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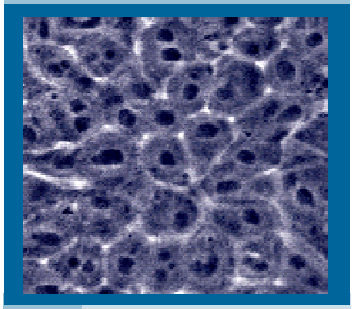

CANADIAN CATHOLIC BIOETHICS INSTITUTE

Bioethics Update

Conference 2005: Canadian Public Policy and Health

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The theme of the Canadian Catholic Bioethics Institute's annual conference, held from May 31-June 2, 2005, was "Canadian Public Policy and Health Care". Participants included representatives from health care, academia, law, public service, public policy, journalism, ethics, theology, philosophy, the clergy and the Catholic Women's League. First, we focused on the Canadian health care system from a Catholic social justice perspective, which meant looking at our health care system through the lens of Catholic teaching. Second, we investigated ways of improving the CCBI's contribution to public policy as it relates to health care.

I thought it would be of benefit to outline some of the ideas and suggestions from the different talks so that supporters of the CCBI could be made aware of our discussions.

Day One

Dr. Nuala Kenny, a well known paediatrician and Professor of Bioethics, who is also Director of the Bioethics Department at Dalhousie University, Halifax, Nova Scotia, was our opening speaker. Dr. Kenny is uniquely qualified in both areas of our discussion, since she has also been directly involved in public policy as Deputy Minister of Health for Nova Scotia.

Dr. Kenny stated in her talk, "Health Care and the Common Good: Catholic Contribution to the Public Dialogue", that Catholics have a responsibility to argue in the public space for a just distribution of health and health care resources as an essential part of the common good. She reminded the audience that we have a longstanding tradition of social justice, which aims to balance the needs of the individual with the concept of solidarity, or the common good. On this footing we are more than prepared to be part of the public dialogue on health care.

Five main themes were outlined for discussion. The first reminded us of the need to expand the focus of Catholic concern for health care. Dr. Kenny believes that most Catholics are too narrowly focused on sexual and reproductive ethics. To address society, we need to adopt a broader field of involvement, especially socio-economic contexts. She sees our lack of doing so as a failure on the part of Catholics to properly inform our consciences.

Second, health care opens up a much wider agenda than many Catholics realize. Our teaching has always emphasized the relationship between the flourishing of the individual and the wider community. We would usually refer to this as concern for both individuals AND for the common good.

Dr. Kenny challenged us to ask w*hy* must we consider health care from the point of view not just of our own needs, but also those of the common good? She suggests that health needs bring to the surface fundamental moral problems, including matters which affect the good of all in the community. These are very human concerns about control and dependency, fear of suffering and death, fidelity and care, reasonable hope of benefit from treatment, avoidance of harm, knowledge of risks, and expecting a fair share of available medical resources.

Dr. Kenny's third point concerned the current Catholic appreciation of the idea of the common good. Our social teaching emphasizes that our moral framework demands a balance between people's

individual needs and solidarity with all. (The term "solidarity" has become much more familiar to Catholics, since it was used frequently in the large corpus of social teaching given to us by Pope John Paul II. Associated by many with the term used in Poland during their struggles against Soviet rule, i.e., *Solidarnosc!,* it expresses perhaps a more political dimension of the traditional term "the common good", as used by Thomas Aquinas).

According to Dr. Kenny, the Catholic tradition of solidarity, or the common good, is activist, interventionist and hopeful. She strongly emphasized that it does not consist of counter-cultural separation from our secular society.

This led to her fourth point, concerning the Catholic contribution to public dialogue on the future of health care. Dr. Kenny suggested that public policy is a moral endeavour for everyone in society, even if our actual values are different. Her fundamental question to us was: to whose values do we capitulate? Public policy always creates possibilities for some and excludes others. Diverse values must be respected, yet we will inevitably disagree. We must search for enough agreement on values to make decisions that will promote the common good.

Dr. Kenny's fifth point raised challenges that we will face in implementing a meaningful Catholic contribution. The secularization of institutions raises a primary challenge, as do current ideas about scientific "objectivity", the dominance of technology, and rampant individualism. These factors, coupled with the loss of notions of both the common good and the concept of "a fair share" of community resources, forces us to see that, while the Canadian health care system sometimes seems to be in a permanent state of crisis, the Catholic response also needs to be more mature, developed, and reflected upon.

