Reflections after a Lifetime of Contribution

Cormac Nagle OFM


At the 2015 national conference of Catholic Health Australia (CHA), Fr Cormac Nagle OFM was awarded CHA’s highest honour, the Maria Cunningham Lifetime Contribution Award. After receiving this award, Fr Cormac reflected on his years of ministry at the Chisholm Centre’s 2015 Annual General Meeting. We are pleased to present a slightly edited version of his speech here. Fr Cormac reminds us that Catholic health and aged care follows in the footsteps of Jesus Christ, and that both our service and our ethics are based on a profound respect for human dignity. He advises how our ethical standards should always be interpreted so that they reveal rather than obscure the Good News which Christianity proclaims. Fr Cormac also highlights the need for a holistic and multidisciplinary approach to healthcare. Rather than treating only physical or medical problems, this holistic approach cares for the whole person and also attends to their emotional, social and spiritual needs.

Thank you for the invitation. It is good to catch up with the Caroline Chisholm Centre again, and with many of the people I worked with on the Centre’s Board where I was a Member for a number of years. It’s good to be back.

Many people now quote Pope Francis. What he says is often most relevant. When Pope Francis was in Cuba, he said to the people, “Love and service, not ideology, are the keys to happiness.”

I have been asked to reflect on three topics:

i. my experience in Catholic health and aged care;
ii. changes which I have observed over my years of ministry; and
iii. my advice to those who now have responsibility for Catholic health and aged care.

My experience in Catholic health and aged care

My experience goes back a long way. When I was teaching at Padua College in Brisbane in my early years of ordination, I would serve as chaplain on the weekends at the Mater Hospital, a very big hospital looking after everyone from children to aged care and the end of life. In those days, the sisters in charge of the wards were Sisters of Mercy, and the nurses working on the wards were also Sisters of Mercy. You can imagine that I didn’t have much rest. When someone was very sick, I was called straightaway. And whether the sick person really realised what was going on or not, I was told to anoint this one, and anoint that one, and so on. No one escaped the administration of the sacraments!

Years later, when I returned from postgraduate studies in Rome, I was chaplain to the Royal Women’s Hospital in Paddington in Sydney. It was a manifestly different experience. The matron who wasn’t very friendly might make you wait for twenty minutes or half an hour before she would let you into a ward to see the Catholic patients. At this hospital, we had to baptise very sick babies. I’d go in with an eye dropper full of sterile water, and I was told always, “Don’t touch the baby!” I’d baptise them with the eyedropper of sterile water. One situation I recall very vividly. I was called one morning to the hospital: a baby was dying, and they wanted me to come and baptise the baby. I went to the ward and said, “Well, where is the baby?” “It’s here,” they said, and they led me to a back room, and just on a bench there was the baby—full term, dying. There was no else around to give the baby comfort. The doctor said, “It’s missing some organs or something. They want you to baptise it.” It was awful—just on a bench in a back room. It’s so different from what we do at Mercy...
Hospital for Women, at St Vincent’s, and other hospitals. That case remains with me. You can’t forget such situations.

In the mid-1970s, I was asked to teach medical ethics to the midwives at the new Mercy Maternity Hospital at East Melbourne. That was my first venture into teaching in a hospital. It was interesting, but it wasn’t always easy because just a couple of years earlier the papal encyclical on contraception had come out, and of course we had lots of questions about sterilisation and contraception. There were many difficult questions also because of the new technologies that were coming in. At that stage, we had a good ethics team. There was Fr Walter Black MSC, Fr Bill Daniel SJ, Mr James Gobbo who became the Governor of Victoria, Dr James Breheny, and Mr Barham who was a surgeon at Mercy Hospital. It was a good team because we had the medical side, the philosophical side, and the religious ethics side. There was a large auditorium at the hospital, and we held sessions there for the staff of the Mercy and also for Catholic health institutions around Victoria. (The Chisholm Centre hadn’t come into existence then.) These were good education programmes, but we did get some flak because there are always both sides of the coin, with those who want to stick with what was traditional and what was always done in the past, and those who want to move on and take advantage of new thought and new technologies. I was going through some files the other day, and I came across a letter from Archbishop Little who was the archbishop of the time. He was there for one of our bigger conventions, and afterwards he got some flak about what was said at the convention. He wrote to me and said, “I want to thank you for what you and your team are doing.” It was good for me to receive this after he had received some negative opinions about what was said. I think we could say that the Chisholm Centre has taken over that early role in trying to provide instruction, education and formation to Catholic health professionals in Melbourne and Victoria.

