mission of the church is born of faith in Jesus Christ²¹⁷. Christ has come to proclaim the good news, offer salvation and attest to both through his preaching, dying and resurrection. His unique role in the mission of the Trinity was born out of the Father’s creation and continues through the work of the Spirit. It was, however, in and through Jesus' full participation in humanity that the Kingdom of God is made known. Christ serves as mediator between God and the rest of humanity.

Catholic tradition holds that no one can come to full communion with God except through Jesus Christ.²¹⁸ It is this truth that justifies mission. If salvation is possible only through faith in Jesus Christ, then those who have such faith are responsible to introduce Jesus, His good news, and the news of His salvific acts to those who might know Jesus Christ or choose not to care.²¹⁹ Jesus Christ is central to the Church’s mission. Hence,
disciples of Christ have an obligation to offer all humanity some awareness of the saving love of God.\textsuperscript{220}

Catholic tradition above all respects the dignity of human persons made in the image of God. Hence, the gospel cannot be imposed on anyone, nor is it to be preached in ways that might be offensive to human dignity.\textsuperscript{221} While pluralism contradicts any opportunity for full communion it is none-the-less to be respected as an expression of the cultures that spring forth from experiencing God’s gifts. Yet, it is to the entire world that the message of Christ as universal savior is to continue to be preached and encountered in the acts of the disciples.

A final and possibly the most important precept in mission identity is characterized as prophetic dialogue.\textsuperscript{222} Mission activity recognizes the love of God for all creation. Hence, mission can only proceed in dialogue with the multitude of persons, cultures and traditions that co-exist in society along with Christianity.\textsuperscript{223}

The dialogue that takes place involves a mutual exchange of fundamental teachings, beliefs and values from the various participants. However, the Catholic tradition emphasizes the need for the dialogue to be prophetic. Prophetic dialogue engages the poor in an effort to identify and then speak out against what keeps them poor.\textsuperscript{224} Prophetic dialogue needs to appreciate and critique human culture. Prophetic dialogue also “…needs to engage the truths of other religions while maintaining the conviction that Jesus is the way, the truth and the life”.\textsuperscript{225}

A process of prophetic dialogue allows the disciple to witness to the truths held within a Catholic perspective. Bevans and Shroeder identify Catholic truths to include the person and work of Jesus Christ, ecclesial existence in eschatological hope of salvation
that embraces the whole of humanity and of human culture as constants in an ever changing social reality. Mission identity is realized when the disciple is able to carry out the waltz of prophetic dialogue with open conviction and sensitive-courage.

The religious theme of mission identity deepens the meaning of the secular concept of fostering core values by highlighting religious values or precepts that enable one to connect belief in God with a call to service. Through one’s being connected with God, being committed to God’s Kingdom on earth, witnessing to Christ as divine savior, and engaging in prophetic dialogue, faith is developed and has the opportunity to be witnessed in action.

C. 2. Stewardship.

The second secular concept that characterizes ethical environment is that of sustainable ethics. Sustainable ethics involves the need for policies and structures to support and encourage agents to consistently make values driven decisions. An equivalent mission related religious theme is that of stewardship. Stewardship as a principle within the Catholic tradition has two parallel dimensions. The first is that disciples have an obligation based on their religious mission to preserve what they have received and to pass along with integrity those gifts and assets to subsequent generations. A second dimension of stewardship is the responsibility of prudently managing scarce resources.

Disciples, as has already been discussed, are those who respond to God's call, follow Jesus, and shape their lives in imitation of Christ. Stewardship is a responsibility of Christian disciples. Stewardship involves the disciple receiving God's gifts, cherishing and tending them in a responsible and accountable manner, sharing them out of love and
in justice with others, and passing them on in greater measure than what was first received.\textsuperscript{229} Stewardship requires disciples to appreciate and treasure the gifts of God including the earth, with all its natural resources, and one's own nature along with the intellectual, spiritual and emotional potential afforded only to human persons. The Catholic tradition has consistently related the principle of stewardship to image of God and common good.\textsuperscript{230} Human persons, made in the image of God, are intended to treasure and care for the rest of creation along with God who has absolute dominion over creation.\textsuperscript{231} Other human persons, the goods of the earth and all other goods that evolve from the earth are included in God's creation.

Since all are made in God's image, the responsibility to steward God’s creation belongs to everyone. This shared responsibility for creation forces human persons to cooperate with one another. Hence, solidarity, an integral element of stewardship, is important if an effective means of stewarding is to exist. Saint Peter was the first to claim that it takes a village to be wise stewards of God's gifts.

Above all, never let your love for each other grow insincere, since ‘love covers a multitude of sins’. Welcome each other into your houses without grumbling. Each of you has received a special grace, so like good stewards responsible for all these different graces of God, put yourself at the service of others.\textsuperscript{232}

The bishops of the United States discuss three essential aspects needed for disciples to faithfully engage in what Peter calls service to God and others.\textsuperscript{233}

Stewardship involves, first, a conviction on the part of the mature disciple to follow Jesus despite the personal cost.\textsuperscript{234} The operative word is \textit{mature} disciple. Maturity implies that there has been a formation of oneself that has evolved from self-centeredness to a centeredness that is more reflective of the attitude of Jesus. To proclaim the Good News of salvation as Jesus did demands that disciple do as Jesus did, which is to do the
will of God. One has to first come to know Jesus personally, to experience the gift of humanity, and to consciously commit oneself as a disciple of Jesus. Through these experiences the human person can accept with conviction the call to discipleship and assume the responsibilities of stewardship.

Stewardship challenges persons to change, to embrace who they are as disciples of Jesus, and to become responsible for that which God has assigned human persons responsibility. Such challenges indicate a need for the second aspect of faithful stewardship discussed by the bishops, conversion. Conversion involves coming to a profound awareness of what stewardship entails. Stewardship is not limited to insuring that one's family and neighbors have the basic needs for human flourishing, although that is part of it. Stewardship involves coming to understand that one is called by God to transform the world. One begins that transformation within oneself. As a way of life, stewardship is characterized by simplicity, responsibility for others, and the renunciation of personal advantage. When these countercultural characteristics are present there exists a possibility for effective stewardship, for changing one's life and for positively impacting the world.235

In the Catholic tradition, stewardship involves cherishing and fostering the gifts of all while using one's own gifts to serve the common good. Hence, communion is the third conviction of stewardship outlined by the bishops.236 Communion, too, is countercultural since the dominant themes and values of an increasingly secular culture celebrate the individual over the community and self-interest over common good.237 Stewardship can only exist in communion since God has given limited control of His creation to all of
humankind. When people fail to cooperate with one another, God's creation suffers and stewardship is ineffective.

The central idea of stewardship, from the bishops and other theological discourse, is that all one has at one's disposal is held in trust for others. Disciples understand that while they possess legal title over a resource and are considered owners, there are limits to the control they possess. All that is belongs to God. Hence, stewardship involves caretaking, not mastery. Along this line of reasoning Catholic tradition holds that the use of property is common, given by God to all, while the ownership, in a legal sense, may be private. Ownership includes the fundamental obligation of stewardship to preserve and pass on gifts and assets to generations that follow. This obligation reflects the understanding that human persons own nothing absolutely. Individual discipleship and the implications for stewardship are intensified when they serve as agents in organizations that exist for the sake of the Catholic mission.

The mission of Christ is one of the most precious gifts given to His disciples. Everything that exists is to be used in fulfillment of the mission. Catholic tradition insists that disciples are not owners but stewards of Church resources. All resources are to be used in support of the evangelical, spiritual, social, educational and religious mission of the Church. Such a ministerial focus on the needs of the community is a sacramental expression of God’s biblical covenant with human persons. This community covenant engenders levels of solidarity and subsidiarity that epitomize the cooperation and mutual trust needed to steward the mission of the Church.

If stewardship is to be effective, disciples will honor the source from which resources come and treasure the resources themselves by using them only for the purpose
they were intended. Misuse, abuse or philandering of resources for other than intended purposes violates the principle of stewardship, generates distrust within the community, and challenges the integrity of the mission.\textsuperscript{243} The Mission is sustained by disciples who trust one another to be faithful to the Mission's purpose. Magill and Prybill suggest that stewardship fosters integrity in the organization.\textsuperscript{244} Therefore, when Catholic Mission is the gift entrusted to agents, they have a moral obligation to nurture the mission in a manner that represents its intention, preserves it and legitimizes it for future generations. The biblical image of not lighting a candle to put it under a bushel has significant meaning for stewardship. Holding the Mission close in an effort to safeguard it can be detrimental. Stewardship is to promote the mission through disciples who adopt the mission as their own, enact the gospel message of salvation, and treasure, develop and pass the mission on to others.

The religious theme of stewardship has been used to discuss the meaning of the secular concept of sustainable ethics by highlighting the religious mission to preserve and hand on received gifts to future generations. The religious theme is an expression of discipleship.

\textbf{C. 3. Sponsorship.}

The third secular concept that characterizes the development of an ethical environment is that of modeling behavior. Modeling behavior involves leaders in the organization demonstrating values driven decision making with a focus on advancing the organization's intended purpose. An ethical environment is nurtured when leaders model behavior expected of agents in the organization. An equivalent religious theme is that of sponsorship. From a legal perspective, sponsorship is the canonical stewardship of a
ministry that is carried out in the name of the Church.\textsuperscript{245} A pastoral consideration of sponsorship involves desiring to insure that the mission of Christ continues within the Church amidst rapidly changing circumstances impacting the Church and society as a whole.\textsuperscript{246} Theological discourse on sponsorship focuses on the call to holiness through ministries of caring.\textsuperscript{247} A reflection on the legal, pastoral and theological elements of sponsorship helps to explore the textured context of the universal call to holiness and the use of organizational efforts to advance one’s call.

The legal dimension of sponsorship is more tenuous than one might expect. As a term sponsorship is surprisingly absent from canon law, the source of all things legal in the Catholic tradition.\textsuperscript{248} However, the reason might have to do with its relative newness in Catholic ministerial circles. The term was first emerged out of necessity in the early 1970s as Church officials worked with religious congregations and dioceses, and their hospitals involved in the delivery of health care.\textsuperscript{249} Since that time various forms of sponsorship have emerged to address the legal responsibility between ecclesial ministries and the Church.\textsuperscript{250}

Gerry Arbuckle, a noted Catholic health care leader in both the United States and Australia claims, "Sponsorship is the canonical stewardship of a ministry that is carried out in the name of the Church".\textsuperscript{251} While this may not be the most comprehensive definition it represents the implied intention of the term. To engage in sponsorship is to assume legal responsibility for the gift of a ministerial service and to treasure, nurture and pass on the ministry to the next generation of disciples.

Sponsorship refers to the canonical relationship between a juridic person (a recognized Church entity) and an incorporated ministry.\textsuperscript{252} In this sense one can see that
sponsorship is a relational term that calls for collaboration and accountability in both the civil and canonical realms. Civil law impacts the incorporated ministry and its legal standing within the jurisdiction in which it does business. Canon law describes the level of canonical control sponsors need to maintain in order to meet their responsibility as stewards of faith and influence regarding the activities of the ministry.  

Sponsorship models have come and gone. Most notable and most enduring are those that involve religious institutes or dioceses and their corporate ministries. New models continue to evolve and are reimagining not only the face of sponsorship but the Church itself. Consistent in these models are a set of reserved powers held by the sponsors. Reserved powers are those responsibilities that are held by the recognized Church entity, juridic person, or sponsor in order for the ministry is to remain Catholic and the sponsor is to be a faithful steward of Church patrimony. The first reserved power is for the sponsors need to insure they have legal authority in a corporate or member structure to define the philosophy and mission of the corporation. This power assures sponsors the opportunity to identify in legal documents that the intention of the corporation to conduct business in a manner consistent with Catholic tradition. Secondly, the sponsors should insure they alone can amend the corporate bylaws and corporate charter. Again, this secures the sponsors' influence over the business activities of the corporation. Thirdly, sponsors will want to reserve for themselves the ability to appoint the Board of Trustees. This power allows sponsors to identify and appoint leaders who will remain faithful to Catholic mission when executing their fiduciary responsibilities as trustees. These three powers allow the sponsors enough control to potentiate an atmosphere of Catholicity as required "by the faith obligation
imposed by canon law on sponsors". The forth reserved power requires limits to divest of corporate goods or to encumber debt. Execution of this power helps the sponsor insure corporate solvency and protect assets for future generations. The fifth power holds the right to merge or dissolve the corporation to the sponsors. Through their reserved power sponsors insure that any alienation of Church property meets the obligation of proper administration of Church goods as delineated in canon law.

Sponsors are obligated to protect and use church patrimony in responsible ways. Reserved powers are legal maneuvers that assist sponsors in their stewardship role. The legal dimension of sponsorship has become complex since the early years of single room clinics and basement soup kitchens. Sponsors encumber enormous responsibility and accountability from a legal perspective when they develop institutional means to affect mission.

The legal dimension of sponsorship is complemented by pastoral and theological dimensions. Blessed John Paul, in one of his apostolic letters as Holy Father, emphasizes that pastoral initiatives must emerge in response to the baptismal call to holiness that shapes the life of the disciple. In light of John Paul’s position, sponsorship becomes a prophetic action that bridges the gap between the Gospel call to holiness and contemporary realities. A pastoral perspective of sponsorship involves designing methods to insure the mission of Christ continues and persons are given a greater opportunity for holiness. Ministries that are fully enmeshed in the rapidly changing circumstances taking place in both society and the Church provide environments where disciples can advance the mission, respond to the Gospel and invite others to hear the witness mission in action.
Sponsorship is rooted in the pastoral concerns of the early Church where members held all things in common. The apostles guided those with more to directly address the needs of the poor in their efforts to be true followers of Christ. The faithful, committed to their call to holiness and obligated to care for those with less, found more indirect means to address the needs of the poor among them. Those who were able started giving donations to the apostles for distribution rather than identifying and responding directly to those in need. As the Church grew leaders became preoccupied with other responsibilities and the care for and formation of the faith community was left to the faithful. Arbuckle claims this practice led to gaps between “the gospel imperative to aid the poor, on one hand, and the reality of unresolved poverty within the community on the other”. As the Church expanded, attending to the corporal works of mercy were more or less addressed by charitable groups of the faithful who identified the gaps and worked to resolve them. In the second millennium many religious institutes arose specifically to attend to the apostolic needs of the community. Members of these religious institutes, guided by the charisms of their founders, epitomized as closely as possible the Catholic tradition of service by "being other oriented, interdependent, embedded in community, bonded especially to the poor, and co-responsible for the welfare of all". It is through the faith and efforts of religious women and men that the care of the poor and marginalized grew from individual works for mercy to corporate realities in America and elsewhere.

Scholars discuss sponsored ministries in light of such intentional faith communities as religious institutes. Faith communities support and encourage members to grow in their love of God and develop environments where culture is
critiqued in light of the Gospel message. The existence of such communities provides an opportunity for persons to act intentionally with a Gospel vision in matters of human interaction. Such action requires a mutual understanding and commitment that is shaped by formation in prayer, reflection, study, discussion and planning.

Faith communities gave birth to many Church ministries that have existed for centuries. Hospitals, social service agencies, and schools emerged because men and women of faith dreamed dreams of how the Gospel message could respond to the needs of their times. With faith and eyes-wide-open vision these visionaries allowed their dreams to become hostels of faith in action. Such prophetic vision has often stood in tension and at times in tandem with the institutional Church. Visions that have become a reality are those fixed on the Gospel call to holiness, Jesus’ concern for the poor especially the marginalized by society and a desire for communion.

The institutional Church continues to need prophets who witness Gospel values, “...even to earth’s remotest ends”. Sponsorship, guided by a pastoral need for prophetic witness, relies on old processes to inform new models. Pastoral constants continue to influence sponsorship activities by accepting the Gospel mandate, designing efforts to make the presence of Christ real in the world today through institutions, and building intentional communities of disciples who are committed to mission in a Catholic tradition. Institutional ministries have been and can continue to be intentional communities in which employees and clients build the Kingdom of God on earth, grow in their faith and witness to the broader community the good news of salvation.

A theological dimension of sponsorship includes an understanding that sponsorship itself, as a ministry of the Church, is not static. The Spirit continues to
provide creative insight to disciples called to steward Catholic mission in response to
society’s ever changing needs. Theologians identify theological concepts that serve as a
framework to consider sponsorship as an instrument that “connects the sacrament of the
Church’s call to holiness to the Church’s call to formally carry on the ministries of
Jesus”. 268

All persons are called to holiness and individual acts of mercy lead women and
men of faith toward holiness. Such behaviors, consistent with the Gospel, are essential as
one journeys toward full communion with God and others. Ecclesial ministries differ in
the sense that they carry on works of mercy in the name of and on behalf of the Church
rather than as purely individual acts of good will. Participation in ecclesial ministries
involve an official call, preparation and commissioning of ministers by the Church. 269
Corporate structures within the Church were erected to facilitate the intelligent exercise
of responsibility for mission. Dioceses and religious institutes have for the most part
called forth leaders from among their members to assume canonical responsibility as
juridic persons for their sponsored ministries. Religious and clergy, called to holiness
through lives of solitary commitment to God and spreading the Gospel message have
historically assumed responsibility for shepherding these Church ministries. Their
preparation is enmeshed in years of formation and spiritual direction with a primary focus
on their own holiness and readiness for service in the Church. As Jesus did with the
apostles, ecclesial ministry formation involves learning to pray and discern the will of
God, learning to reach out to others, and to live simple and choosing unencumbered
lives. 270 Subsequent emersions into the ministry provide additional formation for
ministry. At times education in the realms of business, law, and leadership are necessary
for those who will provide effective governance for sponsored ministries. The later educational pursuits are always through the lens of one’s earlier formation, with a concern for one’s own and other’s holiness, and enacting the gospel in practical and concrete ways. Leadership in the sponsored ministries involves more than awarding a position; it involves a commissioning or what some have called a deputation. The term is irrelevant; the intention is important. The sending forth of individuals, in the name of the Church, at times with nuanced charisms, to enact the Gospel message is a sacramental anointing reserved for those prepared to represent the prophetic and institutional Church. Some theologians have called this gift of the Church an ecclesial coupling where the Church’s sacramental call to holiness and the sacramental call to ministry are co-joined. Most often the gift is called the ministry of sponsorship.

The transformation of apostolic works to corporate ecclesial structures, often larger than many secular entities conducting similar works, requires a skill base other than that had by men and women called to a priestly or religious vocation. As a result, and, “Depending on circumstances, either charismatic life or ministerial life would naturally tend to be more influential on sponsorship”. The call to corporate leadership in the Church is a radical commitment of time and energy. A number of circumstances have diminished the pool of ecclesial ministers with the desire, capability or stamina to answer the call to the ministry of sponsorship. This single reality impacts the theological dimension of sponsorship and requires that imaginative, new opportunities for sponsorship need to emerge in order for responsible stewardship of these vital ministries and a large part of Church patrimony.
C. 4. Conclusion.

Laypersons are called to participate actively in every aspect of Church life, taking their part in the Church’s mission. Communio is an abiding fellowship of personal and mutual participation in the work of the Spirit which has been influencing the Church since the Second Vatican Council. Significant changes in the Church and the world over the last half a century have called the laity to more accountability and involvement in Church ministry. In the spirit of communio lay persons are coming forward to assume leadership in organized ministries of the Church. A theology of communio requires that dioceses, religious institutes and lay ministers design new opportunities to safeguard ecclesial ministries, the charisms from which they emerged and the prophetic gift they offer to the world. The existing and ever more emerging role of the laity is needed if the Church’s presence through corporate expressions of the Gospel is to continue to exist in American society. Chapter six will explore the critical issue of governance in light of the mission theme of discipleship.

D. Chapter Conclusion. The meaning of the secular concept of a virtuous organization fostering an ethical environment has been deepened by an alignment with the religious theme of discipleship. The deeper meaning emerges by highlighting the religious values that enable an organization to connect belief in God with service to others, highlighting the religious mission to hand on received gifts to future generations, and fostering a sense of the religious connection between holiness and professional service.

In this chapter the mission themes of sanctity of human person, common good and discipleship have been aligned with secular components of the virtuous organization in an effort to deepen the meaning of the secular components from a faith perspective. The
theoretical nature of the discourse has significance for those interested in the relationship between the secular and religious dimension of human behavior and organizational theory. However, the aligned secular components and religious themes merit most significance when applied to concrete situations in human existence. Health care organizations provide multitude of ethical issues that can enlighten by the aligned component/themes. Subsequent chapters will apply each of these mission themes to current ethical issues that are important for the clinical and organizational delivery of health care. Hence, a discussion of the virtuous organization inspired by catholic mission will be offered by addressing practical situations and their dilemmas that are widespread. The mission theme of sanctity of human person will influence a discussion on decision making at the end of life. The mission theme of common good will contribute to a discussion on health care reform. Finally, the mission theme of discipleship will provide a context for a discussion on governance/sponsorship/leadership in Catholic health care facilities.
Chapter Four: The Virtuous Organization's Contribution to Decision Making With Regard to Medically Assisted Nutrition and Hydration at the End of Life

Health care decision making even under the best of circumstances is a complicated and stress-filled process. When critical decisions include end of life care, the stress is intensified, especially when values and priorities of those involved are unclear or in conflict. This chapter draws upon the virtuous organization's secular component of agency and the Catholic mission related religious theme of sanctity of the human person in an effort to use reason and faith to discuss a common end of life care decision. Specifically, the ethics hermeneutic is applied to decision making with regard to medically assisted nutrition and hydration (MANH) to enlighten the secular meaning of agency and clarify the religious significance of sanctity of human person.

A three step approach will be used to explore the hermeneutic. Initially, an analysis of secular and religious bioethics discourse on the issue of the use of MANH at the end of life helps to outline the issue in today's society. Secondly, the secular aspect of the hermeneutic, the component of agency, is discussed in light of its related concepts of individual intentionality and integration of values to enlighten the issue of decision making about MANH. Lastly, by adopting the position of Catholic mission, the theme of sanctity of human life is discussed using its related religious themes of image of God and theology of person to clarify the religious significance of decision making about MANH. These three steps combined form an important hermeneutic for persons considering the use of medically assisted nutrition and hydration at the end of life.
A. The Issue of Decision Making About MANH at the End of Life

Medically assisted nutrition and hydration is a process of supplying calories and fluids to persons who for physical and physiological reasons are unable to feed or swallow independently. MANH is often administered through a nasogastric, gastrostomy or jejunostomy tube. The process of using any of these invasive devices requires confirmation with radiographic imaging.\(^1\) There are certain short term forms of MANH that can be administered through central or peripheral venous access. These procedures do not require confirmation with x-ray but are only minimally beneficial and only for a brief period of time. For 30 years MANH has been available in one form or another to persons in need. Generally agreed upon guidelines for using MANH have mirrored that used for other forms of treatment. Such guidelines evaluate the potential benefits and risks of the treatment, the discomfort inherent in the treatment, and the values and beliefs of those receiving the treatment.\(^2\) The legal system in the United States has supported the use of these guidelines as evidenced in a number of Supreme Court decisions.\(^3\)

There are many circumstances when the potential benefit of MANH is obvious and should be encouraged as part of a patient's treatment plan. Patients with acute problems such as those who have sustained a head injury, cerebral vascular accident (stroke), or other traumatic injury are persons who typically benefit from MANH.\(^4\) Patients with these conditions are expected to recover and MANH is an essential component of their recovery process. Advanced cancers being treated with radiation therapy often create a diminished desire or ability to eat. Patients undergoing radiation treatment are often sickened by the thought, smell or sight of even their favorite foods. Once treatment is completed they regain the ability to eat on their own but they too
require the support of MANH during the radiation treatment period. Studies have also shown the benefit and long term survivals in patients believed to be in a persistent vegetative state (PVS) who might otherwise die within weeks without MANH. Therefore, the patient populations of acute injury, receiving short term toxic therapies and engaging in restorative treatments are representative of a number of conditions which are known to respond favorably to MANH during a person's recovery from acute illness or injury.

There are other times when the benefit of MANH is more questionable. The literature conflicts with regard to the ability of MANH to improve survival rates in patients receiving chemotherapy, or MANH's potential to minimize complication rates after cancer surgery or MANH's efficacy in dementia patients. In circumstances such as advanced dementia and other end of life conditions, MANH has been associated with significantly more risks and burdens. Persons with advanced dementia and receiving MAHN are often restrained to keep them from inadvertently pulling out the feeding tube. The restraints, coupled with metabolic changes, lead to the patient becoming increasingly agitated, and may cause choking due to increased oral and pulmonary secretions, dyspnea due to pulmonary edema and abdominal discomfort due to ascites. Hence, while there are times when MANH is temporary and serves as a bridge supply until persons recover from serious illness or injury, there are other times when the need for MANH is a long term process and becomes more of a risk or burden. Because of the relative value of MANH, decisions about its use necessitate careful consideration of its risks and potential benefits. This is especially true in end of life care situations where scientific evidence in support of the benefit begins to wane. Therefore, it is essential to determine whether the
patient has an anorexia or chachexia syndrome in which the nutritional deficit is due to alterations in intermediary metabolism that are unable to respond to nutritional therapy.\textsuperscript{11} The use of MANH in such end of life circumstances have led to ethical issues that have ignited a debate in both secular and religious discourse regarding personal decisions for using or not using MANH at the end of life.

A great majority of patients experience reduced oral intake before death.\textsuperscript{12} While this has been well documented as a normal part of the dying process, patients, family members and caregivers often have difficulty dealing with the fear that dehydration will contribute to suffering and hasten death.\textsuperscript{13} This fear is exacerbated by the controversy regarding the status of MANH as either a basic care or a medical treatment and even further complicated when considered in light of those persons considered to be in a persistent vegetative state (PVS). Decision making regarding the use of MANH is enlightened by these concerns. Hence, it is imperative that some clarity be provided to ultimate decision makers on the fears and perceptions associated with the use of MANH for those in a PVS and those at the end of life.

\textbf{A.1. Basic Care or Medical Intervention.}

Several professional organizations have issued guidelines for their members to consider when sharing information with decision makers about the risks, benefits and medical indications of MANH at the end of life.\textsuperscript{14} These guidelines routinely address the perception that the provision of medically assisted nutrition and hydration is often viewed as the provision of food and water rather than as a medical intervention used for medical indications, requiring special skills for proper use and delivery. Therein is the differentiation from the simple process of feeding someone. While MANH is not
necessarily expensive or technically complicated, it is not a natural means of providing food and water. When delivered incorrectly MANH often results in medical complications.\textsuperscript{15} Therefore the skill base needed by trained personnel requires technical expertise that has more in common with other surgical and medical procedures than with simple care-giving techniques.\textsuperscript{16}

MANH can be delivered in a number of methods, all requiring initiation and maintenance by physicians and nurses. Intravenous routes allow for the delivery of fluids beneficial for providing hydration but are unable to successfully deliver adequate volumes of nutrition to sustain life.\textsuperscript{17} Nasogastric (NG) tubes are placed through a person’s nares and terminate in the stomach, allowing the delivery of higher concentrations of fluids often adequate to maintaining nutritional requirements. However, the nasal and esophageal pain associated with the use of this device is not tolerated for longer than a couple of weeks.\textsuperscript{18} NG tubes like IVs serve a very short benefit before a more permanent percutaneous effort has to be considered.\textsuperscript{19}

Percutaneous endoscopic gastrostomy (PEG) tubes require surgical intervention often involving the use of radiographic guided imaging for accurate placement.\textsuperscript{20} The patient is sedated throughout the procedure and should not experience pain. The insertion of a tube through the abdominal surface and into the gastric cavity highlights the surgical nature of establishing this means of delivering nutrition and hydration. Research has shown that complications of PEG tube placement can be extensive and include peritonitis, hemorrhage, aspiration, wound infection, ischemic necrosis of the gastric mucosa and gastrocolic fistula.\textsuperscript{21} Patients at the end of life who are already debilitated and cachectic are more prone to early onset of such surgical or post surgical
complications. Hence, the recommendation for and decision to use MANH via PEG tubes requires the type of medical intervention necessitating an informed consent process as would any other medical treatment.\(^{22}\)

**A.2. Hastening Death or Minimizing Burden.**

Food and water are essential components for maintaining the health and well being of human persons. Not only do they sustain human life but they have symbolic meanings reflective of sharing a meal, dining, and building relationships.\(^{23}\) Therefore, when persons are unable to consume food and water both physiological and relational concerns surface. The perception of starvation or hastening death is intimately related to situations where persons are unable to eat or drink.\(^{24}\) Such a perception does not sit well with most people including health care professionals who find it intuitively devastating to contribute to starvation and suffering.\(^{25}\) A common reaction is to make efforts at coaxing, force feeding or initiating MANH in an attempt to avoid either the perception or reality of starving a person or hastening a person's death. Under the appropriate circumstances any of these efforts might be beneficial but for those persons at the end of life the ethical implications of the later must be considered. Clarity regarding prognosis and a person's ability to respond to MANH is important if truly informed decisions are to be made by patients and surrogates. Clinicians are obligated to communicate accurate information to patients and surrogate decision makers regarding the benefits and burdens of MANH.\(^{26}\) It should be understood that any reference to a patient or person in this discussion includes the surrogate decision maker when a person is no longer able to make decisions for oneself.
An important initial piece of information about MANH is that it is qualitatively different from taking something by mouth, sensing the pleasure when taste buds are stimulated, actively swallowing and ultimately metabolizing nutrients needed to sustain life. According to studies done by the National Hospice and Palliative Care Organization and other clinical studies, when persons with a serious life-limiting illness stop drinking and eating on their own it usually means the body is beginning to stop functioning and the dying process is progressing. Most clinicians agree that MANH can actually increase suffering in those who are dying. Patients explain and clinicians witness an increase in physical symptoms including bloating, swelling, shortness of breath, abdominal cramping and diarrhea in end of life patients who receive MANH. These symptoms often cause more burden than benefit to patients who are actively dying. Studies show that persons are kept more comfortable when adequate measures to moisten mucous membranes and maintain skin integrity with lotions and other comfort measures are undertaken. Health care professionals involved in hospice and palliative care report that those who are actively dying and who are naturally dehydrated experience peaceful and comfortable deaths.