Our tendency to think of care as technological in the midst of a death-denying and death-defying culture sometimes leads us to forget Catholic social teaching, and to forget our tradition which emphasizes respect for persons and for life itself as gifts of God. We also have to understand that there are limits to human life, and that we must recognize our need for grace, our dependence on God as well as our dependence on others. An increasing "medicalization" of life, especially perhaps at the end of life, can distract us from our spiritual needs and aims, as well as making us forgetful about the wellbeing of our fellow citizens.

Dr. Kenny stressed that a principal goal of health care that looks to the common good is that there should be "timely and fair access to efficient and fair treatment based on need, not ability to pay". Not surprisingly she noted that major goals of a health system that serves the common good would be an improvement in outcomes and a decrease in inequities. Catholic social teaching also demands that we look to the entire continuum of health, including socio-economic determinants, and this remains problematic in many areas.

She suggested that achieving these goals requires the reclamation of the notion of the common good, together with public discussion about the meaning of a universal health care system in a just and fair society, recognition of the limits of medical science, clarification of the moral nature of illness and of the appropriate role of the market, and meaningful citizen participation. (I would like to add here that the CCBI agrees with Dr. Kenny's assessment, and plans to work towards further public dialogue about these goals.)

She reminded us that, as Catholics, we cannot opt out of the world and cannot separate ourselves entirely from the publicly funded health care system. We would have even less influence on public policy if we did that, and we would have to operate with private funds. Globalization and a market economy, together with the decline of religious influence, are further factors that are challenging the public face of health care in Canada. These factors have to be analyzed not just economically, but ethically and theologically. Not only must we strive to balance individual with community needs, but these days we must also balance Canadian needs with the needs of people in other countries.

Day Two

Well known throughout Canada for his many appearances in the media, Michael Higgins is President of St. Jerome's College, University of Waterloo. His talk "Politics, Media and the Catholic Case", pointed out how Catholics sometimes respond to the media fearfully and defensively, and he gave some practical suggestions for remedying this. He reminded us that religion is often in the news, for example, reports on Justin Trudeau's wedding, items concerning Sharia law, or television evangelism. Since the media is so important to modern society, we need to be part of it. Dr. Higgins dispelled some myths for us. People in the media are not anti-

religious or anti-Catholic, nor are they driven by an adversarial stance. Rather, while they tend to be more "hard-boiled" and sceptical, they are usually well informed, and seek clarification from experts in other fields. If we Catholics cut ourselves off and refuse to participate, then we lessen our chances of having our views heard. Dr. Higgins suggests that, instead, we should actively help to educate the media.

Questions often arise in the media concerning new or existing official teachings, and incidents occur which show the church in a negative light. Good relations with the media could mean that such questions could be answered clearly and incidents could be given their rightful place in the scheme of things, without sensationalism.

Dr. Higgins also suggests "intelligent advocacy". By this he means we should shift from an emotional to a more ethical stance in stating our positions, including the times we are asked for our views on current morality. He exhorted us to "give witness in joy". Now there's a challenge for most of us! So often we are perceived as being "anti" everything – embryonic stem cell research, same-sex marriage, certain forms of assisted reproduction, etc. We must learn to present our views from a positive stance, giving good reasons for our positions, and being seen to promote the flourishing of our neighbours, rather than tending only to decry what we perceive to be immoral behaviour.

Dr. Higgins also reminded us to avoid absolutist positions, and to avoid animosity and contempt when interacting with the media. We should try to be available to them, and should keep in mind his final admonitions:

> Don't invoke Revelation!
> Don't claim moral superiority!
> Don't wave banners!

Day Three

Shirlee Sharkey addressed the issue of "Maintaining Catholic Values while interfacing with the Public Health Care System". Ms. Sharkey is President and CEO of St. Elizabeth Health Care, a recognized leader in Canadian home care. She told us that home care has been somewhat marginalized in the health care field, since it is not covered by the Canada Health Act. This poses some challenges to the provision of good home health care, especially when linked with erosion in the numbers of nursing staff and different management styles between the "for profit/not for profit" fields. This leads to a fragmentation of voices, and some inequities.

Ms. Sharkey's organization is dealing with the current reality of competing with other types of home care based on the "business" model, and she dealt with the question of how a Catholic, faith-based, not-for-profit institution copes with that. It needs to project a clear message and goal to ensure that its voice is heard, and to be assured a place at the table along with other institutions.

