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Ethics director helps make tough calls for Catholic Health Association

Sr. Camille D'Arienzo | Jul. 23, 2013 Conversations with Sr. Camille

This column has interacted with people from many backgrounds and professions. Dr. Ronald Hamel's identification as senior director of ethics for the Catholic Health Association of the United States raises a lot of questions for those of us who face ethical dilemmas in our everyday lives. The 67-year-old's decisions, however, go far beyond the personal; they impact Catholic medical personnel and patients throughout the United States.

***Sr. Camille*: How do you decide what should be done?**

Hamel: My view of the moral life can be described as "relational"; that is, I exist in relation to God, human others, self and the created world. My "responses" to these others are what constitutes morality. In any given situation, my behavior should respect the dignity, the inherent worth, of the other and promote his/her well-being and flourishing. So when I make a moral decision, I need to consider the likely impact of my decision. That requires considering the entire situation -- the facts, various behavioral options and likely consequences, good and bad, short-term and long-term -- and discerning which of the options is most fitting.

In assessing the behavioral options, I would also consider moral norms and church teaching. They provide guidance and, in some instances, preclude certain options -- euthanasia, for example -- in situations of end-of-life care. I try to take a comprehensive approach and not focus only on consequences or only on duties or obligations. The moral life is not primarily about following rules; it's about people and responding appropriately in a given situation. And, of course, in responding to others, I am also responding to God.

When it comes to morality, we tend to focus on actions, on what we should and should not do. Is there anything else that matters?

Yes. There's another very important and often neglected dimension of the moral life. Besides being concerned with what we do, we also need to be concerned with who we are becoming. This is where virtue comes in and where Scripture plays a significant role. Christian discipleship requires that we embody certain virtues. The person we are at any given time will affect how and what we decide.

Is there a category of ethical decisions you find particularly challenging?

There are several. One has to do with reproductive procedures: tubal ligations, in vitro fertilization, artificial insemination by husband, and the like. These procedures involve real people. In the case of tubal ligations, they are typically women who have a medical condition that makes another pregnancy a serious threat to the woman's health or life. In the case of technologies that assist in the generation of new life, a couple is involved, trying to have a child that is the fruit of their love. The church judges tubal ligations and most reproductive technologies to be unethical. Catholic health care, as a ministry of the church, adheres to the church's position on these issues. Upholding the church's teaching can at times be very difficult because real people are affected, sometimes quite negatively.

Would I be overly dramatic in thinking the moral choices in health care might sometimes be strewn with danger?

Rather than danger, I would say they are strewn with a certain gravity because they tend to deal with profound human experiences -- life, death, generation of new life, suffering, finitude -- and the decisions that are made can have profound consequences. Of course, there are some decisions that do involve danger. The development of new technologies can be harmful in themselves or have harmful unintended consequences: embryonic stem cell research, for example, or genetic alteration. On the institutional level, there can be dangers in some partnerships between Catholic health care organizations and secular health care entities. This is not to suggest these entities are bad, but it could be that some are engaged in activities that are morally problematic from a Catholic perspective or that their mission or values might not be entirely consistent with the Catholic entity. The danger here is that some partnerships might weaken the identity of the Catholic organization or even compromise its integrity.

What attracted you to this profession?

As a teenager, I was fascinated by what led people to do what they do. I was also intrigued by the church's teaching on moral issues. These interests persisted through high school and into college, both of which I did as a seminarian. It was during my college years I learned there was a field of inquiry that resonated with my interests. It was called moral theology. So at the end of my junior year, with the encouragement and support of the seminary director, I decided to pursue a doctorate in moral theology or Christian ethics. I applied to and was accepted in the graduate program in theology at Fordham University.

I began graduate studies in 1970, a few years after the emergence of a new field of study called bioethics. I became fascinated by the issues bioethics dealt with. Science was certainly not one of my strengths, nor was medicine a field with which I had any familiarity. No one in my immediate or extended family had been in health care. So my graduate work was in Christian ethics with a concentration in bioethics.

Where did that lead you?

