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ANALYSIS

Theology and Ethics: Keys To Continuing Catholic Healthcare

When prominent Church thinkers voice serious concerns about the viability of the Catholic health ministry, leaders of that ministry are wise to pay attention. Recently Card. Joseph Bernardin and Rev. Richard A. McCormick, SJ, have asked, Can Catholic healthcare organizations, which share many features of their secular counterparts, be vehicles for the mission of the Church? Can they preserve their mission in the current environment?

Theologians, ethicists, and mission professionals at the Catholic Health Association's (CHA's) annual Ethics Colloquium in March analyzed these two questions and their own role in today's volatile healthcare environment.

Threats to the Ministry

In his pastoral letter *A Sign of Hope*,[1] Card. Bernardin says market forces threaten to make healthcare more of a business than a ministry. These forces may distract Catholic healthcare from the vision of healthcare as a sign of hope. Insisting that the primary goal of medical care is to enhance people's health—not to earn a profit or a return on investment for shareholders—Bernardin calls for the establishment of standards by which Catholic healthcare organizations can evaluate the Catholic character of their activities and programs.

Hope: Mark of Distinction

Card. Bernardin's pastoral articulates his vision of what Catholic healthcare is and must continue to be. What makes Christian healthcare distinctive, he says, is its vocation to comfort people who are experiencing the chaos of illness, even the prospect of death, by giving them a reason to hope. Hope, which is rooted in trust in God's permanent, unchanging love for us, is an attitude that rescues people from despair and grief. Card. Bernardin says, "Trusting in God's love from which we can never be separated, we are confident that it is always possible to continue with life despite the chaos we encounter along our pilgrim journey."[2]

Secularization is substituting a business ethos for the professional value of healthcare as a human service, says Rev. Richard A. McCormick, SJ.

Card. Bernardin urges Catholic organizations to keep in mind this distinctive element as they strive to answer some difficult questions:

- As the focus of healthcare moves from acute care to the organized practice of medicine within integrated delivery networks, how can we become "sponsors" of this form of healthcare?
- How can we sponsor HMOs, or own vehicles for providing insurance or other forms of securing adequate access to healthcare services?
- Can we ever sponsor investor-owned organizations?
- Can we work closely with or engage in joint ventures with investor-owned organizations or organizations whose mission and value base are possibly not compatible with our religiously based tradition?[3]

Vision in Question

Fr. McCormick expresses somewhat more doubt about the strength of the vision of Catholic healthcare.[4] In his article, he says, "I believe that a strong argument can be made that the circumstances of the late 20th-century United States have weakened and sometimes dissolved the culture of the Catholic health care facility, the strength and transforming power of its vision."[5] The raison d'être of Catholic healthcare organizations—to enact in the healthcare setting God's love for us, whether patient or employee—has become "practically dysfunctional," according to Fr. McCormick. He warns that "whether a Catholic health care mission is alive, vibrant and formative will depend heavily on the context in which health care is delivered."[6]

And the context he sees is not reassuring. He says healthcare delivery is becoming more and more impersonal as managed care erodes both physicians' autonomy and their time to spend

with patients, and as care is increasingly delivered with the assistance of machines and computers.

Secularization—that is, "preoccupation with factors peripheral to and distractive from holistic human care (competition, liability, government controls, finances)"[7]—is substituting a business ethos for the professional values of healthcare as a human service, he says. Groups (e.g., insurers, HMOs, government) that have interests other than the immediate good of the patient are mediating in the provision of services. This phenomenon poses the danger that the good of the individual may be subordinated to the values of society at large (such as technology, efficiency, and comfort), as these values shape medical and research priorities.