Decisions to withhold or withdrawal MANH are admittedly more emotionally laden because of their association with food and water. Hence, discussions regarding the benefits and burdens of MANH need to be collaborative decisions that necessitate careful deliberation. The goals of using MANH need to be agreed upon and health care providers need to educate patients and families regarding the feasibility of goals and potential to accomplish those goals in light of the person's prognosis.
A.3 MANH With Persons in Persistent Vegetative State

Persistent vegetative state is a phrase that conjures emotions, hesitancy, and misunderstanding about the prognosis of those with advanced diagnoses. The life, dying and death of Terri Schivo was witnessed by many in the United States and the story surfaced the controversies that surround PVS. By definition, PVS attends to levels of consciousness in human persons. The term was first introduced in the early 1970s when Jennett and Plum attempted to coin a term to define an increasingly frequent level of human existence.\(^{34}\) In those phenomenally progressive years of medical science patients were surviving conditions never before survivable but their level of consciousness was often not restored or brought anywhere near pre-injury levels. Persistent vegetative state describes the condition of patients with severe brain damage who were in a coma and progressed to moments of appearing to be awake but demonstrate no indication of awareness.\(^{35}\) Research with those experiencing PVS led to the American Academy of Neurology issuing a definition and specific guidelines for the vegetative state.

The vegetative state is a clinical condition of completed unawareness of the self and the environment, accompanied by sleep wake cycles with either complete or partial preservation of hypothalamic and brain stem anatomic functions.\(^{36}\)

The definition is supported by critical criteria that must be present in persons diagnosed with PVS.\(^{37}\) First, persons cannot demonstrate awareness of themselves or their surroundings, including an inability to interact with persons or things. Second, there can be no indication of purposeful or voluntary behavioral responses to any type of stimuli. Third, an absence of language comprehension or expression must be present. Fourth, moments of wakefulness as occurs in sleep-wake cycles are present. Fifth, enough hypothalamic and brain stem function to support physical existence needs to be present.
and require ongoing medical and nursing care. Sixth, patients exhibit bowel and bladder incontinence. Seventh, cranial and spinal nerve reflexes exist without purposeful movement.\textsuperscript{38}

The scientific criteria regarding vegetative state, as precise as they are in supporting clinical diagnosis and helping to inform family members about a person's prognosis, still require an even more precise clarification. The use of the adjective "persistent" conjures a condition of past and continuing disability and this leads to the perception that the condition might be reversible. However, the use of the adjective "permanent" is considered more appropriate in describing the irreversible state of physiological being.\textsuperscript{39} The AAN took on this additional challenge through its research and concludes that there does exist a distinction in the vegetative condition. Persistent vegetative state is a diagnosis appropriate in patients a month after an acute brain injury or those patients with degenerative or metabolic disorders or developmental malformation.\textsuperscript{40} Permanent vegetative state is an irreversible state diagnosed by probabilities with a high degree of clinical certainty that the patient will not regain consciousness.\textsuperscript{41}

This extensive discussion of PVS is critical. The effort to clarify for both clinicians and patients this state of existence continues to cause confusion in clinical and lay communities. One specific reason is that in practice the distinction of persistent and permanent is seldom made. As a result, efforts are currently underway in the United States and Australia to discontinue the use of the term PVS completely. The American Academy of Neurology has suggested a taxonomy that describes two levels of responsiveness in this patient population. The permanent state of unresponsiveness is
when the patient has specific temporal and neurological deficits. The minimally responsive or conscious state denotes those patients with some level of cognitive functioning. In practice these newer distinctions, although potentially more precise, are even less evident than the distinction between permanent and persistent. However, when one is attempting to discuss the relative benefit of MANH and set goals of treatment, each of these definitions needs to be clearly articulated within the context of the individual patient's condition. It is in such personal contexts that discussions of the use of MANH are to be considered.

Ethical principles and sound ethical reasoning are needed when making individual treatment decisions about the use of MANH at the end of life. While discussions about MANH require clarity of prognosis and potential response to treatment, decisions are also influenced by cultural and religious values that shape patients and society. In 2004 the Catholic tradition was given an opportunity to revisit its rich legacy of moral reasoning with regard to end of life care. This opportunity surfaced when John Paul II delivered a papal allocution on the use of artificial nutrition and hydration by persons in a vegetative state. His comments complicated and confused many about the use of MANH at the end of life but they also confused many regarding general end of life care decisions. In summary John Paul II's allocution affirms three specific points. One, the life of persons in PVS have the same inherent dignity as the lives of others. Hence, he dismisses the tendency to consider quality of life in the decision making process. Two, PVS is a severe condition of disability rather than a terminal illness. Hence, assistance is to the patient in PVS is morally demanded unlike those in a terminal course where allowing one to die is morally acceptable. Three, artificially provided food and fluids are to be considered
routine care and are to be provided to all persons, including those in PVS. Hence, the burden or benefit analysis is neutralized and seemingly not applicable to those in PVS.

A.4 Conclusion

A substantial amount of literature, both secular and religious, has been generated with regard to the use of MANH at the end of life. Some consider artificial nutrition and hydration as another form of life-sustaining treatment whose use is to be tested against a person's benefit-burden assessment. Others consider feeding tubes and what they deliver as a basic form of care and, therefore, morally obligatory. Still others consider the withdrawal of feeding tubes appropriate in persons who are imminently dying but not in persons in PVS. These various positions and the controversies around them influence decision making regarding MANH at the end of life. By adopting an ethics hermeneutic, the intention is to draw on the secular component of agency and the mission related religious theme of sanctity of human person to contextualize the issue of decision making. The hermeneutic helps to consider the ethical significance of the virtuous organization inspired by Catholic mission as it relates to the issue of decision making at the end of life.


The virtuous organization's component of agency is critical to any discussion of health care decision making. Agency in the applied hermeneutic, involves a reciprocity between a patient's individual intentions and the integration of values that are both personal and common. The use of the hermeneutic is intended to enlighten the secular meaning of decision making and in particular decision making that involves the use of MANH at the end of life.
B.1 Individual Intentionality.

An individual's intention or individual intentionality as the concept is discussed in this writing is deeply rooted in society's understanding of autonomy and consent. It is important to remember that the context of this discussion of decision making is limited to the United States. This limitation does not disregard that other democratic societies may have similar understandings of the autonomous agent, the agent’s decision making role in health care and how others are to cooperate with those decisions.

B.1.a. Autonomy.

At a very basic level, autonomy is concerned with a person's self-rule or self-governance. It also involves a degree of clarity about the potential outcomes of the decisions one makes.\textsuperscript{45} Such clarity is potentiated when one is free from coercion by others and when one adequately understands the issues about which one is to decide.\textsuperscript{46} Hence, autonomy involves persons who first, act intentionally, second, act with understanding and third, act without the coercive influence of others. Each of these conditions is present when patients make an autonomous decision.

The condition of intentionality is discussed by Beauchamp and Childress as one that involves outcomes that are willed rather than wanted.\textsuperscript{47} The theory suggests that there are often unintended and unwanted consequences of an agent’s actions that are intentional in the sense that they are anticipated as part of the action taken. Specifically, Beauchamp and Childress claim, "Intentional actions include any effect specifically willed in accordance with a plan, including merely tolerated effects."\textsuperscript{48} Unwanted side effects or consequences of specific choices, while foreseen, would preferably be avoided if possible. The choice to do something necessitates accepting the consequences of those
choices even if they are not intended. Therefore, when an agent intentionally chooses one action, the agent intentionally consents to the potential unwanted side effect. Simply because one does not want an action or an outcome to occur does not negate the intentional choice of the foreseeable consequence of a desired outcome. Under the condition of intentionality, when one makes a choice not to use MANH at the end of life because it is causing more burden than benefit, then one also chooses to eliminate a means of delivering nutrition and hydration known to be essential to sustaining life.

It is critical that agents who make such intentional choices do so with understanding. The ability of persons to choose freely involves knowing the likely benefits and risks of the choices about to be made by the person. In a clinical situation, such as when considering the use of MANH at the end of life, what is disclosed, how it is disclosed, and often by whom it is disclosed will influence whether the patient will be inclined to accept or reject MANH. If the potential benefits of MANH at the end of life are not disclosed as well as the potential burdens, the patient may make choices influenced by a lack of information and misunderstanding. There is a need to articulate an adequate balance of information. Sharing what information is useful to effectively treat a person and what information one needs to protect individual and social concerns for self determination has led to various standards for disclosure. Most popular among the standards are three: professional standard, reasonable person standard and subjective standard. The professional standard is one that supports the disclosure of information which any reasonable medical person with the same credentials would make in similar circumstances. Under this standard the expectation is that the disclosure of information is consistent with that customarily expected by colleagues with similar knowledge. To
provide less disclosure constitutes a form of deception.\textsuperscript{53} The objective or reasonable person standard involves a duty to explain the procedure and to warn of any material risks inherent in the procedure.\textsuperscript{54} The information to be disclosed in this standard is applied to that which a reasonable person might need when making a decision about the procedure.\textsuperscript{55} Finally, at least for purposes of this discussion, the subjective standard attends to the amount of information the individual person may need to make a decision. Each person has a different degree or level of material information needed; therefore, the quantity of information may change from person to person. The subjective standard requires that the physicians know the particular needs of patients and provide information relative to those needs and to the extent the physician is aware of those needs.\textsuperscript{56} Each of these standards of disclosure has moral relevance. Traditionally, elements of disclosure that comply with either the professional standard or the reasonable person standard are commonplace in U.S. health care.\textsuperscript{57}

Various court decisions support the need for patients contemplating medical procedures to be given a full account of their diagnosis, procedure, risks, probable benefits, alternatives and prognosis in order to allow for adequate understanding.\textsuperscript{58} While a person’s understanding need not be complete, one does need adequate disclosure in an effort to potentiate adequate understanding. Beauchamp and Childress believe that adequate understanding occurs when persons have acquired enough information and have relevant beliefs about the nature and consequences of their actions.\textsuperscript{59} This intends that there are trivial information points along with more vital pieces of information to most clinical procedures. Hence, a patient’s understanding is informed when vital information
is made available, thus enabling adequate understanding. A decision is not autonomous if the person deciding lacks an understanding of what the decision involves.\textsuperscript{60}

Failure to disclose adequate information is only one dimension that limits a person’s understanding. Patients also have physical, psychological and cognitive reasons impacting their understanding of treatment information. Deficiencies in the communication process, mistrust, overly optimistic or pessimistic perceptions all can render decisions insufficiently autonomous and invalidate consent for or against a treatment.\textsuperscript{61} As critical as adequate information is to adequate understanding, so too is an effort to avoid false beliefs regarding prognosis. Adequate understanding about treatment choices is not possible if one has a false belief about one's prognosis. An example is a patient with a head injury who believes he is dying, despite information to the contrary from attending medical providers, and elects to forgo MANH. He has been given the information, he understands what his physicians have told him but he maintains a false belief and makes choices in light of his beliefs rather than medical testimony. As a result, there is inadequate understanding, and while the patient has been informed, his decision making lacks adequate information.

Autonomous decisions are made not only intentionally and with understanding but voluntarily.\textsuperscript{62} For Beauchamp and Childress voluntariness requires that a person "be free of controls exerted either by external sources or by internal states that rob the person of self-direction".\textsuperscript{63} External controls are those cognitive and mental disorders that were discussed earlier and will be given more attention later in a discussion of competence. For now it is enough to stipulate that adequate internal controls need be present in order
for voluntariness to exist in adequate decision making. The focus at this time is on external controls.

Scholars suggest three categories of external forms of influence on the voluntariness of autonomous decision making: persuasion, coercion, and manipulation.\textsuperscript{64} Persuasion involves adopting the reasons of another and allowing those reasons to influence decisions. Persuasion is considered a necessary paradigm of influence and ultimately of intentional decision making.\textsuperscript{65} Persuasion is necessary when patients are hesitant to undergo treatments deemed medically necessary. While persuasion influences voluntariness, it is not controlling. Persuasion is appropriate and at times vital when it appeals to a patient's deliberative reasoning. However, persuasion that impacts or is intended to impact a patient’s emotions rather than one's reasoning no longer serves a necessary purpose and should not be used. When persuasion results in fear or panic on the part of a patient, the information has short-circuited reason and no longer benefits the decision making.\textsuperscript{66} Persuasion is intended to appeal to reason and not to emotions.

Coercion occurs if and only if a person uses a credible and severe threat of harm to control another.\textsuperscript{67} A threat of this kind deprives a patient of the freedom to choose. This does not negate the appropriate use of pressure on a patient to change a treatment decision. However, according to Gert and his colleagues when pressure is applied "it must be limited to pointing out in a truthful manner the benefits of treatment and the harms of not being treated".\textsuperscript{68} Coercion is subjective and depends on whether a person feels threatened even when a threat is credible and intended. If the person does not feel coerced into making a decision, it is not truly coercive. The presence of coercion renders the intentional and well informed autonomous choice to be non-voluntary.\textsuperscript{69} It is
important to consider that coerced decisions do not necessarily invalidate consent. They merely speak to the fact that voluntariness has been impacted.

Manipulation is neither persuasive nor coercive. Beauchamp and Childress propose that manipulation "involves getting people to do what the manipulator wants through a non-persuasive means that alters a person's understanding of a situation and motivates the person to do what the agent of the influence intends". In health care, manipulation is most likely to take on the form of informational manipulation. When information is provided through means of lying, withholding facts, exaggerating benefits with the intent to present false information, it compromises autonomous decision making. Manipulation does not have a role in health care decision making or in any other dimension of human existence.

Processes are in place within health care that attempt to secure a patient's opportunity for autonomous decision making and to insure that tactics of coercion and manipulation are avoided. Such processes are intended to allow patients to make intentional choices with as clear an understanding of the situation and without controlling influence. While not absolute, such processes are safeguards against those behaviors and misguided tendencies that disrupt or dishonor the autonomous decision maker's efforts at self-governance and an adequate understanding essential to informed consent.

B.1.b. Consent.

Consent is a communicative process or transaction in which one person gives consent to another person to do something specific that involves both parties. Consent serves to alter the moral relationship between two parties. As a communicative process
culminating in the authorization of an act between two persons, consent involves several elements or steps in order to establish the consent's validity. Beauchamp and Childress claim,

One gives an informed consent to an intervention if (and perhaps only if) one is competent to act, receives a thorough disclosure, comprehends the disclosure, acts voluntarily and consents to the intervention.\(^73\)

These essential steps are discussed by numerous scholars.\(^74\) Beauchamp and Childress group these steps into three categories of elements.\(^75\) Threshold elements are preconditions for consent and include (1) competence and (2) voluntariness. Informational elements are those which influence a person's reasoning about a specific decision and include (3) disclosure or material information, (4) the physician’s recommendations of a plan, and (5) the patient’s understanding of the information and recommendation. Consent elements involve the steps of (6) patient decision making and (7) authorization of a chosen plan to be used by the health care team.\(^76\) The steps of voluntariness, disclosure and understanding have been discussed earlier as vital components in autonomy and will not be repeated now except to acknowledge their importance in securing a valid informed consent or a valid informed refusal. The steps of informed consent all acknowledge the importance of individual intentionality and will now be considered.

Validation of competence is a pre-condition step of informed consent. Competence implies the capacity of a person to make decisions from a psychological and legal aspect. There is a fine distinction between the determination of capacity and the determination of competence. Health care professionals contend they are able to determine capacity whereas the legal system is needed to determine competence.\(^77\) In
practice the distinction breaks down and the terms capacity and competence are often used interchangeably. \textsuperscript{78} Competence is the preferred term considered in this discussion of informed consent.

Competence implies an ability to perform a task. \textsuperscript{79} As the complexity of tasks change, the competence to address those tasks may also change. Hence, one may be competent to decide one thing and lack the competence to determine something more complex. Similarly a person may be competent at one point in time and lack competence to do the same thing at another point in time. In health care, the task that persons need to be competent in is that of making a rational decision about a proposed medical treatment. \textsuperscript{80} One who is competent to make rational health care decisions is one who has the cognitive ability to understand and appreciate the relevant information, coordinate that information with one's own values, and does not have a mental disorder that interferes with making a rational decision. \textsuperscript{81} Hence, standards of competence feature the mental skills or capacities to conduct cognitive exercises and demonstrate independence in judgment. \textsuperscript{82} In health care, physicians who are accountable for obtaining informed consent generally consider a person competent if one can understand the procedures or treatment, deliberate the benefits and risks of the proposed procedure, and make a decision reflective of their deliberation. \textsuperscript{83}

Physicians are responsible for disclosing information regarding a patient's condition, treatment options and prognosis. \textsuperscript{84} Structured within the disclosure event is the outline of a recommended plan of care. Physicians have a fiduciary responsibility to share clinical expertise and knowledge regarding most promising options to address the patient's condition. However, a physician's expert opinion or recommended best plan
should always be considered in light of other options including the option to do nothing. Respecting the autonomous agent and one's right to hold opinions, make choices and take actions based on personal values and beliefs is integral to the process of informed consent.

The tendency of physicians and other health care providers is to protect and promote the best interest of the patient. However, of equal concern must be respect of the patient's right to self-determination even when the choices made are not consistent with the recommended plan of treatment. When physicians recommend a plan of care they are intending to appeal to the patient's sense of reason through a process of persuasion. Patients with an intact capacity to decide will be able to consider the physician recommended treatment in light of their own values system. The combination of recommended treatment, other treatment options, and one’s own values guide the patient to make choices appropriate for them, consent to treatment, and finally authorize physicians to initiate a plan for treatment. By authorizing treatment the patient makes it permissible for the physician to act in a specific manner, the manner preferred by the patient.

The process of informed consent is an integral part of the system of health care in the United States. It safeguards individual and social respect for individual intentionality and the autonomous agent. While valuable in practice, the process discussed above is far from perfect and theorists continue to explore more relational forms of consent that might better insure a person’s intentions. An example is that of consent transaction.

Recall that the purpose of consent is to produce a moral transformation in the relationship between a physician and a patient. Theories of consent transaction, while
not commonly evident in practice, introduce the idea that a patient might render it permissible for a physician to proceed in a treatment, even when a full accounting of what is to be done would reveal that valid consent, based on the informed consent process, has not been given.\textsuperscript{87} Such theories stand in contention with the concept of an autonomous agent who has been fully informed about choices, is deemed competent to choose, reflects one's autonomous will in a specific set of circumstances, consents to and authorizes a specific treatment. Fair transaction as a model of consent transaction posits that a physician is morally permitted to proceed on the basis of a consent transaction if the physician has treated the patient fairly and responds in a reasonable manner to the patient's intentions.\textsuperscript{88} Such a model of fair transaction introduces the mutuality in consent transaction and accounts for the interests of both the physician and the patient. Although theoretical, the idea of fair transaction intends that valid consent may not be essential if general permission has been given by a patient to a physician to proceed with clear understanding of the patient's intentions.

Miller and Wertheimer argue, "…where morally transformative consent transaction is typically triggered by valid consent, it is moral transformation that matters ultimately, not the presence of valid consent".\textsuperscript{89} Fair transaction theory requires a level of intimacy and familiarity between patient and physician that might render the relationship non-therapeutic if the physician is required to intuit a patient's intentions. Fortunately even the authors of fair transaction recognize moral transformation in patient-physician relationship cannot and should not replace the framework of informed consent. However, the concepts introduced in fair transaction theory do encourage the level of sharing and exchange needed for circumstances in which a person with intact decision making
capacity is rendered no longer competent to make health care decisions. This is often the case with persons at the end of life. Efforts to honor the individual intentionality of dying persons who are no longer competent are the responsibility of surrogate decision makers. The term proxy is often used when a person has specifically designated another to make decisions as opposed to the term surrogate that is a more informal designation. However, in practice and for the purpose of this discussion, the term surrogate is often used to refer to either formal or informal designation of decision makers. Hopefully the surrogate has a more transformational relationship with the dying person and can meaningfully honor the person’s wishes.

The surrogate role at the end of life is vital. Attention to the patient's intentions is essential if autonomous consent is to remain intact when one is no longer able to express those intentions oneself. The process for valid surrogate decision making continues as it would for the competent patient. Berg, Applebaum, Lidz, and Parker emphasize that, "The ideal embodied in the spirit of informed consent remains: collaborative decision making, in this case between surrogate and physician." Standards for surrogate decisions making are prevalent in ethics discourse. The ideal is that the patient's intentions continue to guide health care decisions. Formal means of communicating individual intentionality with regard to health care wishes are through advance directives, living wills, and letters of intent. However, the theory of fair transaction demonstrates the level of informal communications that enhance the surrogate and or physician’s understanding of one’s intention in certain circumstances. A person’s individual intentionality, the values that have influenced and shaped the reasoning and choices of the person, and the extent to which those have been shared with another heighten the
relationship of one to another that is transformative. Hence, consenting to treatment on behalf of another is more likely to represent a person’s individual intentions.

**B.2 Values Integration.**

The systematic approach to informed consent and ultimately moral decision making is influenced and rooted in a person’s values system. A value, simply stated, is what satisfies some human need.\(^93\) Values of the autonomous moral agent are shaped by common morality and life experiences. The coherent and consistent integration of values to one’s decisions defines the character and integrity of the human person. Common morality addresses those norms in society that deal with what is right and wrong about human conduct. There is some contention about the existence of a common morality.\(^94\) Yet, there is enough social agreement regarding some norms that they are widely accepted across cultures and peoples.\(^95\) Those who choose a moral existence agree that lying, murdering, hurting innocent people, breaking promises, and disrespecting the rights of others are wrong behaviors.\(^96\) Hence, common morality constructs norms in opposition to these behaviors. Human persons “committed to morality do not doubt the relevance and importance of these common rules”.\(^97\) There are generally recognized moral character traits aligned with common moral norms and are often seen in persons of moral character.

**B.2.a. Common Morality.**

Common morality maintains a set of norms, principles, standards that applies to all persons in all places at all times. This does not negate the diversity of human existences. Instead, common morality defines a set of moral norms that, while not absolute, are universally present in different societies. Often discussed in moral discourse
are a common set of norms that while extensive, may not be all inclusive. They include precepts like: do not kill, do not cause pain or suffering to others, avoid evil, help those in danger, tell the truth, care for the young and vulnerable, keep promises, do not steal, do not punish the innocent, and obey the law. Beauchamp and Childress prescribe to these norms as the basis for common morality and offer rationale in support of their theory. A first rationale suggests that common morality is a product of human experience and history and as such is a universally shared product. This rationale suggests that common morality is transmitted through human interaction and human learning within human communities. Together members of society have come to reason appropriate behaviors relative to their common existence. Common morality contains general moral norms that are abstract, universal and generally content thin. The process of this learning is evolutionary in the sense that history enlightens peoples to behaviors that are appropriate to the common moral life.

The second rationale acknowledges the existence of particular moralities that lead to moral pluralism. Particular moralities are found in the norms of particular cultures, religions, societies and groups. The norms of particular morality are different from those of common morality in that they are concrete, non-universal, and content rich. Particular morality applies depth to the common morality for the members of the particular group or society. Particular morality helps to contextualize the abstract or general norms of common morality. Particular morality often exceeds the obligations of common morality and challenges members of the group to transcend the minimum standard of moral behavior and do more than is expected of the moral agent by common
morality. Particular morality expresses common morality for particular societies only in as much as it honors common morality.

A third rationale of common morality is that it comprises moral beliefs that all morally committed persons believe.103 This rationale implies that a person, independent of the insight and formation of the universal community, would conclude for oneself herself the beliefs predominant in common morality.

The theory and rationale of common morality as discussed by Beauchamp and Childress provides an outline of commonly accepted ways of acting. They provide a point of reference or backdrop against which one might measure the morality of one’s actions. While these common moral norms guide moral action, what is most important in the moral life is good moral sense of the person who does the action or in the case of end of life care, the person who makes decisions.

**B.2.b. Character Formation.**

Character summates the type of person one is by the attitudes and actions demonstrated over time and in varying circumstances. Pelligrino and Thomasma believe, persons of character are those who are seen as predictable in their moral actions.

A person of character is one who can act predictably, be trusted to act well in circumstances, to consider others in decisions, to look to the long term meaning of immediate impulses, and to order those impulses according to the canons of morality.104

Moral character typically embodies more often than not traits that are universally admirable such as nonmalevolence, honesty, integrity, consciousness, trustworthiness, fidelity, gratitude, truthfulness, lovingness and kindness.105 These traits of virtues of a moral agent are reflective of behaviors consistent with the norms common to morality. However, moral virtue is more than a trait that is socially approved.106
The character of a person is defined by the motive behind the chosen action. Persons can do the right thing but not necessarily for the right reason. A person’s actions over time tend to inform others’ assessment of their character more so than a point in time evaluation of an action. Character takes the values that motivate common and particular morality and integrates them into personal traits that motivate those actions. Moral character is therefore expressed not just in moral acts but in the moral intentions that inspire moral actions.\textsuperscript{107}

Intentions are reflections of what one values and what one wants to see come to fruition. The moral character of a virtuous person exhibits as close as possible congruence between the inner dimension and the external dimension of a moral act.\textsuperscript{108} Beauchamp and Childress use the example of friendship to illustrate this point. When a friend displays an act of friendship it is hopefully not motivated by obligation to a friend. Hopefully, acts of friendship are reflective of one’s desire to be friendly and are motivated by the value of ongoing friendship.\textsuperscript{109}

Common morality, as has been noted, can be developed or deepened by particular morality. What particular moralities shape a person’s inner dimension? Religious, cultural, familial, corporate and social groups all promote value systems that have the potential to shape a person’s personal values system and how persons engage with the world. Particular moralities suggest how members might act justly, live honest lives, be reflective, demonstrate faithfulness, integrity, love and kindness.

By nature, persons are social beings and the formal and informal relationships one has encourage values that are true to those relationships and allow those relationships to flourish.\textsuperscript{110} For example, it would be counterproductive for someone who believes that
guns should be outlawed to join the NRA (National Rifle Association). Likewise, one committed to the elimination of childhood obesity would not typically be petitioning the school board to reintroduce soda and candy machines in the school cafeteria. Moral character or virtue demonstrates congruence between what one has come to value, what one says and what one does. Virtues are the habits, character traits, feelings and intentions witnessed in persons consistently over time. Persons who are motivated by values deeply imbedded in their character are expressing and fostering virtue. Hence, virtues are the traits of character that dispose the autonomous agent to make choices that attain a desired end.

Virtues, grounded in values, are expressions of those values consistently over time not simply because they are part of a common or particular morality but because the person has come to desire them and shape their lives in light of them. According to Pelligrino and Thomasma,

> The virtuous person is not virtuous because she respects the principle, but because she recognizes the fundamental and universal nature of the principle, sees it not just as a duty…but as part of her character…incised into her very person and identity.

Virtuous persons live lives of perfection-seeking diligence with regard to those values that they profess. Most persons live their lives with a tendency toward good and with an avoidance of evil subscribing to a set of norms that provide guidance. Over time norm adherence can lead to virtue. However, not all human existence reaches the distinction of virtuous. Most live lives of simple aspiration, struggling to be the best one can be. The moral traits of honesty, fidelity, gratitude, integrity, compassion, etc. are goals the moral person tries with greater or lesser success to achieve.
At the end of life the values which human persons have used to make decisions throughout their lives have significant influence on their health care decisions. Persons develop over a lifetime a blueprint or normative basis for how they live their lives, how they make decisions, and how they should act in certain circumstances and relationships.\textsuperscript{115} Values, what human persons need at the end of life, reflect those things they have valued throughout their lives, those things that have meaning for them, and those ideals that bring them happiness.\textsuperscript{116}

The use of medically assisted nutrition and hydration at the end of life is something that may or may not have significance for a person. The decision of persons is based on one’s assessment of how MANH allows them to respond to the norms of common morality, the norms of any particular morality they subscribe to and ultimately the fulfillment of one’s own internal value system.

