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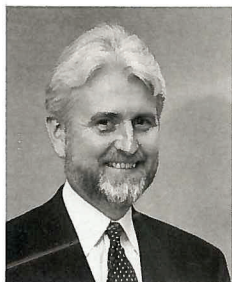
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# The CENTERLINE

A NEWSLETTER OF THE PARK RIDGE CENTER FOR THE STUDY OF HEALTH, FAITH, AND ETHICS

## From the President

### The Center on the move—to clinical ethics and consulting



Laurence J. O'Connell,  
President and CEO,  
The Park Ridge Center

The news from the Park Ridge Center is good on all fronts. Our relocation to new quarters at 211 E. Ontario in Chicago is an apt metaphor for the life of the Center: We are constantly on the move.

When the Center was established in 1985, we directed our efforts toward *the study of health, faith, and ethics*. We thought it prudent to lay the groundwork for solid research and writing *before* moving toward the application of what we had learned in various clinical, congregational, and community settings. While our work, of course, directly involved us in these settings, our staff members devoted the lion's share of their time to creating a community of conversation partners and to reflection and writing.

Having established a strong presence in research and writing, we felt challenged to implement the mission of the Center in the clinic, the congregation, and the public forum. In concert with our continuing commitment to basic research and writing, the Center has embarked on two new but related ventures:

(1) a hospital-based program in clinical ethics and medical humanities; and  
(2) a health care ethics consulting service. These two programs will feed our basic research, while at the same time serving as an environment where the fruits of that research will find immediate applicability and, we think, validation.

The program in clinical ethics and medical humanities will be located at Lutheran General Hospital, a teaching hospital associated with the University of Chicago Medical School, as well as other health care institutions. Building on an already well-established program, the Center will offer an integrated, coordinated initiative in clinical ethics, encompassing education, policy development on clinical matters, and research, while also preparing interdisciplinary teams for case consultation.

The health care ethics consulting service will expand on the clinical ethics model by offering counsel on corporate, social, and clinical ethics to providers of health-related services as well as to others interested in the ethical dimensions of health and medicine. The Center's health care ethics consulting service will be distinctive in its ability to consider the religious and cultural dimensions of ethical dilemmas.

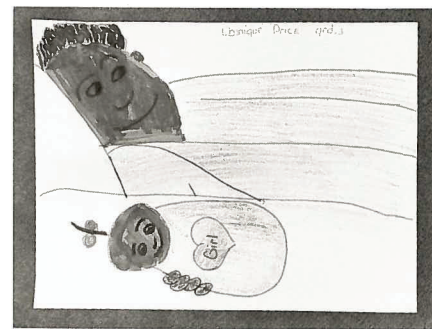
These new activities of the Center will bring us into closer contact with the everyday lives of the individuals and communities we wish to serve. Our research will be enriched by the staff

members' greater involvement in the lived experience that grounds and shapes our work.

This issue of *CenterLine* will bring you more information on our move toward a fuller realization of our mission. Remember, we welcome your comments and suggestions. Your sense of participation in the work of the Park Ridge Center is important to us. As a full partner in this exciting enterprise you have a right and responsibility to make yourself heard. Please do so!

#### *In this issue:*

- New Center book on bioethics looks beyond principlism
- Dutch bioethicists, Center staff discuss euthanasia
- Special issue of *Second Opinion* focuses on children



Girl. Drawing by Ebonique Price  
(third grade), Kilmer School, Trenton,  
New Jersey, in the April 1993 issue of  
*Second Opinion*.

# RESEARCH

## ***Beyond Principlism*—new Center book on bioethics**

Ron P. Hamel, Edwin R. DuBose, and Laurence J. O'Connell have edited a volume of original essays titled *Beyond Principlism: Currents in U.S. Bioethics*. Trinity Press International will publish the volume in the late fall of 1993. Hamel discusses the book below.

### ***CenterLine:* Why did the Center staff compile a book on this subject?**

Hamel: Bioethics, as we have come to know it, has been around for only about 30 years. During this time, a variety of approaches have been employed in the practice of bioethics, but one has dominated the field for almost half of its brief existence. That approach is *principlism*, the use of moral principles to address theoretical issues and to resolve conflicts at the bedside. Of the several types of principlism, one version—articulated by Tom Beauchamp and James Childress in their *Principles of Biomedical Ethics*—has prevailed. In the past few years, bioethicists and others have increasingly realized the limitations of principlism and are calling for the development of alternative approaches. Principlism is ailing and, in a sense, has itself become a patient.

