

KEEPING THE PERSON AT THE HEART OF DECISION-MAKING

Blank stares, a slight “hmm” and the inevitable “What is that?” are the usual responses I receive when I tell a stranger that I am an ethicist. More recently, people tend to have some sort of inkling that such a profession exists, as they might have read media articles during and since the COVID-19 pandemic highlighting some ethical dilemmas.



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Now, I do not divulge this piece of information lightly. In fact, I often respond to the inquiry regarding my work with a vague answer of, “I work in health care.” Some of this reticence comes from my naturally introverted self; some comes from simply not wanting to get into a conversation about thorny subjects like abortion, euthanasia or vaccine requirements with my seatmate on an airplane. Yet, I am finding myself more self-aware of the responsibility I hold in responding truthfully.

BREAKING DOWN WALLS, GAINING UNDERSTANDING

Since the pandemic, the rise of ethical challenges facing health care has filtered into the public sphere. Prior to 2020, many ethical dilemmas could be classified as personal, such as, “Who will be my surrogate decision-maker?” “Do I want to transition to hospice?” and “Is another round of chemo worth it?” The questions we face now are more social in nature; at least, they are more publicly known.

Health care decisions are being debated in the halls of government and the pages of newspapers. Ongoing debates and articles raise questions that must be addressed nationally, on topics such as maternal health, public health, health financing and end-of-life care. What were often private conversations with medical teams, patients and their family members have busted out into the wider discussion. Therefore, when I encounter a stranger and inform them of my profession, they tend to have some opinions about these issues.

Too often, issues in the political dialogue become divisive and seen as litmus tests for someone’s identity or even morality. When I read articles examining today’s questions, I am too often confronted with this same political discourse, one based on factions fighting against factions.

These authors, or “experts,” argue for their beliefs and their way. They make the point that their side has the moral high ground and that the other is twisted by devious goals. The debates tend to focus on procedures, treatments, costs, autonomy and the law — all certainly important aspects to consider. However, as I have opened my own personal walls to the strangers next to me, I have learned a great deal about the real concerns of others.

ALIGNING WITH OURSELVES AND EACH OTHER

One of the greatest lessons I have learned in my education and experience of ethics is the focus on the person. If you attended a lecture of mine, you would recognize this intention. Ethics is naturally a human endeavor. It regards the right relation

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with ourselves, our communities, creation and our Creator. The Catholic Church recognizes this fundamental nature of ethics in its moral teaching.

Human dignity is a core belief emphasizing the special nature of each and every person. Therefore, the person must be at the heart of decision-making. Now, reading the debates and listening to the pundits, the person seemingly has disappeared. Instead, we have the need to uphold

certain political or personal beliefs, such as individual freedom, consumer access and autonomy. Where has the person gone?

Many people have the impression that ethics, and in particular Catholic ethics, are about rules that restrict our behavior. In fact, Catholic moral teaching is an attempt to provide guidance that will lead us to human flourishing. As Jesus says in John 10:10, “I came so that they might have life and have it more abundantly.” The great Catholic thinkers have tried to understand this promise. At the heart of it is the belief that every human is worthy of joy, love and happiness. Catholic ethics is our attempt to provide guideposts toward this goal. If spiritual practices help us to align with our Creator, ethics is an attempt to align with ourselves and our fellow humans.

EVALUATING OUR INTENTIONS

How do we live this goal of human flourishing out in Catholic health care? First, we must remember that discussions of ethical practices start and end

with a person who has intrinsic dignity as created in God’s image and likeness. Second, debates about practices, procedures and techniques cannot be removed from their impact on patients, families and communities, especially those who have historically been marginalized. Third, when engaged in discussions regarding policy and laws, we must step back and discern whether we are coming from a point of love and concern for others or whether we are trying to achieve a less honorable goal. Finally, as I mentioned at the start, we must be brave advocates and share the loving care that the Catholic moral tradition attempts to live out every day in our ministry.

I know that I will try to be more engaged with strangers’ concerns and, in doing so, try to remember that I am called to love my neighbor and spread the good news of Jesus’ healing ministry.

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NEW ONLINE RESOURCE

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Health Progress’ Diversity, Equity and Inclusion Discussion Guide supports learning and dialogue to move toward a greater understanding of patients, care providers and ways to work together for improved diversity, equity and inclusion in Catholic health care settings.

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Health Progress articles for reflection, discussion and as a call to action.

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