

**THE NURSE AS PROMOTER OF THE FAMILY:
CHALLENGES AND OPPORTUNITIES**

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I would like to thank CICIAMS and the Catholic Nurses Guild of Ireland for this opportunity to speak to all of you today. I come to you as a moral theologian and health care ethicist who has spent more than thirty years working with Catholic health care and Catholic hospitals in my own country. I am currently the Senior Director of Ethics at the Catholic Health Association of the United States, where I am able to work with Catholic hospitals throughout my country from Miami, Florida, in the far south east of the United States to Seattle, Washington in the far northwest. I would also like to thank both CICIAMS and the Catholic Nurses Guild for the choice of this topic. What seemed like a good choice over two years ago has become an excellent choice, the Church prepares for the first of two international synods that will focus on the family.

When I began to think about this presentation, I was going to move immediately to the ethical and moral “challenges and opportunities” that my title suggests. However, as I continued to think about my task this morning in relation to the talks and panels that will follow – along with the fact that different national groups face different challenges – I realized that it might be more helpful to lay out a theological and ethical framework out of which to analyze the nurse’s ethical responsibility to promote and protect the family.

This conference has also given me the reason to re-investigate and re-think how issues of health care ethics and issues of marriage and family can come together in new ways. I have taught courses on marriage and family life on one hand and on medical and health care ethics on the other – in my own country and in countries and cultures as diverse as Zimbabwe and Singapore – but I seldom have had

the opportunity to bring my thought on these two areas of moral theology together. So I thank the planners for giving me this opportunity.

I would like to frame my address to you today around three questions:

1. Is it part of the Catholic nurse's ethical responsibility to promote and protect strong, healthy families? And, if so, *why*?
2. If it is, *how* does the Catholic nurse exercise this responsibility?
3. *What* are some specific areas where the Catholic nurse can exercise this responsibility?

Franciscans, you see, following the great Franciscan saint and theologian, St. Bonaventure, usually do things in three in honor of the Holy Trinity. If I had a fourth point, I would have to find a fifth and a sixth to be properly "Franciscan." You all can be thankful that this is not the case!

Why is protecting the Family and the Catholic Nurse's Ethical Responsibility?

Notice that there are two parts to this question: (1) whether the terms "health" and "family" ought to be linked and (2) whether it is part of the *nurse's* ethical responsibility to help others in seeing the link.

To begin to answer this question, we need first of all to realize that often in Catholic moral theology, we use words differently from the way those words are used in normal everyday speech. This applies not only to technical ethical terms but even to relatively common terms such as "health" and "family."

Definition of family

In medicine (at least in my country), "family" has had a somewhat fluid definition. In recent decades the understanding of the nature family has been expanded beyond mother-father-children through discussion of blended families, single parent families, families in which the parents are not married but living in domestic partnerships, and families created by means of same sex marriage.

Technological innovations, such as the use of donor gametes in cases of infertility and the practice of surrogate gestation, have created further ambiguity. These are just the challenges that come from my culture. Other cultures raise further issues regarding marriage and family, ranging from the acknowledgement of a variety of kinship groups to practices such as levirate marriage.

My experience in Zimbabwe has shown other expansion of the notion of family – from levirate marriage to the idea of the small house.

Faced with these challenges, the Catholic Church continues to understand marriage (and family) as a faithful, permanent, heterosexual union that is open to children. Part of the reason for this is the religious and spiritual manner in which the Church views the family. Two terms that contemporary Church documents use for the family, one more secular in nature and the other more religious, are “school for humanity” and “domestic church.” What does the Church mean by each of these terms?

School for humanity

The Second Vatican Council has described the family as “the principal school of the social virtues which are necessary to every society.”¹ Saint Pope John Paul II has added that the family as “the first and irreplaceable school of social life and an example and stimulus for the broader community relationships marked by respect, justice, dialogue, and love.”²

The Compendium of the Social Doctrine of the Church, compiled by the Vatican’s Pontifical for Justice and Peace, places this in context: “In a society that tends more and more to relativize and trivialize the very experience of love and sexuality, exalting its fleeting aspects and obscuring its fundamental values, it is more urgent than ever to proclaim and bear witness that the *truth* of conjugal love and sexuality exist where there is a full and total gift of persons, with the characteristics of *unity* and *fidelity*. This

truth, a source of joy, hope, and life, remains impenetrable and unattainable as long as people close themselves off in relativism and skepticism.”³

Domestic Church

While the idea of a school for humanity is a somewhat secular definition, describing natural marriage, the Church also adds that the family is the domestic church.

Again, we can look to the Second Vatican Council for the origin of this phrase: “Christian married couples help each other attain holiness In what may be regarded as the domestic Church, the parents, by word and example, are the first heralds of the faith to their children.” Saint Pope John Paul II adds: “The Christian family constitutes a specific realization of the Church . . . this happens where there is care and love for the little ones, the sick, the aged; where there is mutual service every day; when there is a sharing of goods, of joys and of sorrows.”