This situation prompted the Center, in the fall of 1990, to convene a type of “case conference” to further examine this most unusual patient. Committed to an interdisciplinary approach, the Center assembled a team of health care professionals, sociologists, anthropologists, ethicists, philosophers, and theologians from the United States, Europe, Asia, and Latin America. This team tested and confirmed the diagnosis. It then began to probe a variety of “treatments” and even replacements in the event of principlism’s demise.

*Beyond Principlism* further develops the findings of that “case conference.”

### ***CenterLine:* What are some of the problems with principlism?**

Hamel: The problems are many, and they range from the theoretical to the more concrete. Among the latter, there is a concern that principlism (at least in the way it has been applied) is too narrow in scope. In focusing so much on principles and the resolution of problems, principlism tends to neglect other crucial aspects of situations (for example, the personal history and circumstances of the individuals involved) as well as other aspects of the moral life (such as the moral character of the various agents). There is also a sense that principlism places too much emphasis on individual autonomy and on rights, that it is too dominated by philosophy and law, and that it virtually excludes religious considerations and theological language from discussions of issues and cases. The alternatives proposed in *Beyond Principlism*—phenomenology, hermeneutics, narrative ethics, casuistry, and virtue ethics—attempt to broaden and deepen the reach of bioethical concern.

### ***CenterLine:* Who should read *Beyond Principlism*?**

Hamel: The book is intended for practitioners and theoreticians of medical ethics. I have in mind ethics consultants, members of hospital ethics committees, teachers of medical ethics, and scholars in the field.

### ***CenterLine:* What do you hope the book will achieve?**

Hamel: *Beyond Principlism* is basically a “mapping.” Part 1 consists of a sociological description of U.S.

bioethics at the beginning of the nineties, along with a defense of principlism by one of its major proponents—James Childress. Part 2 maps cross-cultural critiques of principlism, and part 3 maps the five alternatives mentioned above. Three essays in part 4—by a bioethicist, a physician, and a theologian—reflect on the future of U.S. bioethics, principlism, and the alternatives to it. The Afterword emphasizes the place of religion and theological discourse in the alternative approaches and in the future of bioethics.

In short, the volume documents a very important stage in the development of bioethics in this country and calls for a move beyond principlism in the way bioethics is conceived and practiced. Ultimately, we hope the book will generate the kind of reflection, discussion, and work that will eventually contribute to an improved bioethics.

## **Cultural and religious dimensions of organ transplantation**

How do we understand the meaning of the removal of a vital bodily part from one person for transfer to the body of another person? How do these matters relate to religious and cultural conceptions about the sanctity of the body? To what degree do such conceptions persist in our increasingly technological society? A unique Park Ridge Center research project involves scholars from a broad range of humanistic disciplines in a collaborative effort to study the deeper cultural, religious, and social factors in human organ transplantation. A volume on the findings of this project is being coedited by Renée Fox, Laurence J. O'Connell, and Stuart Youngner.

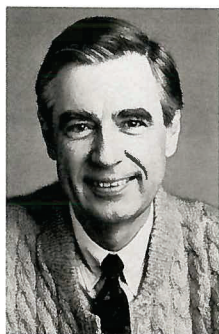


# PUBLICATIONS

## Special issue of *Second Opinion* focuses on children

The April 1993 issue (vol. 18, no. 4) of the Park Ridge Center's journal, *Second Opinion*, is devoted to children.

Fred Rogers, of television's "Mister Rogers' Neighborhood," draws on some of his own encounters with sick children to show adults that through



play children are able to express anger, fear, and helplessness. Caring adults who understand the meaning of such play, Rogers writes, can help children cope

with difficult situations, including life-threatening illnesses.

Another renowned authority on children, Harvard psychiatrist Robert Coles, is interviewed in this issue. Coles has written extensively on the moral and spiritual life of children.

In other articles: pediatrician William Bartholome discusses the ethical issues involved in the care of the dying child; Nancy Barcus, a music and creative writing teacher, finds that a small measure of success in the fine arts can be a healing experience for children; philosopher Loretta Kopelman addresses the implications of the "Baby Doe" rules; hospital chaplain Don Camp describes his friendship with a critically ill six-year-old; and surgeon Richard Matern—who performed plastic surgery in Third World countries—reflects on inner and outer beauty.

