

In the previous videos in this sequence, we've been focusing on the right of an individual health care provider to refuse to participate in actions that she finds morally objectionable. We're now going to consider whether institutions like hospitals have a similar right not to provide certain medical services on the grounds that they conflict with the hospital's mission or aims.

This issue arises perhaps most often in the context of religiously-affiliated institutions, particularly Catholic hospitals, clinics, and long-term care facilities. Rights of conscientious objection do not have to be based in religious views, although they often are. In the past several years in the United States, this debate has been framed in terms of religious liberty.

But the ethical issue is the same regardless of whether the objection is founded in an institution's religious or secular mission. The underlying issue is the extent to which institutions, like individuals, have a moral right to set the parameters in which they carry out their work.

Individual rights and institutional rights may look similar on the surface, but there are some important differences. When we think of very fundamental rights, like a right to free speech or free exercise of religion, we are usually thinking of those as human rights-- rights that we have just in virtue of being human beings. We don't have to earn them, and in the case of some of the most central rights, we also can't waive them or give them up.

But institutions do not have inalienable rights in virtue of their natures. Whatever rights it makes sense to ascribe to institutions like hospitals have to be justified in terms of the role and function of those institutions in our society.

The extent of a Catholic health care facility's right to operate in accordance with its moral principles is an extremely important issue, both in the United States and around the globe. The Catholic Church manages over one quarter of the world's health care facilities. In the United States, one out of every six hospital patients is in a Catholic facility. If the Catholic Church were to withdraw from the current world of health care, it would be a disaster.

The Catholic moral framework relies on several different principles to help navigate cases of moral conflict that arise in the practice of health care, both for individual Catholic health care providers and for

Catholic health care facilities.

One of these principles, the principle of cooperation, is especially relevant here. The principle of cooperation is essentially an articulation of what counts as an acceptable distance from an action or practice that is at odds with the Catholic moral framework. How much assistance or support can a hospital provide without becoming complicit in something it regards as morally objectionable?

The details of the principle are quite complicated, but the primary distinction is between formal and material cooperation. You are engaging in formal cooperation with another's action or project when you not only help him accomplish it, but you also share his aim or intention in accomplishing it.

To return to our bank robbery example from the last video, if I am driving the getaway car with the aim of splitting the take, I'm engaging in formal cooperation. I am participating in the robbery and doing so with the intention that the robbery take place. Formal cooperation, according to the principle, is always wrong.

But there are many cases where we do something that benefits someone else without that being the aim. When I spend money at the local supermarket, I am helping to keep it in business. But that may not be my intention in spending money there. Maybe my aim is just to get my groceries at a convenient location.

Likewise, if I am driving a cab that the bank robber has hailed to get to the bank, I am doing something that helps him rob the bank. But if I'm just getting paid my usual fare and not getting any of the loot, then I'm not sharing the robber's aim. I'm just doing my job as a cab driver.

This kind of participation in someone's action is called material cooperation. Whether it is wrong depends a great deal on the circumstances. How important is my help to the success of the action? Is it central or peripheral? Am I being coerced? What reasonable alternatives do I have? What are my other moral duties?

Catholic hospitals would ordinarily bar the performance of procedures like abortions, as well as any actions that would count as formal cooperation with an abortion. But it might well arrange a patient's transfer to another facility on the grounds that it would count as permissible material cooperation, particularly if the patient's health depends on it. Different Catholic hospitals work out the details of this principle in different ways.

Of course, not everyone thinks that it's acceptable for a hospital to exercise a right of conscientious refusal at all. Hospitals, even when they are privately owned, are vital social resources. One cannot always just take one's medical emergency somewhere else the way one can take one's grocery business somewhere else. If a Catholic hospital is the only option, patients may feel as though their own autonomy rights are being violated by the hospital's policies.

Still, it's not easy to come up with an argument that supports forcing Catholic hospitals-- or any private hospital for that matter-- to offer services that they believe are morally wrong just because patients want them. But we might think that Catholic hospitals at least owe it to those patients to make their guidelines as clear as possible so that patients can make their decisions accordingly.

We've reached the end of our video discussions of provider autonomy. No doubt you have many ideas and opinions about the subjects we've covered. I hope you'll continue the conversation in the course's discussion boards.