It is in the family that most of us discover the Church, and it is in the family that most of us are formed into the Catholic Christians we are.

Health

Notice that the secular understandings of disease seem to move to one extreme or another: Either it is simply the “absence of disease” or “complete well-being.” Both definitions pose problems: The first defines health negatively – as the absence of something. In a sense, disease becomes more important than health. At least in my country, what we define as health care is really sick care. On the other hand, if we adopt the WHO definition of health, emphasizing *complete* well-being, is anyone truly healthy?

Let's look at the Catholic understanding: When we look to health from the point of view of Catholic theological ethics, we see that in the Church health is seen as human flourishing. Furthermore, the same Latin word that we use for health also means holiness. (I will return to this similarity later.) If health means flourishing, however, then it encompasses much more than the absence of disease. The current *Charter for Health Care Workers* suggests that health “embraces all that pertains to prevention, diagnosis, treatment, and rehabilitation for greater equilibrium and the physical, psychic, and spiritual well-being of the person.”⁴ The bishops of my own country have added: “Health in the biblical perspective means wholeness – not only physical, but also spiritual and psychological wholeness; not only individual, but social and institutional wholeness.”⁵

The notion that health is human flourishing is not original to Christianity. Three hundred years before Christ, the philosopher Aristotle explained that human flourishing is related to our pursuing what is truly good. He explained that there are actually three sorts of goods: “external goods [wealth, reputation] goods of the body [health, sensual pleasure], and goods of the soul [wisdom, virtue].”⁶ These three sorts of goods create a hierarchy, with the goods of the soul being most important.

St. Thomas Aquinas uses this Aristotelian hierarchy to explain that health ought to contribute to a virtuous life. In his commentary on the Book of Job, he writes, “The Lord willed to show that Job had not served God for the health of the body, just as he had already shown that Job did not serve him because of exterior goods. Job served God because of love (virtue).”⁷

In the Catholic understanding, family and health are related. The Second Vatican Council's “Pastoral Constitution on the Church in the Modern World” (*Gaudium et spes*), which teaches that the “well-being of the individual person and of human and Christian society is intimately linked with the healthy condition of that community produced by marriage and family.”

Building upon I have already said, it should become evident that a good family life contributes to the health of society because it fosters the conditions where human life can flourish. The family should be the place where people come to learn the deepest truth about themselves – that they are loved! We thus return to the vision of Aristotle and St. Thomas Aquinas and see that the family and the Catholic vision of the good life and human flourishing.

But why is this the nurse's responsibility? The current Charter for Health Care Workers published by the Vatican explains this: "In the person of the patient, in any case, the family is always affecting. Helping the relatives, and their cooperation with health care workers are a valuable component of health care. The health care worker is called to give the family of the patient – either individually or through membership in appropriate organizations – together with treatment also enlightenment, counsel, direction and support."

The Catholic nurse has a limited but important responsibility here of respecting familial relationships in her or his care of patients, in understand that family relationships can help or hinder the healing process, and in understand that the health of the family is related to the health of the individual and the health of society. We thus see patient health as contributing to human flourishing and therefore to social justice.

We move to the second part of this presentation – you will be happy to know that these are not three equal parts – the longest and most difficult theological part is behind us!

How does the Catholic nurse exercise this responsibility? I would like to suggest that the nurse does so in three ways (again, St. Bonaventure!): as teacher and communicator, as supporter and advocate, and as healer and minister of the Church.

Teacher and communicator

The Church's vision of the family that I explained in the first section, is not the family as it is often experienced. Pope John Paul has explained this: "The family has the mission to become more and more what it is, that is to say, a community of life and love, in an effort that will find fulfillment, as will everything created and redeemed, in the Kingdom of God."⁸ As we saw in the last section, there is a very different perspective between secular and Church understandings regarding health and human flourishing. Society often characterizes them as part of personal fulfillment whereas the Church acknowledges that they are human goods related to the virtuous life in society.

The Catholic nurse therefore can be a teacher, helping those she or he served to acknowledge their own intrinsic dignity and the centrality of love in both family life and in healing. The nurse can help families see themselves as the Church sees them: leaven and example to larger society.

The nurse performs this function as teacher and communicator throughout the life cycle: helping to instruct new parents in their responsibilities to their children; helping to clarify medical decisions in a language people can understand; being present at the end of life and helping families make difficult decisions regarding their loved one's life and health.

Supporter and advocate

The marriage-as-personal-fulfillment model has definite implications: Christopher Vogt, a lay theologian and professor at St. John University in New York, US, suggests that this notion also sees marriage as a consumer good. We marry to fulfill our own needs and wants. When this does not work we engage in what the London Tablet has called "conscious uncoupling." Children themselves become commodified – something the couple has a right to. This attitude has fueled the fertility industry in my country.

