

Institutional Catholic Health Care: Should It Continue?

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Catholic health care faces significant challenges from within and without. In light of these challenges, one might ask: Why continue Catholic health care at the institutional level as a formal ministry of the church? In what follows, I suggest two reasons for doing so, though undoubtedly there are others.

The Health Care Environment

It is fairly obvious that more and more, health care is considered a commodity and a business, and a "big business" at that. All the techniques of modern business management are brought to bear on complex systems of finance and delivery. Physicians have formed or joined large group practices in part as a way to deal with federal and state regulations and the many other "business" demands of running a practice. Today, many physicians and physician groups are being employed by health care organizations, thereby creating even larger health care delivery entities. How often do we hear the phrase "the health care industry?"

In the current environment, the profit motive inspires much of the activity in health care delivery. Many hospitals, health care systems,

and most insurance programs have become for-profit entities. Furthermore, the need to raise large sums of capital for investment in facilities, equipment, group practices, and acquisition of competing facilities is leading non-profit entities to seek relationships with for-profit equity interests. Care for the poor is still mentioned as a goal in health care. But those who cannot pay are often subtly discouraged from seeking care by health care organizations who fear that they may threaten their "payer mix," and thereby their ability to compete with neighboring health care facilities.

The face of Catholic health care has also changed over the years and continues to change. Many Catholic hospitals were initially founded by religious orders to serve immigrant Catholic populations and to "minister" to their needs. But, the patients as well as the staff and administration of these facilities today often reflect the demographics of their pluralistic communities. Thus, the mission of the facilities has shifted somewhat, and competitive business practices in the health care marketplace may further obscure from view the essence of their mission.

Forty years ago, most of these hospitals and long-term care facilities were “stand alone” entities with religious women in positions of administration and management. Today, most of these institutions are now members of health care systems, though the vast majority remain not-for-profit institutions. Some of these systems are recognized by the church as juridical persons in canon law, thus relating to the Vatican as well as to the local bishop. Usually, they are under the general direction of one or more religious congregations that maintain canonical reserved powers, for example rights of ownership, definition of purpose, and appointment of trustees. But for the most part, the boards of trustees and administrators of the systems and their individual institutions are lay people.

While some of the reason for the change in governance and administration can be attributed to fewer religious women and men, a more convincing reason is the recognition of the laity’s role in the apostolate of the church, as explained in the Second Vatican Council’s Decree on the Apostolate of the Laity. Often pastoral care and ethical consultation are handled by lay people as well. Of course, with lay leadership, ongoing formation in the personal and professional skills needed to advance the ministry is a more pressing need than when leaders were already formed through the processes of their religious communities.

The ever-changing health care environment raises a good number of questions for Catholic health care. For example, how can the ministry preserve the service purpose of health care when the milieu of health care is dominated by a for-profit mentality? What

education programs should be utilized to help employees, trustees, physicians, nurses and technicians internalize the values and goals of Catholic health care? Should non-Catholics be allowed to serve on the boards of trustees? Are institutions with which members of CHA affiliate obliged to follow the ERDs? How can we effectively touch the hearts of our leaders in government to fund health care for undocumented immigrants and their families? This list could be expanded with very little effort.

Catholic Health Care: Leaven to the Church and to Society

In the face of these and many similar questions and the challenges of the health care environment, a fundamental question arises: “Why continue Catholic health care at the institutional level?” I believe there are two reasons. First, a large ministry such as health care is a leaven to the Church. Second, this ministry must constantly be in search of the meaning of its identity, an identity that requires it be a leaven to all of health care in our nation.

With regard to the first reason, Catholic health care exhibits the tensions that are inherent in living our faith and in being a voice for that faith in the modern world. One source of tension is the increasing role of the laity in leading the church’s ministries. With increasing Catholic lay leadership in ministries, there is increasing experience and expertise distributed among the laity. It must be acknowledged that on empirical matters in which the application of Catholic moral teaching within particular technical contexts are at issue, expert laity may have the best

insight into, or at least an additional legitimate approach to the actions to which our faith calls us. The Catholic principle of subsidiarity acknowledges the moral claim and dignity of the baptized as decision makers within their areas of competence. While the scope and limits of this expertise as well as the scope of the Magisterium's teaching authority must continually be examined and debated, it is only through a shared, lived ministry such as Catholic health care that such important pillars of church life find a foundation. We must not fear such discussions. And all in the church need to appreciate the many contributions that the laity can and do make to the life of the church. Health care is only one example.

With regard to the second reason, while the business of health care can obscure Catholic health care's nature as a ministry, we must not allow that challenge to become cause for despair. Instead, it must provide impetus for reflection upon and renewal of our identity and mission. These must be integrally bound up with being a "leaven" for all of health care.

At times in the past, I thought we should consider selling all Catholic health care facilities to for-profit corporations and invest the proceeds in foundations to provide health care for the poor and undocumented. In theory, this would be a much simpler way to contribute to the common good, carry on an important work of mercy, and eliminate the many problems that confront people seeking to maintain health care as a ministry of the church. But realistically, when I question myself about continuing the ministry of Catholic health care, I realize that in the long run, the proceeds of a sale would not begin to

satisfy the total needs of the poor and undocumented. Moreover, I am reminded of the words of Pope Paul VI, "the ministry of Christ should be a leaven in our society." The Catholic health care ministry is a small but significant part of health care in the United States. There will never be a time when Catholic health care facilities will dominate numerically. But our presence as messengers of Christ in the health care effort offers an opportunity to influence an important element of our nation's societal framework. Though I have no statistics to back up this assertion, from reading the history of health care in the United States from 1900 to the present, it seems the humane and compassionate care provided by Catholic institutions has influenced all health care institutions. We must do this again. We must not shun those most in need such as the undocumented, but Catholic health care must find a way to take up their cause both in terms of providing care and in being the conscience of our nation in demanding social justice for these neighbors. Our presence in health care has been, and should continue to be, a Gospel-inspired presence of the healing Christ. Health care conducted as a ministry has had a significant impact upon health care considered only as a business or an industry. This is not an easy task. It requires that all of Catholic health care work together to prepare people at all levels of the ministry, from trustees to maintenance people, to serve patients in such a way that they truly experience the healing power of Christ in their lives.