



The Ethics Dispatch

May 2025

"Functioning as our better selves leads to better outcomes for patients and everyone."

-- Tarris (Terry) Rosell, PhD, DMin, HEC-C

Hot Topic

Hope and Beneficence in a Fractured World: The Legacy of Pope Francis

Spring is in bloom and summer is around the corner, and for many of us the need for hope and faith is stronger than ever. In our tumultuous political climate, rife with concerns about the future – of our planet, our children, our institutions, and our very sense of shared truth – it's crucial that we use this season of renewal to focus on humanity's potential and those who embody it. For May's *Ethics Dispatch* Hot Topic, we're highlighting the bioethics principle of beneficence – the ethical call to act in ways that promote the well-being of others – through the lens of a remarkable figure: Pope Francis.

Even for those of us who are not Catholic (author included), Pope Francis stood as a moral compass over the past decade. His legacy, captured in Kristina Millare's recent article for the [Catholic News Agency](#), reflects a papacy grounded in mercy, joy and radical compassion – all expressions of beneficence that transcend religious boundaries (Millare, 2025).

Francis's emphasis on hope was foundational. He opened the Jubilee Year of Hope by affirming that "Christian hope does not deceive or disappoint because it is grounded in the certainty that nothing and no one may ever separate us from God's love" – a powerful reassurance at a time when so many feel isolated or afraid. His message was clear: **true leadership must remind people of their worth and their capacity to endure and rise, together.**

Prioritizing the Vulnerable

But it was his commitment to the poor, the marginalized, and the overlooked that most vividly demonstrated beneficence. From naming himself after St. Francis of Assisi to saying boldly, "I want a Church which is poor and for the poor," Pope Francis made it known that ethical leadership means prioritizing the vulnerable. This ethical posture also extended to the global refugee crisis. In the face of rising xenophobia and fear, Francis responded not with policy prescriptions but with moral verbs: "to welcome, to protect, to promote, and to

integrate.” His words reminded us that **ethical action in public life means ensuring the dignity of those most at risk** – not as charity, but as justice.

Even in moments that might seem mundane – like his fond sign-off during Sunday prayers, “Have a good lunch!” – Francis modeled a kind of leadership rooted not in control or image, but in accompaniment, prioritizing presence over power. He made ethics tangible, accessible, and even joyful. As he wrote in *Evangelii Gaudium* in 2013, “Let me say this once more: God never tires of forgiving us; we are the ones who tire of seeking his mercy ... Time and time again he bears us on his shoulders. No one can strip us of the dignity bestowed upon us by this boundless and unfailing love.” Beneficence, in his worldview, wasn’t abstract. It was as close as a smile, a meal, a second chance.

Ethical Beacon

In 2024, as the Vatican closed its Synod on Synodality, Francis reiterated the radical openness of the Church he envisioned: “Everyone, everyone, everyone! Nobody left outside.” Whether you are inside the Church or far from it, that kind of unconditional welcome is an ethical beacon in a time of walls - physical and ideological alike.

At a time when cynicism feels easy and selfishness is rewarded, the ethical principle of beneficence can feel idealistic, even naive. But Pope Francis showed us that beneficence is not about being soft; it’s about being courageous – in our compassion, our listening, our advocacy, and our love. **It asks us to act not from fear or defensiveness, but from the hope that others, too, can be lifted and changed.**

As we move into a new season and reflect on new leadership around the world – spiritual, political, cultural – let’s remember that greatness is measured not by domination or proud declarations, but by care, by conscience, by compassion. By how we protect the most vulnerable and at risk. By whether we, too, can be people with “joyful hearts, open to hope.” That is the legacy of Pope Francis. That is the heart of beneficence.