By contrast, Catholic theology understands marriage and family as a vocation that demands a reorientation of the person in love for the other – whether spouse or offspring. Furthermore, we need support of a community to live out our vocation. We are all in this together

Again, here is where the Catholic nurse becomes supporter and advocate. Pope Francis has called the Church a “field hospital”: “The thing the church needs most today is the ability to heal wounds and to warm the hearts of the faithful; it needs nearness, proximity. I see the church as a field hospital after battle. It is useless to ask a seriously injured person if he has high cholesterol and about the level of his blood sugars! You have to heal his wounds. Then we can talk about everything else.”⁹

Building upon this, Cardinal Walter Kasper has called the family a field hospital as well: “The family too is a field hospital, where it is necessary to bind many wounds, dry many tears, and establish reconciliation and peace time and time again.”¹⁰ This image of a field hospital demonstrates the importance of the Catholic nurse as support for the family.

Minister and Healer

Often the task of medicine is understood as curing. Yet Catholic health care believes that we are called to heal the *entire* person, promoting health of body, mind, and spirit. The nurse is really in a much better position to accomplish this than the physician. With this in mind, I would like to suggest that the part of the responsibility of the Catholic nurse – though certainly not nurse’s primary responsibility – is being a spiritual care provider. Now many health care facilities have chaplains and pastoral care professionals, and I am not suggesting that the nurse usurp the responsibility of these professionals. Nevertheless there is a relationship between physical care and spiritual care. To ensure the healing of the whole person, we cannot overlook the spiritual. The very visibility of the nurse may make her or him able to bring up spiritual questions to people who would never call for a chaplain. I would like to suggest that this calls for “attention and intention” – not that the nurse push religion and spirituality on

patients, but that the nurse be aware of what is happening to the *whole* patient. In my country, the Catholic Church has noted in a document called the Ethical and Religious Directives for Catholic Health Care Services: The fact that there is a team of health care providers does not alter the personal character of the interaction between the provider and the patient.”¹¹ And part of such personal care is attention to the spiritual.

The final section of this talk gets us to the “what” question. What are some specific areas where the Catholic nurse can exercise this responsibility? Since many of these areas will be discussed throughout the day, I will simply allude to some general themes here.

The Catholic nurse is present at important times throughout the life process – times when patients and their families need teachers and communicators, need supporters and advocates, need ministers and healers. These are those occasions where life is injured or fostered, where people are born or die, where curing and healing or their opposites take place. And sadly, health centers may be places of cure, but they may not be places of healing.

The Catholic nurse also needs to be present and speak out in situations where family life, health and wholeness are especially threatened. This will be the focus of future talks today, but we can list among these threats war and violence, poverty, child abandonment and sexual exploitation, and in a different way, epidemics such as those experienced in countries where ebola has arisen.

Conclusion

To summarize, I have spoken this morning about the why, how, and what of the nurse as promoter and protector of the family.

WHY is promoting and protecting families part of the nurse's ethical responsibility? Because the well-being of the individual person and of human and Christian society is intimately linked with the health of the family.

HOW does the Catholic nurse exercise this responsibility? The nurse acts as teacher and communicator, as supporter and advocate, and as minister and healer.

And finally, WHAT are some specific areas where the Catholic nurse can exercise this responsibility? There are certain specific times throughout the life process, especially at birth and at death, and there are specific situations where family life, health and wholeness are especially threatened.

I would like to close with a quote from Pope Francis:

"Family and the workplace can also be a parched place where faith nonetheless has to be preserved and communicated. Yet it is starting from the experience of this desert, from this void, that we can again discover the joy of believing, its vital importance for us men and women. In the desert we rediscover the¹²value of what is essential for living; thus, in today's world there are innumerable signs, often expressed implicitly or negatively, of the thirst for God, for the ultimate meaning of life. And, in the desert, people of faith are needed who, by the example of their own lives, point out the way to the Promised Land and keep hope alive. In these situations we are called to be living sources of water from which others can drink. At times, this becomes a heavy cross, but it was from the cross, from his pierced side, that our Lord gave himself to us as a source of living water. Let us not allow ourselves to be robbed of hope!"

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Thank you!

¹ Vatican II, Declaration on Christian Education (1965), §3.

² Pope John Paul II, *Familiaris consortio* (1981), §43.

³ Pontifical Council for Justice and Peace, *Compendium of the Social Doctrine of the Church* (2004), §223.

⁴ Council for the Pastoral Assistance to Health Care Workers, *Charter for Health Care Workers* (1995), §9.

⁵ National Conference of Catholic Bishops, "Pastoral Statement on Health and Health Care," §5.

⁶ Aristotle, *Nicomachean Ethics*, Book One Chapter 8.

⁷ Thomas Aquinas, *Commentary on the Book of Job*, Chapter 2.

⁸ Pope John Paul II, *Familiaris consortio*, §17.

⁹ Pope Francis, Interview with Jesuit magazine *Civiltà Cattolica* (August, 2013)

¹⁰ Cardinal Walter Kasper, "The Family too Is a Field Hospital, Where It Is Necessary to Bind Many Wounds," *The Tablet*, April 3, 2014.

¹¹ United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, Introduction to Part Three (2009).

¹² Pope Francis, *Evangelii gaudium* (2013), § 86.