





A Vision for Hope in Catholic Health Care

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Three generations of ministry leaders have been engaged in a struggle to retain the soul of Catholic health care, and the intensity is greater now than ever. They have endured this struggle since the rise of the for-profit health care services sector in the early 1980s, when then-Editor-in-Chief of *The New England Journal of Medicine* Dr. Arnold S. Relman named and proclaimed the new medical-industrial complex as the most important health care development of the time. He described it as “a large and growing network of private corporations engaged in the business of supplying health-care services to patients for a profit — services heretofore provided by nonprofit institutions or individual practitioners.”¹

How dominant has the medical-industrial complex become? Earlier this year, the Institute for Healthcare Improvement’s President Emeritus Dr. Donald M. Berwick lamented the many ways that greed in U.S. health care “is becoming a stranglehold, with dangerous and pervasive consequences.”² Could anything other than a dangerous stranglehold have been expected from more than 40 years of medical-industrial complex onslaught?

The medical-industrial complex systematically depersonalizes caring and deprofessionalizes caregivers. Its contracts undermine professional commitments to care for ill or injured persons by prioritizing treatment as a commercial product for consumers with purchasing power. It maintains that competent treatment toward curing disease fulfills occupational obligations while tolerating compassionate caring and healing of persons as nice marketing, but optional.

Thankfully, not all for-profit organizations have succumbed to this worldview, but the deep inroads of the medical-industrial complex throughout U.S. health care are undeniable. Leaders of Catholic health care have mightily resisted

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this decades-long, relentless corrosion of healing vocations in clinical practice and administrative leadership. Our superb ministry leadership formation efforts have been in the avant-garde of resistance. Even so, we have not been immune to the poisonous impact of the medical-industrial

complex. Especially today, after the unprecedented and immense losses and sufferings of the pandemic, we are at particular risk. And the stakes in this struggle extend beyond organizational survival to impacting the very existence of Jesus' healing ministry within the nation's commercialized health care industry.

Obviously, the medical-industrial complex targets Catholic health care as it attempts to lure us insidiously into its worldview. In some cases, outside organizations are brought in to "transform" health care or reduce costs, but they may do so without a complete understanding of the mission and values of Catholic health care and the factors that should truly motivate care within it. Why? Because the heart of our ministry, the distinguishing characteristic of our mission, is not so much what we do, but how we do it and for whom. We view all persons equally as children of God.

Recognizing our interpersonal connectedness and its source is the very taproot of our mission of healing love. Absent this recognition, our ministries would be in dire straits.

The good news is that we can still thwart this threat to our mission. CHA has repeatedly emphasized the urgency of doubling down on our ministry leadership formation endeavors. Members across the ministry have incorporated creative, effective ways to hardwire mission commitments into the key organizational processes of their systems and hospitals. The call of this moment is to reinvigorate the prophetic vision of one another as our sisters and brothers, which is the foundational pillar and wellspring of our mission to heal as Jesus did and does.

RECOGNIZING THE DIGNITY OF ALL

The ministry's vision is prophetic because it decries and stifles the power of the medical-industrial juggernaut. This power depends upon reducing caregiving professionals to technical functionaries. Persons with illness and injury are then pursued to profit from their treatment. We are being challenged to sustain our vision in surgi-

cal rooms and C-suite executive offices, in the ER and HR, and at the bedside and in the boardroom.

In this struggle, our strongest power is to pay attention to our patients, clients and colleagues — all those whom we serve and with whom we serve — as sisters and brothers. This is the bedrock of Catholic social teaching.

Consistently recognizing each person's inherent dignity and allowing this recognition to permeate our actions is the melody of our heritage song. This awareness permeates ministry leadership formation, revealing the deepest truths of our communities of caring. Creation, incarnation and redemption revolutionized human consciousness. Every member of our human family radiates the dignity of the divine image. Jesus, our brother in the flesh, saves all his brothers and sisters. Recognizing our interpersonal connectedness and its source is the very taproot of our mission of healing love. Absent this recognition, our ministries would be in dire straits.

Yet, as soon as we see those who are seeking care or swiping the time clock as our brothers and sisters, we will resist the medical-industrial complex's attempts to depersonalize our ministries. When physicians, nurses and therapists intentionally bring this sensitivity to their history and physical examinations or other assessments, they will establish caring professional relationships. They will also rebel against institutional constraints that obstruct caring and healing. When managers and executives bring this awareness to their hiring interviews and performance appraisals, they will strengthen communities of caring where our healing mission thrives. They will also advocate for policies, procedures and leadership practices that go beyond regulations and economic priorities. A revolution will be underway.

Spiritually and psychologically, it is nearly impossible to look a sister or brother in the eye — to recognize our common bond — and treat them as nothing more than a disease, source of reimbursement or dispensable labor.

So, an antidote to the medical-industrial complex's poison is to see others as our sisters and brothers, and to recognize their dignity and value. If this sounds too pious, maybe even naïve, beware



underestimating the power of the Spirit among us.

PAUSE, AND REFLECT ON EACH INDIVIDUAL'S VIRTUE

Even if our view in the ministry may sometimes become fuzzy or blurry, we know our vision can be restored with clear-sighted organizational reform close behind. The ways to sustain our focus are as practical as they are simple.

For instance, when walking from the parking lot or into the workplace, consider the goodness of the individuals you are about to join in a community of compassionate caring. Hesitate just a moment when your phone rings before answering to recognize the voice of a unique child of God. Pause outside the hospital room or nursing station before entering to consider the sisters or brothers you are about to greet. Think twice as you open a chart or personnel file to become acquainted with another member of God's family. Use "gallery view" at the start of virtual conferences and appointments to scan the uniqueness of your colleagues. Opportunities abound daily.

Practices like these aren't gimmicks, but they are choices. Each time we choose to put our vision into practice within our ministry activities, we

create a few moments of focus that initiate relationships of caring or collaboration instead of an impersonal transaction of treatment or function. Soon they become habits that strengthen professionalism and ministry leadership.

Through these practices, our mission thrives and overcomes market-driven forces that cannot withstand healing power. And our vision for hope remains simple, yet so profound.

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NOTES

1. Dr. Arnold S. Relman, "The New Medical-Industrial Complex," *The New England Journal of Medicine* 303, no. 17 (October 23, 1980): 963-970, <https://www.nejm.org/doi/full/10.1056/NEJM198010233031703>.
2. Dr. Donald M. Berwick, "Salve Lucrum: The Existential Threat of Greed in U.S. Health Care," *JAMA* 329, no. 8 (February 28, 2023): 629-630, <https://doi.org/10.1001/jama.2023.0846>.

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