Approaching the Millennium

How Can Catholic Healthcare Best Celebrate the "Year of the Lord's Favor"?

BY SR. MARYANNA COYLE, SC

Sr. Coyle is president and executive director, SC Ministry Foundation, Cincinnati, and chairperson, Catholic Health Initiatives, Denver. This article is adapted from a presentation she gave to the Annual Trustee Seminar of the Catholic Health Association of Ontario in April 1997.

In fewer than 400 days, we will be on the threshold of the 21st century—the start of a new millennium, a jubilee year. From what perspective should we view this event? Doomsayers are already speaking of tragedy, chaos, dire consequences, seeing it as the end, rather than a beginning. But we faith-filled people see the event much differently. The third millennium marks the 2,000th anniversary of the birth of Christ, "when the fullness of time had come." We prepare for the millennium as active, joyful participants.

Pope John Paul II, in his apostolic letter "As the Third Millennium Draws Near," describes the biblical custom of jubilee as "a time dedicated in a special way to God."[1] He reminds us that the Old Testament's prescriptions for a jubilee year established a social doctrine that would be more fully developed in the New Testament. The jubilee year, the pope writes, "was meant to restore equality among the children of Israel. . . . [It] was a reminder to the rich that a time would come when their Israelite slaves would become their equals and would be able to reclaim their rights. . . . At the times prescribed by law, a jubilee year had to be proclaimed to assist those in need. Justice, according to the law of Israel, consisted above all in the protection of the weak."

How might we, as stewards of the Catholic health ministry, manifest this "year of the Lord's favor?"[2] If we are to ignite a new spirit among ourselves, how can we best prepare to do that? We might begin by examining what John Paul II calls the coming "Great Jubilee" in three different ways:

- As a time to step back, to review our ministry from a historical perspective
- As a time to set things right, to rectify injustices
- As a time to invoke a new spirit, to witness our faith and mission with integrity and hope

A Time to Step Back

We recall the prominent role religious institutes played in the creation and development of the Catholic healthcare delivery system. In reaching out to the needy, the founders were motivated both by personal commitment and a corporate value system rooted in the Gospel message: "To bring good news to the poor, to bring liberty to those deprived of it, to free the oppressed, to give back sight to the blind."[3]

Catholic healthcare has been shaped by the social justice doctrine of the preferential option for the poor and needy—the most vulnerable people in our society. With a deep belief in, and fidelity to, this Gospel mandate, religious congregations pioneered the development of Catholic healthcare. Possessing limited resources, they approached their work with personal and communal sacrifice and undaunted zeal.

Looking back on the development of our ministry, we see that what began as scattered single facilities have become large systems providing a broad range of services within a complex, competitive environment. But these accomplishments rest on the founders' years of sacrifice. The equity of lives and years of sacrifice cannot be recompensed by monetary or structural arrangements that, by their nature, tend to diminish this tremendous legacy.

Much has changed in recent years. Stand-alone institutions, fee-for-service payment, single providers—these no longer define the successful healthcare enterprise. Mergers, consolidations, and joint ventures will characterize the Catholic health ministry of the twenty-first century. The degree to which our ministry will be, not a marginalized presence, but a vital component of the national healthcare system, depends on our ability to create successful relationships.

The concepts from the strategic plan of the Catholic Health Association of Ontario provide a framework for the following principles.

Commitment to a Consistent Christian Perspective In creating new partnerships we must be faithful to Catholic traditions and teachings, on one hand, and open to other faith-based organizations, on the other. This fidelity requires considerable scrutiny of the organization's mission, history, and practices. Governance structures, management policies, and organizational cultures will be the

vehicles through which we sustain our Christian perspective.

Commitment to the Promotion of Human Dignity, Human Rights, and Morality in Matters Pertaining to Sickness and Health Respect for these core values must constitute the threshold of negotiations with prospective partners. Collaboration should always advance Jesus' mission to heal and serve. The ethical positions of the Catholic Church must never be compromised in the name of cost effectiveness.

Commitment to a Holistic Regard for Health and Healthcare as a Total Process Our new partnerships must be designed to respond to the needs of the whole person: body, mind, and spirit. The concept of health services should be inclusive, complementary, and grounded in shared values and mission.

Commitment to the Development of Community Awareness and an Environment Conducive to Health Healthcare services should be designed to meet the needs of the local community. To do this, we must regularly assess the community's needs and assets. Support from the community, in turn, strengthens collaborative efforts.

Commitment to Advocacy on Issues Affecting Health and Well-Being In all our collaborative efforts, we must affirm healthcare as an essential human right. We will be strengthened in our advocacy by ongoing reflection, dialogue, and action.