Children's own experiences of illness are found in letters by nine-year-old

cancer patient Rebecca Heatherington and her sister, Colleen, and in artwork by children throughout the issue.

*Second Opinion* is sent to all subscribing members of the Center. Back issues of *Second Opinion* may be purchased individually. Contact the Center for details.

## *Health and Medicine in Native North American Religious Traditions*

The eleventh book in the Center's Health/Medicine and the Faith Traditions series, *Shamanic Healing and Ritual Drama: Health and Medicine in Native North American Religious Traditions*, by Åke Hultkrantz, was recently published by Crossroad Publishing. In this pioneering work, one of the world's experts on Native American traditions offers a detailed survey of the practices and beliefs of various tribal groups with regard to health, medicine, and religion. The cost of books in the series is \$19.95 each (\$16 for Center subscribing members) plus \$1.50 per book for postage. Contact the Center for details.

## *Active Euthanasia, Religion, and the Public Debate*

The Park Ridge Center's special report *Active Euthanasia, Religion, and the Public Debate*, edited by Ron P. Hamel, is now out of print. However, because of continuing demand for the book, Trinity Press International has brought it out under the title *Choosing Death: Active Euthanasia, Religion, and the Public Debate*. Contact Trinity Press, P.O. Box 13008, Hauppauge, NY 11788; phone: 1-800-421-8874; fax: 1-516-582-2767.

## *Second Opinion*—July 1993 issue

The July issue of *Second Opinion* (vol. 19, no. 1) takes readers on an inner journey to the worlds of the prayerful, the seeker, and the old.

*"Praying on Our Own Behalf: Toward the Revitalization of Petitionary Prayer,"* by Donald Capps

People pray when they are sick, but does it do any good? And how should people ask God for healing? "Should they be resigned, humble, and deferential . . . or bold, confident, and forceful?" A professor of pastoral theology looks at Jesus' petitionary prayers for some tentative answers to these questions.

*"Bridging Two Worlds: An Interview with Sir John Templeton"*

Financier John Marks Templeton, one of the most respected money managers in the world, has a longtime interest in religion and spiritual issues. When Martin Marty and Laurence O'Connell interviewed Templeton for *Second Opinion*, he talked about his "theology of humility" and the need for scientific research into God and spirituality.

*"Aging and Innerlichkeit: My Conversations with Joseph Sittler,"* by Kay Bessler Northcutt

Theology student Bessler Northcutt and then-83-year-old pastor-theologian Sittler converse about the interior aspects of aging—the loss of a role and identity, the loneliness, the "enormous uncertainty." Sittler notes how the social scientific approach to dealing with the aged does not take account of inner reality: "I call it shuffleboard-school geriatrics: keep'em happy; keep'em sort of sedated by entertainment; teach'em how to play bridge, poker; take'em on bus trips around town."

# MEMBERSHIP

The Park Ridge Center exists to enhance our understanding of the role faith and beliefs play in health care. As a research institute, we strive to conduct the highest quality research and to articulate our findings with clarity. However, it is people who bring our work to life.

Over the next few months, the Park Ridge Center will celebrate the lives of two friends who have made important contributions. George B. Caldwell, presently Director Emeritus, was among the small group of visionaries who, in 1980, initiated the project that would eventually become the Center. He has been closely associated with the Center ever since. Mr. Caldwell once said, "To talk about medical ethics and health care while leaving out reference to the deepest human needs is to fail the people." In recognition of his leadership, the Center will be naming its library and conference room in honor of Mr. Caldwell.

Our other celebration will honor a dear friend of the Center, Frederick J. Gassert, Jr., who passed away this February. Mr. Gassert regarded knowledge, faith, ethics, and integrity as fundamental elements of life the way it should be lived.

He believed that people need to understand the multiple dimensions of problems and actively grapple with them. As a tribute to Mr. Gassert, several of his friends and colleagues have made contributions to create the Frederick J. Gassert, Jr., Forum to be held later this year. The forum will explore through discussion with a prominent scholar the ethical and faith dimensions of a particular health concern.

Through the lives of our friends the Center's mission is realized. As you read *Second Opinion* or attend seminars and engage your friends and colleagues in discussion you are deepening and broadening our understanding of health, faith, and ethics. Your financial support is also important as it enables us to continue to explore "the deepest human needs" and to help people understand the multiple dimensions of health care problems. Your gifts provide resources to conduct research, organize discussion forums, and publish findings. If you are not already a contributing member, we invite you to join us as partners in our work.

