ETHICAL AND SPIRITUAL CHALLENGES

Opioids – One More Epidemic for Catholic Health Care

A Guide for Group or Personal Reflection

CHA
Catholic Health Association of the United States

A Passionate Voice for Compassionate Care®

CHA's March-April 2018 edition of *Health Progress* magazine takes a cross section of topics that cluster around pharma today. Now that prescription drugs occupy one of the largest percentages of health care costs for Americans, there are important financial and ethical questions about the allocation of resources for developing new drugs, creating a distribution chain and formulating the price tags to cover medications for acute and chronic illnesses. One focus is on the opioid epidemic, which calls for so much more than hand-wringing and blame. Where are the solutions, who is willing to minister from the trenches, and is there a role for Catholic health care, one that it may be just beginning to recognize and embrace?

This reflection guide asks you to delve deeper into an article by Fred Rottnek, who is professor and director of community medicine in the Department of Family and Community Medicine at Saint Louis University School of Medicine, and medical director of the physician assistant program in the university's Doisy College of Health Sciences, St. Louis. Titled, "Opioids – One More Epidemic for Catholic Health Care," Dr. Rottnek reminds us that modern Catholic health care can build on centuries of experience the church has had with epidemics.

In the pages that follow, a process is offered to engage leaders around the themes of the article. The process is designed to be used flexibly by individuals or groups as a reflection, as part of personal formation and as an exercise between in-person sessions for participants in senior leader formation programs. We hope that it will be useful to executives, managers, clinical and non-clinical associates, board members, sponsors, ethics committee members and others.

Suggested Reflection Process

1. Begin your reflection with prayer – one is provided.
2. Read the Executive Summary of the article.
3. Review the Questions for Reflection, noting their concepts, but not answering them yet.
4. Read the full article.
5. Return to the Questions for Reflection:
    A. Review the questions after reading the entire article.
    B. Take time to consider each question, jotting down any responses, considerations or questions that come to you.

C. If you are completing this as an individual, you might consider taking time to discuss your responses with a colleague – get her or his thoughts on the questions; see if the person agrees with your thoughts or has different viewpoints to offer. If you are discussing as part of a group, take your written notes with you to the meeting. For group use, it could be helpful to assign the reading and then convene either by phone or in person for group discussion.

6. Close with prayer – a concluding reflection is provided.

The goal of this and previous reflection guides is to offer a personal formation tool at your fingertips. Because we want it to best suit your needs, please let CHA know if it is useful in your ongoing formation, as well as any changes, suggestions or insights about it that you would like to share. It is a resource for the ministry, and we hope that it is valuable and user friendly. To share comments, please contact Mary Ann Steiner, editor, *Health Progress*, at masteiner@chausa.org.

Opening Prayer

CALL TO PRAYER

LEADER: Cognizant that the people we serve exist in communities and that we are called by God to protect the good of all, Catholic health care not only strives for the physical healing of the individual but seeks to promote the common good in the places we serve. Let us be attentive to the Word.

READING 1: (*2 Corinthians 9:8-12, 15*)

Moreover, God is able to make every grace abundant for you, so that in all things, always having all you need, you may have an abundance for every good work. As it is written:

"He scatters abroad, he gives to the poor; his righteousness endures forever."

The one who supplies seed to the sower and bread for food will supply and multiply your seed and increase the harvest of your righteousness.

You are being enriched in every way for all generosity, which through us produces thanksgiving to God, for the administration of this public service is not only supplying the needs of the holy ones but is also overflowing in many acts of thanksgiving to God. Thanks be to God for his indescribable gift!

(Silence)

READING 2: (*Compendium of the Social Doctrine of the Church*, 164)

The common good does not consist in the simple sum of the particular goods of each subject of a social entity. Belonging to everyone and to each person, it is and remains "common," because it is indivisible and because only together is it possible to attain it, increase it and safeguard its effectiveness, with regard also to the future. Just as the moral actions of an individual are accomplished in doing what is good, so too the actions of a society attain their full stature when they bring about the common good.
The common good, in fact, can be understood as the social and community dimension of the moral good.