We must, moreover, ensure that our consolidations, joint agreements, and partnerships:

- Are the most appropriate option for strategic integration, once a thorough assessment of alternative organizational structures has been completed
- Strengthen Catholic health ministry and its tradition of service to the poor and sick
- Are based on equitable governance and financial arrangements
- Bring the community measurable benefit, including care that is of higher quality, lower cost, offered along a broader continuum, and accessible to more people.
- Incorporate an ongoing process for the development of mission and leadership and the integration of values
- Promote the health of communities and individual residents through a comprehensive spectrum of holistic services
- Maintain sponsors' reserved powers that enable them to establish clear lines of authority with defined responsibilities

As the National Conference of Catholic Bishops said in its 1983 pastoral letter on economic justice: "Today a greater spirit of partnership and teamwork is needed; competition alone will not do the job. . . . Only a renewed commitment by all to the common good can deal creatively with the realities of international interdependence and economic dislocations in the domestic economy. The virtues of good citizenship require a lively sense of participation in the commonwealth and of having obligations as well as rights within it."[4]

> Justice, the pope reminds us, consists above all in the protection of the weak.

A Time to Set Things Right

"To set things right" in our local communities is to address the factors that contribute to the lack of health and wholeness there. In some communities, this may require us to shift our focus from acute care to other, more creative forms of care. As things are now, our energies are sometimes consumed in competition and duplication, and we fail to hear the voices of the needy and see the signs of erosion in the wholeness of our people.

"Justice, according to the law of Israel, consisted above all in the protection of the weak," the pope reminds us. The Catholic health ministry is about the "protection of the weak." Who are the weak of our time? They are those without power or voice: the single mother unable to provide for her children, the elderly widow without resources, the downsized victim of market forces—perhaps even the religious sponsors of a healthcare organization who happen to be experiencing a loss of cultural identity.

How do we in Catholic healthcare begin to "set things right"? We might begin by confessing the powerlessness external forces have inflicted on us, and the powerlessness we have in turn inflicted on others. Having confessed the truth, we are called to penance. We can make amends for our corporate sins by, for example:

- Reevaluating our policies regarding salaries and promotions
- Making our compensation practices more equitable
- Providing education and retraining to employees who are about to be downsized

JUBILEE 2000

Justice Is the Theme

Sr. Coyle's article, which discusses justice in healthcare, serves as a kind of preview of the 1999 Catholic Health Assembly, in Orlando, FL, whose theme will be "Let Justice Flourish."

• Reconciling a restructured organization with those who have been hurt by the restructuring

Organizational reconciliation challenges us to be ministers of healing. Through forgiveness, compassion, and a renewed sense of solidarity we may, with God's help, advance the cause of justice.

Society needs our ministry to fill its traditional role as the guardian of human life.

A Time to Invoke a New Spirit

If Catholic healthcare is to be a vital force in the new century, we must ignite the flame of hope in our hearts and in our ministry. Bp. Joseph Sullivan, Brooklyn, NY, says the Catholic health ministry is an "essential presence" in U.S. society because it acts as a voice of conscience helping to protect the common good.[5] But, given the current state of our nation's economy and healthcare delivery system, we in Catholic healthcare are sometimes apprehensive about our ability to maintain this presence.

We need to reexamine our ministry in both its expression and its influence. A physician on the board of Catholic Health Initiatives, Denver, recently offered his own thoughts on the ministry:

> I do my best to help patients get well, and when they do, I celebrate the goodness of God and the honor of being a physician, of sharing in God's work of healing. But . . . a hospital, especially a cancer center, is not just a place of healing . . . it is also a place of suffering and death. . . . My personal belief is that God, who witnesses that suffering and death, is surely present to each patient during this journey, but that presence of Divine Comfort and healing is ordinarily achieved through human intermediaries. . . . As we try to understand our changing roles, relationships, and duties in health care reform, let us not forget one central principle. It is our duty and our honor to help patients carry their cross.[6]

The late Card. Joseph Bernardin once noted that the Catholic health ministry offers society a "sign of hope."[7] Our hope, sealed by God's covenant and promise of resurrection, can be rekindled in anticipation of the third millennium as we welcome the year of God's favor.

Today, more than ever, society needs the Catholic health ministry to fill its traditional role as the guardian of human life in all its dimensions. Our ministry is also essential as a critic of those forces that oppress people and restrict their rights. And our ministry's belief in stewardship can help society distribute limited resources wisely and fairly.

Our work in the new millennium may take us from the center of the U.S. healthcare system to its margins. That is because the system continues to revolve around the institutional paradigm and the competitive marketplace. This journey will require from us an openness to different expressions of the ministry, as well as a willingness to relinquish its traditional expression. But at the margins lies the possibility of transformation. At the margins, we will find the energy necessary to create a new, more inclusive healthcare paradigm.

Healthcare in the New Century

What are the larger societal issues that will influence the delivery of healthcare in the 21st century?