James E. Mueller  
Vice President for Development and Public Affairs

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# CENTER NEWS

## Dialogue in Thailand: Center participates in world conference

Last December, more than 70 representatives from Theravada Buddhism, Islam, and Christianity gathered in Bangkok, Thailand, for an intercultural, interreligious consultation on health and healing, cosponsored by the Lutheran School of Theology at Chicago and Mahidol University in Bangkok. M. Therese Lysaught, Ph.D., research associate, the Park Ridge Cen-



*M. Therese Lysaught, at the conference in Thailand, talks with Ven. Dr. C. Phangcham of Wat Dhammaram, a Buddhist temple in Chicago.*

ter, described liturgical practices of anointing the sick and discussed some of the theological meanings of these practices. This meeting, the third in a series, focused on health and healing as a common ground for interreligious dialogue.

## Dutch bioethicists, Center staff discuss euthanasia

One of the most hotly debated questions in America today is: Who's in charge of dying? Dr. Jack Kevorkian continues to capture headlines for helping people to commit suicide. In

California and Washington, highly publicized, narrowly defeated pro-euthanasia propositions have provoked a public outcry on both sides of the debate.

Halfway around the world in the Netherlands the government has already acted. Recently, the lower house of the Dutch Parliament passed legislation to decriminalize physician-assisted euthanasia. Some ambivalence apparently still persists. Although there is broad public support for the decriminalization legislation, a law making euthanasia a punishable crime will remain on the books.

In March, the Park Ridge Center hosted a unique event that allowed participants to ask questions of the people on the cutting edge of the debate. Scholars of the Park Ridge Center were joined by visitors from the Federation of Health Care Organizations, an association of the most prominent bioethicists in the Netherlands, to discuss their experiences and insights.

## Choosing Death in America: The Challenge to Religion

The American public's current interest in assisted suicide and active euthanasia is prompted by such concerns as the fear of living beyond the point where life is meaningful and anxiety that medical care will exhaust resources without alleviating suffering. The Park Ridge Center's research project "Choosing Death in America: The Challenge to Religious Beliefs and Practice" engages ethicists, theologians, congregational clergy, chaplains, and denominational policymakers in a reexamination of their traditions' current positions. Participants in this project were asked to take seriously the

predicament of the dying people who request euthanasia. In their discussions, the working groups are looking for ways to respond helpfully to concerns underlying requests for euthanasia while remaining true to religious tradition. Members of the working groups are currently developing essays for clergy, chaplains, theologians, and church policymakers.

## Center sponsors ethics conferences

Every day, health care executives and practitioners face pressing ethical dilemmas. From the corporate boardroom to the bedside, ethical concerns emerge with increasing frequency. Additionally, some accrediting organizations now require institutions to establish mechanisms to deal with ethical issues. To help professionals address these challenges, the Park Ridge Center is cosponsoring two conferences this year in Chicago. On May 20 and 21, the **Second Annual Healthcare Management Ethics Conference**, "Ethical Implications of Continuous Quality Improvement," will address the needs of senior executives interested in implementing such programs. And on August 4, 5, and 6, the **Second Annual Chicago Conference on Ethics in Healthcare Institutions** will provide an opportunity for exchange among those responsible for making ethical decisions and developing ethics procedures for their hospitals.

### The Center's expanded mission:

- Ongoing research and writing
- Hospital-based program in clinical ethics and medical humanities
- Health care ethics consulting service

## Mission of the Park Ridge Center

The Park Ridge Center exists to explore the relationships among health, faith, and ethics. In its programs of research, publishing, and education, the Center gives special attention to the bearing of religious beliefs on questions that confront people as they search for health and encounter illness. It also seeks to contribute to ethical reflection on a wide range of health-related issues. In this work the Center collaborates with representatives from diverse cultures, religious communities, health care fields, and academic disciplines and disseminates its findings to people interested in health, religion, and ethics.

If you have a comment or suggestion, or if your address has changed, we'd like to hear from you. Please write or call:  
James E. Mueller, Editor, *CenterLine*, c/o the Park Ridge Center.

### The Park Ridge Center's new address:

The Park Ridge Center has moved to 211 East Ontario, Suite 800, Chicago, Illinois, 60611. The Center's phone number (312/266-2222) and fax number (312/266-6086) remain the same.

The Park Ridge Center  
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