(Silence)

RESPONSE (*Adapted from Isaiah 1:17*)

LEADER: Let us respond to the Word by recommitting ourselves to the work of God.
(*Responsive reading by alternate sides*)

In the communities we serve, we will learn to do good.

In the communities we serve, we will seek justice.

In the communities we serve, we will rescue the oppressed.

In the communities we serve, we will defend the orphan.

In the communities we serve, we will plead for the widow.

In the communities we serve, we will strive to build cities of justice and peace.

ALL: Then our light shall rise in the darkness, and the Lord will be our guide. And we will become like a watered garden, like a flowing spring whose waters never fail.

LEADER: And let us pray as Jesus taught us.

ALL: Our Father who art in heaven, hallowed be thy name. Thy kingdom come, thy will be done on Earth as it is in heaven. Give us this day our daily bread, and forgive us our trespasses as we forgive those who trespass against us, and lead us not into temptation, but deliver us from evil. For thine is the kingdom, the power and the glory, forever and ever. Amen.

LEADER: Let us continue our work in peace.

ALL: Thanks be to God.

Executive Summary

Modern Catholic health care can build on centuries of experience the church has had with epidemics. Regardless of the illness, our historical church's early providers of health care shared characteristics: They ensured that people got acute treatment. They helped their community members sustain a recovery to become well again. They found ways to prevent contagion with education, behavior change and science. And, when at their best, they sought ways to prevent another epidemic from occurring.

Those of us working in Catholic health care today would benefit by embracing the stories and charisms of those who went before us, because right now we need to move faster in our response to the opioid epidemic.

The barriers holding us back are not new. We are intimidated not only by the epidemic, but also by what we do not yet know about its size, scope or natural course. We confuse disease, behavior, choice and moral failing. We question the efficacy of service delivery models that we promote and disseminate. We worry about our stewardship of limited resources. We get stuck in hand-wringing and fear of acknowledging the urgency of the situation.

Those kinds of fears and unknowns did not stop saints who have gone before us from bravely stepping into their communities to bring healing, comfort and care to their patients. Their legacies are our calls to action in 2018.

Questions for Reflection

Fred Rottnek, MD, believes that Catholic health care has an important role in leading the fight against the opioid crisis. Recalling saints and martyrs of the church who risked everything to minister to so many people who were sick, dying and outcast because of their afflictions, Rottnek challenges today's ministry to do the same. He presents six very specific calls to action.

1) Do you think today's opioid epidemic and the bubonic plague of the 16th century make for a good comparison? Can you discuss that in terms of margin and mission, as well as the resources and red tape of large health care systems?

2) What are the programs and practices your ministry engages in to operationalize the best treatment and support of people suffering from the opioid crisis? What partnerships with public health departments, law enforcement, local schools and universities are in place or should be in place?

3) Rottnek delivers his six action points as terse imperatives. Do you think he underestimates process and planning? Do you think too much time and resources go to meetings and summits? If you had one suggestion to make to the leaders of your ministry about how it should respond to the opioid epidemic, what would it be?

Opioids – One More Epidemic for Catholic Health Care

FRED ROTTNEK, MD, MAHCM

Long before there was Catholic health care, members of the church cared for each other, sometimes as individuals and sometimes as members of religious orders. Caring for others' health was part of community and parish life — special facilities and buildings were rare, and care was provided in homes, in churches and even on the streets. In fact, the modern version of a hospital didn't exist until the 18th century. Prior to this, most activities in buildings set aside for the care of the sick offered chiefly palliative care. The focus of work was comfort, not investigation. And the care was provided by religious orders.[1]

Modern Catholic health care can build on centuries of experience the church has had with epidemics. Scores of our patron saints are revered for their leadership in responding to public crises involving illness — jumping into the fray, mobilizing a work force and gathering resources to care for the sick, build shelters and hospitals, shape community response and public policy towards greater health and train pipelines of providers to provide a sustained response.