Demographics reveal the large baby boom generation, which, as it ages, will have needs and expectations that are different from its predecessors'. Because baby boomers are already experiencing "alternative" care modalities, they are likely to give such approaches a more prominent place in the medical mainstream. Baby boomers represent a consumer-driven population that often uses the Internet as the entry point for its healthcare.

Increasing cultural diversity—especially in large cities, where minority groups are becoming a majority of the population—will also have an impact on healthcare delivery. The Church itself will have to adjust to these cultural changes. Having once had as its foundation an immigrant population from Europe, the Church is now experiencing a new wave of immigration from other parts of the world. Because of this, the Catholic health ministry finds itself at healthcare's margins, responding to the needs of immigrants who can find help nowhere else.

Advances in the biological sciences will enable physicians to predict, and thus alter, disease patterns—to "engineer" health. Advances in cybernetics and robotics will make home healthcare more efficient and less costly. On the other hand, such advances make holistic integration more difficult.

Continued on page 29

One way to facilitate group trust is to begin with relatively small and easily achievable projects. Their success will support further efforts.

year, and almost 70 percent of the target population received the three-dose regimen. The BRHF hospitals coordinate nurses and medical supplies, and the vaccine is donated as part of the national Vaccines for Children program. This program, which has received national attention, is scheduled to run through 2002.

Sickle Cell Anemia Program

BRHF hospitals are also collaborating on a program to enhance the lives of local sickle cell anemia sufferers, and to change emergency room protocols. In April 1998 an Atlanta physician presented a program on sickle cell management and potential new therapies to more than 200 area healthcare professionals, and in May Southern University presented a program on the dietary needs of the sickle cell patient for dietitians and nurses. This program will be presented again in the spring of 1999.

Each hospital will present a program on a specific topic for sickle cell patients and their caregivers and families. One program will be presented each month for the next six months, and then the programs will be evaluated and a new six-month schedule outlined. The local and state sickle cell anemia associations participate in and endorse this program, and other communities have expressed interest in adapting the program for their own needs. Louisiana's Department of Health and Hospitals has received federal funding for a sickle cell initiative and will consult the BRHF to determine the best way to utilize these funds to reduce patient stays and enhance the quality of life for sickle cell sufferers. All this progress is due to the fact that nurses from two BRHF hospitals, Our Lady of the Lake and Baton Rouge General, sat down together to discuss ways to improve quality of care. The president of the medical society brought their idea to the BRHF Executive Committee and it was adopted by all the hospital CEOs.

Mutual Trust Is Key

In a partnership of this nature, building trust is imperative. This takes time, but one way to facilitate group trust is to begin with relatively small and easily achievable projects, so that their success supports and encourages the group's further efforts.

Potential problem areas involve questions of ownership, equality, and leadership. All the partners must feel they have input in the projects, from the choice of undertakings throughout their execution. Each partner must also feel that its voice carries as much weight as the others'. Finally, the partnership's steering committee must be composed of the member organizations' top leaders—the CEOs or their equivalent. Delegating this responsibility can undermine success.

After five years, the forum's members can look back on significant accomplishments. The road is occasionally rocky, but no organization has left the forum, and three have joined the original group. Building and keeping mutual trust has been key to BRHF's success, and it will be key in the future. □

APPROACHING THE MILLENNIUM

Continued from page 26

Who, in the future, will pay attention to patients' spiritual needs?

Healthcare, which was originally designed by the caregivers themselves (physicians and nurses), is today being redesigned, to some extent by outside forces (employers, insurance companies, and government programs such as Medicare and Medicaid). The Catholic health ministry also has a role in this redesign. Our ministry's success will depend on our vision and our ability to make effective use of our human and material resources.

Deciding how we want the Catholic health ministry to fill its role in U.S. society will be the result of corporate reflection. To this reflection we must bring a deep sense of our Catholic tradition and of the pioneer spirit that laid the foundations of our ministry. We must also bring a readiness to reexamine the extent to which our current structures and services fit the needs of the new century. But, most of all, we must bring the conviction that Catholic healthcare remains an essential presence. From this conviction we can embrace a vision of the greatest potential for the expression of our ministry in the new millennium. □

NOTES

1. John Paul II, "As the Third Millennium Draws Near," *Origins*, November 24, 1994, p. 406.
2. John Paul II.
3. Lk 4:18-20.
4. National Conference of Catholic Bishops, "Economic Justice for All: Pastoral Letter on Catholic Social Teaching and the U.S. Economy," in *Pastoral Letters of the United States Catholic Bishops*, Hugh J. Nolan, ed., vol. V, NCCB/USCC, Washington, DC, 1989, p. 469.
5. Joseph Sullivan, remark made at the autumn 1997 meeting of the National Coalition on Catholic Health Care Ministry.
6. Andrew von Eschenbach, MD, *Texas Medical Center News*, 1994.
7. Joseph Bernardin, *A Sign of Hope*, Archdiocese of Chicago, Chicago, 1995.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, January-February 1999