

Morally Licit Cooperation and FQHCs: An Opportunity for Evangelization

Editor's Note: Catholic hospitals have at times avoided affiliations with federally qualified health centers (FQHCs) due to issues regarding reproductive services. The following report may provide a model for such affiliations – one that meets the needs of the community while maintaining Catholic identity and integrity.

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The past 50 years in the church have witnessed a major shift in approaches to sharing the vision and mission of Gospel life. The shifts have called for new perspectives in advancing the church's mission and new opportunities for giving witness to a Gospel of Life.

Church-affiliated institutions, such as health care – whether hospitals, nursing homes, homecare, parish nursing or hospice – evidence this shift, especially in their service to the poor. The challenges presented in conciliar documents like *Lumen Gentium* and *Gaudium et Spes* to effectively provide this witness are reinforced by the *Ethical and Religious Directives for Catholic Health Care Services* (ERDs). The ERDs call for a balance between meeting immediate health care needs for vulnerable populations, while maintaining the integrity of Catholic identity. Such a balance does not mean either shying away from new opportunities or abandoning the expectations that maintaining integrity in

church life presents. A novel yet faithful witness discerns how the old mission of the Gospel can be fulfilled anew as we read the "signs of the times" in particular situations, while being a "light to the nations."

Holy Cross Hospital in the Archdiocese of Chicago recently was called upon to conduct such a discernment. This freestanding institution in the city's economically depressed Southside sought ways to meet the demands of its mission-sponsored health ministry of 80 plus years by the Sisters of St. Casimir, yet expand patient access. The hospital had only five days of cash on hand. It sought to accomplish this by affiliating with and providing onsite space to a privately-owned, non-profit, government-funded, multi-site, federally qualified health clinic or FQHC.

Having heard remarks last fall by then auxiliary Bishop Thomas Paprocki regarding canonical changes on leases, and a

presentation I gave on Part Six of the ERDs as a vehicle for discerning joint ventures as occasions for evangelization, the sisters approached Cardinal George regarding the proposed FQHC affiliation.

The proposal was sent for review to three panels of ethicists. This article discusses the key concerns raised and the solutions proposed. Concerns focused on two major issues: potential morally illicit cooperation due to the FQHC's expectations that a range of reproductive services be provided, and the possibility of scandal should the affiliation go forward.

Cooperation issues over reproductive concerns were addressed in the following way. First, while the FQHC could provide measures contrary to the ERDs at other sites, no prescriptions for contraception and no contraceptive medications, devices, or procedures could be offered or provided at the Holy Cross site. This position reflected the teaching of *Humanae Vitae* as well as Part Four of the ERDs. Second, in order to respect the patient's need to have appropriate information on family planning, the FQHC physician was free to discuss all options without endorsing or recommending any except for natural family planning. If the patient sought measures beyond those within the ambit of church teaching, they were given information about other providers for follow-up, including an FQHC physician located off-campus. To underscore that this service was provided by a non-Catholic corporation, signage and uniforms clearly indicated the FQHC affiliation. Other distancing measures were initiated in order to clearly indicate the separation between the Catholic and non-

Catholic corporations. For example, scripted lines standardizing information for physician exams were provided to ensure uniformity of communication.

These distancing measures from activities contrary to church teaching at other FQHC sites indicated that whatever assistance resulted from the affiliation was indirect, remote and mediate material cooperation.

However the issue of potential scandal remained.

To clarify key elements underscoring church teaching, FQHC personnel agreed to participate in quarterly CME sessions on the ERDs and their pertinence to their practice, especially the importance of service to vulnerable populations such as women and children. These educational sessions would be conducted by a moral theologian approved by Cardinal George. Additionally, to affirm the positive impact that the Gospel of Life offers, the FQHC agreed to modify its web page so that references to contraceptive and other inappropriate practices were removed.

This was done to offset the likelihood of scandal and the appearance of inappropriate cooperation with practices the FQHC might provide at its other sites. Also, the FQHC affirmed that its personnel do not perform elective abortions at any site as an exercise of their right of conscience.

This proposed approach was shared with Cardinal George and his auxiliaries for their review. Approval for a three-year affiliation was granted conditioned upon review by the diocesan hospital delegate.

The final plan provided for a continuation of church witness to vulnerable populations, sharing of that witness with professionals not otherwise exposed to the values of the Gospel of Life, and assurance to the sponsors and bishops that the integrity of Catholic identity and mission was being maintained.