Regardless of the epidemic, the responses of our historical church's health care providers shared characteristics: They ensured that people got acute treatment, either curatively or through comfort measures only. They helped their community members sustain a recovery and regain wellness. They found ways to prevent contagion with education, behavior change and science. And, when they were at their best, they sought ways to prevent another epidemic from occurring.

Although these workers of the past responded in ways that were sometimes uneven and occasionally delayed, they engaged. As a ministry, they had a philosophy of human flourishing that extends beyond recovery.

Today, when we speak of Catholic health care, we tend to refer to systems, hospitals, facilities and ministries. We use special vocabulary. We use words that often require definitions. We are working in complicated systems with complex equipment and almost endless resources.

But those of us working in Catholic health care would benefit by embracing the stories and charisms of the founders who went before us. Because right now, we need to move faster in our response to the opioid epidemic. And the barriers holding us back are not new.

As in previous epidemics, we are intimidated not only by the epidemic, but also by what we do not yet know about its size, scope or natural course. We confuse disease, behavior, choice and moral failing. We question the efficacy of service delivery models we understand, promote and disseminate. We worry about our stewardship of limited resources. And, sadly, we get stuck in handwringing and fear of acknowledging the urgency

Modern Catholic health care can build on centuries of experience the church has had with epidemics.

of the situation, as if we are hoping that the threat will go away on its own.

But these kinds of fears and unknowns did not stop saints who have gone before us — like Camillus de Lellis, Damien of Molokai, Mark Ji Tianxiang and Teresa of Calcutta — from bravely stepping into their communities to bring healing, comfort and care to their patients. Their legacies are our calls to action in 2018.

THE OPIOID EPIDEMIC

Public health experts agree that the opioid epidemic will not go away on its own.

In December 2016, the federal government passed the 21st Century Cures Act, which reorganized and reprioritized delivery of behavioral health and addiction services in the United States. Part of the act is the Opioid State-Targeted Response, a two-year program that funds each state to create and implement its past proposals to fight the opioid epidemic.

The Missouri STR team has stepped up by creating a four-point plan. Although the initial targets of the program are community mental health centers and federally qualified health centers, we have expanded our efforts to include our partners in Catholic health care. We must work in concert to fight the epidemic, and here is our framework for the delivery of services.

Missouri's Opioid STR 4-Point Plan:

- **Prevention** includes opioid and addiction education in schools and communities, education for providers on best practices for chronic pain management and providing overdose education and naloxone (Narcan) distribution and education.
- **Treatment** includes recruiting, training and supporting providers to increase access and capacity for treating opioid use disorders, providing medications for individuals with opioid use disorders and connecting hospital-based services to community services for continuity of care.
- **Recovery** includes identifying and expanding recovery housing, building a workforce of certified peer specialists and promoting individual and community wellness through recovery community centers in high-need areas.
- **Sustainability and community impact** includes changing Department of Mental Health billing and service policies in order to reduce barriers to providing opioid use disorder medications; providing education, training and recovery services to create needed infrastructure reform in order to sustain treatment and recovery services after the STR grant concludes; and evaluating implementation of STR efforts to best inform legislative and policy reform.

Although the STR program's primary goal is to expand access and capacity to treatment and recovery services, the Missouri STR team has a broader goal: culture change. Our STR team is advocating for Missouri to update and adapt our health delivery models to enhance the treatment, recovery, and prevention and sustainability goals.

Catholic health care can support and adapt the Missouri template or similar approaches taken by other states, but Catholic health care also could do much more. The mission of our ministry gives us the means to lead the fight in the opioid epidemic. Catholic health care is uniquely situated to take a lead in what we must do as a nation.

BEACONS IN MINISTRY TO THE SICK AND MARGINALIZED

Although hundreds of saints have been associated with health care, illness and even plagues, the following have unique charisms that can inspire our work at hand.

