Todd A. Salzman and Michael G. Lawler, *Pope Francis and the Transformation of Health Care Ethics*. Washington, DC: Georgetown University Press, 2021. Pp. x + 240. Hb, \$69.95; Pb, \$34.95; ebook, \$34.95.

Like several other theological works in the era of Pope Francis, this well-researched scholarly volume contains a proposal for reforms in church-based institutions so that their operations reflect the renewed priorities of the first Jesuit pope. In this case, the authors maintain a sharp focus on one nation (the United States), one sector (healthcare), and even on one series of documents. At issue are the *Ethical and Religious Directives for Catholic Health Care Services* (hereafter ERD), a document first promulgated in 1948 to provide guidelines for the institutional life of church-sponsored hospitals, clinics, and healthcare facilities in the US. The United States Conference of Catholic Bishops (USCCB) published the sixth edition of this important document in 2018. Although Salzman and Lawler provide insightful treatment of the evolution of successive versions of the ERD, most of this volume analyzes the shortcomings of the 2018 edition.

The authors' primary criticism is that the latest revision of the USCCB document fails to incorporate the theological advances and pastoral priorities of the Francis papacy. The resulting inadequacies hold serious consequences for the important decision-making processes that unfold in healthcare settings. At stake are weighty prudential matters such as determining which treatments in end-of-life scenarios are licit and the terms by which Catholic hospitals collaborate with non-Catholic health care institutions. This *diagnosis* of the shortcomings of the ERD document unfolds in the early chapters of the book, which take up such fundamental topics as moral anthropology, sources of ethical knowledge, and issues in ecclesiology as well as pastoral and spiritual care of patients in Catholic healthcare facilities. To extend the medical metaphor, the *prescription* for improvement appears primarily in an insightful final chapter titled "Suggestions for a Revised ERD."

Congruent with standard accounts of the evolution of the post-Vatican II theological enterprise, the authors draw a contrast between inherited approaches to healthcare ethics (based upon natural law methodology and a set of rather static assumptions regarding morality and social order) and more adequate approaches that incorporate updated perspectives on cultural diversity, gender justice, option for the poor, the role of conscience, careful discernment, and respect for the dignity of all grounded in Vatican II's call to scrutinize the evolving signs of the times. One handy way to capture this shift as it applies to healthcare ethics is to speak of a transition from a merely physicalist approach

to a more consistently personalist perspective (featuring a thoroughly relational ontology) as the proper framework for healthcare policy and decisions. To the extent that the ERD resists adopting this more dynamic approach to the provision of healthcare services, it falls short. But the failure to adopt the newer directions championed by Pope Francis is no mere academic lacuna or idle missed opportunity; the document may do positive harm and even substantial damage to many parties by resisting or delaying necessary reforms. Indeed, at several junctures readers of this book notice a sharp change of tone as the authors consider the distressing consequences of continued reliance on outdated theology and inadequate moral methodology in applying religious values to real-life situations. The authors display a commendable sensitivity to the urgency of updating inherited patterns in order to serve people better—in ways that take account of the full dignity and agency of all.

Illustrating this problem particularly clearly is a case study sketched early in the volume (and to which the authors return several times, occasioning further insights into the urgency of revising the ERD). In 2010, Bishop Thomas Olmsted of Phoenix punished the local Saint Joseph's Hospital and Medical Center for allegedly violating the ERD when its ethics committee recommended (and hospital personnel subsequently performed) a therapeutic abortion to save the life of a mother experiencing a crisis pregnancy (both mother and fetus would almost certainly have died otherwise). To illustrate the dizzying complexity of applying principles to concrete cases, this volume treats the justification of other medical interventions as well, often involving pregnancy and end-of-life decisions such as appropriate conditions for the withdrawal of artificial nutrition and hydration for patients in a persistent vegetative state (often referred to as brain-death).

At the heart of that famous Phoenix case (as well as numerous scenarios in ecclesial life) is the sensitive matter of the proper understanding of the authority of the local bishop. The ERD reserves nearly absolute authority for bishops to interpret and apply ethical principles in institutions within their dioceses, according them the unquestioned prerogative to exercise discretion regarding the ethical directives as they see fit. The authors of this volume hasten to point out the obvious: that the fallout from the ongoing clergy sexual abuse crisis, which eroded the credibility and exposed the moral unreliability of the American episcopacy, makes such a stance untenable at least, and constitutes a grave scandal in the eyes of many observers. If the bishops have proved themselves unable to protect children from grave harm, why should they be trusted to manage sprawling and complex healthcare systems and to master the nuances of profound biomedical dilemmas? This volume

recommends looking to the model of more modest, broadly shared, and servant-oriented church leadership promoted by Pope Francis as a refreshing and indeed urgently necessary alternative.

This volume marshals impressive research in making the case that the transformational effects of Pope Francis on Catholic ecclesiology and moral anthropology have yet to be reflected in the text of the ERD, the 2018 edition of which was promulgated as if the Francis papacy had never even debuted, much less shaken up the worldwide Catholic Church. The ERD can indeed be faulted for remaining rigidly legalistic in tone and continuing to feature a preponderance of negative prohibitions rather than inspiring messages about virtues relating to genuine Christian witness and values for authentic moral living, as Francis has emphasized. However, this book might achieve its purposes even more effectively if it were somewhat less argumentative on these points and made more of an effort to appreciate the positions and concerns of the defenders of the status quo; while the ERD requires serious revision, those who support its current form would probably not recognize themselves in the portrayal that this volume offers.

Readers of this journal (and anyone familiar with Ignatian spirituality and Jesuit history) will find in these pages many points of connection to the characteristic commitments of the Society of Jesus in recent decades. While Pope Francis is the main hero, joining him at centerstage are several Jesuit-inspired themes: an emphasis on thorough moral discernment, respect for pluralism, pastoral flexibility, and genuine commitment to the poor and marginalized. These and other values associated with the Society of Jesus are key components that future editions of the ERD must urgently incorporate if they are to achieve higher levels of effectiveness and credibility. This volume also includes occasional words of praise for seminal twentieth-century Jesuits who have contributed to the field of medical ethics, including Richard McCormick and Gerald Kelly, each of whom offered perceptive ethical analysis of earlier versions of the ERD.

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