C. The Religious Significance of the Issue of Decision Making - Sanctity

Sanctity of human person is a religious theme at the heart of Catholic mission. The belief that life is a gift from God to be treasured and used in God's service is a fundamental truth within the Catholic tradition. The United States Catholic Bishops emphasize this in the ERDs, "We are not owners of our own lives and, hence, do not have absolute power over life."\textsuperscript{117} Because of the precious nature of human life, human persons are encumbered with the responsibility of assuming a reasonable degree of care for life, one's own and within a social context that of one another.\textsuperscript{118} However, it is not only because life is a gift from God that it is treasured. Life allows human persons to enter more fully into relationship with others which then leads to fuller communion with God.\textsuperscript{119} The relational potential in human life sanctifies it as well as the truth that it is a
gift from God. While Catholic tradition recognizes the sanctity of human life it acknowledges that the duty to preserve human life is not an absolute.\textsuperscript{120} The understanding of God as the source of life, human persons as gifted stewards of life, and that while life is a good it is not absolute, have significance when making decisions about MANH at the end of life.

The ethics hermeneutic used in this chapter intends to clarify the religious significance of decision making about MANH. Drawing on the secular discussion of agency and aligning it with the mission theme of sanctity the intention is to deepen the meaning of decision making from a faith perspective. To do so, the discussion now involves clarifying the reciprocity between the themes of image of God and theology of person first introduced in Chapter Three.

C.1. Image of God.

The creation story provides a theological foundation for understanding the place of God in human history and of human persons being created as image of God.\textsuperscript{121} Human persons, as image of God, cannot be understood outside their relationship with God since to absent one's relationship with God would be to absent the very source of human existence. The belief of human persons as image of God affirms the sanctity of every person and renders human existence holy. Hence, the sacredness of the human person is rooted in God creating persons in God's image and doing so out of love. God’s unconditional covenant of love gives testimony to the sacredness of human existence.\textsuperscript{122} The worth of human existence is witnessed in God’s loving human existence into being.\textsuperscript{123} God’s act of love testifies to God’s intimate presence in the very fiber of human
existence, rendering it holy and precious. Scripture speaks eloquently to the intimate presence of God in human existence.

I have called you by name, you are mine...you are precious in my eyes and glorious, and I love you. You whom I have chosen...fear not, I am your God. I will strengthen you, and help you, and uphold you."¹²⁴

C.1.a. Covenant of Love.

Each person shares in this covenant and is called to respond with unconditional love, not just for God but toward all. Living in response to God's covenant of love is a call to community, to a sacred assembly, to a fellowship of love.¹²⁵ The call to community becomes a sacrament of love when those who participate establish an environment of peaceful solidarity.¹²⁶ The image of solidarity that helps to describe that of the covenant is the solidarity of Christ with all of humankind. The image of the son being sent by the Father to become a human person in all things but sin. The human experience of Jesus living a human existence, suffering, dying for those he loved. The great theologian Bernard Haring sees these acts of Jesus imaging for humans the solidarity they are to "...extend to the end of time, making it visible, bringing it within range of human experience as true unity in community of love."¹²⁷ The covenant of love is not a means to an end. The covenant may indeed lead to feelings of comfort and joy on the part of the one who is loving but the covenant is not an act aimed as personal advantage or personal satisfaction.¹²⁸ The covenant is not intended as an expression of duty to love one's neighbor and God so as to gain salvation. The covenant is beyond all personal utility. The covenant is pure love of God and of others, a completed and unobjectified communion of self with all that is God's.¹²⁹ Unfortunately few are able to
attain an existence as other centered as Christ demonstrated. Most humans are fortunate to glimpse moments of unadulterated love of others. Yet this is the call of the covenant.

The moral virtue of the covenant, love, is expressed through faithfulness and trustworthiness. Where one is faithful to one's promise of love the covenant is strengthened. When one cannot be trusted to remain faithful to the covenant commitment the bonds of fidelity are weakened and members of the community are segregated from one another. In health care, persons entrust their physical well being to another whose loving concern for that well being will be witnessed through their actions. Trustworthiness mandates a sense of responsibility to care for the other with equal or superior attention as oneself. Covenant relationships in which solidarity is witnessed gives testament to God's love and invites others to discern God's covenant and embrace such love.

In Matthew human persons are challenged "to be perfect, even as your heavenly Father is perfect." The ideal of being like God is not a commandment that binds at all times but one that challenges human persons to set a goal to be achieved. To love as God loves is the exhortation of Jesus: "...love one another as I have loved you...abide in my love." However, God's commandments are always accompanied with the grace and blessings needed to accomplish what is being asked for over time. The anticipation of perfection is a lifelong effort requiring a sincere endeavor to do the will of God. God leads human persons by degrees to the perfection of charity, to an understanding of what one is called to, and to the virtue of living in love. Maturation in one's covenant relationship with God and with others develops that character of the human person and predisposes one to the ideals of the covenant.
A covenant relationship is based on the total acceptance and welcome of each person. True solidarity with others characterizes the boundless love of God and is the only means of reciprocating God love. Human persons deepen their encounter with God through their love for one another. Hence, the sacred assembly of the community operates as a sacrament which establishes solidarity among those who are called and brings all into closer communication with God. The sacramentality of the community provides an irrevocable singleness of purpose and response. Haring claims,

Since by the grace of God we have the cherished privilege and obligation to become more and more a faithful reflection of God's own goodness our personality should radiate such genuine kindness, justice, purity and self-possession that God's ineffable charity will become manifest to all.

Hence, human decisions will reflect one's covenant relationships even in circumstances where such decisions are compounded by human existence. Faithful response to the covenant is not something that one does on one's own but with the grace of God.

God creates human persons out of love and as such they are born graced. God's creation does not destroy one's freedom but God's love orients human persons toward love and life, toward others, toward God. The moral theologian, Richard Gula states, "to agree to live in covenant with God is a basic act of faith – the most self-communicating choice we can ever make. This act of faith is the fundamental option." Through a fundamental option one freely commits oneself profoundly toward a certain way of being in the world. Hence to commit to a covenant relationship is to witness through word and deed to a love for God and others and to invite others into a covenant with God.

C.1.b. Grace.

Grace is a reality which is rooted in faith. By nature, human persons participate in supernatural transcendence insofar as they are blessed by grace, which orients them
toward God and God's love. Transcendence is never merely natural or something one elects for oneself but always surrounded by God's grace. Grace is one's reminder that God is not only a goal of human existence but every present to persons encouraging them toward the covenant's "yes". Grace is understood best in relation to nature; however, grace is completely outside human experience, not felt, not an element of one's consciousness. The German theologian Karl Rahner explains that,

Supernatural grace is what we know about from the teaching of faith, but which is completely outside our experience and can never make its presence felt in our conscious personal life. Nature, on the other hand, is what humans are able to experience and understand of themselves through reason. Catholic tradition once held that nature and reason served as the primary source of Catholic moral theology.

Natural law will be considered in more detail during a later discussion of theology of person but one needs some basic understanding of nature to enlighten this discussion of grace. Nature orients one to what good should be brought about and what evil should be avoided. Hence, what one naturally tends to do is good. This tendency is discussed by Aquinas in light of an ordered set of precepts. First, persons are oriented toward the good that corresponds to what one has in common with others. This tendency is in an effort to preserve what is favorable toward the common good. Second, persons are oriented toward goods that correspond to what one has in common with other animals. This precept emphasizes attention to what nature has taught all creatures of God. Third, persons are oriented to goods which one is able to reason as good, including an understanding about the truths of God and society. The good to which human persons
are oriented, according to Father Mahoney, is "those fundamental satisfactions to which every human being is essentially and naturally oriented."\textsuperscript{146}

There is in human nature the tendency to reason in favor of the good. Reason alone as a source of good action is inadequate to people of faith. In fact, from a faith tradition, choices for good are made with the grace of God and are oriented toward God and one's covenant relationship with God and others. The Catholic tradition recognizes that grace does not destroy nature or the human aspects of persons but brings them to perfection.\textsuperscript{147} The intention to be a good human person and a good child of God are not in opposition but rather closely related. The noted theologian Bernard Haring emphasizes that grace is not something externally added to our nature.\textsuperscript{148} Grace is God's gift within human persons which make them aware that God is with them. Such awareness transforms one's egocentric focus to goods that extend beyond oneself. Grace transforms what one does into service to God's family.\textsuperscript{149}

Grace urges human persons to testify to the boundless love of Christ.\textsuperscript{150} This does not limit the freedom of human choice. Nor is there a superimposed assistance from God. Grace as a gift from God enables human knowledge, human reasoning to be realized in ways not conceivable by human nature alone. Grace influences human choices and minimizes earthly attachment while respecting natural order and forbidding its disruption.\textsuperscript{151}

The Second Vatican Council attempted to overcome any effort to separate the supernatural and natural by addressing the "dichotomy between the faith that many people profess and the practice of their daily lives."\textsuperscript{152} The purely natural has never existed except in the metaphysical understanding of moral theology. Human existence
has always been graced, it has never been purely natural.\textsuperscript{153} God created human persons with reason and gifted them with grace. Reason and grace influence human choices, and guide human actions. Graces is present in persons of faith who acknowledge its presence and in person who do not profess the presence of grace through faith. Hence, good moral choices are present in persons who profess a faith tradition as well as those who do not.

John Mahoney explains,

\begin{quote}
All creatures have impressed in their very being inherent tendencies which reflect the ordinary and orientation which God their creator wishes for them. Man as a rational being sharing in God's providential activity is aware of what God has impressed in his nature and he is capable of freely accepting and embracing the order of his being and his place in the divine scheme of things. This knowing and free acceptance of his nature as created and destined by God is man's observance of the law of his nature.\textsuperscript{154}
\end{quote}

Grace is present in all whether one acknowledges its presence or not.

Sanctity of human person is rooted in God's creative act of shaping humans in God's image, inviting them into a covenant relationship, and gifting them with the grace to respond as God hopes – with love for God, for self and for others. God's gift of grace does not interfere with one's freedom in decision making. The role of reason, grace, emotion and intuition in consciousness formation and decision making are all recognized in Catholic tradition. All play a part in the development of persons and an understanding of a theology of person.

\textbf{C.2. Theology of Person.}

The religious theme, theology of person, further clarifies the religious significance of decision making. The Catholic tradition’s understanding of human person includes teachings on natural law, personalism and solidarity. These three topics help to create an awareness of how the Catholic tradition contributes to the issue of decision making.
within a faith context. Furthermore, a discussion on theology of person outlines why, within the Catholic tradition, human persons are recognized as having a unique dignity, a dignity that spans from the moment of conception, throughout life, until the time of one’s dying. Furthermore, the dignity and value of human life affords a person essential innate, sacred, and inviolable rights. One of the inviolable rights is the ability to reason and the freedom to make decisions. Hence, a theology of person helps one to recognize the human person as moral decision maker.

C.2.a. Natural Law.

The rich tradition of natural law contributes to an understanding that God has created human persons, invited them into a covenant relationship and graced them with an existence intended toward an ultimate eternity with God. God has also gifted human persons with free will and intelligence that makes them responsible for their own conduct and choices, including choices for or against God’s covenant invitation. The Catholic tradition’s understanding of natural law has evolved over the centuries, yet even today there remains some confusion regarding its meaning.

Historically, the understanding of natural law has traversed Thomas Aquinas’ wisdom teachings, the normative legalism of the scholastics and returned to a deeper appreciation of Aquinas’ foundational discourse. Aquinas’ description of natural law as “the rational creature’s participation in the eternal law” has influenced Catholic moral reasoning for centuries. The precept is that God created the human person with a nature intended for union with God. Hence, God provided human persons with an orientation or direction toward that end in the nature which God gives to each person. As such, human persons are destined by God toward union with God. However, reason and
free will are part of the nature God gives to human persons and are intended to help human persons reach their destiny. The gifts of free will and reason belong only to humans and differentiate humans from the rest of creation. Reason and free will enable the human person to be master of one’s own destiny. Contemporary theologian James Fox suggests, “Unlike the things of the mere material world he can vary his action, act, or abstain from action, as he pleases.” The law for moral conduct exists in the very nature of the human person, keeping in mind that nature reflects the orientation and direction of all things. Actions which conform to what nature intends are right or morally good while those actions that are against one’s nature are wrong or morally inappropriate. Natural law, therefore, is a participation in the wisdom and goodness of God through an expression of moral sense which enables human persons to discern, by reason and experience, good from evil and act in accord with the good.

Charles Curran teaches that the centuries old scholastic understanding of “natural law as a deductive methodology based on eternal and immutable essences and resulting in specific absolute norms” influenced moral formation within the Catholic tradition but is no longer acceptable to the majority of Catholic moral theologians today. Instead, a return to the concept of natural law as initially developed by Aquinas has influenced the newer Catholic theological discourse on natural law. This newer understanding and its insistence on the capacity of human reason to arrive at ethical truth is vital to a discussion of the human person engaged in decision making.

Since the capacity for rational conduct is limited to the human person, and morality is essentially rational conduct accessible through human reason and wisdom, then the human person alone can make moral choices. The Catholic tradition,
therefore, is void of a special morality since religion is meant to enforce, not supersede, the natural code of morals. One has to recognize that human behavior is not always demonstrative of good choices. Hence, for people of faith, over and above the natural law Aquinas saw a need for divine law to direct human persons to their final destination. Since human moral reasoning is not always at its best and “exceeds the proportion of (one’s) natural human ability, (one) needs a comparable law from God directing (one) to this end.” Aquinas recognizes scripture, the precepts set forth in both old and new testaments, as a primary source of divine law. Revelation found in scripture and human experience, for Aquinas, contain no substantial element over and above what is accessible to human reason without revelation.

For Curran, “In contemporary thinking, the natural is that which is related to creation.” Creation is not stagnant but an ongoing process of God’s love for what is created. As such, the human person experiences creation as it unfolds and to the extent one is receptive to its discovery. David Kelly, ethicist, theologian and founder of Duquesne University’s Center for Health Care Ethics, summarily defines natural law as

...a metaethical theory according to which people discover right and wrong by using their reason and experience to investigate, individually and collectively, the emergent patterns of creation as God is creating them. This definition highlights the Catholic tradition’s position of discovering God’s intention for human persons through created existence and the human person’s ability to experience, discern, and identify from those experiences what are morally good and bad choices. Creation is only one dimension of what influences a theology of person. Other aspects of human existence: sin, incarnation, redemption and resurrection destiny also influence the theology of human persons. This more recent understanding of natural
law provides a broader concept of the human person and differentiates human person from human nature.

Other fundamental dimensions of the human person dispose persons to make certain choices and behave in certain ways. Objective criteria of personhood are based on one’s nature and the inherent dignity of the human person created by God. However, a theology of person is more extensive.

C.2.b. Personalism.

The Second Vatican Council emphasizes the multiplicity of dimensions, those that extend beyond yet include human nature, when it asserts that human persons and their acts “must be judged not according to their mere biological aspects but insofar as they pertain to the human person integrally and adequately considered”. Louis Janssens, a noted post-Vatican II theologian, developed a personalist model of the human person based on eight fundamental dimensions. These dimensions are integral to many theological discussions of person.

The first dimension that Janssens identifies involves the differentiation of human person as subject, not as object similar to other created things. This dimension emphasizes the moral agency of the human person as one who has the ability for self determination and makes responsible choices based on reason and conscience. The second dimension emphasizes the human person as "subject in corporeality". This dimension honors the body as an important part of the human person, one that affects the human person. The third dimension acknowledges that the physical nature of the human body roots human existence as "a being in the world". The fourth dimension involves human persons being directed toward one another. The very fiber of moral formation
emerges from one’s interaction with others. Dimension five builds on human need for socialization as well as the structure and benefits that community offers. The common good is something that human persons desire and contribute in this dimension. The sixth dimension places human persons within the context of history. Both personal history and social history are essential to the understanding of the human person integrally and adequately considered. Dimension seven acknowledges the basic equality of human persons while recognizing the uniqueness of each human person. Dimension eight identifies the human person’s fundamental orientation toward God. An orientation toward God and one’s understanding of that orientation in both an individual and social context affects human decisions and human actions.

Janssens acknowledges that his dimensions are drawn from the conciliar documents of Vatican II. Other theological discussions involve some, if not necessarily all, of these dimensions in the formation of a theology of person. Each of these modern discourses is inclusive of the conciliar position that the human person is more than one's nature. Persons have multiple dimensions that influence who they are and what they become. This is an important point since modern discourse separates from previous, pure rational law theories of the human person. The nature of the human person and one’s acts are not merely a matter of one’s physical tendencies but influenced by the human person integrally and adequately considered. Therefore, health care choices executed by persons extend beyond the singular dimension of the physical self to the multiple, inter-subjective and social dimensions of the human person.

Contemporary understanding of theology of person recognizes the various dimensions of the human person and the impact of those dimensions on human
development. The basic orientation and fundamental commitment of the Christian person motivates and influences who the person is as subject and what the person does as agent. Karl Rahner posits that human persons are already in touch with their basic orientation even before the exact nature of it is realized. For Rahner:

Human beings’ center is outside themselves; it is in God. In so far as human beings accept this exteriority and are willing to see their center as outside themselves, they truly find themselves. The attempt, to leap beyond one’s own self in an anti-anthropocentric manner, in whatever dimension of human existence that attempt is made, would be inhuman and against God – God to whom one cannot come close by diminishing oneself but only in the frank awareness and realization that God has created all things that they might be.

An original knowing of God is a vital a priori theological understanding of human persons’ orientation toward God. Human experiences are opportunities created by God to enable them to become fully human. The opportunity lies in the choices made through one’s life experiences.

C.2.c. Solidarity.

Life is seldom lived in solitude and human experience is filled with others. The social dimension of the human person calls for interdependence among individuals. Human beings need one another in order to be fully human. In addition to human persons having a fundamental orientation toward one another, Lisa Cahill, a noted 21st century theologian, suggests that two other premises must be considered. First, human persons are sinful but are created by God with an innate desire to know the truth and do good. Second, human persons know what it means to cooperate within a social context and enable human flourishing. According to Cahill, “Humans have a fundamental reasoning capacity that enables them to infer certain important values from their moral and social experiences.” Cahill’s reflection on solidarity was discussed in more detail.
in Chapter Three. The essential point for consideration now is the understanding that interdependence is a moral reality and solidarity is a virtue. As such, solidarity helps human persons to see one another as person with inherent dignity, not as a means to an end but as John Paul II explains, “our neighbor, a helper, to be made a sharer, on par with ourselves.” Such an attitude of solidarity has significance when persons are making decisions, including decisions about health care. The virtue of solidarity is inconsistent with decisions that result in the exploitation, oppression or harm of others. Curran, Himes and Shannon believe that solidarity calls “for the constant readiness of each person to accept and realize one’s share in community” because of membership one has within the community. Solidarity demands a determination on the part of each person to commit to the common good. Hence, decisions made by individuals regarding their health care will look beyond an egocentric perspective to one that considers the broader community – its needs, its values, its resources, its ability to respond to individual choices. A theology of person is never singularly focused but truly a theology of persons.

D. Decisions Regarding MANH at the End of Life in Light of Catholic Mission.

Sanctity of the human person is a Catholic mission theme that fosters the tradition’s perspective of the foundational value of the human person from the time of conception until death. While science and the Church continue to struggle with technical definitions of when life begins and when life ends, the general understanding is that it is wrong to interfere with a developing fetus or intentionally hasten the death of an otherwise healthy person. Murder is never justified in the Catholic tradition, nor in most societies for that matter. Life is a precious gift from God which individuals and their societies have a moral responsibility to steward and preserve. However, the United
States Bishops teach that “the duty to preserve life is not absolute, for we may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome.”

The use of medically assisted nutrition and hydration at the end of life exemplifies a type of life prolonging procedure that may be or become more burdensome than beneficial. Catholic mission related religious themes of sanctity of human person and theology of person enlighten, from a faith tradition, how one discerns the issue and makes decisions to accept or forego MANH.

Intuitively, the act of providing nutrition and hydration is a good that individuals choose for themselves and value for others. Nutrition and hydration are essential elements in preserving life, and therefore recognized as vital to the flourishing of individuals in human community. Do the religious themes of image of God and theology of person influence one’s decision to use or forego MANH at the end of life? Yes. The covenant, grace, nature, personalism and solidarity as understood within Catholic tradition emphasize both normative and metaethical dimensions integral to moral formation.

One needs to recall that the covenant is an expression of uncompromised love of God for humankind. Human persons respond to God's love in similar fashion although never with the purity of unconditional love which God alone is capable of rendering. Yet, human persons by their very being are oriented to consider their covenant in each and every act of being human. One’s fidelity to the covenant is realized at each instant when choices are consistent with a covenant relationship. In other words, decisions inclusive of a consideration of how they affect one's relationships and how they impact the human
community are covenant decisions. Hence, the covenant influences choices made by a person, including the choice to use or not use MANH at the end of life.

The end of life is as critical a time in human experience as are the days and years that precede it. Every day is a gift from a loving God that serves to bring human persons into closer union with God and others. Days of living, whether few or many, are sacred and to be treasured. As one approaches the end of life, attention toward one’s covenant relationships are as important as in the days and years that proceeded. End of life decisions are not point-in-time decisions. They are influenced by previous experiences and by others. Hence, decisions about the use of MANH are not made in isolation and are not made solely from the perspective of the recipient of MANH. In the Catholic tradition, one is united to a community in which certain truths are shared. Such truths guide the members of the community as they attempt to be faithful to their individual and communal covenant with God.

The truth that life is a sacred gift from God has profound implications for members of the Catholic community who are contemplating the use of MANH at the end of life. Again, the United States Bishops teach that, “We have a duty to preserve our life and use it for the glory of God, but the duty to preserve life is not absolute, for we may reject life prolonging procedures that are insufficiently beneficial or excessively burdensome.” The Bishops use the terms beneficial and burdensome to qualify when individuals might elect to use or abandon specific procedures. Other adjectives have been used since the 15th Century when medicine first began to increase the capacity to maintain the lives of those who might have otherwise died. Church documents and theological discourse for centuries have used similar terms in an attempt to distinguish
what is and is not morally obligatory for members of the community. Most notably was
the distinction of ordinary and extraordinary. Gerald Kelly, a Catholic moral
theologian of the mid-twentieth century differentiated the two terms. The clarity in
Kelly's description remains significant to the decision making process today.

Ordinary means are all medicines, treatments, and operations which offer a
reasonable hope of benefit and which can be obtained and used without excessive
expense, pain, or other inconvenience. Extraordinary means are all medicines,
treatments, and operations which cannot be obtained and used without excessive
expense, pain, or other inconvenience, or which, if used, would not offer
reasonable hope of benefit.

Pius XII’s discussion of ordinary and extraordinary means places it squarely in the
context of covenant: “Life, health, all temporal activities are in fact subordinate to
spiritual ends.” The Holy Father emphasizes one’s goal is to respond to God’s covenant
and to be in union with God. Life, while precious, is simply a condition for attaining that
goal.

One is held to use only ordinary means – according to circumstances of persons,
places, times and culture – that is to say, means that do not involve any grave
burden for oneself or another.

These words reflect the communal nature of the covenant and surface the basic notion of
covenant which holds that the call to the individual is a call to community. One’s
response, decision and action impact not only one’s self but the larger community, the
human family.

The Declaration on Euthanasia issued by the Congregation for the Doctrine of the
Faith introduced the terms proportionate and disproportionate to qualify one’s moral
responsibility in preserving life. According to the Congregation for the Doctrine of the
faith, proportionality is determined by considering the “type of treatment to be used, its
degree and complexity of risk, its cost and the possibility of using it, and comparing these
elements with the result that can be expected,” and the burden such efforts have one’s family and community.¹⁹⁷ Treatments that are excessively burdensome can be disproportionate and morally optional. Those treatments that are not excessively burdensome are proportionate and may be morally obliga
tory. Some consider the use of proportionate and disproportionate semantics which do not significantly change the centuries old teachings.¹⁹⁸ There may be some truth in this judgment for little more is written about proportionate or disproportionate means today. One added value to the nuance of the Declaration on Euthanasia with regard to end of life choices is its emphasis on one’s covenant relationships and choices that need to be executed in light of one’s relationship with God and others.

Shortly after the Declaration on Euthanasia, the United States Catholic Bishops issued a pastoral letter addressing the issues of health and health care.¹⁹⁹ The Pastoral does not speak directly to end of life decision making but reflects clearly on the sanctity of the human person and the individual and societal obligations in personal and social decision making and policy formation. The Declaration emphasizes the Catholic perspective that the fullness of life involves physical, spiritual, social and psychological wholeness which are made possible through the redemptive mission of Jesus. The life of the human person is to be blessed with the resources necessary to attain the fullness of life. It takes a community, one committed to the welfare of others, to reach such fulfillment. When individual or communal choices are excessively burdensome, fullness of life is not possible. Health as a basic right flows directly from an understanding of the sanctity of human life. As a gift from God the covenant includes responsibility for respecting the sanctity of the human family in common endeavors.
On the individual level this means a special responsibility to care for one’s own health and that of others. On the societal level this calls for responsibility by society to provide adequate health care.

This understanding of one’s obligation to engage and be concerned about the welfare of others in personal choices has profound implications for decision making at the end of life. The sacramentality of the community prioritizes the importance of one’s decisions as a reflection of individual and communal values in response to covenant responsibilities. Choices regarding MANH at the end of life must reflect not only personal preferences but those of the broader faith community. For example, one would not expect individual choices against MANH for the intended purpose of hastening death so to alleviate suffering. Such an act of intentional killing is inconsistent with common morality or Catholic tradition. Nor would one anticipate a decision to maintain a person's unconditional existence solely by the use of mechanical means. While there have been instances of such choices they too reflect a disregard for the scarcity of resources, the needs of a broader community and the belief that human life is not absolute. The centuries-old moral reasoning of the community of faith using a burden/benefit analysis was challenged in 2004.

Blessed John Paul, in his capacity as Holy Father, delivered an allocution to a group of physicians which impacted Catholic tradition's understanding of the sanctity of human life, the burden/benefit assessment of efforts to maintain life and the use of MANH. While there remains some controversy regarding John Paul’s contribution to the content of his speech, it had significant impact on the Catholic community and beyond. In his address, John Paul emphasized “the administration of water and food, even when provided by artificial means, always represents a natural means of preserving life not a
medical act.” With these words a debate ensued among moral theologians and others. While the allocation focused attention on persons in a persistent vegetative state (PVS) the interpretation of the allocation was a reversal of the centuries old teaching on ordinary versus extraordinary distinction. The statement appears to claim that the administration of water and food via artificial means is always natural or ordinary and therefore obligatory. This notion fueled ongoing discussions with regard to the ordinariness of MANH in patients with a special emphasis on those in a PVS. While not all persons are in PVS at the end of life, the interpretation that the delivery of MANH is always obligatory had profound concerns for all persons at the end of life. Theological dialogue and ethical discussions continue to enlighten one of the most contested issues in the Church today. The implications for those in a covenant relationship, serving as good stewards of their body, is a new awareness that food and water from the perspective of a communal value system, may no longer be considered in light of its burden or benefit at the end of life. Extensive dialogue and discourse led to the USCCB with input from theologians, medical experts and the magisterium issuing an official statement.

The most recent edition of the Ethical and Religious Directives for Health Care Services, published five years after the allocation, provided a clarifying statement for persons faced with a decision about MANH. The ERDs continue to use the terms of ordinary/proportionate and extraordinary/disproportionate to qualify the burden and benefit judgments by a patient. In the ERDs emphasis is placed on patients, families, and physicians evaluating the use of technology to inform medical decisions regarding benefit and burden of such technologies and the freedom to “reject life prolonging procedures that are insufficiently beneficial or excessively burdensome.” Directive 58
was revised to emphasize the teaching authority of the Church’s position. What has been a centuries-old common understanding, that there is a general moral obligation, not to mention a compassionate need, to provide patients with food and water was re-emphasized. This precept, written or not, is part of the covenant that calls forth a genuine love and concern for human existence and for human persons made in the image of God. The directive goes on to qualify that patients who “both can be fed and hydrated and who would benefit from being provided with food and water…should as a general rule, be fed and hydrated.” There are exceptions to this general obligation and the exceptions are consistent with what has guided medicine since the 17th Century. Those who are dying and for whom nutrition and hydration may be deemed excessively burdensome or may provide little to no benefit can consider nutrition and hydration morally optional. For those who are in a chronic condition, “the option could also become morally optional if providing nutrition and hydration cannot be expected to prolong life, or if they become excessively burdensome or cause significant physical discomfort.”