In this period, I was also the chaplain of the Catholic Nurses Association of Australia. We had regular ethics meetings where we talked about moral theology and so forth. Again, after one general meeting where Archbishop Little was present, he came up to me afterwards to say, “Keep on doing what you’re doing.” It was a good positive push to keep moving forward.

During this time, a group of us from this Association went to Rome for an international conference for Catholic nurses. A good number of members of our Association went along. During the conference, we decided to go to visit St Peter’s. So off we went, and we got to the entry there. One of the younger nurses had a shorter dress than any of the others, and the Swiss Guard said that this wasn’t appropriate and that she couldn’t go into St Peter’s with that short dress. We didn’t know what to do, but the guard produced a knife and asked the nurse to cut the stitching on the hem of her dress. And those extra few inches were enough to allow us all to go in!

I was reminded of this about a month ago at a funeral when I saw a woman and said to her, “I know you.” She said, “I know you too. I was the nurse!”

Much later, after a postdoctoral sabbatical at Catholic University in Washington, I was fifteen years in administration. After I finished with administration, I went to Berkeley to do bioethics, because I knew that that’s what I’d be doing when I came back to Australia. So I returned to the Mercy in the early 1990s as a member of the ethics and research ethics committees, and then in 1993 as the Mercy ethicist. At that time, St Vincent’s asked me to take on two days a week as chaplain. This practical experience was important, I found, for a realistic approach to ethics. I worked at St Vincent’s on Fridays and Saturdays. And you can imagine what the emergency department was like on Friday nights and Saturday nights at St Vincent’s Hospital.

Another little story from then: I was called up one night to the emergency department, and a man from Fitzroy had been stabbed in the neck by his wife. She had done a very good job—she got him in the jugular, and in the operating theatre they couldn’t stop the bleeding. So I was sitting in the corner waiting, and the doctors were working trying to stop the bleeding. The one in charge came
over and said, “Father, you’d better come over and do your bit, because we’re not getting anywhere here.” So I went over and I anointed the man and said the prayers, and then went over to my corner again. The surgeon came back and said, “We don’t know what you did, Father, but it worked!”

Sadly, the man died later the next night, and his wife was charged with murder.

My experience of Catholic healthcare over this long period has been a most positive one. In the past, we had some good moralists writing and teaching Catholic medical ethics. However, they were burdened with the approach of those days, which was in general one of mainly explaining and interpreting the Church’s decrees and instructions. There wasn't much room for innovation. This is where ethics committees and research ethics committees helped to change the attitude for they were dealing with real situations—sometimes new situations but always real situations. It should be noted here that in general our Catholic institutions are the ones that have ethics committees. Ethics committees are a rarity in other health institutions and in other public hospitals around this city. It is through the imaginative and academic work of the members of these bodies that I believe we have produced an ethical framework that is also respected outside the Church, even though people might have different opinions. The Code of Ethical Standards is a good example of this ethical framework. The solid research of the Chisholm Centre, its publications and its public seminars and conferences, along with the work of Catholic Health Australia with its various ethics and education committees and publications have helped to bring Catholic healthcare to a high standard, both of ethics and medical care.

Changes over my years of ministry

A great catalyst for change has been the renewal of Catholic moral theology in general. With the Council of Trent (1545–1563), moral theology became separated from theology in general. A more legalistic attitude took over. Catholic ethics tended to be more a science applying the norms stated by authority, rather than a question of faith seeking understanding. There was little room for creativity, although some of the traditional principles remained in force, such as ‘probabilism’, which allowed people to follow the less strict opinion provided a good number of reputable theologians held that opinion, and the Church authority had not outlawed it. A change came about— theoretically at least—with the Second Vatican Council, which stated that moral theology was to be thoroughly renewed. However, the brakes were kept on until more recently: renewal took place amongst theologians, but not really amongst church bureaucracy.