Ms. Sharkey also pointed out that there are many people who want to be cared for at home at the end of life, yet who cannot afford current available home care services. In terms of social justice, who will speak for them? The Government has an apparent fear of funding homecare. It is concerned that it will be a limitless drain on resources. At present home care delivery takes up 3.5% of total budget, and there is pressure not to exceed that figure.

Society should be concerned when is seems that there are limitations put on home care availability, and when any rationing is put into place restricting eligibility or limiting services. Yet our aging population, together with already reduced length in hospital stays, reduced hospital admissions, and patients shifted more rapidly than before to community care, all point to a higher demand for home care than ever before. It is apparent that most people, given the possibility of good home care, would choose to stay home as long as possible, rather than be placed in a long term care facility.

Ms. Sharkey discussed the problems of addressing these social justice values while competing in the local home care market, and showed the ways in which St. Elizabeth Health Care nurtures these values through having its own chaplaincy service, ethics committees, and distance education for those outside urban areas, including e-learning and tele-monitoring, thus ensuring that these areas benefit from, and contribute to, new practices in nursing and home care methods.

Other Major Presentations

Our other presenters did an excellent job of expanding some of the themes from the keynote talks, and we were fortunate to have with us Jeff Lozon, CEO of St. Michael's Hospital, Toronto, who continued the theme of a Catholic institution's interacting with government policies and legislation, while looking to government for funding. Mr. Lozon reminded us that governments do not automatically understand Catholic health care issues, and part of the task is to educate on these matters.

Dr. Hazel Markwell, Director of the Centre for Clinical Ethics in Toronto, spoke of the need to be accountable to all stakeholders, as well as the need to establish a process for ethical reflection and conflict. In her discussion of the mission of a Catholic hospital, she noted that the institution should question *what* it spends its time on every year, and also *how* it spends its money. This helps to evaluate how the hospital is fulfilling its mandate, and furthers transparency. She also emphasized the need for a hospital board to be involved in all collaborative ventures, again encouraging both responsibility and accountability for the values declared in the mission statement.

Dr. Geneviève Dubois-Flynn, a senior ethics policy advisor at the Canadian Institute of Health Research in Ottawa, related some of the inner workings of the institute, and the role of ethics advisors in shaping policy, while John Milloy, MPP, (Liberal, Kitchener-Waterloo), spoke of the Ontario Provincial Government's commitment to health care and some of its strategies for maintaining the system.

Joe Sinasac, publisher and editor of *The Catholic Register,* told us how church related organizations could improve their influence in the media by taking account of the following problems:

1. We are often too slow in responding to events which impact us. Solution? A more timely response.
2. We don't do enough groundwork with the media in advance of issues. Solution? Remember that there is a fairly low level of education among the media about some issues. We need to take on the responsibility of educating them, perhaps by inviting reporters to an interview session when we have prominent guest speakers.
3. We are often afraid of media. Solution? Joe reminded us that we should assume we will be treated fairly.
4. The reporting of what Catholics might consider to be "negative" news. Solution? Don't expect the media to give only our side of the story- that's unrealistic.
5. Too often we fail to give communications a high enough place in our organizations. Solution? We need people with experience to issue press releases, etc. Someone, or a committee, should be specifically designated to do that.

Among many excellent suggestions, Joe's final point to us, and one which the CCBI is planning to implement is: get media training!

Phil Horgan, a lawyer and president of the Catholic Civil Rights League, indicated some of the ways in which "Catholic" issues are treated in the media, citing specific examples and indicating different ways of responding. Tom Reilly, Secretary of the OCCB, pointed out, as did Phil, that a "common language" is sometimes missing when we talk about "church" matters. We sometimes talk "past" people. We have to be more aware of fitting our message to soundbites. Also, we often try to talk rationally in an emotional situation, and we need to be more aware of more appropriate ways of communicating when a situation demands it. Tom also reminded us, with a twinkle in his own eye, that every organization needs a communications person with a sense of humour!

Conclusion

These are some of the points raised by speakers, and our discussion leaders and participants raised some fine points in their small group discussions, panel presentations, and summaries. The CCBI plans to build on these points, especially that of social justice in bioethics, over the course of the next few years, for example by developing some of these themes in our workshops and lectures. We also plan to implement practical suggestions such as receiving media training and compiling a media handbook for our own use, and for use by others. Most of all, we must become more proactive in our interactions with the media.

Our thanks go to all our speakers, participants, and facilitators, and also to our office staff for all their hard work in organizing the event. Our next conference will be held in Calgary, June 1-3, 2006, and we look forward to having the opportunity of meeting many of you from Western Canada.

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