This clarification of a Catholic precept, provided in the Directives, is more than a rule intended to guide the faithful and health care providers in decision making.

The covenant calls individuals into communion with others. The community of persons establishes a singleness of purpose in response to the covenant. When persons of faith are called together in community, guidelines of their faith, which they help to formulate, influence their choices and decisions about issues such as the use of MANH at the end of life. The Catholic tradition regarding the benefit/burden assessment remains significant in decision making because life, while precious, is not an ultimate end in itself. The graced existence of the human person, inclusive of one’s nature and the ability
to reason, orients one toward behaviors reflective of one’s ultimate union with God. Grace, beyond reason, orients the persons to know, in one’s heart, what choices are consistent with a covenant relationship. Agency, or the ability to reason and make informed decisions, is vital to one’s nature but the sanctity of one’s existence influences an understanding of how the human person integrally and adequately considered makes decisions.

The human person by nature will use reason and free will to comprehend the complex information and implications of making choices about MANH at the end of life. Recognizing the value in keeping one’s body fed and hydrated in order to live, the human person sees the implications of accepting or forgoing nutrition and hydration. Dying and death as probable outcomes of forgoing excessively burdensome MANH at the end of life entails an awareness that worldly existence is limited. One’s choices regarding MANH are choices that impact more than one’s self and are not made in isolation. Dialogue with family, friends and at a minimum with health care providers places the decision regarding MANH squarely in a communal context. Choices regarding MANH are influenced by one’s own value system but also by the historical evolution of critical reasoning about what others have done and considered in similar circumstances. The human person as a member of the human community has a uniqueness that affords one the responsibility to make informed choices not merely enlightened by medical facts and personal values but in light of the numerous dimensions of one’s life. Ultimately the human person acknowledging the sanctity of one’s existence and who one is in relation to others makes decisions that reflect their covenant responsibilities and their orientation toward union with God.
E. Chapter Conclusion.

Science and medicine have created many opportunities to heal the sick, cure illness, and support life when nature cannot. The use of medically assisted nutrition and hydration is an example of the means available to sustain life when the body itself is not able to do so. At the end of life when disease, injury, or age is more powerful than a person’s physiological capacities, one has to consider what the goal of life is and whether the use of MANH is an appropriate choice. There are both secular components and mission related religious themes of the virtuous organization that influence how decisions are made regarding the use of MANH.

When the component of agency is applied to the issues of decision making, one needs to consider one’s opportunity and ability to make choices and the values that will influence those choices. Agency involves the autonomous choices of an individual person based on personal and communal values that have significance to the person. To the extent a process for autonomous decision making and the essential elements of consent are in place and respected by all involved, the secular component of agency is satisfied. Autonomy and consent are foundational cornerstones to moral and legal decision making. When in place, they qualify decisions as appropriate for the person or surrogate who is responsible for deciding what will and will not be done.

There is religious significance to decision making which from a faith perspective deepens the understanding of what enables and influences human choices. Through a fundamental belief in the sanctity of the human person, Catholic mission recognizes that the human person integrally and adequately considered is sacred. The sanctity of the human person is rooted in one’s relationship with God and with others. The decisions of
the human person emerge from what one knows by reason and experience, both of which are blessed with God’s grace.

The Catholic tradition believes that human decisions, just as those who make them, are oriented toward God. Because of nature’s gift of freedom, choices may be made that are not reflective of one’s natural orientation. However, one’s choices, good or bad, and one’s orientation toward God are constantly influencing one’s intentions. Encountering God’s ongoing creation enlightens individuals and the human community to the emergent patterns of God as God creates them. Such revelation helps enlighten individual and communal values that influence decision making.

Decisions about the use of MANH at the end of life evolve from who the person is in relation to God and others and are efforts at fulfilling the covenant agreement. From a Catholic mission perspective this includes an awareness that life, while precious, is not ultimate and efforts to sustain life are not absolute. Benefit and burden assessments by the autonomous person will consider the values of the faith community as well as one’s own. Extensive theological and magisterial discussion about MANH is available to inform those responsible for deciding. Ultimately decision to use MANH rests in the heart of agents whose choices are rooted in individual and communal values that honor the sanctity of the human person integrally and adequately considered.
Health care access is a global issue that impacts the well being of millions of individuals and the ability of those individuals to meaningfully and productively contribute to their communities. In the United States alone, escalating numbers of uninsured and underinsured citizens have impacted social, religious and political ideologies for decades.\(^1\) This chapter introduces an ethics hermeneutic that considers social responsibility as a secular component of the virtuous organization and the mission related religious theme of common good. This is done to explore how the virtuous organization inspired by Catholic mission addresses the issue of health care access and how the issue of access is indispensable to any effort at health care reform.

A three tiered approach is used to fully explore the hermeneutic. Initially, an analysis of secular and religious discourse regarding health care access, or more specifically, a disparity in health care access describes the current situation in the United States and the broader world community. Secondly, the secular aspect of the hermeneutic, the component of social responsibility, is discussed in light of its contributing concepts of relationality and global context. This secular discussion enlightens the issue of health care access as integral to any discussion of health care reform. Finally, by adopting the position of Catholic mission, the theme of common good is discussed. The mission related religious themes of solidarity/subsidiarity and Catholic social justice help to clarify the religious significance of health care access and its role in a process of health care reform. These three steps describe an important hermeneutic when considering the ethical significance of the virtuous organization inspired by Catholic mission for the issue of health care access.
A. The Issue of Health Care Access

According to Gallup polls conducted in 2008 and 2010, health care access was identified as the leading health care concern among United States citizens.\(^2\) In the 2010 poll twenty-four percent of U.S. adults identify access as the top problem within the U.S. health care system. This is supported by statistics that demonstrate nearly 47 million people in the U.S. were uninsured, nine million of whom were children, when the 111\(^{th}\) Congress passed the Affordable Care Act.\(^3\) The vast majority of the U. S. uninsured are living in households where at least one adult is working full time but working without the benefit of health care coverage. These statistics, as overwhelming as they may be, are not as overwhelming as the lived experience of citizens with acute and chronic health care problems who cannot access care. The uninsured as well as the underinsured are less likely to receive routine preventative care due to cost. These same populations are also more likely to obtain routine health care in expensive emergency rooms and require costly hospitalizations because they cannot get treatment early.

The United States is the only industrialized nation in the world that does not have coverage for all citizens.\(^4\) This lack of coverage is problematic since there is a general consensus that health is vital to one’s happiness, one’s flourishing, and one’s ability to participate and contribute to the societies in which one is a member.\(^5\) Therefore, a basic level of health and the resources to maintain that health are essential for proper human flourishing. Efforts to remain healthy require the development of certain good health habits such as proper nutrition, regular periods of rest, exercise, sanitary living conditions, and access to professional services to address health care problems when they, as part of the human condition, naturally arise. While health itself is not necessarily
a right, the ability to access health care in order to maintain one’s health has been identified by many as both an obligation in justice and a universal human right.\textsuperscript{6}

The potential to develop good health habits can be more or less available to individuals and differs for many reasons. Disparity is most noticeable when socioeconomic variances are present. Margaret Whitehead, speaking for the World Health Organization, describes and helps one understand that health disparities are unnecessary, avoidable, unfair and unjust.\textsuperscript{7} Determinants of such health disparity vary from nation to nation, society to society, and from time to time. However, there are a number of main determinants that can be consistently present: nature, tendency toward health damaging behaviors, transient health advantage of one group over another to adopt new health promoting behavior, life style restrictions, exposure to unhealthy, stressful conditions, inadequate access to needed health care and other basic services, the natural selection involving the tendency for sick persons to move down the social scale.\textsuperscript{8}

Whitehead’s determinants of health disparity can be categorized into two areas. The first involves problems with the availability of health care services, providers and other care resources needed in health care. The second involves barriers that stand in the way of those health care resources that are available within the society. Both problems impact health care access and provide a focus for discussion.

A.1. Availability.

The availability of health care resources in the United States continues to be an issue for its citizens.\textsuperscript{9} Most major urban communities have “right sized” the number of available acute care beds for the community. Duplication of other health care services has been targeted in strategic efforts to eliminate costly services.\textsuperscript{10} As hospital beds have
diminished and unnecessary resources have been put on the shelf, opportunities for new health care services have surfaced in an effort to address macro health care concerns of society.

Federally qualified health care clinics, rural health clinics, wellness and prevention programs as incentives for lowering insurance costs are routine parts of most communities today. “Doc-in-a-Box” convenience stores and the evolving plan for Wal-Mart to move into the primary care business are examples of health care resources available to U.S. citizens as the second decade of the new millennium begins. Some dimension of health care is available, if not on every corner in the United States, then at least at every junction of major thoroughfares in the country. The U.S. graduates the largest number of physicians and nurses in the world and its citizens spend more per-capita on health care than anywhere else in the world. Unlike most of the world community, health care and health care providers are available to U.S. citizens. The issues citizens and those living within U.S. borders encounter are the numerous barriers that make health care and its resources unavailable to them. The barriers of poverty and unemployment, being uninsured or underinsured, living in poverty belts or being geographically distant, age, race, culture and education all interfere with one’s ability to access available health care resources.


Poverty and unemployment are crisis issues throughout the world community. The financial crisis to grip the world in the early 21st century escalated unemployment rates in the U.S. toward an unimaginable 10%.11 Thousands of jobs were eliminated and while the poor got poorer the middle class, too, found poverty on their doorstep, at least
for those who managed to keep their homes. The growing volume of poor has significantly impacted health care access. In a nation where capitalism is king, those who cannot pay for the commodities they want or need generally go without. Health care is a commodity and a very expensive one. Those who cannot pay for it generally do not have access to it. However, the United States is not without concern for its poor and vulnerable citizens. Medicare and Medicaid exist as social programs created to minimize the disparity between those who can pay for access to health care and those who cannot. Yet these programs often provide too little too late and the numbers of citizens enrolled in them have swollen to unanticipated volumes, increasing access problems. Medicare recipients can often purchase additional health care coverage in order to supplement Medicare coverage. Otherwise the cost of senior health care can often consume what little retirement income or savings one has. Medicaid is a federal program managed by individual States to meet the health care needs of the poorest U.S. citizens. States often allocate Medicaid dollars to programs other than those intended to directly support the health care needs of the poor and vulnerable. Eligibility levels for Medicaid are extremely low, making those who are working minimum wage jobs ineligible, thus leaving millions uninsured. Since the poor do not have the monetary resources to pay out of pocket, their health care access is often limited to crisis intervention. The cost of such crisis intervention is often exorbitant. At the other end of the spectrum it is reported that at least a third of Medicare dollars are spent on the care of persons at the end of life. This reality raises significant questions about the stewardship of health care dollars as well as other ethical concerns regarding end of life issues.
The incremental coverage for disadvantaged groups has done little to address the
disparity in health care access.\textsuperscript{17} The social programs of Medicare and Medicaid for a
variety of reasons are not working and are often sources for escalating costs. The
uninsured typically seek treatment for even minor care issues in costly emergency
rooms.\textsuperscript{18} Yet, reports indicate only 35\% of care billed to the uninsured is paid for by
them. Taxpayers absorb the rest of the cost through taxes and subsidies or through
inflated insurance premiums.\textsuperscript{19}

For those who can afford insurance or who have employers who provide health
insurance, health care access is only somewhat more accessible. Employers pay more
each year to provide health care benefits to their employees. Shifting responsibility for
the annual increase to employees and their families is an anticipated discussion in most
businesses today. Rising costs have caused insurers also to look for ways to cut expenses
which have further disenfranchised the poor and vulnerable. Ethicist Philip Keane
explains:

As health care has become more and more expensive, health care insurers have
taken more and more steps to reduce their expenses by excluding coverage of
persons with high-risk health conditions.\textsuperscript{20}

Persons with complex health care conditions, often in most need of insurance to afford
them health care access, are carved out of the plans offered by their employers.\textsuperscript{21} Efforts
to gain employment elsewhere, where coverage might be available, are often thwarted by
clauses that deny coverage for pre-existing conditions.\textsuperscript{22} Persons with adequate coverage
and without chronic conditions also deal with health care access problems. Expensive
office and testing co-pays and annual deductibles cause individuals to delay treatment.
Individuals who are insured, uninsured or underinsured all face the predicament of wait
times to get an appointment to see their provider. Many times, waiting is simply an uncomfortable inconvenience but other times the wait can be a life threatening waste of precious time.21

Delays in appointments are also impacted by where one lives and what transportation is available to reach an appointment. This is especially true when referrals are made to specialists. It has been well documented that most centers for health care delivery are located in suburban areas requiring those in the inner cities and rural America to often travel distances for specialty care.24 U.S. border regions, too, find populations with health care access problems.25 Undocumented foreign nationals pose an increasing health care access problem. Because of lack of financial resources, fear of deportation and no obvious third-party payer, these individuals are forced to wait-out their illness, often until conditions are bleak.26

The very young and the old are afforded some health care access by virtue of their age and government funding. The populations between 18 and 65 years of age are left without an opportunity for health care access unless they are independently wealthy or employed with health care benefits. Priorities for persons in this vast age range are often other than on health care planning. Competing priorities often take precedence. This is more evident in lower income households where providing food and security for one’s family are daily struggles. Studies also support the reality of those with less education as another segment of society struggling for health care access. Because the complicated and often confusing health care system is difficult to understand those with less formal education or those who do not have English as a first language are often lost in the web of
the health care system. Less educated persons also have less opportunity for gainful employment at least in positions where health care coverage might be a benefit.

The disparities in health care access are cause and effect for focusing one's attention on the issue of health care reform. They highlight the state of a nation in a health care crisis of its own. Reform efforts are needed by both individuals and the societies they form. Health care access is, and there are many others, an essential dimension of any effort at health care reform. Yet understanding what health care access is, what services it involves and what is equitable access is a significant part of the problem in health care reform initiatives.27

Harry Truman proposed comprehensive health care for all Americans over age 65 years ago.28 Since that time concrete efforts and ideological debates have been underway to address Truman’s intention. The World Health Organization suggests that health care access requires that anyone should have access to a basic health care package that allows them comprehensive, quality and affordable care.29 Equity in health care access implies that everyone should have a fair opportunity to access necessary health care services and no one should be disadvantaged from such access, if it can be avoided.30 However, the concept of a comprehensive health care package remains difficult to define as evidenced in the health care reform initiatives of Clinton and even more recently of the Affordable Care Act.31 Norman Daniels, a philosopher and professor of ethics and population health at Harvard University, suggests three central reasons why the concept of a comprehensive health package is so hard to agree upon.32

Developing a common understanding of equality is difficult and Daniels suggests the same is true when trying to understand equality of health care access. The first
determinant is agreeing on the level of health care one wants access to or the level of health care which a society wants to make available to its citizens. Does one want access to all levels of health care regardless of whether one will ever need or use each source of care? Does one want a basic level of health care available to meet individual needs, no matter what those needs are? Or does one anticipate access to a level necessary to meet those needs common to all persons. Secondly, the notion of equity of access must be considered. Equity involves the fairness or justice in which something, such as health care access, is made available or distributed. The dimension of equity raises the discussion of health care access to a level of moral or ethical concern. Lastly, and probably most critical, is a consideration as to whether health care access is a social good that warrants availability through a process of distributive justice. When one lacks the individual means to access health care, the issue of access becomes a social or macro concern. Decisions about health care access involve the kind of health care services that exist in a society, who will have access to them and on what basis, who will provide or deliver them, who will finance them, and, how they will be controlled and distributed. Hence, the secular concepts of social responsibility and the mission related religious theme of common good are ideal frameworks for an ethical analysis of the macro issue of health care access.

A.3. Conclusion.

Health care reform that promises allegiance to America’s social commitment to creating strong, healthy communities honors the purpose for which this nation was brought into existence. Human flourishing, a promised value in U.S. citizenship, is impossible without the health one needs to pursue social commitments and personal
dreams. Health care access provides one a security needed to live a full life and to restore one’s existence when illness strikes. The details of health care reform are for society and its leaders to determine. However, one dimension of health care reform that is vital if reform is to address the growing disparity in health care are strategies to broaden the potential for health care access to, at a minimum all citizens and more inclusively to all those living within the borders of this great nation. Minimizing the disparity between how really rich people and really poor people access health care is critical in the U.S. and between the U.S and other countries.

B. The Secular Meaning of Health Care Access – Social Responsibility

To enlighten the secular meaning of discourse on health care access the ethics hermeneutic discusses health care access in light of the virtuous organization's component of social responsibility. Such an analysis is intended to demonstrate a reciprocity between the two secular concepts of relationality and global context. The concept of relationality involves the enhancement to human functioning when there exists a fair equality of opportunity to health care access. In other words, when persons have a fair equality to health care access their ability to function as human persons are intended to function is enhanced. However, human functioning is a minimum objective. Human flourishing is the broader intention of social responsibility and extends the need for health care access to a more global context than any given society or nation. Hence, if health care access is vital to human functioning and ultimately to human flourishing, it is logical that in a socially responsible context it, health care access, is to be extended to all persons. Thus, health care access as a condition of health care reform in a national context morally extends to other nations and peoples. A nation that recognizes health care
access as essential for its own citizens will intend efforts, through international initiatives, to make health care access a reform initiative to citizens of other communities.

**B.1. Relationality.**

One of the fundamental needs of the human person is the need for interaction and relationship. For generations sociologists and anthropologists have described this basic need for human persons to interact with others in order to survive.\(^{35}\) Human persons require relationships and they build communities of interdependence in order to function and support one another’s requirements for human existence. As individuals within a community, human persons anticipate an exchange of goods essential to their ability to function adequately and contribute in a meaningful way to the community.\(^{36}\)

For years utilitarianism has served as a popular framework for analyzing health policy.\(^{37}\) However, utilitarianism intends to maximize social utility without specific interest in individual rights to health care or individual access to health care.\(^{38}\) Allen Buchanan, philosopher and Professor at Duke University, argues that it is only through improved net social utility that one can justify a right to health care.\(^{39}\) An intention of utilitarianism is to consider how individuals benefit the society. The consequence of such benefit is a claim to health care access in order to do so. How one attains access is dependent on the society in which one lives. In capitalist societies, health care is made available by those who have the ingenuity, intelligence, education and vocational calling to care for others. It is often accompanied by a price tag that is more or less affordable to members of capitalist communities.
B.1.a. Health Care as an Exchangeable Commodity.

Health is essential to the human person’s ability to function but health itself is not an exchangeable commodity. In a world of diverse individuals with variable genetic and biological capacities, health itself is variable. Achieving health is not something one wills or commands as one does one’s thoughts or ideas. A person cannot go into a medical center, lay down a couple of thousand dollars and order a stronger cardiac muscle. Health requires one to practice reasonable health habits such as exercising, wearing a coat in the cold, brushing one’s teeth, eating nutritious foods, getting plenty of rest and accessing professional health care when one’s needs are beyond what one can do for oneself. On the other hand, health care (understood as professional care), a good necessary for maintaining health and subsequently human functioning, is a commodity. More altruistically one might prefer to see health care as a service rather than a commodity, but under either circumstance, it is a good available for exchange. In communities where health and human functioning are valued, processes are in place to enable access to health care either through social/government systems or capitalist endeavors. Either way the professionals responsible for delivering care are compensated for the services provided.

In a commodity market a person pays a given price for a specific product. Selling health care to those who can afford it is a logical way to distribute it. For centuries physicians and other health care providers delivered their services in just such a manner. Payment came in a variety of ways: chickens, pigs and on rare occasions silver, gold or paper currency. Those who were unable to pay turned to their communities for support. Out of charity others provided care or money for their needed health care. The
expectation was that the person in need of care would regain health and return support to others in the community. At the least, family members would support the needs of others as they arose.\textsuperscript{43}

The concept of health care as a right does not change the fact that it is a commodity. The only thing that potentially changes is who ultimately pays for the care. The grounding of health care as a right expands the payer system beyond the typical commodity market where those who can pay for health care can have access to health care and health care providers. Health care as a declared right explicates social obligations, both state and non-state, for progressive realization of the right to health care, according to Jennifer Ruger, associate professor at Yale. Hence, the community assumes greater responsibility for the welfare of those with health care needs. Whether by means of socialized medicine, or, in the U.S. entitlement programs like Medicare and Medicaid, the cost shifts, at least in part, from the patient to the state or nation. There has been no discussion of health care insurance thus far. Yet, health insurance, as a commodity itself has both positive and negative impact on health care access. Because of its predominance in the U.S. health care delivery system health insurance cannot be overlooked as an intermediary commodity in the health care market. However, the truth remains that health insurance and health care itself are available for purchase by individuals who can afford to pay for them, by employers and their employees who are committed to healthy productive workers, and by societies that recognize a moral obligation to provide health care to their members. The moral foundations of health insurance are to enable individuals to function at their best within their given circumstances and decrease the complications and resulting problems of ill health.\textsuperscript{44}
B.1.b. Social Obligation.

As noted earlier, human functioning is not the ultimate secular objective of human existence. One anticipates an opportunity at human flourishing. Human flourishing is possible only when persons are able to function and are in relationship with one another. Aristotle emphasized this in his discussion of the major components of social justice. Aristotle proposed human flourishing as the ultimate objective of social activity. Hence, society is responsible for seeing that human persons “share in the good life and in the happiness that is possible for them”. This implies a social obligation to enable all to live flourishing lives.

What is meant by human flourishing has evolved over centuries since Aristotle began his discourse on the subject. One meaning that has remained consistent, at least in theory, is society’s obligation to enable its citizens to achieve the intended purpose of human flourishing. Martha Nussbaum, a noted American philosopher, describes the political goal of a society in terms of rendering citizens capable of functioning well if a citizen so chooses. Of course one has to function well to be able (capable) of making choices and Aristotle contends that political arrangements are to aim at enabling people to function best and thus be capable of making choices. According to Nussbaum, “It is evident that the best is that arrangement according to which anyone whosoever might do best and live a flourishing life.” Socially responsible societies will, therefore, structure such opportunities.

Resources made possible through the society are not good in and of themselves, but only in as far as they promote human flourishing. Wealth, insurance, housing, healthcare, employment – none of these are the ultimate good of a society. They are good
only insofar as they promote human functioning.\textsuperscript{50} Both Ruger and Nussbaum emphasize this point, Nussbaum most clearly.

The aim of political planning is the distribution to the city’s individual people of the conditions of which a good human life can be chosen and lived. This task aims at producing capabilities. That is, it aims not just at the allotment of commodities but at making people able to function in certain ways. The task of the city then is to effect the transition from one level of capability to another.\textsuperscript{51}

If a society is to make resources such as health care accessible to its citizens in order to maximize human functioning and enable human flourishing, it is necessary to understand what is meant by human flourishing in order to determine if the social obligation is being achieved. Aristotle’s concept of human flourishing has influenced centuries of discourse on the topic.\textsuperscript{52} According to Ruger, “A strict Aristotelian view might suggest that human flourishing is unique, while a less strict view would focus purely on objectivity – that human flourishing entails certain objective elements.”\textsuperscript{53} What is certain is that the human good involves human persons functioning at a generally accepted level.\textsuperscript{54} The description of a generally acceptable level is often the responsibility of the society.

When considering the distribution of health care that provides citizens health care access, an Aristotelian approach would involve treating like case alike and different case differently.\textsuperscript{55} This principle of proportional justice adopts the position that those in greater need would have a health care access needed to bring them to a certain level of health functioning as their circumstances permit.\textsuperscript{56} “For health care access this would generally imply that the government should bring each individual’s health functioning as close to a threshold level of functioning as possible for them without diminishing others’ function below that level,” according to Ruger.\textsuperscript{57}
Contemporary discussions of human persons functioning at levels that enable human flourishing include those of Sen, Nussbaum and Ruger around a health capability model. Within this model capability involves the capacity to function and involves health and the ability of individuals to pursue or maintain health. Both necessitate some level of health care access. Necessary functionings are those activities which an individual is able to do or be given the proper circumstances. Capability involves a person’s freedom to achieve functionings that she values and has the potential to realize. The focusing on assessing equality of access in terms of shortfalls rather than achievement is a vital part of the capability model. Shortfalls identify opportunities which have gone unanswered and are in need of support.

Ruger identifies five principles of the capability model, many of which mirrors Aristotle, and are relevant to health policy. The first acknowledges human heterogeneity and the variety of needs human persons have in order to achieve the same level of capability. A second principle is that utility is not the sole basis for social evaluation. The third principle involves a focus on two basic capabilities which include avoiding premature mortality and avoiding unnecessary morbidities. Principle four emphasizes incompleteness in reaching universal specification about other capabilities. Finally, principle five claims that health policy, including policy on health care access, must be evaluated based on how individual health capabilities and health functioning are realized in light of the societies’ generally accepted standards. The health capability model is valuable in a discussion of social responsibility. Providing basic levels of health care access makes one capable of functioning and achieving capabilities that allow for human flourishing. Theories of health capability consider not only the current health of a person.
but the person’s potential for health and ultimately human flourishing through greater access to health care.

The capability model is only one socio-political discussion of the relationship between individuals and among individuals and their governments about health care access. Numerous other theorists have tackled this issue. One popular theory discussing the moral importance of health to a society is Norman Daniels’ *theory of justice and health*. Just as Sen’s capability model is based on Aristotle’s theories, the theory of justice and health is formulated in light of John Rawls’ *theory of justice and fairness*. Daniels contends that there exist social obligations to promote population health fairly. Daniels takes the position that, “health is of special moral importance because it contributes to the range of exercisable or effective opportunities open to us”. These opportunities, when seized upon, allow for human flourishing.

Distributive justice theories are used by Daniels to demonstrate how social determinants of health would or could reduce observed health inequalities. Daniels suggests that health inequalities are unjust when they result from an unjust distribution of sociably controllable factors affecting population health. Therefore, principles of justice along with a fair process for setting limits need to exist in an effort to minimize the negative perception of winners and losers in current resource allocation processes. Daniels denounces market accountability, majority rule and cost-value methods as fair processes that have led to legitimacy concerns in various distributive efforts by policy makers.

Through accountability for reasonableness, Daniels challenges both publically and privately owned systems to be more responsible for decisions used in guiding limit
setting on health care and health care access.\textsuperscript{66} The reason for this according to Daniels is that,

\begin{quote}
\ldots important limit setting decisions should be publicly available\ldots these reasons must be ones that fair-minded people can agree are relevant for appropriate patient care under resource constraints.\textsuperscript{67}
\end{quote}

The concept of the fair minded person is important for Daniels because it implies the need for relationality. The fair-minded are those who are willing to cooperate with others in terms they can justify to each other. Hence, if accountability for reasonableness is to be operationalized in public forums, four conditions should be present.\textsuperscript{68} The first condition is a \textit{publicity condition} which requires that the rationale for limits to health care access imposed by regulatory agencies must be effectively communicated and accessible to those impacted by those decisions.\textsuperscript{69} The second condition is a \textit{relevance condition}, meaning that when limit-setting does take place it should include a reasonable explanation that fair-minded persons would recognize through acceptable evidence, principles and reason.\textsuperscript{70} A third condition, a \textit{revision and appeals condition}, implies the need to challenge decisions and apply revisions to decisions based on new evidence or arguments.\textsuperscript{71} Lastly, a \textit{regulative condition} intends that regulatory oversight be in place to insure that conditions one through three are being addressed.\textsuperscript{72} One will note the priority to relationality in limit-setting as proposed by Daniels and his colleagues. The process hints at subsidiarity but falls short of that expectation while still expecting reasonable representation of the community through an appeal to principles and reason that reflect a common viewpoint. Daniels' intention is to recognize the limited human, scientific and economic resources within a society and the need to use them wisely. But he challenges those in power to engage those impacted by decisions in dialogue and, to the extent
possible, in decision making, at least regarding generally agreed upon standards that will
guide decision making.

B.2. Global Context.

Issues of social responsibility are not limited to individual groups, societies or
nations. In fact global inequalities in health care access abound within and between
nations. However, differing opinions on who has moral accountability for those
variances is significant. Most reasonable persons agree that inequalities in health care and
health care access are unjust when they are a result of unjust distribution of controllable
factors. Many of those same reasonable persons agree that one's responsibility and
control stops at the boundaries of one's own group. The ultimate question becomes: to
what group does one belong? In addition consideration has to be given to how and in
what circumstances one applies social responsibility. There may be textured
responsibility in how one addresses the need for health care access in one's own family,
community, or nation that take on a different level of accountability when looking at
another's family, community, or nation. While one is ultimately responsible for the
immediate members of one's group there is a growing awareness that social responsibility
for human rights including health care access does extend beyond one's immediate
community. In fact, Daniels claims, “There is substantial philosophical disagreement
about whether there are…international obligations of justice to reduce inequalities and to
better protect the right to health of those whose societies fail to protect them
adequately.” At the same time there is considerable support for nations to take action to
address those nations who are willingly involved in practices that make it harder for
human rights issues like health care access to be realized.
B.2.a. Inequalities Beyond Borders.