As mentioned above, theologians and ethicists have continued to study and advance their knowledge of the practice of Catholic clinical ethics. For example, today we have some excellent protocols or guidelines for Advance Care Planning, for Palliative Care, for the withdrawal of treatment where it is considered extraordinary or disproportionate, for surrogacy, and so on. Our goal is to treat the whole person and not just the disease. The importance of acknowledging and treating the spiritual and psychological needs of the patient is now taken for granted, and certainly accepted as normal in Catholic ethics and the Catholic ethos.

One of the most obvious changes in Catholic health institutions today is the almost complete absence of vowed religious. This is so different from when I began in Brisbane so many years ago. Lay people run and serve in our institutions; perhaps 25% are Catholic, at least nominally so. The leaders are normally formed in a business ethic. Therefore, our most important task, I believe, if our institutions are to remain Catholic and imbued with Gospel values, is to educate and form our staff in those same Catholic values.

Many of our staff prefer to work in our institutions because of the moral and Christian atmosphere. They are prepared to follow our rules and norms as they would in any business to which they belonged. These people are also looking for the reasons upon which our teachings are based.
Education with open discussion is not only important but, I believe, it’s a right that our staff have, and a duty for us to give them that education and formation. It is a great challenge to you who are now the leaders today and will be the leaders tomorrow.

**Advice to those who are now responsible for Catholic health and aged care**

I don’t know whether I should give you advice. Anyhow, I’ve been asked to give you advice.

The main point is that we need to remember that we are following the footsteps of Jesus Christ and offering what he offered in the Gospels. That is our primary ethical stance (not forgetting of course the best of medical and technical service). This is the reality, and it will influence our attitude and our decisions.

With the mention of decisions, I think it’s important for all of us that once we have made a decision in good faith and conscience, we accept that decision and live with it, knowing that it might not be perfect and that new information may come in the future. But we’ve made a decision with the best information we have and according to our conscience. We live with that, and we don’t regret or live with guilt, knowing that this was the best human decision we could possibly make at this particular time.

Of course, our decisions have to be informed—informed by the Scriptures, by the teaching and tradition of the Church, as well as by culture, our civil society, and science, and guided by the wisdom of the Spirit of God.

There are two extremes. On the one hand there is pure relativism—a no norms, no rules approach, and on the other a legalistic approach. Neither of these—pure relativism or a purely utilitarian approach, or a strictly legalistic approach—are either wise or worthy of the human person. (It is not necessary for me to dwell here on the utilitarian approach: that is pretty commonly understood.) However, I’d like to speak a little bit about our approach, our ethics, our moral theology.

As I mentioned, our moral theology has been much influenced by the legal approach in the period between the Council of Trent and the Second Vatican Council. We have norms and laws, but they need to be interpreted by the wise maxims handed down by Jesus himself. (For example, one of the great maxims of Jesus was, “The Sabbath was made for humankind, and not humankind for the Sabbath.”) We must also draw upon the ways of interpretation given to us by the tradition of the Church and by our canon law.

Fundamentally, we base our ethics on the dignity of the human person integrally considered—that is, someone created by God for life with God in his or her physical, moral, emotional, spiritual and psychological being. The laws and rules of the Church—as interpreted by, say, the Code of Ethical Standards—are very important guidelines, but they too need to be constantly mediated by the long tradition of the Church, and the rules of interpretation as found in the Church’s tradition and in the canon law of the Church, so that the rules do not obscure the basic teaching of the Gospel.

We get a glimpse of the Church’s tradition on interpreting doctrine and law in a Declaration *Mysterium Ecclesiae* from the Congregation for the Doctrine of the Faith. This declaration states clearly that the meaning of pronouncements depends upon the expressive power of language—sometimes incompletely stated, on the historical period, and on the changeable conceptions of a given epoch and its culture. Often, pronouncements are intended to solve certain questions or correct errors of that particular time. So this Declaration says that we must take all these things into account before we apply a norm or a rule or even a doctrine.
Consider another very wise rule. It’s a rule from Roman law originally, but the Church has taken it up in canon law. In Latin, it states: *Summum ius, summa iniuria*. This translates: If you pursue the law to its limits, you will bring about the greatest injury or injustice.