St. Camillus de Lellis, MI, 1550-1614, demonstrated response to community need and institutionalization of resources to promote community health. His observations of poor care received by the sick motivated him to establish the Clerks Regular, Ministers of the Infirm (MI). First on the battlefield, and later in the battle against the bubonic plague and subsequent famine in Rome, his congregation raised the standard of care for the injured and poor. When Pope Gregory XIV elevated the congregation to a religious order in 1591, the order added a fourth unique religious vow, "to serve the sick, even with danger to one's own life." Camillus is the patron saint of the sick, hospitals, nurses and physicians.[1]

St. Damien of Molokai, SSCC, 1840-1889, exemplified care to the ostracized, community engagement and collaboration to build needed infrastructure. St. Damien, born Jozef De Veuster in Belgium, was a member of the Congregation of the Sacred Hearts of Jesus and Mary. He became a missionary to Hawaii, where he was ordained a priest, taking the name Damien. After several years in Hawaii, he volunteered to serve the people who occupied Kalawao, a remote and almost inaccessible village on the island of Molokai. Kalawao was a quarantine settlement where Hawaiians who contracted leprosy, now known as Hansen's disease, were required by law to live. At that time the disease was neither treatable nor curable.

Father Damien became a community organizer and helped Kalawao's residents create a system of law, build infrastructure and found schools and orphanages. His own death from leprosy among those ostracized from their society has contributed to his status as a martyr of charity. He was canonized in 2009 and is patron saint of those with communicable diseases — including leprosy and AIDS.[2]

St. Teresa of Calcutta, 1910-1997, demonstrated care to marginalized populations and development of a pipeline of providers to continue and expand her vision. Mother Teresa is respected for founding the Missionaries of Charity. In her words, the Missionaries would care for "the hungry, the naked, the homeless, the crippled, the blind, the lepers, all those people who feel unwanted, unloved, uncared for throughout society, people that have become a burden to the society and are shunned by everyone." By 1997 the Calcutta congregation had grown to more than 4,000 sisters who managed orphanages, AIDS hospices and charity centers worldwide, caring for refugees, the blind, disabled, aged, alcoholics, the poor and homeless, and victims of floods, epidemics and famine. Mother Teresa was canonized in 2016.[3]

St. Mark Ji Tianxiang, 1834?-1900, spent his life caring for the poor and devoting himself to the same church that denied him sacraments for 30 years. St. Mark was a wealthy physician who cared for the poor without charge. After taking opium for a stomach ailment, he developed an addiction that continued for the rest of his life. Since his confessor did not understand addiction, he felt Mark's confessions were not genuine. As result, Mark was denied sacraments. He nevertheless continued his life of service to the poor and his frequent confessions of weakness against opium until he and his family were martyred in 1900 during the Boxer Rebellion. St. Mark Ji Tianxiang, canonized in 2000, has become the patron saint of those with addictions, those who cannot receive sacraments and those with the courage to continue to do good without the sacramental support of the church.[4, 5]

NOTES

1. *Catholic Encyclopedia*, "St. Camillus de Lellis," www.newadvent.org/cathen/03217b.htm.
2. Kalaupapa National Historic Park, Hawaii, "Father Damien," National Park Service website. www.nps.gov/kala/learn/historyculture/damien.htm.
3. Biography.com, "Mother Teresa," website. www.biography.com/people/mother-teresa-9504160.
4. Jim Manney, "This Addict Is a Saint," *Ignatian Sprituality* website. www.ignatianspirituality.com/10830/this-addict-is-a-saint.
5. Meg Hunter-Kilmer, "He Was an Opium Addict Who Couldn't Receive the Sacraments, but He's a Martyr and a Saint," *Aleteia* website, July 6, 2017. https://aleteia.org/2017/07/06/he-was-an-opium-addict-who-couldnt-receive-the-sacraments-but-hes-a-martyr-and-a-saint/.

OPERATIONALIZING OUR MISSION

In 2018, Catholic health care is well positioned to fight the opioid epidemic. Because this isn't our first time at the rodeo, Catholic health care can act quickly based on best practices and established resources. We have the science we need to effectively fight the opioid epidemic. We have clinical guidelines, we have alternate therapies and we have models of care delivery. We have relationships with legislators, administrators and law enforcement. We work with international agencies that collect data about threats and health challenges across the globe.