Inequalities in health care access beyond borders of sovereign states are apparent to most citizens of the global community. Travel to the luxurious resorts of Central and South America and one is struck by the radical poverty outside the compound walls of the resort. Seek entertainment at any newly released movies and look behind the story line unfolding on screen and see hunger and destitution anywhere the entertainment takes you. Contemplate the throngs of legal and illegal immigrants entering the U.S., Canada, Australia, and wealth European countries. Walk through the public health offices of Philadelphia’s Center City, New Orleans’ 9th Ward or Joplin, Missouri, and one does not need to wonder if inequalities exist. The world is filled with peoples and nations who have and who have not. Is there a responsibility to make all things equal?

In the beginning of this chapter, the issue of health care access in the U.S. is discussed. Many of the same causative factors influence poverty and health care access problems in other parts of the world. However, there are additional realities that cause concern for the health care access inequalities for international neighbors.\(^78\) Pogge suggests that poverty is a leading cause for premature and preventable deaths in many parts of the world.\(^79\) The inference is that wealthy countries who advance their own economic well-being at the cost of poorer countries are ultimately responsible for the health of poor country populations. Some question the validity of this cause-and-effect thinking since many wealthy countries, the U.S. for example, lack impressive morbidity and mortality statistics themselves in support of such a claim.

Norman Daniels suggests three sources of international health inequalities. His sources are as complicated as the issues itself; however, the sources do provide a depth of
understanding regarding international inequalities and for that reason are worthy of discussion here. The first source is “Those (international inequalities) that result from domestic injustices in distributing the socially controllable factors determining population health and its distribution.”80 This source implies the presence of corruption, ignorance or incompetence on the part of governments to attend to the basic needs of their societies. A second source of international health inequalities are, “…those that result from international inequalities in other conditions that affect health.”81 The geographic and environmental resources of a nation are both valuable and scarce in some parts of the world and contribute to inequalities in health capability. The absence of potable water, seasonal typhoons, hurricanes and tsunamis are inequalities that render societies at risk for unhealthy living. Areas where flooding and pooled water contribute to the breeding of disease-carrying insects increase a population’s morbidity and mortality. The third and final category that Daniels suggests leads to international health inequalities are, “…those that result from international practices – institutions, rule-making bodies, treaties – that harm the health of some countries.”82 Some of the most tragic occurrences of this category are the efforts of wealthy countries to recruit and hire qualified health care workers from countries in dire need of those professionals. Rich countries have harmed poorer ones by brain draining those countries of some of their most valuable resources, their people. When one considers Canada, the U.S., Australia and the U.K., there are reports that indicate 34% of these countries’ physicians are foreign nationals educated in their own countries.83 The WHO report on Ghana claims that in 1980s, 60% of doctors trained there left and in 2002 there remained a 47% vacancy rate for physicians and a 57% vacancy rate of nurses.84 The brain drain is not the only way international practice
harm health in other countries. Countries who conduct business in poorer countries and only marginally provide health and safety for employees, who desecrate pristine lands and water sources, who pollute air and environments with toxins that cause damages that may take centuries to repair, these practices directly impact the health of peoples. Who if anyone is responsible for setting such inequalities, caused by so many natural and human conditions, right on an international scale?

**B.2.b. The Problem With Global Justice**

The title of this section is not original. It is borrowed from Thomas Nagle’s article of the same name. In that article, Nagle states clearly that the current understanding of the world order is imperfect but that the nation state is the primary locus of political legitimacy.\(^{85}\) While Nagel’s work focuses on socio-economic justice and whether anything can be done of it on a world scale, some of Nagel’s initial thoughts apply to a consideration of health care access as well as any other human right. His proclaimed Hobbesian position is that justice cannot be achieved anywhere except within a sovereign state.\(^{86}\) Subscription to this position entails an attitude that, without sovereignty to support one, the morally motivated person or persons can only fall back on morally motivated aspirations for justice.\(^{87}\) The reality is that without infrastructures to motivate those who might resist efforts in global justice the effort might be noble but quite unsuccessful. Specifically Nagel claims, “The full standards of justice, though they can be known by moral reasoning, apply only within the boundaries of a sovereign state, however arbitrary those boundaries may be. Internationally, there may well be standards but they do not merit the full name of justice.”\(^{88}\) From this one concludes the need for a global sovereignty is needed if global justice is to exist. There have been others who consider
the sovereign state, its social responsibilities and how such states might impact justice issues globally without the presence of a global sovereign state.

Peter Singer, a noted 21st Century philosopher, in his book, "One World: The Ethics of Globalization", tells the story of two societies. Each person in each society has equal rights to the most basic liberty compatible with a similar liberty for others. In both societies social and economic inequalities are arranged so that (a) they are of greatest benefit to the least advantaged member; (b) offices and positions are open to everyone.89 One will recognize by this description that each society satisfies the John Rawls principles of justice within its own society. Singer explains, however, that the worst-off person in the first society is worse off than the worst-off person in the second society. He then asks one to suppose that it is possible to arrange a global distribution of goods, including health care access, in such a way that still enables each society to continue to satisfy its internal principles of justice. The question arises, should there be a redistribution that lessens the gap between the worst-off people in the two societies?90

A strictly utilitarian position would hold that there should not be redistribution.91 Utilitarianism does not take seriously the distinction between persons within a society let alone the distinctions between persons of different societies.92 Even the equalitarian and noted American political philosopher John Rawls claims "...no people organized by its government is prepared to count, as a first principle, the benefits for another people as outweighing the hardships imposed on itself."93 For Rawls and others, a just world is a world composed of internally just states.94 Rawls recognizes that there may be times when states may give aid to other states unable to protect the human rights of their citizens but he supports the need to limit such aid.95 He argues that continuing to give aid
could result in moral hazard when governments might act irresponsibly with the belief that big brother will bail them out.\textsuperscript{96}

Singer challenges border-limited utilitarianism and Rawls' sovereign egalitarian position by suggesting that problems that are answered through redistribution within a society might just as appropriately be addressed on a global level through redistribution between societies.\textsuperscript{97} Singer is not alone in his thinking. Contemporary political science theorists and philosophers develop more cosmopolitan positions on social responsibility of wealthy nations.\textsuperscript{98} Brian Barry, a moral and political philosopher, refers to the Universal Declaration on Human Rights which he identifies as having significant implications for the international community, not simply on individual sovereign states. If countries can’t meet needs including health care needs Barry claims, “…wealthy countries individually or in combination have an obligation to ensure that by one means or another, the resources are forthcoming.”\textsuperscript{99} Barry is not suggesting unlimited direct aid but structures that enable trade agreements that advantage needy nations.

Henry Shue, a political science ethicist, takes a much bolder position. He suggests building a general, global consensus where sovereign state status would be granted to nations who insure and protect basic human rights of its citizens. The international community according to Shue “not only may but ought to step in when the failure of a State to protect rights becomes egregious.”\textsuperscript{100} Shue’s focus is on three basic rights which are security, subsistence and liberty.\textsuperscript{101} His intention is to avert repeated violent situations like Rwanda and Uganda. But he also holds nations accountable to the world community for prioritizing human rights. Subsistence, being one of those rights, involves health care access. States should have to behave with minimal decency. In Shue’s theory,
Sovereignty should be conditional upon performance and performance should be judged by international norms including the provision of basic rights. Shue’s intention is to not recognize those states or governments whose behavior denies basic human rights to its citizens. The result, however, falls to an undesignated entity.

Perhaps the most creative discussion in favor of egalitarian or universal rights is that of Thomas Pogge, a global justice philosopher. Pogge has developed the concept of a Global Resource Dividend to address what he recognizes as radical inequalities among nations to prioritize the basic needs of their citizens. Pogge takes the position that states or governments do not have “full libertarian property rights with respect to natural resources in their territories.” Proceeds from the GRD are intended to insure the basic needs of those in acute distress. The GRD process addresses the moral challenge present any time radical inequalities exist. GRD responds to a positive duty to help persons and it attends to the stringent negative duty not to uphold injustice, and not to profit from an unjust improvement at the expense of others.

Daniels extends the concept of a universal dividend when he posits that the relationality or interdependence and concerns need to go beyond humanitarian considerations. When relationality extends beyond sovereign states, there is a need to combine the interdependent relationships with obligations that result from such cooperative schemes. Three types of international relationships can give rise to obligations of justice going beyond humanitarian concerns. According to Daniels international agencies that distribute a specific good, certain cooperative schemes, and some kinds of interdependence relationships are examples of when one has relational duties to another. Each of these, because of the nature of their relationship carries a necessary cooperation and responsibility. The practical implication of such relationships
is equal concern for human rights, including health care access, whether organizations are operating within states or across them. Hence, through efforts at international outreach the socially responsible person/government/group arguably should improve health care access throughout the world. This is echoed in the UN's Millennium Declaration of 2000 where global leaders recognize "they have separate responsibilities to their individual societies and a collective responsibility to uphold the principles of human dignity, equality and equity at the global level."  

B.3. Conclusion

Health is a necessary condition for human functioning. Health care access is an essential for maintaining and regaining health. Discourse in the secular literature is abundant with commentary on the need for human interaction in both securing and accomplishing human functioning and ultimately human flourishing. Social structures emerge into sovereign entities charged with attending to common social, political and economic concerns of its members. Relationality, how those members interact with one another, influences the potential for individuals and therefore the society to become their best selves. A capability model suggests that unless human rights are present in a society one may or may not have the ability to transition from human functioning to human flourishing. The capability model emphasizes the need for relationality, the need for structures to ensure health care access in order that persons might choose behaviors consistent with human flourishing.

The issues of health care access are a national concern for the U.S. but the issue is compounded as one considers other nations and peoples. Responsibility for addressing the more global health care access problems is not easily assigned. Sovereign states with
the leadership, finances and ability to meet such needs is an obvious solution. However, less wealthy nations lack one if not all three components and citizens suffer. The potential for a global sovereignty to address the inequities among nations might seem a solution but in today’s global community there appears little opportunity for realization.

One thing is certain. The right to health care has been emphasized as a priority by world leaders for the world community. In the U.S. that requires critical reform of the current system. Reform must emphasize a basic level of health care access for all U.S. citizens and a way to address the health care needs of those non-citizens who live within its borders. Reform initiatives undertaken for moral reasons within the U.S. should apply to those living outside the U.S. and its territories. Hence, U.S. leaders, U.S. companies and U.S. partners conducting business in foreign nations are challenged to recognize the same right to health care access in those countries. Wherever possible, efforts to support the development of similar reforms for health care access are ethically appropriate.

C. The Religious Meaning of Health Care Access – Common Good

The ethics hermeneutic seeks to clarify the religious significance of health care access by discussing the mission related religious theme of common good. The fullness of human life is dependent on the communal nature of the human person. Common good, a foundational principle of the Catholic tradition, stems from the dignity, unity and equality of all persons. According to discourse on common good it is broadly understood as "the sum total of conditions which allow people, either as groups or as individuals, to reach their fulfillment more fully and more easily". The common good is not focused on the cumulative goods of individual persons. Hence, the common good implies the
indivisible nature of what belongs to everyone and is common as a result of what unites one person to another.

The common good is integral to Catholic mission and vital to a discussion of health care access in any plan or attempt at health care reform. Hence, social responsibility, the secular component of the ethics hermeneutic, is now aligned with the mission theme of common good to assist in the analysis. The discussion that follows involves a review of discourse on the themes of solidarity and social justice as integral components of the common good. The reciprocity of these two themes will evolve into a discussion of the Church’s preferential option for the poor and a priority to insure health care access for the poor and vulnerable. Each of these mission themes, solidarity and social justice, has practical implication for a discussion of health care access as an indispensable component of health care reform.

**C.1. Solidarity.**

The Catholic tradition's understanding of solidarity is incumbent upon a belief that human persons need interdependence and community. Solidarity highlights in a particular way the intrinsic social nature of the human person, the equality of all in dignity and rights, and the common path of individuals and peoples towards an ever more committed unity.\(^{111}\) John Paul II, writing in his encyclical on social concerns, insists that

> Solidarity is a Christian virtue. It seeks to go beyond itself to total gratuity, forgiveness and reconciliation. It leads to a new vision of unity of humankind, a reflection of God’s triune intimate life, it tends to communion.\(^{112}\)

Hence, as children of God, individuals are called to an interdependence where they exercise responsibility for one another and for creating structures necessary to support the human community, especially in that community who are most disenfranchised.\(^{113}\) A
discussion of the Catholic tradition’s understanding of community and the type of community one is called to assist in developing a clearer understanding of solidarity and its contribution to the common good.

C.1.a. Call to Community.

Theological anthropology discusses the communal demands on people of faith. As children of God, human persons are called to a strong social responsibility for one another and for the structures needed to support community. Philip Keane, a Catholic theologian and health care ethics consultant, uses three themes to highlight the communal demands of a Catholic theological anthropology. He focuses on the meaning of God as Trinity, the meaning of Christ and the church, and the meaning of human love for one another. A brief discussion of each is helpful to the analysis of common good. First, one needs to understand that in the Catholic tradition, the Trinity serves as the perfect model of community. The Triune God, while utterly one, is three persons forming community with one another in a spirit of unconditional love. The Trinitarian model challenges persons to radical community. Such radical community requires efforts to address fundamental needs such as basic health care access. The challenge to improve conditions comes from the very core of who one is. According to Keane, human persons are "...a people not quite satisfied with things the way they are, a people always looking for new options, a people hoping new hopes and dreaming new dreams". This restlessness that Keane talks about is a search for the perfect community which the Trinity models and human persons are constantly seeking. Hence, when inequities in health care access exist, the Catholic tradition will seek reforms that respond to the needs of the disenfranchised so that the community is made whole.
Second, Trinitarian love is concretized in the person of Jesus and his Church. Jesus calls his followers to a community evidenced by love for one another. Discipleship's first principle is the inviting and demanding new commandment of Jesus to love one another as Jesus loves. Jesus demonstrates through word and action how the human life is to be lived. Those who come to know Jesus and the story of his mission are motivated to imitate him for a variety of different reasons. The Jesuit theologian William Spohn talks about being motivated to love as Jesus loves from three different but by no means exhaustive options. An *ethics of obligation* calls for a response to the call to love in imitation of Jesus' own obedience to the will of God. Human persons love and act out of love because it is what God intends. Others are called to imitate the love of Jesus from an *ethics of purpose*. Jon Sobrino, the great liberation theologian, talks about Jesus' commitment to free people from the bondage of oppressive social structures that destroy. This call to love comes from an awareness of the particular needs of those who are suffering and an internal catalyst to do something about it. A third option for how one loves as Jesus loves is based on an *ethics of character*. When one knows the love of God as Jesus knew the Father's love, God's love motivates human habits, character and purpose. One's love then emerges from an experience of being loved. A transformation takes place and one's character is reflective of Christ. Those who follow Jesus from an ethics of obligation, purpose or character recognize the oneness of the body of Christ and support efforts at health care reform for that reason.

Lastly, love of God and love of neighbor are inextricably intertwined. Every act of love expressed toward another human being is at the same time an act of loving God. Likewise an act of loving God is demonstrative of the love one can have for
another human person. Human love is rooted in human embodiment and all that human embodiment involves, including health and health care access necessary to maintain health and well being. Human persons exist within the world as it exists. “One lives in the world: therefore, love of neighbor involves a care for the world, its structures, and for justice,” according to Keane\textsuperscript{124} The Catholic tradition speaks of agape as a type of love in which one cares for others without any expectation of being loved in return. Keane explains, "The earmark of agape love is that it is a love which sets other people free, free to grow and develop independently of the persons who are giving the love."\textsuperscript{125} The secular understanding of relationality in which human flourishing is the objective of human existence is deepened when considered in light of agape. Agape love loves the person as the person is, with needs and weaknesses. Agape love aims to address human needs and weaknesses for the sake of loving the other. Hence, the Catholic tradition seeks to adjust inequities in issues such as health care access from a position of having known God's love and rendering that love to others rather than from mere social obligation. This does not ignore the need for social responsibility, or the need to engage in social reform, or to address public policy. Christian love requires an interest in the public square that focuses on the goods people need to live fulfilling lives.

\textbf{C1.b. Communities of Love and Hope.}

The mission theme of solidarity emerges from the belief that members of a group can agree upon a concept of human flourishing or the good life and also agree on ways to make it achievable for all members of the group.\textsuperscript{126} The good of the whole is what Catholic tradition says societies should seek. Stephen Shenk, former professor and chair of the politics department at Catholic University of America, claims that common good is
understood as the good of the whole itself – not a vector of competition, not a balance of competing interests and not a passing majority of individuals or groups. Public policy must witness an attitude of love and hope for the whole. Hence, health care reform efforts will not focus just on individuals but on the health status of communities and on social structures that will improve personal and communal health.

Within a community, charity or love is a virtue that must be practiced. In his inaugural encyclical Benedict XVI professes this practice of love as a ministry of charity to be a primary responsibility of the Church along with proclaiming the Gospel and celebrating the sacraments. The ministry of charity within the Church has grown and has influenced the formation and expression of Catholic social teachings over the centuries. These social doctrines recognize the sovereignty of nations and have no intention to usurp the power of the state. Benedict teaches that the Church’s... aim is simply to help purify reason and contribute to the acknowledgment and attainment of what is just. The Church cannot and must not take upon herself the political battle to bring about the most just society possible. She cannot and must not replace the State. Yet at the same time she cannot and must not remain on the sidelines in the fight for justice.

It is for this reason that the doctrine on common good and solidarity are so important as guides to the Church’s dialogue on matters of health care reform. Attention to the good of a community necessitates attention to health care needs. Therefore, health care access must be a priority for individuals and their governments.

The noted theologian Lisa Cahill refers to the Church’s dialogue with governments as awareness in participatory theology.

The challenge to theologians is to use narrative, prophetic and participatory modes of discourse to put social justice – defined as distributive justice and common good – back on the policy table.
An agenda for American public policy reflective of the common good has been proposed by Schneck. According to Schneck, such policy will embrace the language of common good. To do so entails changing discussions from abstract conversations using rights language to pragmatic discussions focused on doing everything possible to provide health care access to those who do not have it. Health care reform needs to be measured by what it does for the most vulnerable in society. This will require a refocusing of priorities from those that pander to immediate desires for any given person or generation and adopt a longer historical perspective of the common good. According to Schneck, the common good “...demands that we weigh the passionate yens of the moment against the future good of the whole.”

The whole, from a Catholic tradition of the common good, transcends national interests. U.S. National interest cannot be seen in isolation from a more universal common good for all persons. Common good requires communities to develop an attitude of responsiveness based on love and hope, not just co-existent relationality. In such communities an expectation of attention to the well being of all is accompanied by a restlessness until that well being is actualized.


To further clarify the religious significance of health care access a discussion of discourse on Catholic social justice is important. Within the Catholic tradition social justice embraces the three related concepts of justice, solidarity and common good. In his first encyclical Benedict XVI talks about charity as the Spirit moving persons to love as Christ loved. Later, Benedict describes justice as an intrinsic part of charity, but that charity is something human persons are compelled to do, not something they are required to do. The Catholic tradition recognizes that charity transcends mere justice for “justice
calls us to give one another what is due but charity involves giving what is ours to another.”\textsuperscript{138} Hence, Catholic social justice calls forth a sharing among members of society. While the Catholic tradition calls for the classical forms of justice (commutative, distributive and legal) to be respected, social justice attends to the social, political and economic aspects of justice. Social justice is concerned with the structural dimension of problems and their respective solutions.\textsuperscript{139} To develop an understanding of social justice within a Catholic tradition, the tradition's perspective on human rights and preferential option for the poor are paramount.

\textbf{C.2.a. Human Rights.}

Rights language has existed for centuries in both civil and religious circles. Generally speaking the idea of rights connotes the liberty to pursue one’s own conception of the good life.\textsuperscript{140} The concept of rights as interests did not surface until the 19\textsuperscript{th} Century when there developed a deeper awareness of the need for certain goods in order for persons to fulfill their responsibility or duty to the community. Some basic understanding of rights and duty language will benefit the discussion of common good.

Rights are often discussed in four basic categories. \textit{Positive} rights, the first category, are those rights that others have a duty to provide one with based on one's claim to that right.\textsuperscript{141} A second category of rights are negative rights.\textsuperscript{142} In \textit{negative} rights one can claim a right not to be interfered with in pursuit of one's interests.\textsuperscript{143} The third category of rights, often identified as \textit{absolute} rights, are those claims or protections that are guaranteed without exception.\textsuperscript{144} The final category of rights is \textit{limited} rights or those rights with restrictions or exceptions that are dependent on a given circumstance. Rights language becomes important in determining what obligations society and its members
have to one another. The determination of a right as positive or negative, absolute or limited is dependent on one's own or one's society's understanding of the broader issues of human dignity, justice and common good. As noted, along with rights come duties, both of the individual and of the society.

Simply stated, a duty is an action that is morally required. Universal duties are those involving what is owed to all persons without exception. Specific duties are those that surface due to specific relationships which in themselves generate certain rights. It is important to note that these descriptions of duty and rights are not exhaustive or universally agreed upon. They are, however, commonly used in ethics discourse and serve a useful purpose for this discussion, especially to emphasize that human rights are associated with correlated duties. The idea of rights having corresponding duties to the common good is integral to Catholic tradition's understanding of human rights.

In the Catholic tradition, the source of human rights are to be found in the dignity that belongs to each human being. The Church states this clearly in the Compendium of the Social Doctrine when she claims,

The ultimate source of human rights is not found in the mere will of human beings, in the reality of the State, in public powers, but in man himself and in God his Creator. These rights are universal, inviolable, inalienable. Universal because they are present in all human beings, without exception of time, place or subject. Inviolable insofar as they are inherent in the human person and in human dignity and because it would be vain to proclaim rights, if at the same time everything were not done to ensure the duty of respecting them by all people, everywhere, and for all people. Inalienable insofar as no one can legitimately deprive another person, whoever they may be, of these rights, since this would do violence to their nature.

Within the tradition, human rights have less to do with protection from harm and more to do with positive enhancements of the human good owed to everyone by the society in
which they are a member.\textsuperscript{150} If society is going to meet such obligations, then it is essential for everyone to contribute to fostering the wholeness of society. In other words, one understands that with rights come responsibilities to make contributions to the community. Leo XIII spoke to the mutuality of human rights when he cited the need to pay workers a living wage.\textsuperscript{151} Workers have an obligation to fulfill their responsibility to employers and employers have a right to expect a day’s work for a day’s wage. In \textit{Pacem in Terris}, John XXIII first declared medical care as a human right. In the encyclical the Holy Father appeals to national leaders to attend to the health of their citizens. Basic human rights, some might call them absolute, are made available without regard for merit, social worth and ability to pay. This obligation to provide basic human rights involves what Catholic scholars refer to as distributive justice. The Catholic theologian, Charles Curran, in a discussion of social ethics claims “…distributive justice governs how society and the state distribute their burden and their goods, with a heavy emphasis on need.”\textsuperscript{152} In other words distributive justice is concerned with what society or any larger group owes its individual members.\textsuperscript{153} The distribution is conditional and relates to: one, the individual’s needs; two, the resources available to the society; and three, the society’s responsibility to the common good.\textsuperscript{154} In the context of health care, distributive justice requires that everyone receive equitable access to the basic health care necessary for living a fully human life insofar as there is a basic human right to health care.\textsuperscript{155}

Catholic social justice understands human rights as both political and civil, such as a right to freedom but also social and economic rights to include health care, food, safety, and education.\textsuperscript{156} Human rights have less to do with individualism and individual self proclaimed rights popular in a pluralistic society than about the common good.\textsuperscript{157}
Harvard law professor Mary Glendon discusses this when she argues that too great a concern for individual rights erodes the notion of the common good.\textsuperscript{158} Glendon’s concern is not original; others have voiced the same concern.\textsuperscript{159} Most notable within the Catholic tradition was Leo XIII during a proclamation of the rights of the working man. The Holy Father expressed a concern that extreme individualism might result as more liberal rights were afforded working persons.\textsuperscript{160} It is for this reason the Catholic tradition emphasizes that rights are not claims to private interests and desires but a claim to the common good of a society. Hollenbach emphasizes this nature of rights when he describe rights as “claims to share in the common good of a society, a good which is less than the full communion of the Kingdom of God but analogous to it.”\textsuperscript{161}

Catholic social teaching has focused more on social justice understood as a composite of distributive justice, positive human rights and common good since Vatican II. Action on behalf of social justice is seen as a duty as vital to Catholicism as spreading the Gospel.\textsuperscript{162} Hence, both discourse and action are needed to make it possible for persons to participate in the life of society to a degree that respects at least the most basic demands of their personhood.\textsuperscript{163} Scholars claim this requires a renewal of public virtue on the part of governments and individuals. Both groups at times demonstrates a pluralistic-analogical understanding of the common good that tends to divide rather than allow for rights that make cooperative participation in society possible. Hence, from the Catholic tradition one anticipates that governments insure the basic rights of human existence. Furthermore there is an expectation that those impacted by decisions are to contribute to those decisions in deference to the principle of subsidiarity. Finally, those whose rights are honored have a duty to then contribute to the common good accordingly. This spirit
of cooperation in pursuit of human rights is most important in discussions impacting the poor and those most vulnerable in society.

C.2.b. Option for the Poor and Vulnerable.

The concept of a preferential option for the poor is intimately associated with the mission themes of common good and social justice. Providing in a special way for those who are economically or otherwise disadvantaged is critical to the Catholic tradition. Numerous Catholic documents and theological discourse stress the tradition’s preferential option to love and care for the poor. Many of these documents suggest the moral worth of a society is the way in which a society treats its weaker members. The present discussion supports assessing society by how their poor and vulnerable are treated but it is necessary to acknowledge that some discourse has concerns that the preferential option constitutes a form of unjust partiality. The need for partiality has been contested by many. Stephen Pope, theologian and social ethicist, documents the pros and cons of partiality in his 1993 discussion of proper and improper partiality. It is enough for now to acknowledge that the debate does exist and reference readers to Pope's extensive discussion on the topic. The intention of this paper is to take the position, as Pope concludes, that such partiality is morally justified and required.

The Pastoral Constitution on the Church in the Modern World makes it utterly clear that the poor and vulnerable have a special priority within the Catholic tradition. The joy and hope, the grief and anguish of the people of our time, especially of those who are poor or afflicted in any way, are the joy and hope, the grief and anguish of the followers of Christ as well. God's love is universal but scholars have noted time and again that God has a preferential option for the poor. As followers of Christ, His Church continues a precedent in its
teachings, its actions and most importantly in its dialogue with those who have responsibility for social and economic policy to recognize the special needs of the poor and vulnerable. A fully credible account of the preferential option has been suggested in which four requirements are present. The account requires, first, that the virtue of solidarity with the poor be present; second, a sense of moral priorities are in place recognizing other moral claims on a society; third, a grounding in the common good exist, and finally an ontological reasoning that supports a partiality claim. Over and over, the Catholic tradition has framed rationale based on these four requirements as it attempted to correct injustices against the poor and the vulnerable.

Two major initiatives of the U.S. Catholic Bishops to address the needs of the poor have been the landmark document of 1981, *Health and Health Care: A Pastoral Letter of the American Catholic Bishops*, and the 1986 pastoral *Economic Justice for All*. Since the early 80's the Bishops have advocated consistently to encourage lawmakers to bring reform which addresses the needs of all, especially the poor, in a coherent and consistent way. Intensified attention on the topic of the nation's health care reform began in 2009 as Congress started drafting legislation on the topic. The Bishops worked with Congress and encouraged its members to recognize that health care is not a privilege but a basic human right and a requirement to protect the life and dignity of the human person. The USCCB Committee on Domestic Justice and Human Development established four criteria for fair and just health care reform which the bishops considered a moral imperative in the formulation of a fair and just health care reform initiative. The four criteria are consistent with Catholic tradition and highlight the need for a preferential
option for the poor. These four criteria were infused in all communications the Bishops had with lawmakers. The criteria are:

one, a truly universal health policy with respect for human life and dignity; two, access for all with a special concern for poor and inclusion of legal immigrants; three, pursing the common good and preserving pluralism including freedom of conscience and variety of options; and, four, restraining costs and applying them equitably across the spectrum of payers.\textsuperscript{175}

Second only to the bishops' efforts, and some might conclude even more aggressively, to shape U.S. health care reform have been those of the Catholic Health Association (CHA). CHA and its member ministries have been working for decades on behalf of health reform that protects life and expands coverage to the greatest possible number of people in our country. The Catholic tradition outlined in the bishops' criteria has guided CHA initiatives as they have tirelessly advocated for the poor and the vulnerable in their vision for health care reform.\textsuperscript{176} CHA has set a ten year agenda in which it envisions ways to improve the health of individuals and communities. Future efforts of CHA are reflective of the priorities that the Catholic tradition has had for centuries: to champion the sanctity of life from conception to death; to develop sustainable, person-centered models of care across the continuum; to meet the current and emerging needs of vulnerable persons; to engage those in the ministry with ongoing formation; and to broaden relationships in the communities where Catholic health care is present and throughout the Church.\textsuperscript{177} The Catholic Health Association's vision, the bishops’ criteria, the Holy Father’s teachings all consistently demonstrates the Catholic tradition's preferential option for the poor.