Fr. McCormick says the healthcare system is biased toward providing acute care, curing disease, and prolonging life at a time when our aging society needs more caring. In sum, he writes:

> The Catholic hospital is being asked to sustain a Catholic culture in:
>
> 1. A depersonalized atmosphere.
> 2. Where medicine is increasingly viewed and lived as a business.
> 3. At a time of powerful market and competitive pressures that exits patients quicker and sicker.
> 4. In a culture that tries to transcend mortality, invests big time in sick care and medicalizes more basic human problems.
> 5. At a time of the hospital's diminishing importance and religious influence.
>
> Is the mission possible?[8]

Internal Threats

Factors internal to the Catholic health ministry also weaken its ability to survive. Corrine Bayley, who led the colloquium's opening session, added to the list of external problems the following threats, the first three of which involve the ministry's own self-understanding:

- A narrow understanding of Church and of how God works in the world
- Lack of clarity about Catholic identity, but a preoccupation with promoting it
- A limited appreciation of the scope of the U.S. bishops' *Ethical and Religious Directives for Catholic Health Care Services*
- Insufficient attention to evaluating the extent to which our Catholic institutions actually do what they claim in their mission and values statements

"The focus on sacramental ministry has shifted to spiritual ministry in an ecumenical setting," said Corrine Bayley.

Bayley, who is senior vice president for mission and values, St. Joseph Health System, Orange, CA, noted that Card. Bernardin, in *Making the Case for Not-for-Profit Healthcare,*[9] said a not-for-profit always begins by asking three questions:

- What is best for the person who is served?
- What is best for the community?
- How can the organization ensure a prudent use of resources for the whole community, as well as for its immediate customers?

The answers to these questions may indicate that there is compatability among not-for-profits.

A New Catholic Identity

The traditional ways of defining Catholic identity have to be broadened, Bayley said. She believes "the focus on sacramental ministry has shifted to spiritual ministry in an ecumenical setting." This shift requires more adequate criteria for determining Catholic identity.

For example, Bayley's system asked board members, managers, religious congregation members, and physicians to indicate the most important elements of Catholic identity. These key stakeholders said an organization demonstrates Catholic identity by:

MINISTRY HINGES ON BOLD VISION

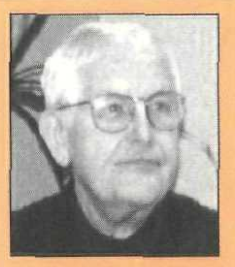
"The greatest barrier to a vibrant Catholic health ministry in the twenty-first century will be leaders' lack of courage to act now," Sr. Bridget McCarthy, RSM, president and CEO, Mercy Healthcare Sacramento, said at the Ethics Colloquium. She said success requires a bold vision that involves:

- Collaborating with other organizations
- Linking with physicians
- Assessing community needs
- Moving from patriarchy to partnership
- Responding to local needs
- Subscribing to the subsidiarity principle with employees and community
- Reaching the "core spiritual insight" that death is natural

Sr. McCarthy said Catholic hospitals must collaborate with physician groups, all of which are for-profit and many of which are investor owned. A key question she raised was: "How do we design criteria for specifying which investor-owned organizations—HMOs, medical groups, etc.—we will affiliate with?"

- Responding to the needs of the whole person—body, mind, spirit
- Shaping care from the patient's perspective
- Working with others in the community to improve the quality of life
- Providing high-quality care
- Demonstrating responsible stewardship of resources
- Dedicating resources to care of the poor
- Advocating universal access to care
- Committing resources to develop employees
- Meeting the needs of dying persons and their families
- Playing an active part in reforming the financing and delivery of care
- Addressing clinical and business ethics

Bayley said it would be wonderful if patients or employees were saying to the rest of the community, "Affiliating with a Catholic organization is the best thing that can happen. The quality of their care is superior. They provide a community of love, respect, and support to the dying. Relationships with patients are characterized by mutual respect, trust, modesty, and confidentiality. There is effective management of all types of pain and suffering. They are the best employers in town. They take seriously their commitment to improve health and the quality of life." But in Bayley's experience, when Catholic organizations come together with others, the public is more concerned about how the affiliation will limit, rather than enhance, services.



Bp. James Malone, DD, challenged colloquium participants to be vocal in articulating society's responsibilities for the poor and vulnerable.

