

ARE WE READY FOR THE CHALLENGE?

Bringing Jesus' Words and Deeds Alive in Our Healing Ministry

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ev. Martin E. Marty's "Can We Still Hear the Call?" elicits a hope-filled "Yes" from those of us in Catholic health-care. Although the call to carry on Jesus' healing ministry is one among many that

Catholic providers face, Marty eloquently argues that a call from God, especially through the sick and infirm, demands a tangible response. Responsible stewardship of health-care ministry demands that we address difficult questions like: How can we preserve our Catholic identity in these confusing times? How can we continue to remember our religious roots? and, How are we furthering the ministry of Jesus?

In this article I will concentrate on 3 of Marty's 10 elements of "the call" that Catholics can hear and to which they can respond: a sacramental view, human exemplarity, and a special ethos. I believe these three elements are integral to what Catholic health-care ministry is about. The elements can frame a response to the call that is worthy of our tradition.

As a woman religious, I am proud of my Mercy heritage and the congregation's commitment to the poor and sick; and, as a Catholic theologian and ethicist, I am keenly aware of the myriad obstacles Catholic health-care providers face. Sacramentalism, exemplarity, and ethos help Catholic providers maintain their moral integrity. I agree with Marty when he asserts that these qualities are "graspable and transmittable by non-Catholics," who contribute enormously to the Catholic health-care ministry.

A SACRAMENTAL VIEW

Catholic theology has always revered the spiritual aspect, or "soul," of individuals, communities, and institutions of faith. Marty notes that Aristotle described soul as the "integrated vital power of any naturally organic body." Catholic tradition has never defined humanness simply in terms of spirit, but has always revered bodiliness. Jesuit theologian Karl Rahner insists that, just as we maintain Jesus is both true God and true human—with two inseparable natures—so, too, Catholics believe that human persons are both body and soul.¹ We therefore render to both the utmost reverence and respect.

Nowhere is body-soul unity more evident than in healthcare, where the care giver is concerned with the patient's bodily needs, focusing on either wellness or illness. The Church's sacramental system addresses the spiritual and physical needs of God's people, providing for initiation, spiritual sustenance, grace, strengthening, and healing. Anyone who is minimally observant need only accompany a healthcare professional for a day to recognize that health-care is about the "stuff" of human life: assisting in the birthing process, comforting those who are dying, sustaining and healing the sick.

People who come to us for healing and caring, be they patients or families, must come to grips with some of life's most profound challenges. Catholic healthcare professionals must respond to patients' and families' needs as compassionate care givers. As healthcare extends beyond the bounds of buildings and institutions into the community, pastoral care professionals explore new and creative methods of caring for those in need. Reverencing the ethnic and religious diversity of staff and patients, pastoral care staff must be professional, ecumenically broad, and sensitive to the

spiritual needs of patients and families. This approach enables healthcare professionals to view the ministry as a call rather than a job.

If we in Catholic healthcare are to answer Marty's call affirmatively and to build on our solid sacramental heritage, we must answer the following questions:

- What place do we give pastoral care within our budgets?
- How well-staffed, professionally prepared, and ecumenically broad are our pastoral care departments?
- What role do pastoral care personnel, or local clergy, play in those areas which ultimately affect patient care (e.g., ethics committees and boards of directors)?
- Do the units where patients frequently die (e.g., oncology, cardiac care, and intensive care) receive as much financial support and public relations attention as our new, high-tech birthing centers?
- How have we reached beyond the confines of our buildings into the communities we serve? What percentage of our staff are "on the street"?

HUMAN EXEMPLARITY

Human exemplarity in healthcare delivery stands as a "clearing in the woods" visible for all to see—a place where, as Marty contends, cultivation can take place. Catholic healthcare providers do not necessarily *do* things differently than other providers; they *see* different things. We profess to see the suffering Christ in each patient and resident. We declare in idealistic mission statements that we serve with compassion, respecting the dignity of each person. Those carefully crafted statements can and must inspire us to action.

Make no mistake: It is the "Charity of Christ that urges us on" and through which the Catholic healthcare ministry will survive—not simply through institutions, economic stability, professional excellence, or competition. Jesus, in his healing ministry, saw people before economic advantage. He allowed the woman to squander expensive ointment as she expressed her sorrow (Lk 7:36-38) and directed his apostles to distribute the meager loaves and fishes (Mk 6:31). He put the care of his people before personal fulfillment, staying with the crowds, listening to their troubles, and healing

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their ills (Mt 14:14). He even placed care above the law, curing the man with the withered hand on the Sabbath (Mk 3:1-6).