\textbf{C.3. Conclusion.}

The ethics hermeneutic enlightens an understanding of health care access as more than an obligation in justice. Through a discussion of the mission related religious themes
the ethics hermeneutic clarifies that health care access is indispensable for health care reform by interpreting its role from the perspective of a faith community that acknowledges the oneness of the human family (solidarity) and prioritizes the well being of others (social justice).

D. Health Care Access as Indispensable for Health Care Reform, A Catholic Mission Perspective

Common good as a Catholic mission theme is grounded in the tradition's understanding that human persons are by nature social and in need of others for a variety of reasons. If indeed one recognizes the Catholic traditions’ mission theme of common good, one begins to understand there are implications for health care reform which are foundational to the sanctity of the human person made in the image of God. This foundational principle of the sanctity of the human person is why the Catholic tradition claims consistently that every person has a right to adequate health care. Sanctity, however, is not an individualistic quality. Sanctity belongs to everyone as children of God and as such binds all together. Hence, health care is not an autonomous right one person makes on another or even on society but a social condition needed for the realization of human flourishing. This is emphasized most notably in Vatican II’s proclamation of common good as

The sum total of those conditions of social life which allow social groups and their individual members relatively thorough and ready access to their own fulfillment.

Since health care is needed to protect human life, promote human life and pursue the common good it is a right to which all persons need access. Hence the means to a proper development or human flourishing requires health care access. In communities such as the United States, where access is not equitable, the moral obligation of the
community is to bring about health care reform. Health care reform, in keeping with the mission related religious theme of common good, will involve an acknowledgment of a right to health care based on the sanctity of the human person, the communal nature of the human person and the tensions present when the resources are scarce.

D.1. Access When Resources Are Limited

Health care is a social good and accessible health care benefits both individuals and the common good. Yet, health care is costly and in secular terms a commodity available in the market. Neither the money to pay for health care nor health care resources to provide everyone with unlimited access exists. These realities impact the mission related religious theme of common good. Assumptions and expectations are needed to frame health care reform in light of such limits. The Catholic tradition’s values as well as the stark reality of finite resources can help to craft a health care reform effort that will honor the common good. Comprehensive and affordable health care for everyone living in the United States is one of the assumptions the U.S. bishops make in their 2009 appeal to Congress as they crafted the Patient Protection and Affordable Care Act. Comprehensive benefits are those sufficient to maintain and promote health, provide preventive care, treat diseases, injury and disability, and to care for persons who are chronically ill or dying. This broad description of the dimensions of health care needed to allow for human flourishing are dimensions of health care which, according to the Catholic tradition’s understanding of common good, should be available to all living in the United States. Catholic tradition further assumes that a health care reform package includes equitable financing based on the ability to pay and cost-sharing arrangements designated to avoid creating barriers to effective care for the poor and the vulnerable.
This assumption involves a priority concern for the poor and their pressing health care needs, needs that for too long have gone unanswered. Assumptions in drafting health care reform policies also need to reflect the duty not only of the society but the responsibility of those individuals and groups who are members of society.

Each individual or group who has contributed to the current state of the U.S. health care crisis must examine themselves to see how they are culpable for the state of affairs. Historically, cultural addictions in the United States have made it difficult to transcend individual interest for the good of the whole. There is little value of the common good in American culture and politics. Daniel Callahan, co-founder of the Hastings Center, criticizes the United States and its citizens for lacking a common good tradition and for failing to make social sacrifices for one another.

The fact that we might have to ration health care in the name of the common good- even to ensure that others get a fair share- is objectionable to most Americans.

Both personal sacrifice and enhanced personal efforts will need to be made by members of society to protect the right to comprehensive health care access. By making changes, addressing neglect, accepting sacrifices, and practicing discipline one can imagine better health and ultimately a truly visible common good. Such behaviors represent good citizenship in a community where the well being of all is valued.

Limited resources extend a community’s realization of social justice as a dimension of the common good. Societies, including the United States, have other obligations than health care that compete for limited resources. It is for this reason that the Catholic tradition favors a single tiered system in which a comprehensive health care package is accessible to everyone. The Catholic Health Association makes the point
regarding shared obligations and shared benefits as a necessary part of health care reform in light of the Catholic Tradition.

Only when rationing applies to all can it be the occasion for sharing a common hardship rather than an occasion for deepening the gaps between wealthy and poor, old and young, healthy and sick, and among racial groups. Equity in rationing would suffer if significant minority of the public obtained their care outside the health care system while acquiescing to limitation on services for those who were economically less secure.

While a two tiered approach increases the potential for disparity the focus of health care reform needs to be in providing at least a basic level of those areas the bishops, and others, identify as essential pieces of a comprehensive health care package for all: opportunities for health promotion; preventive health care; disease, injury and disability management for acute, chronic and terminally ill persons. Any effort at rationing limited resources is to be universal and done in a spirit of solidarity and subsidiarity – meaning that those most impacted by the decisions are engaged in decision making. Only then will efforts at health care reform reflect the Catholic tradition’s understanding of the common good.

**D.2. The Communal Nature of the Human Person**

The firm and enduring commitment to the common good can only be realized in solidarity. The tradition calls forth a need for sacrifice on the part of some to protect the basic rights of others. The scriptural account of Jesus’ own suffering exemplifies what ends one might consider for the good of the whole. A total self-giving is rarely necessary but persons are called to a radical openness to share one’s wealth or one’s poverty in acts of equalizing resources.

The preferential option for the poor exemplifies the Catholic tradition’s particular attention to those populations whose rights are most at risk, the poor, the vulnerable and
those otherwise marginalized by the predominant U.S. attitude of individualism. The vast
differences in health care access between the rich and the poor violates the common good
because it divides the oneness of the human family and ignores the values inherent in
solidarity. The scriptural, Christological and epistemological basis of a preferential option
for the poor gives the Church direction in advocating for the unmet needs of the
powerless or vulnerable.190

When the Catholic tradition witnesses, through the Church and its institutions,
advocacy for health care access with an emphasis on the needs of the poor and the
vulnerable, it is demonstrating social compassion.191 Thomas Shannon, a noted theologian
and social ethicist, discusses how social compassion takes root when one witnesses
injustice, is moved by what one sees and takes action. Social compassion occurs when
one stands in solidarity with those most impacted by injustice.

The practice of social compassion leads us to establish justice both as our
response to those in need and to correct the structures that create such conditions
to begin with. Social compassion fires the heart to engage in the work of
justice.192

Such efforts at justice in light of the Catholic tradition are made to ensure that each
person has that to which they are entitled as members of the society to which they belong.
When the injustice witnessed is inadequate health care access, members of society,
moved by social compassion, are restless until the structures which created the injustice
are corrected. Works of justice attend to human rights which as has been noted are rooted
in the sanctity of the human person.


Social compassion, solidarity, human rights, community justice, even common
good itself emerge from the Catholic tradition’s understanding of the sanctity of the
human person. Human persons possess a dignity that is inalienable and rooted in the doctrines of creation, incarnation, and salvation. Sanctity is due to human persons who were created by God in God’s own image. Neither the image nor the sanctity are earned or bestowed by other human persons, therefore, the dignity of the human persons cannot be denied by human persons. Furthermore, Jesus brings new awareness to the sanctity of the human person. Theologian Kenneth Himes claims, “When God became something other than God, the meeting place between Creator and creature was the human person.”193 In this act of God, one recognizes another reason to honor the sanctity of the human person. The essential goodness and dignity of the human person is expressed in the incarnation of God who humbles God’s-self to become a human person. The salvation story further reminds persons that they are called to share in God’s eternal life. The fact that human persons are made specifically for union with God witnesses again to the sacredness of the human person. Creation, incarnation, salvation – each act gives honor to the human person. Each act requires a response on the part of the human person. Discourse emerging from Vatican Counsel II makes this clear.

God did not create humankind for life in isolation, but for the formation of social unity. So also it has pleased God to make people holy and save them not merely as individuals, without any mutual bonds but by making them into a single people.194

The community seeks what is necessary to do so the community identifies and makes available those basic needs necessary for a person to live, contribute and flourish within the community. Ensuring basic level of access to a comprehensive health care package is a community’s way of honoring the sanctity of the human person.
E. Chapter Conclusion.

The United States national debate regarding health care reform further divided the nation and damaged relationships between Catholic bishops and the leaders of Catholic health care in America. Ideological interests often surface when the stakes are high. Yet the common good is not about individual or group interest. Common good is about community; it is about sharing; it is about equity; it is about agape. One watching the U.S. health care reform efforts might conclude that common good has little value in much of American society where Callahan claims “the freedom of consumers to get what they want, indifferent to the fate of others” was witnessed in the democratic process that led the Patient Protection and Affordable Care Act.

Despite the problems, a health care reform bill has been signed into law and millions of disenfranchised citizens are now promised health care access. The success of the current reform effort reflects both the secular components and mission related religious themes discussed in this hermeneutic. However, more opportunities will come for common good to guide social change. When it does the virtuous organization inspired by Catholic mission will be reminded, from a faith perspective, that common good deepens one’s social responsibilities and requires health care access as an indispensable part of health care reform.

If health is essential for human functioning which supports one’s capability for human flourishing then having access to health care is a human right supported by both secular and religious discourse. The secular component of social responsibility highlights the connectedness of human persons and the interdependence needed for one another if a viable community is to be sustained. Hence, health care access extends beyond the
physical availability of health care to a consumer. Health care necessitates a social
obligation in a just society of being accessible even when the ability to pay is absent. The
Catholic mission related religious theme of solidarity deepens the obligation. The faith
tradition recognizes the oneness of the human family modeled on the Trinity. The unity
of human persons is rooted in a love and care for one another that is not satisfied until
equity in issues of health care access exists.

Problems with health care access are even greater outside U.S. borders. While the
debate about American responsibility in other countries continues, the minimum
involvement requires advocacy in international relations on the part of public and private
enterprise. Advocacy for health care access is grounded in the centuries of recognized
global atrocities that have limited the human flourishing of millions. World leaders,
social, political and religious have espoused the need for health care as a basic right and
challenge the world communities to be socially responsible in making health care
accessible. Catholic tradition emphasizes in its mission theme of social justice that there
exists a preference to attend to the needs of the most disenfranchised. Therefore, from a
faith perspective, one has no option but to prioritize health care access as indispensible in
any discussion on health care reform, regardless of the sovereignty involved.

The Catholic mission theme of common good attends to the just distribution of
goods within and among communities. Health is a good needed to fulfill one’s
responsibilities and duties to society. Health care is a good that contributes to a citizen’s
health and helps one fulfill one’s obligations to the common good. Therefore, one might
conclude that health care access is a good needed by members of the community. Yet
health care is only one among many goods that communities must balance in an effort at
responding to the needs of its citizens. As such, whenever the community is engaged in
decisions regarding health care reform, the issue of health care access is an indispensible
part of the conversation. Any effort at health care reform that does not include health
care access fails to support the common good. Based on the Catholic tradition’s
understanding of the sanctity of the human person, communities, nations, and
sovereignties have the responsibility to address inadequacies that destroy the oneness of
the human family. When persons are marginalized by their own community the common
good is weakened. Therefore, as communities consider how to balance the numerous
needs of their members health care will rise to the surface where social responsibility and
common good are values within the community. A consideration of health care reform,
similar to the recent experience in the United States, will reduce disparities between those
with and those without health care access.
Chapter Six: The Virtuous Organization's Contribution to Governance in Health Care Organizations

A health care organization has been described as a provider organization with an administrative structure including a board of trustees, management personnel, and professionals responsible for health care interventions and services that are provided to individual persons and groups of persons dealing with health issues. A health care organization, as other organizations, is a dynamic reality. Governance of a dynamic entity is both a challenge and an opportunity for the organization and its members. This chapter introduces an ethics hermeneutic that considers ethical environment as a secular component of the virtuous organization along with the Catholic mission related religious theme of discipleship. This is done to explore how the health care organization inspired by Catholic mission addresses the issue of governance and how governance strengthens organizational efforts.

Once again a three tiered approach is used to explore the hermeneutic. Initially, a focus on health care organizations, their governance structures and models, and the issue of health care governance in contemporary organizational ethics is explored. Discourse from the disciplines of ethics, leadership, and health care is synthesized into a description of the issue of governance in health care organizations.

A second tier introduces the secular component of ethical environments as one dimension of an ethics hermeneutic engaged in the issue of governance. Using the concepts of modeling behavior and fostering core values, the secular component of the ethical environment is developed to enlighten the issue of governance.

Finally, the third tier adopts the perspective of Catholic mission. The mission related religious theme of discipleship is discussed. Discipleship involves the religious
themes of sponsorship and mission identity which are integral to a Catholic understanding of governance. Discipleship, sponsorship and mission identity are used to clarify the religious significance of the issue.

**A. The Issue of Governance in Health Care Organizations.**

Governance involves responsibility for organizing a group of people with the collective authority to control and foster an institution that is administered by a qualified group of leaders and staff. One can conclude that governance includes setting direction or policy in light of an organization's vision, mission and values. Professor of Education and leadership theorist Thomas Sergiovani explains that "governance in an organizational context involves proper utilization and development of resources in fulfillment of the organization's intended purpose". Regardless of the type of organization, the objective is to maintain, sustain and ultimately develop the organization for future generations.

The governance of today's health care organizations differs greatly from the governance focus of 20 years ago. Gerry Arbuckle, Catholic health care strategist, describes the differences that have emerged, especially in societies where health care consumes a noteworthy percentage of the GNP.

It (health care) struggles to move from a hospital to a community focus, from an emphasis on illness to one of wellness, from a bio-medical to a holistic model, from simple to complex technologies, from patient passivity to collaborative interaction. These changes are not minor, either philosophically or operationally, and they warrant governance that can invite a transition from traditional health care management efforts to new visions and new possibilities for health care services. Enduring priorities for health care organizations include addressing the health care needs of the community through preventive, curative and chronic care strategies. This becomes difficult amidst rising
costs, rapidly changing demographics, ever-new ethical challenges, and evolving national and private funding policies that impact revenue streams.

A.1. Inadequate Governance.

There are times when governance structures within an organization, intentionally or unintentionally, fail to provide adequate stewardship. Such inadequate governance oversight has been well documented as having deleterious effect on organizations and the communities in which they conduct business. The driver for profitability or maintaining market share has been at least partially responsible for events such as the Exxon Valdez crisis off the shore of North America. Restructuring efforts, as Exxon's Chairman later concluded, resulted in predictable problems related to the human condition. Overwork, sagging morale and an erosion of confidence in management led to a crises of exorbitant proportion. Twenty years later the same industry was again held responsible for the largest accidental marine oil spill in the history of the petroleum industry. The United States established a commission to investigate the BP explosion and oil spill that led to several industry deaths and a marine disaster in the Gulf of Mexico. The commission held BP and its partners accountable for making a series of cost-cutting decisions and lacking systems to ensure well safety. "Whether purposeful or not, many of the decisions that BP, Halliburton, and Transocean made that increased the risk of the Macondo blowout clearly saved those companies significant time (and money)" the Commission reported. Every industry has had similar tragedies, not necessarily of the same magnitude but significant to those impacted by the events. In the United States alone in the past decade the housing industry, finance, nation-wide charities, religious institutions, educational institutions have all seemingly failed to meet governance obligations, placing their
employees, their customers and, in many circumstances, the global community at risk.¹⁰ Health care is not exempt from issues that arise from inadequate governance. When such failures occur the results may be loss of services or the loss of an ability to influence how services are provided. Closures, consolidations, and other complex and difficult business decisions are inevitable as providers adapt to harsh financial realities.

Governance priorities have been reported as two-fold: those that are financial and those that impact physician relationships.¹¹ Inadequate attention to ongoing reimbursement shortfalls, escalating costs, and the increasing levels of indigent care can result in the rapid decline of the organization and reactive chaos management.¹² Physician and for profit entrepreneurial endeavors that compete with hospital services, declining physician morale, increasing restrictions on physician incomes are all issues eroding relationships between health systems and physicians. Due to the unique contribution of physicians, governance in health care necessitates a commitment to the tension in physician/hospital/system relationships.

Governance issues, however, expand beyond these finance and physician-stakeholder relationships. The growth in science provides ongoing opportunities for medicine to create more life-saving technologies and treatments. Both secular and religious traditions recognize that just because the science makes it possible does not necessarily imply the service should be performed for both cost and ethical reasons. Moral consideration also involves governance attention to economic realities that face ever more growing numbers of uninsured into an already overcrowded health care system. Less than adequate governance has resulted in increasing for profit competitors, leading to increasing numbers of uninsured in not-for-profit systems. The imbalance that
is created ignites a spiraling of events that often results in the demise of valuable health care organizations.¹³

### A.2. Legitimate Authority.

Governance of health care facilities requires effective stewardship by those legitimately responsible for those services.¹⁴ The health care organization is a complex corporation with multiple levels of accountability and responsibility. Governors, trustees, members, whichever applies to the governance structure in a given health care organization, understood single hospital organizations that once operated on a combined charitable and equitable premise.¹⁵ Today there is less opportunity to separate governance of professional or clinical issues from those of business issues. Patricia Werhane, the noted health care organizational ethicist, makes this very clear. “In the contemporary health care organization, financial, clinical and professional issues are all so interrelated that one cannot neatly separate out” one from another.¹⁶ Hence, when governance is unable to represent the competencies needed to integrate the clinical, professional and financial in their oversight responsibility, health care organizations crumble.

Contemporary health care organizations are not just concerned with the product (health care) and its costs and reimbursements. As a not-for-profit entity, a health care organization requires governance capabilities that also “fulfill values-based obligations that transcend compliance requirements in order to be consistent with its basic sense of purpose”, according to the ethicists and public health strategists Magill and Prybil.¹⁷ When health care organizations lose sight of their mission, their purpose, or when they struggle to responsibly steward the mission, patients, stakeholders, employees, and payers all suffer. Gaps in stewardship result in weaknesses in organizational performance,
quality of services, and failure to operationalize mission imperatives such as human
dignity, preferential option for the poor and common good. 18

Governance is more complex in health care organizations than in many other
types of organizations. 19 Those involved in governance are often one-dimensional and
many lack clarity about the purpose of their role on the board or often understand but are
simply dissatisfied with their role. 20 Complacency, ineffectiveness, or constituent
interests do more harm to the effective governance of today’s health care organization
than does external crises that are thrust upon it. Board members with other than
organizational interest fail the organization and their governance responsibilities. 21

Society has witnessed poor governance in health care and has lost trust in health care
organizations and health care providers to meet their responsibility for effective
governance, which for the consumer translates into poor quality, cost escalation, and
limited health care access. Those who accept governance responsibility in health care
must demonstrate a desire to lead with integrity and organizational purpose in mind.
Hence, the appointment of trustees to not-for-profit health care organizations is a critical
discernment process for those making the appointments.

Whether government, faith based, or private, health care organizations entrust
critical oversight responsibilities for the mission of the organization to persons whose
character and commitment will often be tested by the need for organizational guidance.
When trustees fail to meet mission or fiduciary responsibilities responsibly, the authority
with which they have been entrusted is compromised. However, legitimacy is not limited
to legally mandated relationships or accountability. “Legitimacy also involves
relationships or structures that are socially expected or accepted.” 22 In health care
organizations, such relationships would involve visioning relationships, those that emerge within the industry and are widely admired as having a history of significant impact on the community. As the adage goes, without vision the people perish. When trustees can govern with commitment to a preferred future, the health of the organization and the health of those they serve is safeguarded.

There has been a steady decline in the number of hospitals across the United States and an even greater number of mergers over the past two decades. The reasons are as many as the closings/mergers themselves. Those that remain, those that emerge continue to find meaning in traditional services and find ways to develop meaningful new services for today’s health care consumer. The need for interdependence is greater than ever, which requires governance to foster cooperative rather than competitive relationships. The need for new markets or priorities necessitates governance which fosters openness to the identified health and healthy living needs of the community. Where governance has not responded to changing priorities, organizations have struggled, many have closed their doors and others have relinquished governance and influence to other more focused health care organizations.

A.3. Conclusion.

Health care organizations serve a critical social need. Individual persons and whole communities are dependent upon the array of preventive, curative and maintenance services provided by those who compose a health care organization. Therefore, it is vital that health care organization governance insure proper visioning and stewardship that will allow the organization and its stakeholders to continue the organization’s mission for today and into the future.
With tightly regulated services, health care quality is an enormous objective to maintain. Along with quality the economic crisis, reimbursement sources and escalating technology costs require competent governance. Setting strategies that are responsive to external demands requires knowledgeable governance. The growing familiarity and accountability for personal health and well being has made the consumer of health care an integral player in health care organizations. Governance recognizes the patient as a stakeholder and responds to their traditional and non-traditional requests for services and structures. When governance is not responsive to economics, quality, patient need or when governances loses sight of its purpose health care organizations will falter, fail or be forced into unwanted mergers or acquisitions. Under any of these circumstances the mission, the community, the individual consumer of health care can be put at risk.

Governance requires legitimate authority to set direction. The authority is given by those empowered to do so. Governance has legal and moral responsibilities that those who are appointed must honor. Governance that is self-serving or loses sight of the organization’s mission has led to the decline and often the dissolution of health care organizations.

The following discussion of ethical environment and discipleship will consider how both the secular component and the mission related religious theme enlighten and interpret the issue of governance in health care organizations. The hermeneutic that emerges helps one to interpret the virtuous nature of some health care organizations.

**B. The Secular Meaning of the Issue of Governance – Ethical Environment.**

The ethics hermeneutic seeks to enlighten the secular meaning of the important issue of governance. The hermeneutic is engaged by discussing the virtuous
organization’s component of ethical environment. Ethical environment is influenced by the message and action of leaders and is realized through the behaviors of all within the organization. Early discourse by Pearce and his colleagues on the topic of virtuous leadership defines virtuous leadership as “influencing and enabling others to pursue righteous and moral goals for themselves and the organization.” Leaders who demonstrate and encourage emotional, conceptual and moral attitudes reflective of the organization are potentiating the opportunity for ethical environment.

Ethical environments are created by positive acts of noteworthy integrity as well as through greeting and supporting others with compassion and respectful demeanors. “Organizations consist of flesh and blood people who create the character of the organization one relationship at a time,” according to the organizational theorist Charles Manz. Hence, governance requires behavior on the part of its leaders that both models and fosters the intended character of the organization. Therefore, the hermeneutic in this chapter discusses the component of ethical environment by considering the reciprocity between two related concepts, modeling behavior and fostering core values.

**B.1. Modeling Behavior.**

Modeling behavior enlightens the meaning of governance in the sense of clarifying the need for integrity and competence as hallmark traits needed in fostering ethical environment. Governances branded with integrity and competence demonstrates a deep confidence about what the organization is, what it cares about, what it believes in and what it wants from its stakeholders. Health care organizations need to evolve for themselves a profound sense of their own ethical core. Governance is foundational to setting the stage for the organization’s identity, beliefs and values.
B.1.a. Integrity.

Integrity involves honesty and freedom from deception which includes making the right choices regardless of circumstances or inconvenience. Integrity may be the single most important quality for leaders to demonstrate in an effort to develop an ethical environment. Robert Solomon, professor of business and philosophy and noted author once stated,

…that integrity is wholeness, wholeness of virtue, wholeness as a person, wholeness in the sense of being an integral part of something larger than the persons – the community, the corporation, society, humanity, the cosmos.

As wholeness, integrity involves coherent connections and relationships with one's self and with other people. Integrity in relationships is built on honesty and is not destructive of self or others in the relationship. Integrity is what endures through change and crisis in one's life.

As with individuals, integrity is an essential part of the everyday life of an organization. When one joins an organization as an employee or in the capacity of formal leadership, one acts on behalf of the organization and its interests; agreeing with its aims and values is vital. Integrity involves obedience and loyalty to the organization and its purpose. Yet integrity involves both a sense of membership in the organization and one's sense of moral autonomy. Governance demands persons of integrity, those who can disagree at critical moments when there is a dissonance between what one knows to be wrong and when the organization is trending in an uncomfortable direction. In fact critical encounters may require demonstrable integrity that is indeed antithetical to one's assigned roles and duties.
Integrity also involves negotiation and compromise as well as maintaining one's personal or organizational conviction and commitment. The manner in which persons deal with one another creates a level of interpersonal integrity. According to Randy Pennington, interpersonal integrity implies that “you explain the why rather than dictate the what” of one's conviction. Governance cannot anticipate blind obedience as was present in the tragic events of WorldCom. Rather, governance recognizes there are challenges in organizational life when personal integrity requires one to stand up for what one believes is right. Environments in which such behavior is encouraged creates opportunities for ethical behavior and allows the organization to emerge from complacency or one-dimensionality to a fully integrated ethical environment.

Leading by example potentiates an interactive way for others to witness the standard for making right decisions. This is the primary intended outcome of governance. Governance committed to organizational integrity insists on more than meeting minimal legal and regulatory requirements. Leaders responsible for directing organizational actions and goals shape relationships and decisions based on organizational core values. They create an environment that supports ethically sound behavior and instill a sense of shared accountability within the organization. According to ethicist Gerard Heeley,

Integrity is achieved when an organization's actions are consistent with its character; the greater the consistency between the organization's character and actions, the greater the integrity.

Secular discourse emphasizes the value of transparency in organizational activity. Through transparency stakeholders witness how those in positions of governance model
the organization’s intentions and values in decision making, policy formation, strategic initiatives and organizational growth.

Organizational leaders are responsible for holding organizational values that are in conflict in a balanced tension. Health care organizations often have conflicting values and the need for balance between mission and margin is often a primary example of the tension governance must address. Examples of such tension are seen in the tension between the Hippocratic Tradition or the covenant between physicians and patients which is concerned with individual health, and Population-Based Healthcare which attempts to maximize the health of a population.\(^{41}\) Both of these are important to the health care organization. Magill and Prybil describe them as significant priorities for health care and encourage those responsible for organizational stewardship to remain focused on the "organization's core mission of healing patients and communities."\(^{42}\) Hence, governance in health care encourages provider-patient commitment while insuring a fair distribution of resources to those in the community. The degree of congruence between the espoused values by leaders and actual adherence to them is what some call behavioral integrity.\(^{43}\) The natural tension between the two requires excellence in stewardship and demonstrable leadership competence.

**B.1.b. Competence.**

Modeling behavior also involves demonstrating competence in governance and encouraging others to demonstrate competence in job performance.\(^{44}\) Governance effectiveness is dependent upon competence to provide fiduciary, strategic and generative guidance in organizational activities.\(^{45}\) These three responsibilities are consistently present in secular discourse on governance.\(^{46}\) While the responsibilities may be given
different titles, the need for financial management, planning and mission sustainability and growth remain cornerstones of board responsibilities. Competence in each is essential if governance is to be effective.

Fiduciary responsibilities involve oversight and stewardship that requires those who govern to demonstrate objectivity, trust, honesty and efficiency.\(^47\) As stewards of goods held in trust, they are to concern themselves with organizational benefit rather than self benefit. Financial accountability necessitates that governance exercise due diligence in overseeing that the organization is well managed and that its financial situation remains sound. Varying levels of financial competence will exist among trustees. However it is essential that all trustees understand basic terminology, be able to read and interpret the organizations financial statements and identify impending problems that might put the organization at risk. Fiduciary governance is critical to any other responsibility for without it the organization falters. Strategic objectives might set by the organization without sound fiduciary governance risk the potential for failure rather than potentiate success.

A second responsibility of governance is that of strategic oversight in which the board sets direction and deploys resources accordingly.\(^48\) Strategic oversight projects what the organization is intended to be in the future. Governance provides strategic oversight but engages stakeholders in strategic planning. An important aspect of strategic planning is an understanding that the organization’s most promising opportunity to succeed is based on everyone being involved in the planning process.\(^49\) As stewards of health care organizations, those who provide governance have the obligation to ensure that the organization uses its resources as effectively as possible. Through processes of
developing, executing and reviewing strategic goals, stewards have the opportunity to advance the mission and evaluate prudent and appropriate uses of the organizations resources.\(^{50}\)

The third responsibility of governance is to provide generative guidance to the organization. Competence in this area is most critical and some consider this responsibility the most rewarding to trustees.\(^{51}\) Generative responsibilities are those in which trustees engage in deeper inquiry, exploring root causes, testing values, considering new ideas and exploring new courses.\(^{52}\) This level of responsibility stretches the specialties or backgrounds of trustees and executive. Generative governance is focused on the quality and meaningfulness of discourse among trustees and executives regarding the issues that challenge the organization and the common good.