The first part of my career was spent in college and university teaching. In addition to a course in Christian ethics, I taught one in bioethics and another on death and dying. During this time, I sat on the ethics committee of two local hospitals and spent a six-month sabbatical shadowing physicians from different specialties at a Minneapolis hospital. This only fueled my long-standing desire to function as a hospital ethicist, a position that at the time was still somewhat rare. After 15 years in academia, I accepted an offer to serve on the staff of the Park Ridge Center for the Study of Health, Faith, and Ethics in Chicago. The center brought together my fundamental interests. After five years there, I was asked to head up the Department of Clinical Ethics at Lutheran General Hospital in Park Ridge (the hospital/system that sponsored the center). My dream had come true. I could finally serve as a hospital ethicist. My five years there were some of the best years of my career.

Why did you leave that post?

I was invited to join the Catholic Health Association, a member organization that serves virtually all Catholic health care facilities in the country. While I loved the clinical setting, I also missed not functioning as a theologian in a Catholic context. So I accepted the position at CHA.

May I ask you to share a difficult demand on your expertise?

One of the most difficult and gut-wrenching situations had to deal with involved a 19-year-old sailor, recently married. He contracted spinal meningitis that left him paralyzed from the neck down, and he had to be placed on

a ventilator. A feeding tube was also inserted. I don't recall how, but he made it clear that he wanted to be removed from the ventilator. To me and to the clinicians, it seemed premature to go down that road. He was still in shock over what happened to him and had not had time to process his new situation. Nor did he have any exposure to quadriplegics who had managed to have a very good life. But his parents, his wife, his pastor and his commanding officer all supported him, saying his request was entirely consistent with his personality, values and lifestyle. Living the remainder of his life totally dependent on a ventilator and with a feeding tube was more than he could bear. Several days of conversations with the family didn't alter their thinking. Reluctantly, the treating physician agreed to remove the ventilator. He and I went into the patient's room. He shut off the ventilator and in less than a minute, the patient took his last breath. A technician removed the tube from the patient's throat and the family then came into the room to spend time with their deceased relative. They had said their tearful goodbyes prior to turning off the ventilator.

How does your Catholic faith help direct your opinions?

Everyone operates out of some worldview -- some collection of values, beliefs, intentions, motives, dispositions. One's worldview is shaped by one's upbringing, education, affiliations, relationships and the like. My worldview has been shaped by all of these, but, as a Catholic theologian, it has especially been shaped by the Scriptures and fundamental aspects of Catholic social teaching.

You've won awards for your contributions to your chosen field. In addition to publishing articles and editing several books dealing with life and death issues, you're the principal author of CHA's multimedia resource,*Harnessing the Promise of Genomics: Resources for Catholic Health Ministry* *[1]*. Do you interact with families impacted by your decisions?

In my current role, I have virtually no interaction with families. Most of my interactions are with other ethicists, mission leaders, pastoral care personnel and, to a somewhat lesser degree, church leaders, physicians, senior management of Catholic health care organizations, and advocacy coordinators.

What was your own family like?

I was born into a rather traditional Catholic, blue-collar family of French Canadian descent (all of my grandparents were born in Canada). I'm the oldest of three children. Both of my parents were very hard-working -- my father with a utility company and my mother in our home. And from them, I learned some of my most important values: integrity, truthfulness, respect for others, striving for excellence in all things, and faith. Family life was rather typical for the time.

You've studied, taught and held positions in New York; Chicago; St. Paul, Minn.; and St. Louis. Where did you spend your childhood?

I was born and raised in Waterbury, Conn., though I left home at 14 to enter a prep seminary for a religious order in Hyde Park, N.Y., and actually never returned to Connecticut to live. It was also in Hyde Park that I did my first two years of college -- the first at the seminary college and the second at Marist College in Poughkeepsie.

Did you have heroes or role models?

Yes. On a personal level, my role model is my maternal grandmother. We were very close. She was a woman of deep faith, a kind, gentle, understanding woman, but also very strong and independent. She was a person of great integrity and most compassionate.

Please say something about your current family.

I'm single.

Is it difficult to refrain from offering relatives advice before they seek it? That would seem to pose an occupational hazard.

Actually, that's not been an issue. Part of the reason for that might be distance. Living in St. Louis, I'm not "on the scene." However, as a matter of course, I typically don't offer advice unless it's requested.

What is your image of God?

