

A Matter of Cooperation

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A basic presupposition of moral theology is that we are not to perform evil acts. Even when someone may not be personally culpable (acting without full knowledge, for instance, or in a way that is not entirely free), an evil act remains objectively disordered. But evil acts are not always performed solely by one person in isolation. Very often other people are involved in various aspects of the act, contributing in essential or nonessential ways to it. As such, they are assisting or cooperating in the performance of the evil act. According to Catholic Teaching, is it ever licit to cooperate in an evil act? If so, under what circumstances and to what extent?

In determining the moral permissibility of cooperation in an evil act, the first question to ask is whether the persons are cooperating because they support the evil being done or are they doing so in spite of their belief in the moral unacceptability of the act?

Thus the initial distinction in moral theology is made between *formal cooperation* where the person agrees with the evil being done and assists in it, and *material cooperation* where the person disagrees with the evil being done but nevertheless assists in some degree. Formal cooperation, with its disordered intention and subsequent contribution to the evil, is morally illicit in

the Catholic Church's eyes. It is, according to Bernard Häring, "complicity in the sin of another."¹ Thomas J. O'Donnell contends that the one cooperating in a formal way is as culpable as the person actually performing the act.² John Paul II writes simply: "from the moral standpoint, it is never licit to cooperate formally in evil."³

The moral licitness of material cooperation, on the other hand, depends to a large extent upon the degree of assistance being offered. If the person is providing essential assistance, that is, assistance without which the evil act could not be carried out, and does so even as she apparently disagrees with the act, the person is engaged in *immediate material cooperation* (also known as *implicit formal cooperation*). Of course, there are moral theologians who wonder if it is possible to render essential assistance freely and with knowledge while disapproving of the act. O'Donnell, for instance, writes that "it is vacuous to say that a person in his right senses performs a criminal action without intending, in his will, to do so."⁴ Because of the utterly complicit nature of the assistance—the cooperator has as much a hand in the evil activity as the actual agent—immediate material cooperation, like formal cooperation, is morally illicit.

More discernment is needed in cases where persons disagreeing with the evil being done cooperate in nonessential ways, that is, where

persons are engaged in *mediate material cooperation*. This could be the case, for instance, when a nurse on a hospital obstetrics and gynecology (OBG/GYN) unit provides post-surgical care to several women, including one who has had an abortion. The decision to abort and the abortion itself have already occurred and the nurse has had no part in either one. The care she is providing is generalizable post-operative care and might be regarded as morally indifferent in this respect. Many people would see a distinction between her actions and those of a colleague providing nursing assistance to a doctor performing an abortion—handing the doctor the necessary surgical equipment and otherwise assisting in the killing and evacuation of the fetus. (This would likely be either formal cooperation or immediate material cooperation, depending on the nurse’s beliefs about abortion.) Generally speaking, the “farther away” one is in the chain of assistance in an evil act, the more likely the licitness of the mediate material cooperation.

There are other factors that can have some relevance in the process of moral discernment when it comes to mediate material cooperation. Ideally, one would hope that no one would ever have to partake in work that niggles at their conscience even if it does not violate it in an overt way. For instance, it may be very difficult for skilled OBS/GYN nurses who are Catholic to be working in environments where abortions are performed, even when the nurses are not directly involved in them. But, with fewer and fewer Catholic acute care facilities available, many of the nurses may have no choice but to work in civic hospitals if they

are to continue to practise their vocations as OBS/GYN nurses.

And it may be very important that they are where they are. As skilled practitioners, their contribution to patient care may be very valuable. Their own family circumstances may require the salary and benefits that they earn through their work. And their constant witness to the value of life may be a special gift that they bring to the unit. While none of this would justify formal or immediate material cooperation, it might allow for some degree of mediate material cooperation.