Generative work conveys the gift of helping executives see things better, improving their perception and perspective so that they are in a better position to invent new goals, to discard old goals, to better see problems and to discard problems that really are not that important in the long run.\(^{53}\)

Generative governance requires a high level of integrity, honesty and trust. Many boards of trustees resemble a diversified consultant firm with specialists in the numerous disciplines that make up the organization. Hence, in health care not all trustees will understand the nuances of neurosurgery or imaging or investments and they do not need to. They need to have an awareness of the potential ramifications of those issues on the traditions, values, culture and image of the organization and its mission.\(^{54}\) Generative governance involves gaining knowledge, observing activities and gathering data, but more importantly, what is done with the knowledge. The conclusions that are reached, the ideas that are generated, give birth to something beyond what trustees accomplish in their fiduciary and strategic responsibilities.
Governance competence involves observable and demonstrable abilities in the three areas of responsibility fiduciary, strategic and generative. These areas need proper development in order to maximize the value of governance and the overall value of trustees.\textsuperscript{55} Governance competency models assist in identifying gaps in governance capabilities and can be used to guide governance improvement opportunities.\textsuperscript{56} Otherwise the dualism between governance and management often present in organizations may continue to erode organizational potential rather than instill confidence in governance.

\textbf{B.2. Fostering Core Values.}

In addition to modeling appropriate behavior, governance requires that trustees find meaningful ways to foster core values of the organization. By mentoring and a commitment to transformational leadership trustees strengthen the potential for an ethical environment. Mission and vision are key components to the agenda of boards committed to the organization's core values. Core values drive the organizational mission and need to be constantly identified by those who govern the mission. Values are those qualities of a thing that make it wanted or desirable, according to business theorists Ken Blanchard and Jesse Stoner.

Values are deeply held beliefs that certain qualities are desirable. They define what is right or fundamentally important to each of us. The provide guidelines for our choices and or actions.\textsuperscript{57} Values explain why an organization exists and then they explain how an organization will act if it is to demonstrate integrity.
Values will help an organization, its trustees, leadership and employees understand how to proceed in pursing organizational mission. Values have a fractal quality about them. Margaret Wheatley, the organizational theorist, believes that

An observer of such an organization can tell what the organization values and ways of doing business are by watching anyone, whether it be a production floor employee or senior management. There is a consistency and predictability to the quality of behavior.\(^{58}\)

Such values that drive such behavior will be present at every level of the organization because they are consistent with the organizing principles or core values that the organization is founded on. Such values survive because governance has held them as important and mentored new generations in the need to hold them dear.

**B.2.a. Mentoring.**

To create continuity of behavior governance embraces processes that influence employees behaviors rather than intimidate or force productivity. Mentoring involves acting as a role model but more importantly mentoring encourages learning and development in others.\(^{59}\) Effective governance involves having a positive influence on a follower's development. Those in governance are typically individuals who have more experience, knowledge and expertise in one or many areas of the organization. These more experienced persons can mentor those with less experience or knowledge by "imparting wisdom about norms, values and mores that are specific to the organization," according to leadership theorists Sosick, Godshalk and Yamarino.\(^{60}\) As mentors trustees provide advice and networking opportunities to other trustees and leaders of the organization.\(^{61}\) Quality mentoring can be recognized when followers seek feedback and advice that is vital to their personal and professional development.\(^{62}\)
Mentoring activities foster an appreciation for and commitment to organizational priorities. Trustees mentor by demonstrating integrity and competence along with an element of personal commitment to the growth and development of future leaders within and outside the organization. By shaping values and acting as examples trustees demonstrate the essence of governance. Whether the trustees mentor intentionally or otherwise, such behavior not only benefits those being mentored but also enhances the leadership skills of the mentors as well.

Effective mentoring typically places certain demands on both the mentor and those willing to learn. John Maxwell, an international guru in leadership formation claims that a mentoring relationship benefits those involved in it as well as the organization when certain elements are present. Elements of building trust, showing transparency, offering time, giving encouragement, exhibiting consistency and providing support and security will create an environment in which true learning can take place. These same elements help to create an overall ethical environment in which the organization and its members can attend to the mission.

Specific board mentoring programs have been developed in many health care organizations. The objectives of board mentoring programs are to build governing skills, establishing governance intentions, and measuring governance effectiveness. New trustees gain basic understanding of their role and responsibilities as trustees. They learn about the mission and values that give direction to the health care system. They are oriented to the governance structure and the heritage of the health care system. Non-health care trustees especially are familiarized with the critical issues impacting the industry. Trustees new and old have opportunities to exchange understanding of the
issues and the implications of those issues on their specific organization/system.

Experienced trustees are "given an opportunity to share their knowledge, experience, and commitment as a trustee and to establish a common basis for discussion, evaluation and growth," according to Maryanna Coyle, a governance leader.69

**B.2.b. Transformational Leadership.**

Leadership theories have helped students of organizational theory and business to consider the significance of leaders on the success of their organizations. Transformational leadership is a more contemporary approach to the type of oversight offered in may organizational settings today and sought in many others.70 The reason for interest in transformational leadership is that it represents the changing values in an increasingly complex world.71 The concepts of transformational leadership are ideal when organizations are seeking to insure an ethical environment for doing business.

Bernard Bass, one of the leading theorists in transformational leadership, explains:

Transformational leaders are individually considerate, but they intellectually stimulate and challenge followers. They are attentive and supportive, but they also inspire and serve as leadership exemplars. On occasion and when necessary transformational leaders may, however, have to stand their ground, making unpopular decisions and asserting their authority.72

Leaders with integrity, competence, self-confidence and a tendency toward developing followers into leaders themselves are transformational.

The Leadership theorist James McGregor Burns recognized the elements of transformational leadership when studying great leaders.73 Burns recognized two types of leadership: that which was transactional and that which was transformational.

Transactional leaders provided rewards for productivity or denied rewards when productivity was not realized.74 Transformational leaders, on the other hand, offered the
opportunity to learn and gain experience from interaction with leaders, and thus potentiated the next generation of leaders.\textsuperscript{75} The approaches were both effective but one can surmise that the financial reward incentive provided immediate short term outcomes while the transformational processes invested in the immediate and the future of both the organization and the individual. Hence, transformational leadership sparks a value in situations where followers seek opportunities that are meaningful and consistent with the intention to commit and be involved.

Organizational theorists have identified four key components over the years that are witnessed in transformational leadership.\textsuperscript{76} At least one if not all four of these components are present in situations where leaders have inspired superior results in individual and organizational performance. The four components are idealized influence, inspirational motivation, intellectual stimulation, and individual consideration. When operationalized each of these components contribute to fostering core values and the development of an ethical environment.

The first component, idealized influence, exists in situations where leaders demonstrate behaviors that are admired, respected and trusted by others. Followers see such leaders as having extraordinary capabilities, persistence and determination.\textsuperscript{77} Idealized influence focuses on the best of others and is grounded in ethics and moral awareness. This component of transformational leadership involves relationships forged on a common purpose.

Inspirational motivation, the second component, involves the charismatic aspect of leadership. These leaders inspire performance by clearly articulating expectations and purpose. They arouse enthusiasm on the part of followers to accomplish a shared vision.\textsuperscript{78}
The component inspirational motivation is reflective of invitation rather than coercion and witnessed in the need for consistency between what is said and what is done.

Third is the component of intellectual stimulation. It is found in leaders who encourage creativity and support the idea that failure, when it occurs, is part of the learning. These leaders welcome followers who question assumptions, reframe problems and approach old situations in new ways. One will see intellectual stimulation in leaders who seek meaning in outcomes and who persuade followers on the merit of the issues being confronted.

Finally, individualized consideration involves an attention to the specific needs of specific people. It involves meaningful interactions and an effort by the leader where “new learning opportunities are created along with a supportive climate” for the follower, according to Bass. These leaders sacrifice individual interest for the good of others and the organization.

Transformational leadership focuses on who one is as opposed simply to what one does. Leaders who serve the needs of others have the potential to be transformational. By abandoning the need for control and competition, transformational leaders create a positive reform of themselves, others and the organizational culture. Peggy Egan, a organizational mission leader, claims that “Transformational leadership occurs when one or more persons engage in such a way that leaders and followers raise one another to higher levels of motivation and morality.” Thus, transformational leadership has an important place in governance of health care organizations.

As a values-based style, transformational leadership focuses on elements vital to health care. Today’s health care requires visionary leaders who are socially responsible
and people centered. The uncertainty of the health care industry requires change agents who can be creative in responding to volatile economic and social conditions.

Leadership that is comfortable with itself, committed to the development of others and willing to trust the commitment of those within the organization are leaders open to personal transformation and can offer transformational opportunities for the organization.

Before concluding, it is important to note that the components of transformational leadership, idealized influence, inspirational motivation, intellectual stimulation and individualized consideration can be used by leaders for good or for evil. One need only recall the personality descriptions of Hitler, Amine and Bin Laden to see the negative effect of charismatic leadership. The key to transformational leadership in health care or any healthy organization is the values that inspire moral and possibly virtuous behavior. The values of agency, dignity, social responsibility, common good, ethics and discipleship are examples of values that need to drive the transformational leader in today’s organization. When transformational leadership is present, governance is enhanced and responsible stewardship is present.

B.3. Conclusion.

Ethical environment provides a venue for meaningful actualization of an organization’s core values, intended purpose and mission. The presence of an ethical environment is increased when governance endorses policies consistent with core values and when action is consistent with those policies. Trustees of health care organizations who demonstrate integrity and competence in both personal and professional roles model acceptable behaviors for others within the organization. Sharing of one’s expertise, in virtuous organizations, includes mentoring and investing in relationships that are
transformational for all involved in the relationship. Modeling behavior and fostering core values are essential components of an ethical environment and integral to virtuous health care organizations.


The ethics hermeneutic seeks to deepen the secular meaning of governance from a faith perspective by discussing governance in light of the Catholic mission related religious theme of discipleship. The call to discipleship comes directly from Jesus. "Go therefore, and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit; teaching them to observe all that I have commanded you." And again, "Go into the whole world and preach the Gospel to every creature." Within the Catholic tradition, the disciple's work includes giving witness, preaching the Gospel and gathering people into a Christian community. Discipleship is not reserved to theologians, ecclesial ministers or biblical scholars. Disciples are those committed to advancing Jesus' teachings and as learners, discovering Jesus’ ongoing revelation. Hence, discipleship includes sharing what one has already discovered and a willingness to listen to the truth as it is revealed through one’s relationships with others and with events as they unfold.

The mission theme of discipleship is critical to an understanding of the issue of governance of Catholic health care institutions. To assist in clarification of the meaning of discipleship, it is discussed in light of the reciprocity between the religious themes of sponsorship and mission identity.
C.1. Sponsorship.

Sponsorship requires people who, after first hearing and living the word of Jesus Christ in their own lives, find ways to continue the prophetic witness in and through ecclesial ministries. The Catholic health ministry is one of those ministries. Founded by women and men who recognized the opportunity to continue Jesus' corporal works of mercy with and to the sick and dying, Catholic health care in the United States has evolved into the nation's largest non-profit health care provider. Sponsorship typically entails the use of the Church's name and the assumption of certain responsibilities that accompany such use. According to canonist Francis Morrissey, "Sponsorship responsibilities are exercised in relation to what the name stands for." The name 'Catholic' is integral to the name 'Jesus' and holds one responsible for teaching the Gospel, sanctifying and serving God's people.

Sponsored entities, therefore, are rooted in a tradition that predates their inception and will continue when they cease to exist. The Catholic tradition, through its healing and teaching institutions provides examples of such sponsored entities. Sponsorship of Catholic health care organizations involves acting in the name of, and on behalf of, the faith tradition and evangelizing through word and deed the message at the core of the Catholic tradition.

C.1.a. Tradition.

Yves Congar, whom some consider the great master of the theology of tradition, emphasizes tradition as a continuity that links one generation with another, allowing for fidelity and inviting advances in light of new experiences. Along with scripture, reason and experience, tradition is recognized as a sources of God revealing God's self to human
persons.\textsuperscript{92} The Catholic understanding of tradition, according to theologian Charles Curran, "recognizes a living tradition that is not merely a mechanical handing over of the past but a work of the Holy Spirit in and through the lived experience of the Church."\textsuperscript{93} This is emphasized in the dogmatic teachings on revelation from the Second Vatican Council.

The tradition that comes from the apostles makes progress in the Church with the help of the Holy Spirit. There is a growth and insight into the realities and words that are being passed on. This comes in a variety of ways. It comes through the contemplation and study of believers who ponder these things in their hearts. It comes from the intimate sense of spiritual realities which they experience. And it comes from the preaching of those who have received, along with the right of succession in the episcopate, the sure charism of truth.\textsuperscript{94}

Tradition's intention is to move from the origins and progress to the present, maintaining that which is most the truth. Congar and others use the concept of ressourcement to explain tradition's evolution.\textsuperscript{95}

Ressourcement is a term first coined by the French poet and Catholic essayist Charles Peguy. The meaning of ressourcement is intended to describe a call from a shallower or more basic level to a deeper, more mature, level.\textsuperscript{96} Congar uses the term to encourage and possibly drive the standard for Church reform prior to, during and after Vatican II. He understands ressourcement as a call to move from a less profound to a more profound sense of tradition that involves discovery of the most profound sources.\textsuperscript{97} For Congar and the Church "it is not a matter of mechanically replacing some theses by other theses…but of appealing from one tradition less profound to another more profound."\textsuperscript{98} The implication in Congar’s reasoning is that the less profound or earlier source is valuable and from it a fuller understanding emerges, one that has implications even more profound.
While Catholic tradition is rooted in scripture and serves as a living transmission of theological reflection, doctrine, faith and the lived experiences of the Church it is not stagnant. Enlightened by the Spirit, tradition evolves changes and develops in response to time, circumstances and global realities. Tradition is a real living self-communication of God. Thus, tradition is relational in nature. It involves Jesus' self-communication, the Spirit's enlightenment and the church's witness. It is transmitted "in written and spoken word but equally by prayer, sacramental worship and participation in the Church's life," according to the noted theologian Avery Dulles. While tradition is a process, it also involves the assimilation of its content by those who receive it, meditate on it, enrich it and give new meaning to it for contemporary issues. Tradition is transmitted through the Magisterium and the teachings of the Church, many of which are inspired by Scripture and unwritten spoken accounts of Jesus.

As such, governance in a Catholic tradition creates opportunities for health care organizations to cooperate with tradition and find new ways to allow tradition's wisdom to enlighten today's response. Thomas Nairn, a Franciscan ethicist, helps to clarify the need to learn from the past and inform the future.

Part of the genius of the Catholic moral tradition is that when dealing with new issues and problems we seldom need to re-invent the wheel. Rather, we depend on...reacting, retrieving, and reconstructing. Our tradition affords us a means of moving forward by using the past. First as we react to the immediate past, we are able to retrieve from our tradition a larger, more dynamic past. Yet, we never merely repeat this past but in fact reconstruct as we move the tradition forward.

Tradition has a great deal to say about how one responds to current situations. For theologian, James Keenan, Catholic tradition is always progressive, developing, and constantly calling us to receive it, enrich it, and humanize it. Keenan is insistent that lessons on love, conscience, sin and suffering ground tradition in the experiences of
everyday life. The texts that introduce the person of Jesus, the Ten Commandments, works of mercy and cardinal virtues encourage persons "not simply to understand, but to act and to imitate. By following the person of Christ, we learn more and more what it means to respond to our baptismal call and become true Christians." Tradition is lived in the disciples’ response to life experiences. Tradition is expressed in the disciples’ efforts at justice, work for peace, attempts at loving others. Those efforts, works and attempts that resonate with Christ's own are an embodiment of the tradition which has shaped Christian discipleship for two millennia. Hence, Catholic health care organizations not only honor the tradition and its historical past but not as something that restrains its but as something that is resourceful and contributes to an informed response to current health care issues.

C.1.b. Evangelization.

Evangelization is a critical means of honoring Catholic tradition and it precepts. The Second Vatican Council declared the Church a pilgrim Church that, "is missionary by its very nature." Paul VI later reemphasizes the need for evangelization.

Evangelization is a complex and dynamic process by which the Church seeks to transform solely through the divine power of the message she proclaims, both the personal and collective consciences of people, the activities in which they engage, and the lives and concrete milieu which are theirs.

John Paul II again emphasizes the role of evangelization as belonging to the very nature of the Christian life. The Catholic tradition holds that the reason for the Church is the process of evangelization. Hence, all that is done in the name of the Church is intended toward evangelization. Governance in Catholic health care organizations recognizes this truth and acts accordingly.
By virtue of baptism and confirmation the Christian is commissioned, according to theologian Anthony Gittens, as disciples who have been called by Jesus to spread the gospel message. In Mark's Gospel the message of Jesus is "Go home to your people and tell them how much they Lord in his mercy has done for you." Jesus exhorts his followers to tell family and friends what he has said and what he has done and to invite them to follow Jesus' example. The very command of Jesus to "Go home" is a command to evangelization. In Mark's gospel the man is commissioned to return home, not for a quiet life but to evangelize his own people. Likewise the disciple who is called to baptism and commissioned through confirmation, Gittens claims

…is to go to the people, and sometimes in words but always in deed, proclaim the good news of the kingdom, which is proclaimed by witness and dialogue and liberation as much, if not more, than by proclamation.

This call to evangelize at home does not minimize the call to spread the gospel message in 'foreign' situations. Home evangelization acknowledges that efforts at gospel proclamation, witness, dialogue and liberation are needed as much in one's own home, neighborhood, church, and nation as in others. Therefore, all are called to discipleship and all are co-missioned to evangelization wherever and in whatever circumstances one is placed.

The United States Catholic Bishops emphasized in the document *Go and Make Disciples* when they challenged the faithful to the fact that "…we need to set the hearts of Catholics in the United States on fire with a desire to bring the Gospel of Jesus, in its fullness, to all the people of our land." Inward evangelization calls for continued conversion both of individuals and of the Church herself. Conversion involves a metanoia, a change that is a gift of the Holy Spirit to those who accept the Gospel. "If our
faith is alive, it will be aroused again and again as we mature as disciples," according to the bishops' teaching.\textsuperscript{116} Outward evangelization involves spreading the Gospel message to those who have never heard it or to those who have lost sight of it. John Paul II emphasizes this need for outward evangelization to involve, proclaiming the Gospel to all people, to help bring about the reconversion of those who have heard the Gospel but only marginally witness it and to deepen the Gospel message in those who profess it as a condition of their faith.\textsuperscript{117}

Evangelization is an invitation never a coercive action. Hence the Bishops challenge the faithful in their plea.

To foster gospel values in our society, promoting the dignity of the human person, the importance of the family, and the common good of our society, so that our nation may continue to be transformed by the saving power of Jesus Christ.\textsuperscript{118}

Sponsorship of Catholic health care organizations is a means by which the Church evangelizes. Through a non-coercive inward and outward imitation of Jesus' healing ministry Catholic Sponsored health care organizations embody Jesus' concern for the sick and suffering. Jesus acts as healer in three ways.\textsuperscript{119} First, as liberator who frees one from suffering. Second as one who stands in solidarity with the sick and suffering. Third as one who hopes for what is beyond human suffering. Therefore, one can understand Michael Place's words when he discusses the healing ministry as seeking first to liberate from suffering; it stands in solidarity with those who suffer, especially the marginalized and oppressed; and, most fundamentally, it is a sign of hope.\textsuperscript{120}

Sponsorship of Catholic health care organizations requires an adherence to one of Jesus' qualifiers for those called to discipleship, "I was ill and you cared for me."\textsuperscript{121} This attitude is again emphasized by the United States Bishops when they proclaim, "Catholic
health care has the responsibility to treat those in need in a way that respects their human
dignity and the eternal destiny of all.\textsuperscript{122} Such corporal works of mercy are a rich part of
the Catholic tradition. The Church encourages such efforts as important, concrete ways
of spreading the Gospel mission.\textsuperscript{123} Healing the sick in the structured services of Catholic
health care is a means by which the Church attempts to effectively address the needs of
those in chaos.\textsuperscript{124} By entering into that chaos the Church has to eventually face what
causes that chaos and work to correct it. In fact, according to Charles Curran, "working
for the transformation of the world is a constitutive dimension of the preaching of the
Gospel and the mission of the Church."\textsuperscript{125} Care for the sick is transformational in that it
addresses the personal and social aspects of human life and the call for liberation from
sickness and suffering.

Sponsorship of health care services is a practice in justice. However, there is
some ambiguity in the role of justice in the mission of the Church. Curran insists if
justice is a natural virtue then it is integral to the Gospel but not essential to its preaching,
for it exists independently of the Gospel. "If however, justice is understood in the biblical
sense, which demands a human response, then it must be recognized as the source of the
Gospel message itself."\textsuperscript{126} Hence, evangelization includes the performance of health-care-
delivery in a manner in which it witnesses to the Gospel call for justice. "Justice calls us
to give to another what is due, but charity transcends justice because it involves giving
what is ours to another."\textsuperscript{127} Therefore, the gospel message to love one another is a call to
service, a call to give oneself to another, to care for another as one would care for oneself.
The call to discipleship is costly.
Sponsorship as an element of discipleship is to proclaim and bear witness to the faith. Bearing witness to one's faith often requires leaving one's comfort zone and shaking others out of theirs. Catholic health care organizations and those who govern them are to insure that "they should be places where sound gospel and human values are inculcated by word and example."128

**C.2. Mission Identity.**

The Catholic Church intends to be a leaven in the provision of health care by following the example and teachings of Jesus Christ.129 As disciples, individuals are called to follow Jesus' example but the Church institution has a particular responsibility to insure that Catholic identity is reflected in the mission activity of the Church.

Theologian J. Byran Hehir, emphasizes this point.

If one seeks to influence, shape, direct, heal, evaluate, and enrich a complex industrial democracy, it cannot be done simply by the integrity of individual witness. It is done by institutions that lay hands on life at the critical points where life can be injured or fostered. Where people are born and die, where they learn and teach, where they are cured and healed, and where they are assisted when in trouble. In a large complex democracy like ours, institutions always make a difference for good or for ill.130

Hence, the Church as an institution in the world engages persons at critical points in their lives and formation when the Church can make a difference in their lives. Catholic mission identity, discussed in the *Pastoral Constitution on the Church in the Modern World*, clearly is to be in the world and in the lives of persons and society at such critical times. For it is precisely at these times that the mission can be challenged, strengthened and allowed to grow and find fulfillment in its service to others. "Being tested means living in the midst of the fabric and fiber of life where real decisions are being made," according to Hehir.131 Hehir also claims Catholic identity is rooted in its willingness to
stand as a transcendent sign of the dignity of the human person. Catholic identity is tested by how faithful the Church is to contributing to human dignity and human rights. 

Lastly, Hehir posits that Catholic identity is witnessed when the Church is involved in dialogue with other institutions about the welfare of persons and other global issues.

Michael Place, former president of the Catholic Health Association, discusses ten core commitments that are qualifiers of Catholic identity. These core commitments are drawn from research done with sponsors who govern and lead Catholic health care organizations across the United States. The core commitments, when actualized, give witness to the mission of Jesus. The first core commitment is serving as instruments of God's work. In an effort to effectively address the needs of the community, Catholic institutions are open to transforming themselves to better respond to the needs of society. A second core commitment involves adhering to the Gospel values and Catholic social teachings. Catholic identity is wrapped up in how an organization reflects its core values and how it practices what it professes. The third core commitment, bringing spirituality to what the organization does. Catholic identity integrates spiritual well-being as a focus of organizational activity. Core commitment number four is - demonstrating respect for the person. Organizations that minister in the name of the church recognize and act in light of a belief in the dignity of the human person made in the image of God. The fifth core commitment is to focus on common good. "Catholic organizations seek to contribute to the well-being of all persons in society," according to Place. Core commitment number six involves providing for the most needy. Catholic identity requires preferential option for the poor and marginalized or vulnerable. The seventh core commitment is co-ministering with employees. Catholic identity is rooted in the hearts and attitudes of those
who minister in Catholic organizations; all have a role in bringing about the Kingdom. The eighth core commitment involves challenging and transforming. Catholic identity is witnessed in an organization's willingness to serve as an agent of positive change within society. The ninth core commitment requires collaboration. Catholic organizations seek opportunities to work with others to accomplish their intended purpose. Finally, the last core commitment is to serve as stewards. Catholic organizations are entrusted with valuable resources intended for the good of the Kingdom on earth and they act accordingly. These ten themes highlight the identity of corporate Catholic ministries in the United States and speak to the need for the universality of these themes throughout the world.

Catholic mission identity is dependent on what the organization claims, what the organization does and how deeply the organization has integrated and been motivated by the tenets of the ministry. Hehir, when delivering the 2010 Keynote Address at the annual meeting of the Catholic Health Association, describes the impact of the ministry when it successfully reflects its Catholic identity. "Because Catholic health care ministry is rooted in a moral-religious commitment, our voice was and continues to be a potentially powerful one in the larger public arena." This same assessment can be applied to any Catholic organization committed to the mission of Jesus Christ. However, the purpose of this discussion is to consider mission identity in light of the health ministry.


The healing ministry within the Catholic tradition is a continuation of the healing ministry of Jesus. Through his healing power, Jesus touched others and brought them
health and wholeness. Gerald. A. Arbuckle, a Catholic health care strategist and theologian, has proposed a working definition of the health care ministry which is rooted in the mission, vision and values of Jesus Christ. The vision of Catholic health care ministry, Arbuckle proposes, is the fullness of the reign of God. The mission of Catholic healthcare is to attend to and heal all dimensions of life "according to the requirements of biblical faith and as interpreted by the church's rich tradition." The Catholic mission, however, emphasizes a special attention to the poor and vulnerable. Hence, Arbuckle proposes a dual intention for the healing ministry.

The ministry, the mission in action, is twofold: (1) to society as a whole, through the work for holistic health nationally and internationally, for example by legal and political advocacy programs; (2) to individuals who experience physical/mental/spiritual illness.

The first of the two actions calls forth a prophetic role for the health ministry. Recall that Catholic mission is first and foremost focused on the fulfillment of the reign of God. Therefore, ministries, including the healing ministry, will concentrate effort toward that intention. In response to the inspiration of the Holy Spirit, those involved in governance, leadership and delivery of the healing ministry see the contemporary chasm between the Gospel values and the healing needs of human persons.

Governance of the healing ministry recognizes a responsibility to actively participate in shaping and executing of public policy that relates to the health care needs of society. This effort of informing social policy is rooted in the Church's commitment to the welfare of human persons.

The Church's responsibility in the arena of human rights includes two complementary pastoral actions: The affirmation and promotion of human rights and the denunciation and condemnation of violations of these rights. In addition it is the church's role to call attention to the moral and religious dimensions of secular issues, to keep alive the values of the gospel as a norm for social and
political life, and to point out the demands of the Christian faith for a just
transformation of society. Such a ministry…touches upon public affairs.\textsuperscript{142}

National health policies and international health priorities are concrete situations in which
the Church and its healing ministries are able to contribute to dialogue that impacts the
injustices in health care within the United States and throughout the world. According to
the United States bishops, the Church and those involved in the healing ministry have an
ever growing prophetic role for promoting basic Christian values and championing the
cause of the poor and neglected.\textsuperscript{143}

The second action Arbuckle identifies for the healing ministry to demonstrate the
mission in action is through efforts to concretely address the health needs of
individuals.\textsuperscript{144} Within its own institutions the Catholic Church intends the ongoing
accomplishment of the healing ministry of Jesus. Those who govern and those who co-
minister are to foster relationships of respect and trust that not only foster relationships of
respect and trust but honor the inherent dignity of one another and are reflective of
behaviors that reflect the organization's Catholic identity or heritage.\textsuperscript{145}

The Church has consistently articulated important mission priorities. In the last
half century a proliferation of resources, rooted in tradition and grounded in theological
discourse and magisterial teaching, has become available to assist health care
organizations continue the healing ministry of Jesus.\textsuperscript{146} Most notably for those involved
in the healing ministry are the \textit{Ethical and Religious Directives for Catholic Health Care
Services} (Directives), now in its fifth edition. The Directives, according to Pijnenburg
and his colleagues, articulate principles and values that offer guidance in present day
moral issues and honor the rich tradition of Catholic moral teaching.\textsuperscript{147} Hence,
governance in Catholic health care organizations is wise to adhere to the *Directives* if it is truly committed to reflecting a Catholic identity.

