

Beyond Reform: Catholic Health Care Matters Even When All Can Pay

Access is Just One Dimension of the Ministry's Distinctive Mission

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Even if new legislation made access to health care a reality for those currently without health insurance, the continuing unique role for Catholic health care in the United States would still be needed. Although funded access is critical for the health of this nation, and is an important value for Catholic health care, enhanced access to care is only one aspect of a much broader mission: Caring for those who are in need is a privileged responsibility of Catholic health care. But it is not limited to the economically disadvantaged.

Patients may be poor as a consequence of their financial status, but, equally, they may be poor in spirit as a result of the burden of illness, inadequate education, or tenuous or non-existent family support. A uni-dimensional approach that defines Catholic health care based purely on its provision of health care services for the economically poor is as

absurd as the alternative definition that Catholic health care is based solely on the fact that it doesn't provide certain reproductive health care services.

Disparities in patient outcomes will not disappear even if universal coverage becomes reality in the United States. Providing universal coverage will not be a panacea that removes Catholic health care's Gospel-based obligations, not even in a "new world" of health care financing. The experience in the United Kingdom, which has had more than 60 years of universal coverage, shows persistence of risks across populations, with outcomes defined by social class. England's experience has been replicated in many other countries that have introduced systems of national health care that incorporate universal access.

The presence of continuing discrepancy in health outcomes by geographic region and by social class in countries that have mature systems with universal, funded access to health care is not an argument against establishing universal health care coverage in the United States. But it does provide a cautionary warning to those in Catholic health care. The mission to care for the less fortunate in society will remain should universal access to health care become reality.

DEFINING THE CATHOLIC HEALTH MINISTRY

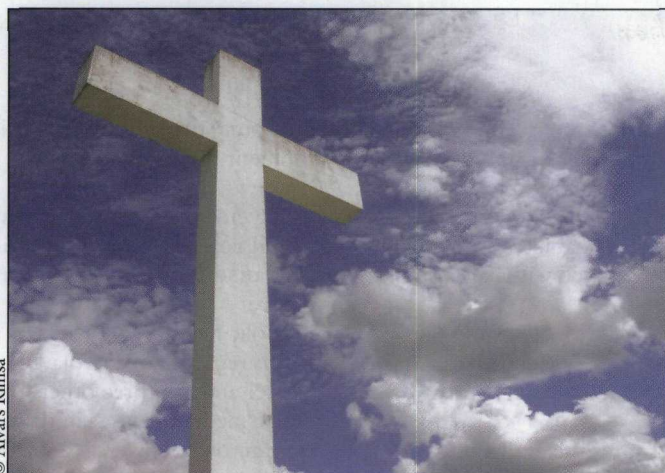
What defines Catholic health care if it is not solely a willingness to care for those who are financially challenged? If we are true to Catholic heritage and faith, then Catholic health care should be distinguished by the love for the other who comes to us in need of health care. At the close of the Second Vatican Council, Pope Paul VI made a prescient statement that is directly relevant to those in Catholic health care. He said, "In everyone we can and must see the countenance of Christ the Son of Man, especially when tears and sorrows make it plain to see."¹



From left, Ms. Cassidy is senior vice president, system development and strategy, Loyola University Health System, Chicago; Fr. Sheehan is senior associate dean, education program, Stritch School of Medicine, Loyola University Chicago; and Dr. Whelton is president and CEO, Loyola University Health System, and vice president, health sciences, Loyola University Chicago.

The Catholic health care ministry puts caregivers in contact with people at the most critical moments of their lives — times that can have a life-changing effect. Caregivers share the joys of child-

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birth and the sadness of chronic debilitating illness and death with patients, and they help family and friends cope with the loss of family members and close friends. Throughout the ordeal of illness, health care professionals provide patients with the assurance that healing is always possible, even when a cure is not. Although caregivers may not be able to replicate the miracles performed by Jesus, they can surely provide comfort, understanding, love, hope and faith in the future. At Loyola University Health System, the statement, “we also treat the human spirit,” is at the core of the organization’s mission and is a source of solace for patients, as well as a key indicator of the ways in which Catholic health care provides a unique approach to those who are ill.