Sources:

[Millare, Kristina. *Pope Francis in His Own Words: 12 Key Quotes That Defined His 12-Year Pontificate*. Catholic News Agency, April 22, 2025.](#)

[Greeting of the Holy Father at the conclusion of the XVI Ordinary General Assembly of the Synod \(26 October 2024\) | Francis](#)

Bioethics in the News



[Pope Francis brought “deep pastoral insight” to bioethics](#)

The Catholic Weekly



[Conscience Laws: Keep State Lawmakers Out of the Exam Room, Says Ethicist](#)

Medscape

[Ethical Principles Across Countries: Does 'Ethical'](#)



[Mean the Same Everywhere?](#)

Frontiers



[Nurses & Providers Can Now Refuse Procedures That Conflict With Their Beliefs in TN](#)

nurse.org



[Life Network Foundation says euthanasia is not care but 'deliberate termination of human life'](#)

maltatoday

Case Study: Autonomy and Moral Distress

Father Trent Chooses to Reject a Kidney

Fr. Trent is a 68-year-old male with end-stage renal disease. He has lived with chronic kidney disease for several years, during which his health has gradually declined. Despite this, he remains in positive spirits as he continues to wait for a kidney transplant. He has now been on the transplant list for over two years.

Fr. Trent is a Catholic priest and lives according to his belief in service to others. One day, a compatible kidney becomes available, and Fr. Trent is identified as the top candidate on the recipient list. He is admitted to the hospital to undergo the transplant.

While Fr. Trent is being prepared for surgery, a 21-year-old female arrives in the emergency department in complete renal failure. She is critically ill and unlikely to survive long enough to receive an organ through the standard allocation process, as she is listed much lower on the transplant registry.

Upon learning about the young woman's condition, Fr. Trent requests that she be given the kidney instead. He expresses a deeply held conviction that it is his moral duty to prioritize others in need, especially someone so young. He wishes to relinquish his place on the list and offer the transplant opportunity to the 21-year-old patient.

Fr. Trent's request presents a complex ethical dilemma involving organ allocation policy, personal autonomy, and the role of altruism in life-saving medical decisions. An ethics consult enabled Fr. Trent's providers to balance these conflicting demands in a way that relieved moral distress while upholding Fr. Trent's autonomy.

Ethical Musings

Soft Power and the Moral Authority of the Ethicist

When people find out what I do for a living – that I'm a professional ethicist –

there's a common and often amusing reaction. It's the same kind of response you get when someone jokingly suggests doing something clearly inappropriate: "I probably shouldn't say that with an ethicist in the room."

Ethics is one of those fields that almost everyone feels they understand at a basic level, but few make it their life's work. As a result, people tend to assume I have a deeper understanding of right and wrong – almost like I'm some sort of ethics police. The idea is that doing something unethical is bad but doing it in front of an ethicist is worse.

Being an Example

While I always push back against that mindset, there's no denying the truth behind it. There's an undeniable moral authority that gets assigned to someone who specializes in ethics. My work in medical ethics adds another layer of seriousness to that perception. My opinions are often seen as coming from a more deliberate, informed place. It may be unfair to assume I act more morally than others, but the reality is that my title and "expertise" grant a kind of moral weight to my words. A recommendation from an ethicist can carry more trust – and be more readily accepted.

In a way, the role comes with a form of moral influence. Not in an official or coercive sense, but more akin to what's known as *soft power*.

So, what exactly is soft power? Joseph Nye (2017) defines it as:

"Power is the ability to affect others to get the outcomes one prefers, and that can be accomplished by coercion, payment, or attraction and persuasion. Soft power is the ability to obtain preferred outcomes by attraction rather than coercion or payment."

[\(Soft power: the origins and political progress of a concept | Humanities and Social Sciences Communications\)](#)

Soft power is the ability to influence others simply by being an example. This ties directly into the idea of *virtue ethics* – that to become a virtuous person, you model your behavior after someone who already is. It emphasizes mentorship, personal accountability, and continuous self-improvement – all key elements of modern medical ethics.

Humility Worthy of Trust

Even if an ethicist doesn't seek this soft power, the role inherently comes with it, especially in high-stakes ethical dilemmas. And because of that, we need to be deeply aware – and humble.

When you're in a role that carries moral authority, you must respect what that expectation means. Medical ethicists often serve as guides in incredibly complex and emotionally charged situations. I often use this example: If someone is "on the fence" and an expert offers a perspective, more often than not, they'll follow that lead. In clinical settings, that influence can profoundly shape a patient's care or even the trajectory of their life.

This kind of responsibility is heavy, and ethicists must be vigilant in using their influence for moral good. Medical ethicists will likely continue to be seen as virtuous leaders, people others look to emulate. That's why we must consistently strive to be worthy of that trust.

Source:

[Soft power: the origins and political progress of a concept | Humanities and Social Sciences Communications](#)

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