

# Understanding the ethics of Catholic health care during the pandemic

As concerns about the novel coronavirus have taken over our lives and the virus itself has claimed the lives of thousands worldwide, Catholic health care workers are contemplating bioethical questions. To help answer these questions, the Catholic Health Association of the United States has established a [website on the coronavirus](#) that includes ethical, pastoral, clinical and legislative information. There are also resources for prayer and spirituality.

To reflect more on this, especially in light of a March 30 document from the Pontifical Academy for Life on the COVID-19 emergency, entitled [“Pandemic and Universal Brotherhood,”](#) Our Sunday Visitor interviewed Dr. Brian Kane, senior ethics director of CHA. Dr. Kane serves as a resource for CHA members, including theologians, ethicists and executives within the ministry, as well as for CHA staff and other individuals and groups with shared interests.

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Dr. Kane is responsible for developing programs and materials on clinical and organizational ethics and assisting in promoting Church relations between the ministry and individual bishops, as well as the U.S. Conference of Catholic Bishops.

**Our Sunday Visitor:** In your opinion, what about this pandemic specifically has necessitated a Catholic gathering of health professionals to address these issues?

**Dr. Brian Kane:** Catholic health care has a centurieslong tradition of caring for the vulnerable, especially in the

midst of epidemics. For example, Roman writers in the third century noted the example of Christians caring for the sick at the risk of their own lives, even those who were not Christian. In the present, it is important to know that the ethical challenge of justly sharing scarce resources is a topic that has been carefully thought about, and lived, long before today.

**Our Sunday Visitor:** The Pontifical Academy for Life has issued a document on the emergency, calling for “an alliance between science and humanism” that should guide our response to the crisis. What concretely can this alliance look like?

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**Dr. Kane:** That alliance, it seems to me, is best embodied in Catholic health care. In the United States, Catholic health care treats 1 in 7 patients, employs over 750,000 associates and is present in all 50 states. The founders of Catholic health care were the religious orders of sisters and brothers who devoted themselves to the health needs of our communities through building health care systems that depended upon both rigorous medical science and faith about the intrinsic sanctity of life. That mission joins together the elements of science and humanism that the Pontifical Academy for Life addresses. This responsibility comes to us not as a burden, but as a renewal of faith in our mission for compassionate care.

**Our Sunday Visitor:** How is it possible, when there are so many getting ill from COVID-19 and not enough equipment to help and protect everyone, that all individual lives are equally valued without discriminating against some who are older or who have other health conditions?

**Dr. Kane:** In medicine, there are times, like in pandemics, where there are limited resources. We also face the same situation in day-to-day decisions about who should be able to

get an organ transplant. In these instances, we, as Catholics, affirm both the dignity of each person and the common good. Both of these are essential. So the just way to make these decisions is to use standardized inclusion and exclusion criteria based upon solid, clinical judgment. We want the limited resources available to us to be used to benefit as many people as possible for the welfare of society as a whole. So using categories of age or disability to deny care would be unjust. We want to use the resources based upon clinical criteria, which will allow their most productive use for all of us.

**Our Sunday Visitor:** One section of the document is entitled "The obligation to protect the weak: Gospel faith put to the test," where it underscores that "particular attention should be paid to those who are most fragile, and we are thinking especially of the elderly and people with special needs." Is there a way to work against this widespread mentality?

**Dr. Kane:** The Catholic Church, in all of its ministries, has been, and continues to be, a persistent and devoted voice for the vulnerable, which includes the elderly and those with special needs, not only in health care, but also in other areas like access to nutritious food, education and employment. The social mission of the Church is an essential part of our faith.

**Our Sunday Visitor:** At work, what can health care workers concretely do in the day to day? Or is there a way they can feel they have support and a way they can support one another?

**Dr. Kane:** In daily gatherings, those who work in Catholic health care begin with prayer. In these challenging times, as our frontline workers are courageously and compassionately caring for the health care needs of their patients at tremendous risk to themselves and their families, we recognize the need to support them as they care for us.

## **Our Sunday Visitor:** How so?

**Dr. Kane:** In some places, facilities are making food available to their employees through their food services, so that the burden of shopping is alleviated. Others are offering day care services to assist. Every Catholic health care facility understands that it is essential to care for the physicians, nurses, respiratory therapists, support staff and others who are bringing the healing mission of Jesus to millions of men and women afflicted by the COVID-19 pandemic.

*Deborah Castellano Lubov writes from Rome.*