

David E. DeCosse and Thomas A. Nairn, OFM, eds. *Conscience & Catholic Health Care: From Clinical Contexts to Government Mandates*. Maryknoll, NY: Orbis Books, 2017. 226 pp. \$35.00. ISBN: 9781626982123.

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This volume is the second book published as part of the Project on Conscience and Roman Catholic Thought at the Markkula Center for Applied Ethics at Santa Clara University. The first, *Conscience & Catholicism: Rights, Responsibilities, & Institutional Responses*, edited by DeCosse and Kristin E. Heyer (Orbis Books, 2015), is a collection of essays by international authors that together present a comprehensive examination of the theology of conscience in light of contemporary challenges in various parts of the globe. *Conscience & Catholic Health Care* focuses more narrowly on issues of import for Catholic health care in the United States. That said, the fourteen essays in the book address a broad range of issues and perspectives.

The first few essays focus more directly on the theology of conscience in light of the richness of the Catholic tradition. In their essays, Ron Hamel and Anne Patrick, SNJM, point to ways of moving beyond a limited appeal to conscience. Hamel turns to the notion of reciprocity of conscience advanced by Bernhard Häring as a way to recover a deeper awareness of and appreciation for the social dimension of conscience needed to respond to the complex and diverse contexts in which Catholic health care functions. For her part, Patrick focuses on the rhetoric surrounding conscience and makes a compelling argument for “forming creatively responsible moral agents” (19) in order to respond to disparities in health care not only at the level of policy but also at the level of patient care, particularly as these impact racial and ethnic minorities and the poor.

In a more theoretical piece, Roberto Dell’Oro explores conscience as expressed in documents from Vatican II and the theological grounding they provide for a renewed understanding of conscience “needed to articulate both the importance of *institutional* conscience and the respect accorded to its *individual* exercise” (48). In a clear, helpful discussion of *epikeia* and probabilism, Lisa Fullam demonstrates the value these principles have for practitioners facing the complexities and fast-paced advances in medicine. Finally, Thomas Nairn moves beyond the debate about whether or not there is such a thing as “institutional conscience” and invites readers to consider Catholic health care institutions as social structures. As such, they both impact and influence the behaviors of their various constituents while simultaneously being influenced by other social structures such as governments and licensing bodies. This calls for acknowledgement of the tensions that result and must be negotiated in the diverse, pluralistic society in which Catholic health care in the United States functions.

The remaining essays take up some of the issues and perspectives that arise from being situated in such a society. Kristin Heyer examines conscience through the lens of the Church’s public witness in debates around the passage and implementation of the Patient Protection and Affordable Care Act (ACA). In their essay, John Paris, SJ, and Patrick Moore consider conscientious objection, both individual and institutional, while Cathleen Kaveny brings her critical eye to conscience in the public square. Focusing on the case of the Little Sisters of the Poor, she argues

that the “exigencies of litigation have required them [the Little Sisters of the Poor and their attorneys] to distort Roman Catholic moral teaching on cooperation with evil and scandal ... [and] prevented them from helping all of us to discern what sorts of conscience protection are appropriate for everyone in an independent and pluralistic constitutional democracy” (120).

The complexities presented by the constant advances in medicine and biotechnology are addressed by Kevin FitzGerald who argues for developing a process of conscience formation to address the complexities of biomedical issues; such a process, he argues, should invite broad participation—not just from experts but also from members of the general public, particularly the marginalized and oppressed. The issue of physician-assisted suicide (PAS) is taken up by Gerald Coleman who provides a clear and concise description of Church teaching on PAS with emphasis on the need for whole person care as a response to medical, political, and cultural biases grounded in individual autonomy that view decisions about end of life as resting solely with the patient. Lawrence Nelson examines the legal cases brought by the American Civil Liberties Union over the thorny issue of termination of previability pregnancies.

Margaret R. McLean and Shawnee Daniels-Sykes take up issues facing those on the margins. McLean’s focus is on unrepresented patients, the ones who are unable to make their own health care decisions and have absolutely no one to speak for them. Thus, she is not concerned with questions “about what conscience is and does but [wants] to consider the ramifications of its absence, of its inaccessibility” (171). For her part, Daniels-Sykes presents a powerful picture of how racism, structural injustice, and prejudice have influenced the attitudes of African Americans toward health care and health care providers, attitudes of “fear, mistrust, frustration, and despair” (197). Building on the work of Bryan Massingale and Joe Feagin, she calls for “an African American liberation bioethics” (196) and proposes a “Lay Ministry Ally whose role is to partner with an African American patient as he or she moves through the health care delivery system” (197). Grounded in an authentic interracial solidarity, it is her hope that patient and ally together can negotiate the health care system, raise questions, and challenge medical judgments based on stereotypes and racial injustice, thereby contributing to ending systemic racism and overcoming long-standing disparities in health care, including health care provided by Catholic institutions.

The final essay in the volume, by Carol Taylor, focuses on teaching health professions students about conscience or, as she puts, it a “moral compass.” Her years of teaching in a medical center setting with students and faculty from disparate backgrounds and belief systems are obvious in the materials she presents, including very practical tools for assisting students in learning how to navigate the many ethical challenges they will face in myriad clinical settings.

The tone of the essays in this volume reflects Pope Francis’s emphasis on mercy and his insistence in *Amoris Laetitia* that the Church is “called to form consciences, not to replace them” (#37). The book is a needed resource for those teaching medical ethics from a Catholic perspective and for those working as ethicists in Catholic health care. However, the book is not only for specialists. With one or two exceptions, the essays are written in a manner that is approachable for the general reader. As such they will be valuable in furthering discussions on the relationship of conscience to health care whether these are among employees in Catholic health care institutions, at the parish level, or among friends and family.