



A MATTER OF INTEGRITY

In the United States, access to healthcare, which is a fundamental human right, seems more like a privilege of those fortunate enough to have an employer who can still afford to provide healthcare benefits. Even then, copayments, deductibles, and the cost of prescriptions can keep many insured persons from receiving the care they need and deserve. As providers' reimbursement is whittled down, the inadequacy of cost-shifting (the United States' nonpolicy for care of the poor) has become more evident. Even the well insured find a system that emphasizes acute, inpatient care rather than a continuum of care. The U.S. healthcare system is particularly shameful in its neglect of adequate care for all children. Another phenomenon, popular support for legalized euthanasia, directly attacks human life and dignity, the very bases of the Catholic healthcare ministry.

Catholic healthcare providers cannot safeguard the rights and dignity of those needing healthcare in their communities today without assuming an advocacy role. They cannot attempt to live out their vision and values only in the confines of their healthcare facilities and campuses. They must do more than express their concern and dismay at certain cultural trends in our country. They must translate that concern into advocacy for public policy reflecting their social justice tradition. If they do not, they will be simply part of the problem.



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*To Uphold
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BY ANN
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In the past couple of years Catholic healthcare providers have become increasingly involved in advocacy activities. This phenomenon is the natural consequence of mission-conscious healthcare professionals being committed to the healthcare ministry. In this article I discuss two public policy issues—euthanasia and healthcare system reform—that cry out for advocacy on the basis of Catholic values and social teaching.

THE MEANING OF ADVOCACY

In general, advocacy means speaking or acting on behalf of a cause, a policy, or persons. The term "patient advocate" refers to anyone who has a patient-centered philosophy of care or to a person or entity whose specific responsibility is to protect patients' interests. Over the years many people in Catholic healthcare congregations and facilities have shown a keen sense of justice in their roles as advocates. These individuals have been instrumental in reminding Catholic healthcare providers of their special obligation to the healthcare poor. The Catholic Health Associa-

Summary Catholic healthcare providers today can live out their vision and values only if they become public policy advocates. They must learn how to shape effective public policy to help heal the ailing U.S. healthcare system.

Although from a political perspective they might feel ill-equipped to advocate in the public policy arena, Catholic healthcare providers are richly endowed from the perspective of their tradition of social teaching. They must uphold the common good as a primary criterion in healthcare reform.

Two important issues provide an extraordinary opportunity and challenge for Catholic healthcare leaders to demonstrate their commitment to the common good: euthanasia and healthcare reform.



tion's (CHA's) Division of Government Services has served as an advocate on behalf of CHA members before the legislative and executive branches of the federal government.

However, a need for more effective grassroots representation of the Catholic healthcare ministry's concerns in the public policy arena has arisen in the past several years. Catholic healthcare facilities and systems have recognized a new responsibility to be proactively and systematically engaged in public policy advocacy. Many systems and facilities are beginning to staff an advocacy function. This new advocacy function is not the same as other organizations' government affairs or legislative policy functions. This manifestation of advocacy in Catholic healthcare does involve monitoring and influencing legislative issues, but it also entails much more. Coming as it does from a faith perspective, advocacy involves a more profound critique based on the Catholic tradition of social justice and aims to reform healthcare structures and systems.

A FAITH PERSPECTIVE

The Catholic healthcare ministry is based on a faith perspective—the conviction that Catholic healthcare providers are extending Jesus' healing ministry and contributing to the Church's mission. Catholic healthcare providers believe that, by promoting health, treating illness, and comforting the dying, they are helping to make this world a better place.

That is why Catholic healthcare providers dedicate so much time to articulating their vision and explaining their values. These activities are as critical to their professional responsibility as assessing and responding to the healthcare needs of their communities, adjusting to prospective payment, and coping with competition. In the process of defining their vision and values, Catholic healthcare providers have renewed their commitment to the dignity of all persons and the well-being of the community, or the common good. These values are central to Catholic healthcare because they are at the heart of the Church's moral and social teaching. Virtually all facilities' mission and value statements also express a preferential option for the poor.

ADVOCACY AND THE COMMON GOOD

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endowed from the perspective of their tradition of social teaching. That tradition focuses on the notion of the common good. The U.S. bishops, in a recent statement, *Political Responsibility: Revitalizing American Democracy (Origins)*, October 24, 1991, pp. 313, 315-323), describe the common good as "reconciling diverse interests for the well-being of the whole human family." They trace the decline in political life: "As campaigns focus more and more on symbols and sound bites, citizens seem to focus less and less on candidates and issues . . . [and] seem too often preoccupied by narrow self-interest, indifferent to public life or unconvinced that politics makes any difference."

The bishops suggest that "the key to a renewal of public life is reorienting politics to reflect better the search for the common good." They quote Pope John Paul II, who in *Centesimus Annus* (1991) warned about a "crisis in democracies," which "seem at times to have lost the ability to make decisions aimed at the common good."

