

# ethics

## remaining true

**This is an abridged version of a talk given on September 1 at the Catholic Health Australia national conference at the National Convention Centre in Canberra.**

Let me begin with a story — or, more accurately, a conversation. "I don't understand you," said the businessman to the nurse. The businessman was a patient in a Catholic hospital. Perhaps it was your hospital, or a hospital in your town, because this is a true story. The nurse who tells it describes herself as an ordinary nurse in an ordinary Catholic hospital.

The businessman continued: "The people I move with, we all try to make as much money as we can. Some of us sometimes cut corners, because we want as much money as possible with as little effort. Beyond that, people like me live large — we practise what is sometimes called conspicuous consumption.

"But I don't understand you," the businessman repeated.

"I've noted the hours you work, the shifts, and how hard and demanding your work can be. I've noticed that you try very hard to care for everyone. And I know more or less what you'd be paid, and I know that you could make much more money with much less effort doing any number of other jobs.

"I don't understand you at all," the businessman said yet again. Then he added as his eyes suddenly filled with tears, "But I'm very glad that there are people like you in this world."

origins are in two sources: the Judaeo-Christian ethic and Greco-Roman philosophy. These are sometimes called faith and reason. Traditional morality developed enormously during the high middle ages, the historical period between the 11th and 15th centuries. Since then, it has continued to develop, with Catholic social teaching contributing to this process. All around the world, there are many people who have found their moral code and their motivation for living through traditional morality.

What are some of its themes? Firstly, traditional morality accepts that life and even survival are sometimes precarious, and therefore that we must continue to work to preserve and build up both individual life and the common life of society. Secondly, traditional morality is based on a common understanding of what it is to be human. It is this common understanding of what it is to be human that informs traditional morality in its understanding of what truly promotes human flourishing.

Thirdly, traditional morality holds that human beings find their fulfilment above all through service. We are happiest and most fulfilled not when we are overly focussed on ourselves and our rights and our needs and our wants, but rather when we give ourselves away in service. Finally, traditional morality is concerned about three things. It is concerned about the common good of society. It is also concerned about the good of families, for it recognises families as the building blocks of society. And it is also concerned about the good of individual persons.

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**"As a group, we Boomers are the Enlightenment vision carried to its extreme."**

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In my opinion, one of the most important clashes that is happening in today's world is the clash between traditional morality and a "new" morality that has emerged over the last few centuries. This clash is happening all over the world, and it happened in a simple way in this conversation.

In this article, I will first describe both traditional morality and this "new" morality. As I do so, you will probably notice that the nurse in the story is an exemplar of traditional morality, while this businessman is an exemplar of the new morality. I will then explore the clash between these two worldviews. This reflection should highlight just how important it is that we "remain true" — the theme of this conference.

### traditional morality

In many ways, the history of western civilisation is a history of the ongoing development of traditional morality. Its

Indeed, the challenge for traditional morality is to hold these three concerns in the right balance and not to be so concerned about one area that it neglects the others. Within this creative tension, though, its focus above all is on the common good — the good of society, the good of all.<sup>1</sup> This concern for the common good is the most distinctive feature of traditional morality. Indeed, traditional morality often asks us to make some individual sacrifices for the good of all.

Note that the nurse from my story is an exemplar of this worldview. More than that, note the profound connections between traditional morality and the distinctive ethos of health care. To commit oneself to give care and to be a healer — as a nurse, as a doctor, or in any other role within health care — is to recognise that we find our own fulfilment through service. It is to commit oneself to the common good through a mission of care and healing.



It involves a profound recognition of how precarious and fragile life really is. And it is to accept some measure of self-sacrifice, in many different forms, as the price one pays for one's commitment to healing and to the common good. There are indeed profound links between traditional morality and the distinctive ethos of health care. Over the centuries it was within the culture or worldview of traditional morality that the distinctive ethos of health care has been formed.

### the "new" morality

In historical terms, the "new" morality really is new—it dates back only to the 17th or 18th century. Specifically, it dates back to the so-called Enlightenment, which saw itself as a new beginning within western civilisation. The Enlightenment assumed that we have no common understanding of right or wrong, or even of what it is to be human. There is only my view and your view and everyone else's views, and the Enlightenment assumed that we have no way of deciding which views are more accurate or more true.<sup>2</sup>

For this reason, the only vision that the Enlightenment offered is that, as much as possible, each of us should be free to follow our own path and pursue our own goals and live our own way. Its emphasis is therefore on autonomy and free choice. Thus, the Enlightenment assumes that human beings find their fulfilment above all not through service but through freedom and through free choice. This concern for individual freedom is the most distinctive feature of the new morality.