But we don't have sustained and collaborative efforts. We don't have an effective distribution of financial and administrative resources to provide opioid addiction treatment, prevention, drug diversion and decreased demand. We desperately need moral courage, fortitude, collaboration and perseverance to face the roots of this crisis and succeed. Our history is rich in examples.

OUR CALLS TO ACTION

Imagine an expert panel convened in a government building in Washington, D.C. to fight the opioid epidemic, or in a walnut-paneled conference room at a respected research university. Now imagine that the expert panel is composed of Sts. Camillus, Damien, Teresa and Mark. Although they might acknowledge the scope of the opioid problem, the magnitude of the work and the difficulties of framing collaboration, I doubt any of them would be hand-wringing. These saints were doers. They rolled up their own sleeves, but they also recruited others for help, set up institutions for training and built the infrastructure they needed to face the challenge in front of them. And though they likely saw their work as driven more by obedience than courage, they measured success in terms of action — not accolades.

As an expert panel, the saints might be startled by the wealth of resources we have in the church today. They might wonder at our hesitancy to collaborate, to advocate, to take chances and to wade into controversial waters to save lives, restore families and prevent future addictions. But any distraction would be set aside quickly so that they could create their response, their call to action. It would look like this:

1. **Do something**. Enough with the summits! Save lives. Prevent overdoses. Expand access and capacity for treatment. Support and expand community programs that provide overdose education and Narcan rescue. Work with your state's Opioid STR team to find people and communities who need services and training. Show kindness. Normalize conversations around addiction. First and foremost, remember: Dead people don't recover.

2. **Honor science and the expertise of others.** Use what works. Embrace the science. Seek evidence. Don't duplicate efforts. Change and improve your systems to deliver care in ways that produce the best outcomes — don't be afraid to change what you think or what you know about addiction. That means don't let antiquated notions of moral failing and unproductive concepts of evil stand in the way of intervention. Share your results. Always strive to do more and do better.

3. **Leverage our church's resources, networks and power responsibly and effectively.** Catholic health care is a ministry of the church, as are Catholic education, Catholic higher education and Catholic social services. The ministries of the church often do not communicate well with each other — that can and must change, in order to battle this epidemic. Our parishes are embedded in communities and in history as neighborhood and regional hubs. We have schools, colleges and universities that are centers of education, scholarship and service. Lead and support prevention, treatment and recovery programs at our parishes, schools and universities. Our health care systems provide the full spectrum of health care. And our caregivers are local and national experts — because they are doing the work. Everyone has a role to play in this epidemic.

4. **Step off our campuses and go to those we serve.** Share missions and resources with community agencies who know our communities and our people in ways we don't. Get back to the community. To paraphrase St. Vincent de Paul's charge to the Daughters of Charity, "Let the streets be your campus." Build critical mass by

working with people of shared intentions. Don't worry about who gets credit.

5. **Meaningfully promote what we do well as a ministry and what we have done poorly, so that others can learn through our history.** Demonstrate how we put human dignity at the center of care. Embody our history of pipeline training for health professionals by making every Catholic health care institution a teaching facility. Speak out loud to educate others why and how we value human life. Don't be afraid to relearn vocabulary.

6. **Speak to policymakers to address addictions.** Educate our leaders. Be prepared with a request for them. Reframe health care more broadly so that they can understand how social determinants can drive people to view risky substance use as a good choice. Demand better. And give suggestions.

CONCLUSION

For most people who misuse opioids, addiction is not a primary issue. The primary issue may be a poor outcome from an acute episode of pain or chronic pain management. It may be self-medication for serious mental illness or trauma — public or private, episodic or continuous.

Since addiction is often not the primary issue, long-term recovery is more than treatment and sobriety — it is human flourishing. Catholic health care, at its best, is all about human flourishing. Our health care ministries provide treatment and tertiary prevention. We provide emergent, urgent and long-term care.

We must collaborate with our ministries and partners in education, research and service to gain the means to change culture, find cures and promote effective ideas and models. We must broadcast prevention and health equity through all these venues and then preach them from our pulpits. And we must not try to do these things alone.