"We need to be asking ourselves the deeper questions," she urged. "For example, do people really experience spiritual nurturing and growth from contact with pastoral care? Do our ethics committees make a difference? Does our mission person make a difference? If we are going to be in the Catholic health ministry, we have to face internal difficulties and hold ourselves accountable for what we say on paper."

New Roles for Theologians, Ethicists

In responding to the demands of Mission, Catholic organizations need the assistance of ethicists and theologians.

Shaping Moral Agency Jack Gallagher, director of corporate ethics, Holy Cross Health System, South Bend, IN, suggested that these professionals can shape the organization's moral agency, which is carried out by its structures that address fundamental human needs and its decision making. Theologians and ethicists can guide administrators and providers in discerning corporate goals in light of mission by creating processes in which these decision makers devote time to reflecting on key issues.

Investigate Healthcare Sectors Bp. James Malone, DD, challenged colloquium participants to be vocal in articulating society's responsibilities for the poor and vulnerable, as well as the instrumental rights (the conditions that must be present in large institutions such as the healthcare system) associated with the human and social rights to medical care.

He called on participants to determine which sphere of our society is most capable of preserving and enhancing those rights—the government; the not-for-profit private sector; or the investor-owned, publicly traded sector. Bp. Malone, now retired, wrestled with these questions as bishop of Youngstown, OH, when the Sisters of Charity of St. Augustine formed a partnership last year with Columbia/HCA, an investor-owned company.

Future Steps

As the colloquium came to an end, the group agreed to take practical steps to provide the anal-

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WAYS TO BE A SIGN OF HOPE

Fr. Tuohey

Affirming Card. Bernardin's vision of Catholic healthcare, Rev. John F. Tuohey, theology professor at Catholic University of America, Washington, DC, challenged healthcare organizations to be signs of hope by taking concrete actions:

- Encourage public worship. Hire people, including physicians, who can pray with patients and can diagnose spiritual distress.
- Encourage the acceptance of the limitation that is part of the human condition.
- Refuse to provide procedures that society cannot afford to pay for.
- Provide palliative care for the dying in many healthcare sites—hospitals, long-term care facilities, assisted living units—not just in separate hospices.
- Emphasize community by structuring buildings so that people are not isolated in private rooms.
- Place wheelchair-accessible prayer spaces throughout a building, not just in a large chapel.
- When possible, avoid restraints and bed rails, which can undermine hope.

THEOLOGY AND ETHICS

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ysis and education the Catholic health ministry needs as it strives to answer the questions raised by Fr. McCormick and Card. Bernardin. They also resolved to respond to an additional question that surfaced over the course of the three-day meeting: Can Catholic healthcare develop resources to address threats to the ministry? They identified specific areas in which they can provide guidance for leaders, including:

- The theological basis for the *Ethical and Religious Directives for Catholic Health Care Services*
- The meaning of the "common good" tradition for healthcare today
- Leadership modes that correspond with those articulated in the documents of the Second Vatican Council
- Clarification of the concepts "for-profit" and "not-for-profit" and an accompanying ethos for forming partnerships
- Practical tools for decision making

Sr. Jean deBlois, CSJ, RN, PhD, CHA's vice president of Mission Services, said CHA plans to work with theologians and ethicists during the next year to achieve tangible means to probe the fundamental questions raised at the meeting. —*Judy Cassidy*

For more information, call Sr. Jean deBlois at 314-253-3419.

NOTES

1. Joseph Bernardin, *A Sign of Hope*, Archdiocese of Chicago and Catholic Health Association, 1995.
2. Bernardin, p. 3.
3. Bernardin, p. 12.
4. Richard McCormick, "The Catholic Hospital Today: Mission Impossible?" *Origins*, March 16, 1995, pp. 648-653.
5. McCormick, p. 648.
6. McCormick, p. 649.
7. McCormick, p. 650.
8. McCormick, p. 653.
9. Joseph Bernardin, *Making the Case for Not-for-Profit Healthcare*, Archdiocese of Chicago and Catholic Health Association, 1995.