CAVEATS

Even when mediate material cooperation may be morally licit, there are nevertheless some moral concerns. Traditionally, one of the more important issues is the possibility of scandal. One of the ways that we grow in moral awareness and form our consciences is by observing the decisions and actions of moral models. Of course the perfect model is Jesus but we are also influenced by members of our communities—parents, teachers, clergy, neighbours, good people. It is important that their actions be straightforward and not confusing, otherwise vulnerable individuals could be led into error. This is the danger of scandal. It could occur for instance if a nurse, known to be a faithful and committed Catholic, agreed to prep patients for abortions and wheel them to the OR. Even as she might be doing this so that she can be with and pray for the unborn child as an act of love and be there if the woman should change her mind, to the uninformed onlooker, she might appear to support abortions through her actions (particularly if she has not made clear her opposition to abortion)—something which

could lead others to believe that good Catholics can assist in abortions in good conscience.

People also have an obligation to protect themselves morally. Our actions, environments and experiences shape our moral characters and psyches. Being in the presence of and possibly contributing (to some degree) to an evil act day in and day out can lead to moral distress if not to desensitization to the evil being done. Gerald Kelly in his very important book, *Medico-Moral Problems* writes that “If the demands for such [material] cooperation were very frequent it might be necessary, or at least advisable, for even the good Catholic to withdraw.”⁵

COOPERATION AND EVIL

The concept of moral cooperation rests on the assumption that there are morally evil acts. In Catholicism, the go-to examples are usually direct abortion and medically induced death like euthanasia and physician-assisted suicide. But *The Splendor of Truth*, quoting *Gaudium et Spes*, reminds us that intrinsic evils comprise more than that and include:

Whatever is hostile to life itself, such as any kind of homicide, genocide, abortion, euthanasia and voluntary suicide; whatever violates the integrity of the human person, such as mutilation, physical and mental torture and attempts to coerce the spirit; whatever is offensive to human dignity, such as subhuman living conditions, arbitrary imprisonment, deportation, slavery, prostitution and trafficking in women and children;

degrading conditions of work which treat labourers as mere instruments of profit, and not as free responsible persons: all these and the like are a disgrace....⁶

For health care workers attuned to the importance of the social determinants of health, for instance, there may come a point where they have to take a stand against cooperating with governments and health care systems that do not address the devastating health effects of child poverty, much in the same way that they fight against cooperating in abortion.⁷ Or they may have to say no to taking on yet another shift of overtime and working short-staffed as ways of cooperating with unjust hiring policies that pose risks both to staff and patients in their care.

CONCLUSION

The issue of cooperation highlights the challenges of being Church-in-the-world—that we live and work and move in less than perfect circumstances and yet must, through our words and actions, bear witness to the reality of God’s love here and now. It requires that we examine our moral stances and proclaim them through the lives that we live and actions that we take daily, in faithfulness and love.⁸ ■

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¹ Bernard Häring, *The Law of Christ: Moral Theology for Priests and Laity*, vol. 2, *Special Moral Theology*, translated by Edwin G. Kaiser (Cork: The Mercier Press, 1963), p. 456.

² Thomas J. O'Donnell, *Medicine and Christian Morality*, third edition, revised (New York: Alba House, 1996), p. 35.

³ John Paul II, *The Gospel of Life* (Sherbrooke: Médiaspaul, 1995), section 74, p. 136.

⁴ O'Donnell, pp. 35-36.

⁵ Gerald Kelly, *Medico-Moral Problems* (St. Louis: The Catholic Hospital Association, 1958), p. 335.

⁶ John Paul II, *The Splendor of Truth* (Sherbrooke: Éditions Paulines, 1993), section 80, p. 123.

⁷ For more on the social determinants of health, see: Bridget Campion, "Justice in Health Care: Health Inequities and Social Determinants of Health," *Bioethics Matters* 7 (Sept. 2009), pp. 1-3.

⁸ For a further discussion of cooperation and health care, see Benedict M. Ashley, Jean Deblois and Kevin D. O'Rourke, *Health Care Ethics: A Catholic Theological Analysis*, fifth edition (Washington: Georgetown University Press, 2006), pp. 55-57.