The *Ethical and Religious Directives for Catholic Health Care Services* provide those responsible for governance a fuller theological and pastoral explanation for the Church's position on priorities for her healing ministry.\(^{148}\) The *Directives*, organized into six separate but not mutually exclusive parts, provide insight into a faith based vision of a human person and the experience gained from providing holistic health care.\(^{149}\)

The goal of the *Directives* is to promote consistency between what is done under the auspices of Catholic sponsorship and Church teaching on moral matters as these relate to the provision of health care services.\(^{150}\)

The *Directives* are far from a comprehensive theological discourse on issues in health care ministry but they do seek to present theological rationale for the behaviors they prescribe.\(^{151}\)

It is appropriate that the six parts of the *Directives* emphasize the major moral concerns of a healing ministry reflective of the Catholic tradition.\(^{152}\) In part one the *Directives* discuss the social responsibility of the Church's healing ministry. The *Directives* address issues associated with the dignity of human persons, care for the poor, common good, stewardship and immersion in a pluralistic society. The second part is concerned with the pastoral and spiritual responsibility of the Church's healing ministry. *Directives* in part two emphasizes the need for spiritual guidance and counseling that attend to the dignity of those burdened by illness, anxiety and death. Part three emphasizes the bond that exists when patients commit their trust to professional caregivers and the mutual responsibility to respect the dignity of the person and their relationships. Part four attributes special attention to issues that surface at the beginning
of life. The healing ministry acknowledges the honored role of the marriage covenant, the marriage act and the sanctity of life from the moment of conception. Part five considers the issue of suffering and dying and the tradition's commitment to the preciousness of life and the need for stewardship of God's gift of human life. Part six outlines appropriate conditions for organizational partnerships and provide caution to safeguard the Catholic identity of hospitals and systems when new organizational relationships are considered.

Since their inception and throughout their history the Directives have never been intended to be followed blindly but applied to individual issues as they surface. It is also important to remember that the Directives, according to theologians and ethicists Jean deBlois and Kevin O'Rourke, "remain only a part of the much broader moral tradition of the Church."^153

Trustees responsible for the governance of the Church's healing ministry have a primary responsibility for ensuring that the mission continues. While the Directives are not intended to be followed blindly, they do provide a framework in support of the Church's effort. One will note that the Directives are not limited to those issues that attend to physical healing and physical pain.

Jesus healed people radically by penetrating to the spiritual core of the human personality and liberating the person from original or social sin and also from individual, personal sin, with a more superficial but real effort of healing them also psychologically and physically. A Catholic health facility, therefore, is concerned with the radical healing of those for whom it cares. The experience of sickness and healing in such a hospital should also be an experience of personal spiritual growth through suffering and redemption.^154

Jesus' healing ministry touched those he encountered at the deepest level of their existence. The same is expected of those who continue his ministry. Just as Jesus was
first motivated by love, the Church’s healing ministry must likewise be animated by Christian love.\textsuperscript{155}

\textbf{C.2.b. Christian Love.}

Throughout the writing of this dissertation, three phrases keep surfacing and surfacing as the reason for all that inspires Catholic mission. First are the words of Jesus, “Love one another as I have loved you.”\textsuperscript{156} Second is the by-line or motto of the Catholic Health Association, “The love of Christ impels us.”\textsuperscript{157} Finally, the title of an article written by Franciscan physician-ethicist Daniel Sulmasy, “Without Love, We Perish.”\textsuperscript{158} Love is a requirement of Christian discipleship. It is the reason for Jesus’ mission and the Catholic tradition’s commitment to the healing ministry. When love is absent human persons cease to thrive and when organizations exist without love, they cease to be Catholic. Governance of Catholic health care organizations is rooted in love, is expressed in love and is witnessed as Jesus’ love for human persons.

When human persons are commanded by the “commandment” to love one's neighbor it is coupled with the commandment to love God. Such love requires the demolition of one’s self-centeredness. Christian love realizes that love of neighbor is not the rational settlement of mutual claims. Christian love is not satisfied by giving and taking to the mutual satisfaction of those involved. The great theologian Karl Rahner explains, “In reality, Christian love of neighbor attains its true essence only where no more accounts are kept – where a readiness prevails to love without requital.”\textsuperscript{159}

To be a disciple of Jesus is to allow love to inspire one to act as Jesus. Love is one’s experience and understanding of God. The New Testament explains that God so loved the world so much that God gave God’s son that whoever believes in Jesus as
Christ will not perish but have life eternal. But Jesus' two great commandments, to love God and to love one another, are the foundations of the call to discipleship. But it is a self-sacrificing and unconditional love, for that is the love God has first given to human persons. Agape, that is, the love for the beloved as Jesuit theologian Edward Vacek describes it, is critical if one is to be able to love others (philia). This is a critical distinction. Agape, the love for the beloved is distinct and a precursor to philia, which is the love for communion or the love for others. These loves emerge and develop distinctly as do any relationships. Through free and forgiving self-communication God becomes a partner in a personal and direct relationship between himself and the human person. For the Christian this communication is most evident in prayer. In prayer, according to Keenan,

...we encounter this specific exchange of divine and human love between God and the person. Prayer is about entering into union with God specifically-about experiencing that union, about encountering the love of God.

Through prayer the disciple experiences God’s love and is able to express love for God. Only after one has encountered God’s love, after one has been beloved by God, can one learn to love oneself which is essential to being able to love others. God teaches persons to love themselves in the prayer encounter. And Keenan claims, “Here is the richness of the Christian tradition on love: the love of God makes possible the love of self. And these together make possible the love of neighbor.” Therefore, those who govern are called to be people of prayer. For in prayer they will experience God. In prayer they will develop a deeper lover of self. In prayer they will ultimately know a love for others that will ignite governance consistent with discipleship and stewardship of Jesus’ healing ministry.
The love of God impels a governance response reflective of the experience of God’s love. "Impels" is a fascinating word chose by the Catholic Health Association in describing its purpose. The Random House Dictionary defines impel as “to drive or urge forward; incite into action; to drive or cause to move onward; propel, impart motion”. Drawing on this understanding of "impel" one can understand that the love of God incites us into action and the action is to do likewise – to love as Jesus loves. Discipleship calls forth a love which is inclusive, without discrimination, and without limits.

So if we want to be disciples and if we want to be obedient to the commandments of Jesus, we will need to remind ourselves that Jesus made a preferential option for the ‘other’ – the socially insignificant (and unloved) – and that he simultaneously called the socially significant (and loved) to change, repentance and commitment. That is how Jesus loved.

Governance of organizations that exist for the sake of continuing Jesus’ healing ministry demonstrates unbiased concern and attention for God’s people. Programs and services that address the needs of contemporary ‘others’ have priority in Catholic health care. Efforts to hold the health care community accountable for addressing the needs of society is a vital role for governance in Catholic health care. The Gospel, the love of God, the ministry of Jesus impels those in governance, those in leadership, those in the corridors and those at the bedside to minister from one’s encounter with God’s love.

Benedict XVI in his first encyclical as Holy Father reminds one that God is love and the Catholic tradition sees love as an encounter with God that changes everything. The encounter with God sets the bar for one’s encounter with other persons. The idea of Christian love recognizes an orientation toward the world in light of Jesus’ washing the feet of the disciples as normative. Catholic identity is not present in mission, vision and values statements but in the counter cultural behaviors of those involved in the healing
Catholic identity is present when patients and the community are served with love, a love full of awareness that “the infinite God” according to Sulmasy, “is incarnate in our world, especially in the sick.”

Christian health care must be based on love, and love is not an abstraction. Love is concrete. We will need programs. We will need skilled administrators. We will need extraordinary physicians and nurses and chaplains and social workers and patient transporters and lab technicians. But unless all of this is pursued in love, it will come to nothing.

Only through grace and one’s openness to God’s love can those responsible for today’s Catholic health care ministry even begin to honor their intended purpose – to love as God first loves. Without love, works may continue but the ministry perishes.

C. 3. Conclusion.

Discipleship is a call to follow Jesus. The disciple encounters God in prayer, in the Church’s tradition, in scripture, in others. A disciple’s engagement with others involves witnessing to the Gospel message and sharing what one has learned with those others. Discipleship also involves remaining open to the newness of God’s ongoing revelation. Within the Catholic tradition, discipleship has a rich legacy within which one finds ways to more effectively share God’s love with others.

Sponsorship efforts in organizational ministries are valuable venues for the Church to keep alive the ministry of Jesus. Those organizations that minister in the name of the Church draw on the Church’s rich tradition to influence today’s issues. Through ministries such as Catholic health care, the Church has kept alive the memory of Jesus and more importantly demonstrated the relevance of Jesus in today’s world.

Mission identity connects Catholic organizational efforts with Jesus and his healing ministry. Governance in such organizations connotes the words and deeds of
Jesus. All that Jesus did in his teaching and preaching and healing was done from love. Catholic health care emerges from Jesus' love. Those who elect to govern Catholic health care do so with Jesus' love as the impetus for all the organization is, does, and intends.

D. Governance in Health Care Organizations, A Catholic Mission Imperative

The Church speaks of the governance of incorporated ministries in a rather specific and a rather unique manner from other corporations in the United States, even other not-for-profit organizations. The canonist Adam Maida and Nicholas Cafardi describe the need for Catholic institutions to have sponsoring juridic persons which maintain sufficient civil law control of the organization to be able to exercise its faith and administrate obligations over the organization. The exercising of its faith is what makes Catholic organizations unique. The church confers public juridic person status or public association of the faithful status on groups which are then able to act in the name of the Church. The purpose of the Church is to continue Jesus’ mission. Jordan Hite, a noted canon lawyer, explains:

A juridic person may engage in works of piety, the apostolate, or charity, whether spiritual or temporal (C 114.2). The terms of the canon mean that a juridic person can be organized to engage in numerous Church ministries...(and) would not be true to its purpose if it engaged in purely secular activities.

Governance in such organizations is bound to these intentions and, as in any organization, plays a critical role insuring that they are fulfilled.

In order to insure that faith and mission have a primary role in Catholic organizations the organizations are legally structured with that purpose clearly articulated through articles of incorporation and bylaws. Reserved powers are held for those designated by Church authority as a public juridic person or a public association of the faithful. One can see by the type of reserved powers that the Church wants to insure that
organizations acting in its name are Catholic not only in name but Catholic in action as well. Canon lawyers and civil lawyers who work closely with Catholic juridic persons are intimately familiar with the collection of reserved powers Hite recommends for those sponsoring a Catholic organization, which include,

...usually to approve an institution’s philosophy and mission, to appoint trustees, to amend articles of incorporation and bylaws, to approve acquisitions and mergers, and dissolutions, to approve indebtedness and mortgaging of property, and, sometimes, to the appointment of the chief executive officer.\textsuperscript{177}

One might recognize by these reserved powers that a two tiered structure of governance consisting of sponsors, often called the ‘Member’, and trustees. Each group has specific responsibilities for governance. The Member responsibilities are outlined in the designated reserved powers. Trustees, as in any corporate board, insure adequate administration and compliance with intended purpose.

One might conclude from this now familiar structure in Catholic organizations that the contribution of the Member is the infusion of Catholic identity. The safeguarding of the Catholic identity involves clearly articulating the organization’s philosophy and mission.\textsuperscript{178} Members are also responsible for putting a corporate structure in place that first, reflects the philosophy and mission, and secondly, can be altered if needed when the corporate players lose sight of the identified philosophy and mission. One cannot forget that the assets of Catholic organizations are to be held in trust for the common good, and the reserved powers are intended for the Member to safeguard Church patrimony for future generations. The most significant responsibility for the Member is to represent in its activities the faith from which it emerged. Catholic identity is more a matter of public perception rather than Church law and is present when an organization acts in accord with Catholic principles and teaching.\textsuperscript{179} The Member has a sacred duty to insure that the
organization, including the members of the Member, the board of trustees, Leadership and employees have a clear understanding that the organization and those who engage in its activities are about the mission of Jesus Christ.

Simply putting policies into place is not adequate for a faith based organization. The Member cannot influence the organization by mere oversight. The Member fosters the faith by active engagement primarily, but not exclusively, with the trustees and leadership on the tenets of the faith that impact their business. Understanding why the church does what the Church does is vital to those engaged in the Catholic mission. To that end sponsors of Catholic health care have no limit to the processes for orienting, forming and inspiring this and next generations of health care leaders. Through the Catholic Health Association, health care facilities and their sponsors design legislative, educational, ethical and pastoral programs to inform trustees and leaders about both theological and Magisterium positions that are to influence their decision making. Larger health care systems, too, create leadership formation initiatives which allow sponsors, trustees and leaders to dialogue outside of formal board meetings about how one operationalizes in an organizational context Jesus’ mission in today’s world. The processes go on and on but the purpose is the same – to provide venues for strong relationships of trust and purpose among those involved in Catholic sponsored health care. The sacred responsibility they share for Catholic mission can never be minimized or presumed secure.

This does not diminish the vital role of the board of trustees in governance nor does it imply that the board exists as a management board only. Quite the contrary is true. Maintaining something in trust for others involves the cooperation of the Member, the
governing board and the chief executive officer. The board exists to formulate strategic
direction and policies in light of vision, mission and values set forth by the Members.\textsuperscript{180} Recal that trustees are appointed by the Member. Hence, the Member has vetted those
appointed on the basis of their ability for the task and their willingness to make decisions
in light of the vision, mission and values of the Member.\textsuperscript{181} Gerry Arbuckle describes the
trustees and the entire board as having a profound role in governance, when he insists that

\begin{quote}
Alert the board to the fact that it may have to assume prophetic or advocacy roles
in the facility and/or in the wider community in defense of its vision, mission and values.\textsuperscript{182}
\end{quote}

Therefore, in addition to their expertise in health care, finance, planning, law, human
resources and community awareness, each trustee is to develop a sensitivity to the
hallmarks of Catholic identity and is to be willing to uphold those in the board room and
in the town square. J. Byran Hehir, delivering the 2010 Keynote Address to the Catholic
Health Association, focused on three distinct traditions that shape Catholic health care
today: first, the \textit{Christian tradition of care}; second, the \textit{tradition of the charism of care}; and third, the \textit{tradition of the Catholic health care record}.\textsuperscript{183}

The \textit{Christian tradition of care}, as discussed in this and other chapters, combines
biblical, ecclesial and moral ideas into a philosophy of care that transcends boundaries of
faith and ethnicity, and a generosity which reflects the lavish goodness of a loving God.
The \textit{tradition of the charism of care} honors the passion of people who through their own
lived experience came to know the love of God and, with entrepreneurial insight, broke
new ground and forged concrete ways for Christian caring in a nation of pluralism,
secularity, capitalism and modern science.\textsuperscript{184} \textit{The tradition of the Catholic health care}
record involves the legacy and ongoing contribution that Catholic health care has on today’s society in the competence and leadership on boards and in senior management that has transitioned from religious to lay leaders. These traditions and their transitions over the centuries give witness to the tradition as a partnership between generations. As the 18th Century philosopher Edmund Burke suggests and Hehir quotes in his CHA presentation,

As the ends of such a partnership cannot be obtained in many generations, it becomes a partnership not only between those who are living, but between those who are dead and those who are to be born.185

Jesus’ mission is an intergenerational responsibility which his disciples continue when they assume roles of governance in health care institutions that are Catholic.

The chief executive officer (CEO) or president of a Catholic health care organization has a pivotal role in governance activities. First and foremost, the CEO must believe in the philosophy of Catholic health care.186 “Nothing is more critical to the achievement of customer service…than the personal beliefs of the senior executive and the Board. It’s really that simple.” This position of Barry Eisenberg, a health care executive, emphasizes that when decision-makers subscribe to the philosophy and mission, they are reflected in organizational decision making. The CEO plays a critical role in linking Members, trustees and the myriad of health care providers in the efforts of the organization. As linchpin, the CEO requires significant analytical and interpersonal skills.187 It is the role of the CEO to orchestrate the philosophy and mission into actual operations of the Catholic health care organization.

Discipleship calls for a connection with one’s past and a willingness to let go. Joseph Bernardin, a noted theologian and Church leader, reminds one that the Church has
at times left behind parts of its heritage.188 Such choices are not necessarily negative. “Rather, they reflect a remarkable Catholic ability to sense a ‘future-to-be-pursued’, even though the real dimensions of that future are not yet imagined.”189 The CEO, trustees and Members in dialogue with the Church’s traditions and in prayerful reflection are entrusted with a sacred duty to continue the healing ministry of Jesus and to do so with a newness that responds to society today.

E. Chapter Conclusion.

United States health care is one of the most regulated industries in the nation. Governance in health care systems is often consumed with the fiscal, quality and strategic planning needed to keep the service not only competitive but at times viable enough to address the needs of United States citizens. The changes that have impacted health care in the past couple of decades have created chaos in the health care arena.190 The most obvious signs are escalating costs, the aging population, closure of numerous acute care beds, the move from an inpatient, illness focus to an outpatient wellness focus. The complexities of science, economics and consumer demands continue to impose challenges for health care providers, health care leaders and health care governance. Economic rationalism has become a familiar framework for governance to determine how to address current issues and future initiatives. One cannot lose sight of the fact that health care organizations provide a vital service to the community that is not measured by a return-on-investment or the bottom line. Hence, creating an environment where ethical deliberation is favored over purely economic rationalism is the challenge for governance in today’s virtuous health care organization.
The ethics hermeneutic first introduces an understanding of the need for an ethical environment in which stakeholders can provide and manage the services they are intended to provide. In order for those services to respond to the needs of the community and reflect the organization's intended purpose, everyone must understand the parameters for ethical decision making. Those who assume governance responsibility establish standards for organizational ethics through policy formation that clearly defines standards of compliance with both required legal behavior and organizationally acceptable moral behavior. But even more critical than policies are the behaviors demonstrated by those in governance.

Modeling behavior reflective of organizational standards commands both integrity and competence from those who lead. Integrity may be the single most important virtue for each and every leader in the organization to demonstrate if an ethical environment is to develop. Leaders are expected to understand the parameters of what is acceptable and unacceptable behavior. Customers, partners, patients and others observe and evaluate the actions of those who lead. These other stakeholders learn most clearly from what they observe. Personal integrity involves being honest in all circumstances, avoiding any sense of deception and making 'right' choices regardless of the consequences. When such behaviors are witnessed in leaders, governance models for others how they too are to act in similar circumstances. At the organizational level, integrity is present when organizational actions are consistent with its character. Therefore, transparency serves an organization's efforts at establishing an ethical environment. The more persons know about the organization, its intentions and values, the more transparency serves to help others determine actual vs. expected behavior. Witnessing consistency between actions
and professed standards of behavior validates the ethical norm upheld within the organization.

Competency in leadership is also necessary if governance is to be effective. Establishing the expectation that the organization has an obligation to perform at a level consistent with the organization's standards is modeled by those in governance. By example those in governance demonstrate that all in the organization are challenged to a level of performance appropriate with their position.

In addition to modeling behavior, an ethical environment requires efforts by governance to foster the core values of the organization. Fostering core values is done most effectively through mentoring and a commitment to a leadership style that is transformational for leaders, the organization and others within the organization. Mentoring, formally and informally, that the values of the organization are to be operationalized in word and action establishes organizational integrity. Governance that employs elements of transformational leadership respects the persons in the organization for who they are, not merely for what they do or how they do it. When an organization is governed by principled persons who consistently demonstrate acceptable behaviors reflective of the organization's values and hold others to that same standard, ethical environment is made more possible. In such an environment, leaders and followers encourage one another to higher levels of motivation, performance and morality.

The Catholic mission theme of discipleship deepens, from a faith perspective, the virtuous organization's understanding and need for ethical environments. While discipleship is discussed as a Catholic mission theme, it is not exclusively Catholic. However, the call to discipleship in the Catholic tradition can be uniquely discussed in
light of religious themes of sponsorship and mission identity. These two themes are
integral to Catholic health care organizations.

Health care organizations that are Catholic are those legally erected in the name of the Church. Their Catholic identity comes from day-to-day activities that reflect Catholic tradition and honor Gospel values. Governance in Catholic health care organizations emphasizes these priorities and works tirelessly to ensure that the organization is not only aware of the Church's tradition and Gospel teachings but is continually challenged to integrate them into decisions and services. By witnessing to Catholic tradition and its relevance for today's world and by spreading the Gospel values, Catholic health care organizations serve their discipleship mandate.

Governance in Catholic health care emphasizes that the Church's healing ministry is to mirror the healing ministry of Jesus. Emphasis is placed on how much the service reflects Jesus commandment to love God and love others. Such a reflection is noted in the relationships of those in the organization, the types of program and services available, the demonstration of a preferential option for those who are disenfranchised, and a recognizable expression of the love of God in the decisions made by individuals and the organization as a whole.

Governance influenced by Catholic mission is concerned with more than ethical environments where employees thrive and deliver adequate stewardship, quality services and meaningful strategic planning. Governance influenced by Catholic mission is concerned that what is it’s responsibility to govern is visibly reflective of the healing ministry of Jesus. Catholic commitment to care is to reflect an awareness that persons are due respect not just because of an innate dignity of what they share in common with
others but because of a sacredness that comes from being made in the image of God. Governance in health care emerges from persons having been loved by God, being called into discipleship and visioning opportunities to heal the broken hearted, bind up wounds, provide comfort to those in distress and companionship to those in need. Virtuous organizations inspired by Catholic mission promote governance that is respectful of Catholic tradition and its influence on today’s ministries, reflective of the values that are part of Catholic heritage and identity, and provide prophetic witness to the need for faith based health care in an increasingly pluralistic and secular health care system. Governance in Catholic health care is the steward of God’s healing love.
Chapter Seven: The Ethical Significance of the Virtuous Organization
Inspired by Catholic Mission

This dissertation has considered the ethical significance of the virtuous organization inspired by Catholic mission for the delivery of health care. Drawing on both secular and religious discourse, the dissertation explores the secular understanding of a virtuous organization and then explores how Catholic mission deepens, from a faith perspective, what is meant by the virtuous organization. When the secular and religious discourse are engaged in dialogue about specific human conditions, they influence one another as discourse is intended to do. To that end it is appropriate that secular and religious discourse are engaged in this dissertation's discussion.

Moral reasoning requires adequate understanding of the human condition. Secular discourse abounds with insight into human persons, their capacity for reasoning and decision making, their tendency to care and be responsible for one another and their desire to do so in a community environment that is ethical and just. The secular understanding of agency, social responsibility and ethical environment is important when considering individuals and their interaction encounters one another. Agency, social responsibility and ethical environment are equally important in an organizational context. Virtuous organizations, in a manner similar to virtuous persons become virtuous over time. Character describes for others who or what an organization is, what it intends, how it operates and the manner in which it does business. Virtuous organizations, like virtuous people, have experiences and encounters that influence how they change and evolve. Just like individuals, organizations will falter on their journey. However, truly virtuous organizations will return to behaviors consistent with their mission, core purpose and intended role within the broader community. The human condition and moral
accountability for action is not solely a secular experience. Religious liberties offer support to persons as they journey toward becoming fully human. Likewise, religious traditions provide considerable insight to organizations, especially those in service industries.

Health care organizations such as clinics, wellness centers, hospitals, eldercare facilities, health systems, and individual providers are all exposed to a plethora of religious positions. Those who are Catholic bring a rich tradition which emerges from the Church’s mission to continue Jesus’ healing ministry. While secular discourse provides adequate insight to support sound ethical deliberation this dissertation has also drawn from Catholic religious discourse in an effort to deepen, from the Catholic mission perspective, the components of a virtuous organization. The intention in highlighting the Catholic mission perspective is to encourage and support the Church’s ongoing commitment to organizational health care. The effort also serves to contribute a religious dimension to discourse on health care, health care access or health care governance. It is important to note that the mission related religious themes do not make the organization "more virtuous" In fact one does not want to suggest that there are quantifiers to being virtuous. Even though the religious themes do hold a certain level of accountability or rationale for Catholic health care organizations they do not make them more virtuous than their counterparts in the secular arena. The mission related religious themes, when actualized, honor the tradition. More importantly the mission related religious themes witness to the purpose from which they emerge, Jesus’ mission and healing ministry.

Health care in the United States is a complex business enterprise. Its complexity is both a blessing and a curse. This dissertation has focused on three dimensions of health
care delivery the clinical dimension, the advocacy dimension and the governance dimension. The primary purpose for the health care industry is to be a service of caring where wellness is maintained, diseases are cured, illness is healed, and health is restored. When these objectives are unattainable, health care is to deliver compassionate care to persons in chronic and end of life situations. A secondary dimension of health care organizations and health care providers is that they are their intimate involvement in social issues. Providing critical insight into legislative initiatives and policy formation to address this nation’s and more global health care concerns is an important dimension of health care. Finally, health care highlights the moral attitude of how its service and influence are delivered. In light of these three "reasons" for providing health care, this dissertation has considered three concrete situations within which to discuss the ethical significance of the virtuous organization inspired by Catholic mission.

First, the clinical issue of decision making about the use of medically assisted nutrition and hydration at the end of life engaged the secular discourse on agency with the mission related religious discourse on sanctity of human persons. While agency emphasizes the ability of an individual or an organization to have the capacity for self determination, religious discourse emphasizes, from a faith perspective, why persons are attributed with agency. Catholic health care facilities and those who are interested in Catholic mission find meaning in the sacredness of life that comes from human persons being made in image of God. A Catholic theology of the image of God involves an understanding of the Trinity and the love God has for God and the love God has for God’s creation. As creatures made in the image of God, human persons are destined to share in God’s love and to reflect God’s love to one another. A theology of person
emphasizes the communal nature of God’s people who have a commitment to support one another on their journey to an ultimate union with God. To love as God loves and to be a member of a community of believers challenges the issue of decision making. The mission theme of sanctity along with the religious theme of image of God and theology of person emphasizes that decision making goes beyond personal preferences. Others within the community and the community itself are impacted and are enlightened by the decision made by individuals. Hence, the decision to accept or reject medically assisted nutrition and hydration at the end of life is much broader than a decision of self-determination.

A second major concern currently facing the United States, its citizens and the health care industry is that of health care access. Using the secular understanding of a community having social responsibility to its members includes a commitment to the concepts of human flourishing and reciprocal relationality. The Catholic mission theme of common good deepens the meaning and purpose of social responsibility for those who subscribe to that faith tradition. Common good emphasizes that within a community all members benefit and all members contribute to the overall welfare of the community. Common good recognizes the value of solidarity and subsidiarity within the community but it also recognizes that the poor and vulnerable are special groups and are due preferential attention in social issues. Health care access is an issue of particular concern to the poor and vulnerable for several reasons. The poor cannot pay for health care. The poor often lack employment or associated health care coverage. Even with national entitlement programs like Medicare and Medicaid other issues of location and providers who set limits on the number of poor they will serve further marginalizes them from...
health care. The religious theme of social justice declares the wrongness of these disparities and requires those who are involved in Catholic health care to "right" the injustice in their own institutions and in the systems that perpetuate them locally and globally.

The third and final health care issue critical to the virtuous organization is that of governance. Secular discourse on governance emphasizes how vital an ethical environment is for virtuous organizations in order to honor their mission, be true to their core values and the demonstrate respect for the many stakeholders involved in their works. The Catholic mission theme of discipleship describes that those who follow Christ are called to spread the Gospel values, values which are to influence behavior and methods for interactions with one another. The Church’s mission is consistent with the mission of Jesus. Therefore, Catholic tradition embraces the Gospel values and the centuries of discourse that have contributed to forming the Church’s response to emerging needs and realities over centuries. Discipleship is an individual call but the community of believers, the Church, is an organization with equivalent discipleship responsibilities. While individuals are powerful witnesses to Jesus’ mission, the Church and its sponsored ministries are concrete instruments actualizing Jesus’ love for human persons. These organizations have served the United States and its citizens for hundreds of years in the name of Jesus. Catholic health care emerged in response to a need for compassionate caring of the sick and the dying. It has grown to become the largest not-for-profit health care system in the United States. It has done so for two reasons: there existed an unanswered need, and wise stewards had the prophetic wisdom to creatively witness Jesus’ healing ministry and love for God’s people. Governance as a function of
discipleship is to continue to witness and demonstrate God’s love in action in organizational ministries of the Church. In the Catholic tradition, governance insures a respect for the sanctity of human persons, prioritizes the common good in the public square, and is a prophetic witness to the Gospel values and God’s covenant of love.

While Catholic mission does not give the virtuous health care organization a higher notch to which it can aspire, it does contextualize issues in health care from a faith tradition. In doing so Catholic mission deepens the meaning of health care for those who subscribe to Catholic tradition. For those who do not subscribe to a Catholic tradition or who wonder about the ethical significance of Catholic mission, the response can be found in the works and processes for care and discernment that have been birthed by Catholic mission. The ethical significance of Catholic mission and its involvement in health care is its enduring sign that human life is sacred and to be treasured as a gift from God.

Catholic mission is also ethically significant because it challenges the broader community to attend to the common good and to recognize the need for a preferential concern for the health care needs of the poor and disenfranchised as it does so. Finally, Catholic mission is ethically significant because its purpose transcends the virtuous health care organization itself. Catholic mission in the delivery of health care, or education, or any of the social ministries is ethically significant because it offers an unparalleled context within which moral issues and our responses to them can be considere
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