

National Association of Catholic Chaplains
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On Writing the Next Chapter

I. Introduction

- A. Stories, cases, and the particularity of the patient.
- B. Gift: To be the primary interpreter of the patient's story of illness.
- C. Challenge: To develop the skills of narrative competence for telling and interpreting the patient's story.

II. A Place for Narrative in Clinical Ethics

- A. Medical ethics has moved beyond being rules of courtesy among physicians to having an interest in what physicians do and how they do it.

- 1. Rebirth of bioethics in the 1960s in response to the wrongdoing of research physicians.
- 2. Much of medical ethics has appealed to principles to address the tension between physician paternalism and patient autonomy.

- B. For principles to have practical force, they must be guided by a narrative.

- 1. Principles and narrative in Margaret Edson's Wit.
- 2. Narrative ethics draws us empathically into the patient's life; it allows us to size up the values that make life meaningful; it sees ethical issues embodied within the narrative of one's own life and culture; and it orients us to a response that fits the story being told.
- 3. Narrative ethics asks, "How will we complete our life in a way congruent with the way we have lived thus far?"

III. Narrative Competence

- A. Doing narrative ethics is akin to what we do when we read a novel.
- B. The coherence of a life story is based on the fundamental stability of one's moral character.
- C. Narrative competence is analogous to the skills of a good reader.
 - 1. To experience empathetically the patient's condition.
 - a. Have I let go of my preoccupations so that I can carefully attend to what the patient is telling me and empathetically feel some of his or her feelings as best I can?
 - b. Have I retained a critical distance so as not to confuse my own feelings and experiences with those of the patient?

2. To understand the patient's perspective and context.
 - a. Have I determined the patient's point of view and identified the priorities he or she would hold from that perspective? Have I clearly distinguished how the patient's perspective and priorities differ from my own?
 - b. Have I grasped elements of his or her cultural and religious context as well as sought other points of view in order to get the whole story?

3. To make a discerning judgment of the coherence of his story in light of the other points of view we have heard as well as the background stories of culture and religion?
 - a. Have I let his story play off other personal stories I have heard as well as the cultural and religious stories that provide the context of the patient's response to illness?
 - b. Have I given these various stories due consideration in order to catch the coherence of the patient's story and get some sense of where this story may go?

IV. Writing the Next Chapter

- A. Narrative ethics presumes that we are trying to live with integrity, or in a fundamentally coherent way.

- B. A case: the dialogue of John Hardt with his father (see [America](#), Jan. 21-28, 2008).
 1. As proxy, John must interpret the meaning and force of his father's directive, "Let me go" from within the context of his father's life and roles he has played, as well as in light of the background stories of culture and religion.

 2. The background story of culture has great confidence in the power of technology to prolong life.
 - a. Mr. Hardt is aware of the prospect of being trapped by technology in a debilitated condition.
 - b. Mr. Hardt would be open to using technology for comfort but not for prolonging a life that has lost its ability to relate to loved ones.

 3. The background story of Catholic faith.
 - a. The duty to preserve life is not absolute.
 - b. The well-being of the whole person must be taken into account in deciding about any therapeutic intervention or use of technology.
 - c. A patient may forgo life-sustaining measures that, in his or her judgment, do not offer a reasonable hope of benefit or entail excessive burden.
 - i. The inevitable subjective component to the judgment whether to treat or not explains why judgments about treatment are patient-specific and made on a case-by-case basis.
 - d. Nutrition/Hydration ought to be given the "presumption" in their favor.

V. Narrative Challenges to the Chaplain's Ministry

- A. To elicit as much of a patient's story as possible in order to enhance your ministry to the patient in all its aspects.

- B. Develop your narrative competence by sharpening skills of empathy, interpretation, and discerning judgment.
 1. Read novels or watch movies and plays with an eye towards enhancing narrative competence.
 2. After you have read, get involved in a conversation about it so that you can see the story from other perspectives.

Questions for Reflection:

1. My approach to narrative ethics favors the coherence and congruity of a life story so that decisions about treatment should reflect and preserve the values that have been shaping the patient's life all along.

Would this perspective really be helpful when we are dealing with someone whose life has been oppressed by racial, social or sexual discrimination? Do we really want their next chapter to reflect more of the same?

Or, what happens when a patient's life-story reads in contrast or in conflict with our own Christian narrative or the hospital's policy? For example, in "Whose Life Is It, Anyway?" the main character was really acting in perfect harmony with the life narrative he'd written for himself in choosing to end his life. Likewise, in "Million Dollar Baby," Hilary Swank is writing her logical last chapter in seeking to end her own life even though her coach/mentor, Clint Eastwood, tries to help her envision a different narrative. So what do we do if the patient is being consistent, but we think they are wrong by our standard? Is autonomy ultimately the last word here? How can we be critical of someone's story and start to revise it?

2. In cases like John Hardt and his father, the proxy (John) is so closely tied up with the patient's life (his father) that he cannot separate the next chapter of the patient's story from his own wishes. Can such a proxy be a fair voice for the patient? How can we use narrative ethics to facilitate proxy decision-making?

3. Tell your own story of how you have used narrative ethics (but may not have known it then) in assisting a patient or family to make a decision for treatment. Of the narrative skills of experiencing empathetically, understanding perspective and context, and making a discerning judgment, which do you use best? Which needs further development?

For Further Reading on Narrative Ethics:

Howard Brody. Stories of Sickness, 2nd edition. New York: Oxford University Press, 2003.

Rita Charon and Martha Montello, eds. Stories Matter: The Role of Narrative in Medical Ethics. New York: Routledge, 2002.

Hilde Lindemann Nelson, ed. Stories and Their Limits. New York: Routledge, 1997.