Catholic healthcare leaders must uphold the common good as a primary criterion in their advocacy efforts. Euthanasia and healthcare reform provide an extraordinary opportunity and challenge for Catholic healthcare leaders to demonstrate their commitment to the common good.

ISSUES RIPE FOR ADVOCACY

Euthanasia The defeat in November of Initiative 119 in Washington State might be interpreted as a victory for the common good (see Stephen G. Post, "A Postmortem on Initiative 119," *Health Progress*, January-February 1992, p. 70). If it had passed, the initiative would have permitted adult patients who were diagnosed as terminally ill with six months or less to live to request and receive from their physicians "aid in dying" (a euphemism for euthanasia). Those who favored the initiative regard requesting such aid in dying as a right stemming from their autonomy as individuals. Opponents took a broader social perspective and argued that assisted suicide and active euthanasia undermine the common good. They feared the harm it might do to the ethos of medicine and to the bonds of the caring community.

Catholic leaders assumed a prominent advocacy role, primarily an educational one, in the debate around Initiative 119 (see "The Defeat of

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PERSONAL CHALLENGE OF ADVOCACY

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the values and principles that drive us in a Church-sponsored healthcare ministry.

As partners in the Church's healing ministry, we must support one another in our advocacy efforts. We must examine our own life-styles and methods of ministry to ensure that they uphold what we say we believe.

Only in light of who we are, in light of our traditions, and in light of our understanding of God can we envision an alternative future. Otherwise, instead of our faith being a cause of unity, it becomes a cause of division.

MOVING FROM CHARITY TO JUSTICE

How will we know when we are truly serving as advocates for the Church's healing ministry? We will have an inkling we are on the right track when we pass what Rev. Fred Kammer, SJ, describes in his book, *Doing Faith Justice* (Paulist Press, Mahwah, NJ, 1991), as "the acid test": a move from charity to justice.

Fr. Kammer notes that although charity and justice are often viewed as a unit, they are, in fact, distinct from one another:

Charity primarily concerns person-to-person encounters. It shapes our individualized generosity to the nursing home resident or the homeless family. Justice, however, as used in contemporary Church teaching, focuses primarily on economic, social and political structures. Justice is about those arrangements, patterns, systems and ways we do things together. Justice is the framework for love in the world beyond individual encounters. It is the enhancement of love.

To help, to teach, to heal, to dismantle obstacles, and to envision an alternative future through structural changes in society—to move from charity to justice—this is the charge and personal challenge of advocacy. □

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Washington's Initiative 119," *Health Progress*, January-February 1992, p. 79). In addition to educating their own employees, boards, and communities, Catholic healthcare leaders worked with others to inform a broad spectrum of the state's citizens of the substance and significance of the initiative. They also made financial contributions to a statewide media campaign. Given what they represent, it would have been unthinkable for Catholic providers not to have been engaged in vigorous advocacy on this issue. In fact, their involvement in this matter demonstrated not only that they can mobilize significant and effective advocacy efforts, but that their values are shared by many people of good will. It is generally agreed that for the foreseeable future, attempts to legalize euthanasia will need to be quelled by serious advocacy efforts.

Healthcare Reform The growing debate on healthcare system reform provides another opportunity, indeed imperative, for Catholic healthcare professionals to engage in advocacy. Providers have received invaluable assistance from CHA, which has developed a comprehensive healthcare reform plan based on values consonant with Catholic social teaching (see Judy Cassidy, "CHA Seeks Input on Systemic Reform Proposal," *Health Progress*, December 1991, pp. 12-16, 24). CHA's earlier documents on the ethics of rationing and principles for systemic healthcare reform, such as *Charting the Future: Principles for Systemic Reform* (1990) and *With Justice for All? The Ethics of Healthcare Rationing* (1991), as well as the

focus groups and regional meetings it held to obtain input from members, prepared Catholic healthcare leaders to be informed participants in the public policy debate on healthcare reform.

Furthermore, various reform efforts at the state level provide firsthand opportunities to demonstrate Catholic healthcare providers' concern about the need for universal access, a basic package of comprehensive benefits, and stewardship of healthcare resources according to community needs. Responsible healthcare providers, to say nothing of those who view healthcare as a ministry, should feel compelled to help shape these state initiatives, which may instruct Americans on the most effective national reform.

It remains to be seen whether Catholic healthcare providers will become leaders in this arena. Given the grossly inadequate healthcare system, it is not an overstatement to claim that Catholic healthcare providers can justify their participation in healthcare delivery *only* if they are seriously engaged in advocacy as well.

TRANSLATING VALUES INTO ACTION

Catholic healthcare providers' vision and values must go beyond the frontispiece of annual reports and strategic plans, even beyond values and leadership programs and performance evaluations. Just as providers find practical ways to exhibit their values in clinical practice, management decisions, and practices and policies that affect their employees, so must they understand and undertake advocacy as the practical way to translate their values into policy and law. □