Bioethics courses have become more common in medical schools across the country. Most of these courses set out to introduce the medical student to ethical thought processes designed to interact with medical decision making in such a way that a well-integrated therapy, or non-therapy, regime results. It is the objective of the bioethicist to assure that therapy or non-therapy decisions reflect a rounded-out awareness that the body or mind under treatment is part of a being, the composite of which includes other dimensions, i.e., spiritual existence, societal relationships, personhood, etc.

Introduction of bioethics courses is an excellent movement in medical education, but unfortunately it is far from being universally implemented. In the meantime, the process of educating and graduating physicians steadily goes on and the process of medical decision making continues at an accelerated pace. The bioethical dimension of medical decision making therefore is dependent, in a large number of instances, upon influences in the life of any given physician other than exposure to formal courses in bioethical reasoning.

With a significant degree of frequency the nation’s more renown bioethicists reach conclusions similar in many ways to the practical teachings of the Catholic Church. Bioethics operates independently of religious and religious thinking processes. However, it seems that from a purely bioethical viewpoint the Church provides a valuable resource in society for attaining the ultimate aim of bioethics. The Church, through Catholic hospitals, performs a valuable role for the medical and ethical sciences, in ever placing before the practitioners of these sciences, an established set of policies based primarily on awareness of spiritual existence and the uniqueness of personhood which, however, are not prerequisite areas of testing for obtaining a license to practice medicine.

Certain documents govern our society. The Constitution guarantees religion-related rights to the Catholic hospital. State medical licensing laws protect from non-medically licensed persons executing medical decisions. If, under the pressures of the everyday bombardment by our society’s sometimes less than totally responsible individualistic orientation, a Catholic hospital compromises the future of its First Amendment protection or tolerates non-licensed medical decision making, then grave issues may confront the Catholic hospital when at a later date these adaptations are examined in light of the Constitution and of the State licensing laws. More specifically, if a Catholic hospital practice is not totally consistent with Catholic teaching—if adaptations have been made to coexist with pressures—that hospital may later be in a weak or defenseless position in relation to other more serious threats, e.g., abortion. Or, if a hospital is found to have a process in which theologians, administrators, social workers, or other non-physicians, can, on a selective basis, preempt the medical decision making process, this can, at a later date, be found to be incompatible with State medical licensing laws.

Catholic hospitals must guard their church relationship with care and purposeful intent. They must be especially alert to a well-meant modus operandi which unintentionally places in jeopardy their future identification with the Church. In today’s legal climate such possibility is not remote. Selective pre-emption of medical decision making can evolve into displacement of all non-physicians from committees which have been given authority potentially to interfere prospectively on a selective basis with the exercise of medical judgment either by committee participation or by some prospective selective veto power.

Since hospitals are a major focal point of bioethical concern, it would seem that those involved in the furtherance of bioethical reasoning would value the Catholic hospital’s role in Society. It has been in the forefront of protecting the rights of all individuals, whether or not they are able to verbalize their rights with strong emotion. Catholic hospitals must do all in their power to prevent any erosion of the Church’s role in policies relating to the delivery of care for the sick and others in need of health services.