I'm a nature lover. Nature puts me in touch with God. So I tend to see God as the source and sustainer of all that is, which is another way of saying that I see God as pure love. All that is is an outpouring of God's love.

How do you pray?

I pray in a couple of different ways. I subscribe to *Magnificat*, so I often pray the morning prayer then spend time meditating on the Scripture readings for the day. Or I might just spend time reflecting on the Scripture readings. At other times, I use a form of contemplation -- centering prayer. Recently I've been reading Jesuit Fr. James Martin's *The Jesuit Guide to (Almost) Everything*, in which he discusses the daily examen. That's something I'd like to incorporate into my life.

What is your favorite Scripture passage?

I actually have a couple of favorite Scripture passages. The parable of the Good Samaritan (Luke 10:29-37) is probably my favorite. It is so rich in meaning. On one level, it sums up God's relationship with humanity. On another level, it sums up the Gospel and displays what discipleship means. "Go and do likewise" is a powerful exhortation not only about what one should do but also about who one should be. How are we neighbors to others, and what kinds of persons do we need to be in order to be neighbor? The parable is also important for health care. It highlights the importance of compassion for those on the side of the road -- those who are suffering, injured, abandoned.

Another favorite passage is from Micah 6:8. "This is what God asks of you, only this: to act justly, to love tenderly, and to walk humbly with your God." That about says it all.

What about your faith is most meaningful to you?

My faith gives my life meaning and direction. It provides the "vision," the inspiration and the sustenance for what I do.

Do you see it in action?

Definitely. It has probably been responsible for most of what I've done with my life, especially as inspiration and motivation, including my desire to serve God and God's people in the priesthood and my decision to do that as a layperson, a moral theologian, an academic and, now, as a Catholic health care ethicist. My entire career I view as ministry. While it is not the priestly ministry I had originally envisioned, it is ministry nonetheless: working to advance the Kingdom.

What in contemporary Catholicism distresses you?

I lived through the Second Vatican Council. It was one of the most exciting times of my life. The council and what came out of the council breathed new life into Catholicism. I think it also re-centered the church onto what is most important: living out the Gospel. The church has a tendency to become absorbed with itself and to lose sight of what's most important and, in fact, why it exists. In the last 30 years or so, I think the church has regressed, fallen back into old patterns. There's been almost an obsession with orthodoxy, almost an eagerness to exclude those who don't adhere perfectly to the orthodoxy litmus test, a harsh judgmental attitude and a general nastiness. I see a preoccupation among some with trappings that seem to return the church to Renaissance times. And I see more and more Catholics becoming disenchanted with the church and regarding the church as increasingly irrelevant to their lives. I look at the Gospel and I look at the church and I see a significant gap. This is what distresses me about contemporary Catholicism.

What encourages you?

The election of Pope Francis was truly the work of the Spirit. I don't expect Francis to make any significant changes in church teaching, but he clearly has a different understanding of church and of the church's role in the world. I am hopeful that under his leadership, the church will see itself as in the service of the Gospel and in the service not of the perfect, but of all those who struggle to live the Gospel and all those who are vulnerable, afflicted and on the margins of society. There's a chance with Francis that the church can once again become an important part of the lives of so many Catholics who love the church but find that it has less and less to do with their everyday lives.

How do you relax?

I love the outdoors, especially the ocean (I'm originally from the East Coast) and mountains. So walking and hiking in forests, in mountains, or along the ocean are important to me. I also enjoy kayaking, though I don't get my kayak out anywhere near often enough.

And I enjoy music, especially classical and jazz. I have season tickets to the St. Louis Symphony -- a great way to spend a Sunday afternoon.

What causes you joy?

Babies, friends, music, nature

What gives you hope?

The human spirit. The human spirit at its best is capable of great things.

Thank you, Ron, for the great spirit you bring to our world.

[Mercy Sr. Camille D'Arienzo, broadcaster and author, narrates *Stories of Forgiveness*, a book about people whose experiences have caused them to consider the possibilities of extending or accepting forgiveness. The audiobook, renamed *Forgiveness: Stories of Redemption*, is available [2] from Now You Know Media.]

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Dr. Ronald Hamel, senior director of ethics for the Catholic Health Association of the United States

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