This quote attributed to Mother Teresa sums it up: "I used to pray that God would feed the hungry, or do this or that, but now I pray that he will guide me to do whatever I'm supposed to do, what I can do. I used to pray for answers, but now I'm praying for strength. I used to believe that prayer changes things, but now I know that prayer changes us, and we change things."

FRED ROTTNEK is professor and director of community medicine, Department of Family and Community Medicine, Saint Louis University School of Medicine, and medical director of the physician assistant program in the university's Doisy College of Health Sciences, St. Louis.

NOTE

1. Andrew Cunningham and Ole Peter Grell, *Health Care and Poor Relief in Protestant Europe 1500-1700* (London: Routledge, 1997).

QUESTIONS FOR DISCUSSION

Fred Rottnek, MD, believes that Catholic health care has an important role in leading the fight against the opioid crisis. Recalling saints and martyrs of the church who risked everything to minister to so many people who were sick, dying and outcast because of their afflictions, Rottnek challenges today's ministry to do the same. He presents six very specific calls to action.

- Do you think today's opioid epidemic and the bubonic plague of the 16th century make for a good comparison? Can you discuss that in terms of margin and mission, as well as the resources and red tape of large health care systems?
- What are the programs and practices your ministry engages in to operationalize the best treatment and support of people suffering from the opioid crisis? What partnerships with public health departments, law enforcement, local schools and universities are in place or should be in place?
- Rottnek delivers his six action points as terse imperatives. Do you think he underestimates process and planning? Do you think too much time and resources go to meetings and summits? If you had one suggestion to make to the leaders of your ministry about how it should respond to the opioid epidemic, what would it be?

Closing Reflection

Leader: God created the world and all things in it and entrusted them into our hands that we might use them for our good and for the building up of the Church and human society. Today we pray for those who are suffering in the opioid epidemic and all those who are caring for them, that God may strengthen them and restore them to freedom. We pray also for ourselves that we may encourage and support them in the days ahead.

Responsorial Psalm: Psalm 121

All: Our help is from the Lord who made heaven and earth.

Reader: I lift up my eyes toward the mountains; whence shall help come to me? My help is from the LORD who made heaven and earth.

All: Our help is from the Lord who made heaven and earth.

Reader: May he not suffer your foot to slip; may he slumber not who guards you: Indeed he neither slumbers nor sleeps, the guardian of Israel.

All: Our help is from the Lord who made heaven and earth.

Leader: The LORD is your guardian; the LORD is your shade; he is beside you at your right hand. The sun shall not harm you by day, nor the moon by night.

All: Our help is from the Lord who made heaven and earth.

Reader: The LORD will guard you from all evil; he will guard your life. The LORD will guard your coming and your going, both now and forever.

All: Our help is from the Lord who made heaven and earth.

Intercessions

Leader: Our God gives us life and constantly calls us to new life; let us pray to God with confidence. Please respond,

Lord, hear our prayer.

For all of those struggling with addiction and substance abuse, that God may be their strength and support, we pray.

Lord, hear our prayer.

For those gathered, that we may be a strength and support to encourage and assist all of those who struggle with addiction and substance abuse, we pray.

Lord, hear our prayer.

That we may all trust in the mercy of God through whom all things are possible, we pray.

Lord, hear our prayer.

For all who love someone struggling with addiction and substance abuse, may they have faith and patience as they show their love, we pray.

Lord, hear our prayer.

For the Church, that it may always be attentive to those in need, we pray.

Lord, hear our prayer.

All: God of mercy, we bless you in the name of your Son, Jesus Christ, who ministered to all who came to him. Give your strength to all of those struggling with addiction and substance abuse. Enfold them in your love and restore them to the freedom of God's children.

Look with compassion on all those who have lost their health and freedom. Restore to them the assurance of your unfailing mercy, and strengthen them in the work of recovery.

Grant patient understanding and a love that perseveres to those who care for them. We ask this through Christ our Lord. Amen.

A Passionate Voice for Compassionate Care®