There’s also the ancient principle of *epikeia* (in Greek) or *epiky* (in English). This states that no law enunciated in human terms can ever possibly cover every possible human situation.

Also, the last canon of the *Code of Canon Law* reminds us to observe always “canonical equity” or balance, keeping in mind “the salvation of souls, which must always be the supreme law in the Church.”

The Victorian Department of Health and Human Services recently initiated a programme whereby they sent out to health institutions members of their bureaucracy to see what actually happens at the coalface. It was my privilege to mentor one of these staff, and to show her what we did in a Catholic hospital and our ethics and so forth. It was a very good decision of the Department. We need regular interface with the human situations to be able to offer human decisions.

Another important procedure is to make sure that the meetings of various departments in our health institutions (e.g. neonatal intensive care, oncology, and so on) are multidisciplinary, including not only clinical staff but also allied staff, social workers, ethics and pastoral care. This ensures that the whole person and their social and psychological and spiritual needs are considered, and not only their medical problem. Their medical problem will certainly be treated better if we treat them within this fuller context.

Those we work with and those we meet and treat may not accept our religious norms as such, even though they respect them. However, others will respect us and our Catholic ethos if we are authentic ourselves, for people sense who we are at heart. If we believe in ourselves and believe in what we propose, we will do a lot to preserve our precious Catholic approach to healthcare. It’s good to remember that there were no general hospitals in the world until the early Christians in Roman times began to look after the poor and the sick. The Romans had hospitals for their wounded soldiers, but there was no one to look after the ordinary people until the early Christians began that. In the same way, the first public hospital in Australia was St Vincent’s in Sydney. We need to remember that our ethos—our Gospel teaching—has done a lot for hospital care for the general people and their health throughout the world and in this country too. In doing this, we answer the call of Pope Francis to love and service. We are authentic so that what people see is what they get. As a Franciscan, I’d like also to quote St Francis of Assisi, who told us that “what you are before God, that you are and no more.”

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2 The building at 150 Clarendon Street, East Melbourne is now an apartment complex. This speech was delivered at a restaurant in this complex.


Moving away from the natural law approach of the manuals of moral theology, the Second Vatican Council insisted that the determination of matters of morality should be “based on the nature of the human person and his (sic) acts.” Drawing on both this and the official commentary about it, Louis Janssens stated that the basis of Catholic morality must be “the human person integrally and adequately considered.” The Second Vatican Council also stated, “[I]t remains each man’s [sic] duty to retain an understanding of the whole human person in which the values of intellect, will, conscience, and fraternity are pre-eminent. These values are all rooted in God the Creator and have been wonderfully restored and elevated in Christ.” For these, see Vatican Council II, *Gaudium et Spes*, Pastoral Constitution on the Church in the Modern World, 7 December 1965, nos. 51, 61; Louis Janssens, “Artificial Insemination: Ethical Considerations,” *Louvain Studies* 8 (1980): 3–29; cf Benedict XVI, *Deus Caritas Est*, Encyclical Letter (25 December 2005), nos. 4–5.

The Declaration states that “the meaning of the pronouncements of faith depends partly upon the expressive power of the language used at a certain point in time and in particular circumstances.” It also notes that “it sometimes happens that some dogmatic truth is first expressed incompletely (but not falsely).” It adds that “when the Church makes new pronouncements... she usually has the intention of solving certain questions or removing certain errors.” “Finally, even though the truths which the Church intends to teach through her dogmatic formulas are distinct from the changeable conceptions of a given epoch and can be expressed without them, nevertheless it can sometimes happen that these truths may be enunciated by the Sacred Magisterium in terms that bear traces of such conceptions.” The Declaration therefore advises that “all these things have to be taken into account in order that these pronouncements may be properly interpreted.”

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