Marty holds up our healing ministry as a beacon for compassionate, self-sacrificing, Gospel-motivated healthcare delivery. And so it should be. But systems or institutions

do not bear witness, people do. Nel Noddings asserts that teaching any ethical ideal demands concrete practice.² In simple terms, Noddings discusses ways to teach children virtuous behavior, maintaining this cannot be done without repetition and example. She argues that "although the pursuit and acquisition of skills in caring are theoretically derivative, they are instrumental to its actualization. One must have encounters, legitimate opportunities to care, in order to go on caring effectively."

If Noddings is correct in her assertion that one learns virtue primarily through example, then Catholic healthcare providers must honestly examine how and where they manifest virtuous behavior. Is it as obvious in the board room as in the intensive care unit? Do we practice compassion and justice toward our employees, as well as toward our patients and residents? Do our trustees demand the same moral integrity of our corporate leaders as we do of persons involved in direct patient care? If the primary model of healthcare in our ministry is the business model, then I would argue that we have lost sight of the example of Jesus and are in danger of losing our identity as trustees of Jesus' healing ministry. We must be mission-driven institutions and systems; mission must come before margin. One cannot "retrofit" the mission without compromising moral integrity.

Marty challenges us to be who we say we are, to walk our talk. How readily can we answer the following questions?

- Does the community we serve recognize our Catholicity?
- What kind of impact do we make within our community? How does the person on the street perceive us?
- What truly drives us? Mission? Competition? Financial expediency?
- Do we still welcome the poor as did the founders of our ministry?
- Do we reward and acknowledge co-workers as much, for example, for compassion and integrity as we do for efficiency and excellence?

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A SPECIAL ETHOS

Marty points out that many people view Catholic healthcare organizations in terms of what they are not allowed to do. Since what we are not allowed to do is widely known, I would rather focus on what Marty calls the "descriptness" of Catholic healthcare. Catholic ethical teaching, he argues, is not subjective, self-generated, or imminent. Rather, it arises in response to a transcendent God, alive and working within the believing community.

This ethos asks not, What can I legitimately do? or, How much can I do without getting into trouble? but instead, How will this action build up or tear down the Kingdom of God? or, How does this action conform with Jesus' commitment to heal the total person—body and soul?

The ethos of Catholic healthcare has its foundation in the history and development of the Church's ethical teaching and in its members' lived experience. That tradition is rooted in the sacrament and liturgical practice; it grows from honest grappling with real and difficult moral situations. Because it is not an alliance with Christian fundamentalism, Catholic identity is maintained through a critical, thoughtful, reflective approach to tradition, recognizing that there are no easy answers. The creative fidelity to which Marty calls Catholic healthcare professionals requires them to know the traditions and teachings of our Church and to carefully examine difficult cases in light of those teachings.

Maintaining a responsible dialogue about the Catholic healthcare ministry within both healthcare systems and dioceses enables Catholic healthcare providers to continue to address increasingly complex clinical—as well as business—situations. Furthermore, since the Catholic ethos grows out of a community's religious beliefs and liturgical practice, the best way to engage in either clinical or business ethics is through moral discourse, involving all members of the healthcare community. Such broad-based conversation respects healthcare professionals' experience while helping them apply Catholic moral teaching to their own disciplines.

To respond affirmatively to Marty's challenges about ethos, we in Catholic healthcare

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must answer the following questions:

- By what system do we orient our ever-changing work force not only to the charism of our particular institution but also to Catholic ethical principles?
- What methods do we have for ongoing education of managers, trustees, professional staff, and employees about Catholic ethical principles?
- How clear and accessible are our ethical policies and procedures?
- How widely known and utilized is our institutional ethics committee?
- How free is the ethics committee to address issues that extend beyond clinical concerns to the corporate ethos?

BRINGING JESUS' WORDS AND DEEDS ALIVE

Catholic healthcare providers, Marty asserts, must base the ministry in a sense of stewardship. True stewardship does not lie in the exclusion of other faiths from our moral discourse, nor does it lie in a triumphant belief that the Catholic healthcare ministry is the only one with answers to today's healthcare problems. In addition, stewardship does more than merely protect our institutions' bricks and mortar. Rather, the call to which Marty refers beckons us to foster Jesus' healing ministry in whatever forms it may take as we move into the next millennium.

Are we prepared for the challenge? We have the richness of our tradition, the support of our sacramental system, the example of the courageous women and men who have gone before us, and the strength that comes from communal commitment to the moral discourse to bring the words and deeds of Jesus alive in our day. □

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NOTES

1. Karl Rahner, "The Body in the Order of Salvation," in *Theological Investigations*, vol. 17, translated by Margaret Kohl, Crossroad, New York City, 1981, pp. 71-89.
2. Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education*, University of California Press, Berkeley, 1984. Although some of Noddings's ethical analyses do not conform with the Catholic tradition, her pedagogical examples remain valid and applicable.