The Enlightenment vision has also continued to develop through history. Enter the Baby Boomers: those of us born between 1946 and 1964.<sup>3</sup> Yes, we're "talkin' 'bout my generation."<sup>4</sup> As a group, we Boomers are the Enlightenment vision carried to its extreme. We are the "me" generation. We Boomers place an extreme emphasis on individualism and on personal autonomy. Our twin cries are "I gotta be me!" and "I gotta get my way!" We Boomers therefore rail and fight against anything that would restrict our free choice. We are the generation which effectively decriminalised abortion in many jurisdictions around the world. We are the generation which is currently most passionately involved in the battle to legalise euthanasia.

A third factor in the development of the new morality is secularisation or, to give it another name, the eclipse of the sense of God. In its Pastoral Constitution on the Church in the Modern World, the Second Vatican Council warned of the significance of this. "Once God is forgotten," the council wrote, "the human person becomes unintelligible."<sup>5</sup> Once we lose sight of the Creator, we no longer see ourselves as the Creator's creation, and we gradually lose sight of who we truly are. Further, as we lose sight of the spiritual side of life, we focus only on the material side. We become materialistic, and we start to think that the purpose of life is nothing more than consumption. Finally, note that the businessman from my story is an exemplar of the new morality. I should stress that I am referring only to this particular businessman. Obviously, not every businessman is like this.

Thus, we can summarise themes of the new morality. It is focussed only on the individual and on personal autonomy. It believes that human beings find their greatest fulfilment through consumption and through getting what we want. It is therefore materialistic and consumerist.



# ethics

remaining true cont.

## the clash of worldviews

To consider the clash between these worldviews, we turn to John Paul II's encyclical *Evangelium Vitae*. The late pope said that at this time "we are facing an enormous and dramatic clash between good and evil, between death and life, the 'culture of death' and the 'culture of life'."<sup>6</sup> Thus, John Paul alerts us that the "new" morality is also the culture of death. He notes that it arises from a notion of freedom which "exalts the isolated individual in an absolute way, and gives no place to solidarity, to openness to others and service to them".<sup>7</sup>

This helps us to understand the significance of what is happening. "Remaining true" is not just a nice idea or a clever catchphrase. Instead, it is remaining true to traditional morality, which fosters and protects civilisation itself. It is also remaining true to the traditional morality that underpins the distinctive ethos of health care as a healing profession. In this clash of worldviews, then, both the distinctive ethos of health care as a healing profession and even civilisation itself are at stake. In our institutions and throughout society,

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This intense individualism, this extreme autonomy and this excessive freedom ultimately undermine the common good. Indeed, John Paul also calls it a "war of the powerful against the weak",<sup>8</sup> for this new morality turns those who are powerful away from the weak, and the weak, who need help, are abandoned and harmed. All things considered, then, the new morality is really an anti-civilisation — a worldview that actually undermines civilisation and the common good. It is a pseudo-morality or even an anti-morality.

we fight to preserve the essence of civilisation. It is hard to conceive of anything more important. If we lose sight of traditional morality and the common good, do we stand at the beginning of a new Dark Ages?

So there is a clash going on. It is the clash between traditional morality and a new morality. It is the clash between religious faith and secularisation, between concern for the common good and a selfish individualism. It is the clash between civilisation and an anti-civilisation, between the culture of life and a culture of death. Please remain true and stand with us on the side of the culture of life.

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### Footnotes:

1. The Compendium of the Social Doctrine of the Church defines the common good as "the sum total of social conditions which allow people, either as groups or as individuals, to reach their fulfillment more fully and more easily." (#164) More simply, it also describes it as "the good of all people and of the whole person." (#165) In traditional morality and also in the Catholic vision of life, "all members of society" (#167) and in particular the government (#168) must contribute to building up the common good.
2. This exclusive focus on subjective standards and the attendant refusal to recognise objective standards of right and wrong is called moral relativism. It is a deep-seated feature of contemporary culture which threatens the capacity of many individuals to truly tell right from wrong, and also endangers the authentic progress of society.
3. The different cohorts or generations are the Silent Generation (1925-1945), the Baby Boomers (1946-1964), Generation X (1965-1982), Generation Y (1983-2001), and Generation Z (2002+). My friends who belong to Gen X or Gen Y sometimes protest to me that their generations can be just as self-centred as my own. While this may well be true, I remind them that my generation thought of it first.
4. The Who, "My Generation," My Generation [UK: Brunswick Records, 1965]. The song is an anthem of adolescent — and Boomer — rebellion.
5. Vatican Council II, *Gaudium et Spes* [Pastoral Constitution on the Church in the Modern World], #36. In #22, the Council also notes that "Christ fully reveals humanity to itself."
6. John Paul II, *Evangelium Vitae* [The Gospel of Life], #28.
7. *Ibid.*, #19.
8. *Ibid.*, #12.