ethics

person-centred care based on the dignity of the human person

As I write this short word on person-centred care based on the dignity of the human person, today’s Gospel text keeps recurring like a song theme one cannot get out of one’s head:

“You must love the Lord your God with all your heart, with all your soul and with all your mind. This is the greatest and first commandment. The second resembles it: you must love your neighbour as yourself. On these two commandments hang the whole Law and the prophets also.” Mt 22:34-40 (emphasis mine).

If we want to weigh our Christian service of people and decisions about their health care, this is where we start. It would be simplistic to think that this grand principle as stated covers the detail of caring for others in real life. Because circumstances, individual personalities, needs and, one must add, technologies are so varied, we require the wisdom and guidance of the community, both civil and philosophical/religious, to assist us with practical principles and even laws.

As Catholics searching for such practical principles, we look to the Word of God in the Bible, to the guidance of the Church including the basic tradition of the Faith, and to the nature of the human person created by God to help us understand what is good or bad for the human person integrally considered.

Vatican II summed up the last point in these words:

“Nevertheless, it remains each man’s (sic) duty to preserve a view of the whole human person, a view 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.”

The advent of the social sciences—psychology and sociology—and their development over the past 80 years or so have made us much more aware of the integrated nature of the human person. Today we are less likely to speak about souls and bodies as separate entities or to be dualistic in our thinking. Nevertheless, the influence of the ancient Stoic philosophers in their teaching on natural law and its ethical implications, based on what is natural physically, and later the attempt by Descartes to extend his mechanical approach to science to include human beings (he explicitly describes the body as a machine in his work, Description of the Human Body, 1647), still seem to infect our thinking in the area of moral teaching and practice. Further, the application of the extraordinary advances in technology to health care, along with the bureaucracy, norms and laws enacted to protect society, can allow us to lose sight of the persons themselves whose dignity we want to preserve and promote.

Aware of this problem, the Australian Government’s recent Productivity Commission report on Aged Care has a chapter on measuring the Quality of care and support. One of the definitions it offers is taken from the UK Department of Health’s framework for adult social care. Quality of care is a composite of four factors:

1. Effectiveness—getting it right the first time (achieving the best possible outcomes for individuals in their circumstances).
2. Experience—positive experience of care and support (people are treated with dignity and respect, and are involved in their care).
3. Safety—protecting vulnerable people (protecting people from avoidable harm, ensuring risk and choice are balanced appropriately).
4. Efficiency—ensuring value for money.

This approach is clearly one of person-centred care where the person integrally considered is taken into account, as the Catholic teaching from Vatican II also stressed. A purely ‘rational’ approach to decision-making in health care can defeat the ideal of person-centred care. In philosophical language and also in the terminology of the Church’s moral teaching, ‘rational’ is usually taken to mean strictly according to reason or logic. A conclusion is accepted when it flows strictly and logically from the premise.

This may be fair enough in mathematics and logical analysis of language. But what if we are talking about what is reasonable, rational, for a human being?

Human beings are not like computers, which can use logic to analyse a proposition or complex array of data exclusive of the real situation or context. This is why the computer’s solution to some of our human goals and language can be so frustrating—some fundamental human aspects including context have been left out of the equation. We are not logical in the same sense. The context, the feelings and emotional aspects of our humanness demand to be heard if we are to decide what is good or bad for the human person.

Hence, if we are speaking of rationality and the human person in the same breath, then it is quite irrational to detach the context, the feelings, and the emotional side of our brain, and then treat the human person as if he or she were a computer or subject of logical or mathematical analysis. Rational in that sense makes a caricature of a human person.

An approach to person-centred care, based on the integrity and dignity of the person, besides fostering good morality, will at the same time open the way to a spirituality based on respect for the human person as created by God.

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Draft Shared Purpose Statement

CHA's draft Shared Purpose Statement seeks to facilitate a more explicit recognition of and reflection on shared goals and purpose by capturing the vision that motivates the Catholic sector and where our point of difference lies. It is intended for use as a point of reference for internal stakeholders, in employee education and formation programs and with external stakeholders as an expression of the unique identity of Catholic health and aged care ministries and the obligations that follow.

The draft Shared Purpose Statement (please see below) has been prepared by CHA based on feedback from the first online survey and with the assistance of Fr Andrew Hamilton SJ.

You are invited to contribute your thoughts on the draft statement via the online survey available at the CHA website:

www.cha.org.au/MembersOnly/CHASHaredPurposeStatement

The survey should be completed with reference to the 'CHA Shared Purpose Statement Consultation Paper, May 2011' which is also available at the above link (no log in is required for access to this link). Your feedback will contribute to the preparation of the next draft statement. A final draft will be circulated for comment by the end of the year.

If you have any queries, please feel free to contact susan@cha.org.au

A Samaritan came near the man who had been mugged
and, when he saw him, he was moved with pity. 1

As a ministry of the Catholic Church, our work is inspired by the God who in Jesus went out to strangers to heal and to make our world just.

Like the Good Samaritan, we in Catholic health and aged care commit ourselves to walk with those in need, regardless of their beliefs, rich and poor alike.

We commit ourselves to be attentive to the whole person, spirit as well as body.

Our commitment is built on respect, the same respect we will show to all who work with us, regardless of faith, culture, education or position.

We commit ourselves to serve those in need with the best wisdom, resources and attention we can summon.

We commit ourselves to being a voice for those whose condition makes them the weakest and most neglected in our society.

Like the Good Samaritan, we go out to meet people in the place where they are hurt, in danger, isolated, ill treated and despairing.

We commit ourselves to make their meeting with us a place where they find healing, safety, companionship, respect and hope.

We strive so that through us they may meet the most faithful face of the Catholic Church.