Love for others, caring for the sick, and engaging persons in challenging times of their lives are not unique to Catholic health care institutions. Many secular, not-for-profit health care organizations have a strong sense of mission. However Catholic health care, as a mission and a ministry, collectively provides the following seven characteristics that deliver a unique level of care for patients, these distinctive features will not be lessened even if universal coverage becomes reality in this country.

1) Catholic health care providers serve as a resource to guide patients in tackling complex questions of ethics and morality.

New treatments and technologies offer hope but they may create challenging ethical dilemmas for patients and their families. Discussions about genetic engineering, stem cell therapy, and end-of-life care are best conducted in the context of a structured belief system, which is rooted in principles of faith and a higher purpose. Health care decisions can be difficult for individuals and those

they love. The answers to questions about what is best for a patient, what is right and what is wrong, and what is morally acceptable and unacceptable are frequently complex. Catholic doctrine and theology provides

a rich resource for addressing these issues. Catholic health care offers a framework and a guide for response in difficult, often tragic, situations. Perhaps not everyone will accept the Catholic view. Yet, this perspective is constant, consistent and coherent, thus providing an ethically based direction for those in need of such a compass. Many patients of other faiths choose Catholic health care, in large part, because they are comforted by the knowledge that the decisions are based on a belief system that values the dignity of human life.

2) Catholic health care providers aspire to recognize the common good and to use their resources for the greatest benefit of society.

This requires prudent stewardship of resources. As much as Catholic health care leaders are obligated to be competitive in the marketplace, they must use assets wisely by placing greater emphasis on expenditures related to provision of needed services and less on creating extravagant palaces that cater to luxury while skimping on investments related to the provision of health care services. Catholic health care administrators endeavor to ensure the profitability of their organizations, whether from operating revenue, philanthropy or a sustainable subsidy. The oft-repeated mantra of “No margin, no mission” is relentlessly accurate. In the absence of profitability, organizations are likely to go out of business only to be replaced either by an absence of care in the community or the provision of services by others who do not share Catholic health care’s same sense of mission and ministry.

Making tough decisions to preserve the long-term financial health and viability of a Catholic health care organization is in the best interests of the community and the preservation of Catholic

health care. In the same way that being gracious and caring should not be seen as a sign of weakness in an administrator, making difficult decisions that adversely affect some in order to preserve the integrity and sustainability of the organization should not be equated with callousness or lack of caring.

3) Catholic health care providers offer full and rich spiritual support for patients and their families.

Catholic health care ensures the availability of robust chaplaincy programs that recognize and reach individuals of many faiths and support needs that differ from its own, albeit often spiritually based. Although Catholic health care is not unique in providing pastoral care, its commitment to mission and ministry is fundamentally different from the norm at most non-Catholic peer organizations. For example, Loyola provides 24-hour coverage with a staffing ratio of about one full-time chaplain for every 55 patients. In contrast, one of the most well-known and busiest non-Catholic academic medical centers in the country supports only two full-time chaplains with a staffing ratio of about one full-time chaplain for every 500 patients. Catholics make the sacraments available for patients. For those of other faiths, chaplains offer prayers, provide counseling and engage in supportive conversations. Catholics pride themselves on welcoming individuals of all faiths and being respectful of differing traditions and religious beliefs, while at the same time, being alert to the desires of non-Catholics to understand and embrace the beliefs and faith should they wish to do so. The mission and ministry programs not only meet the spiritual needs of patients and their families, but also have an additional secondary benefit of improving patient satisfaction scores.

4) Catholic health care providers offer an environment that allows physicians, nurses, allied health care workers and support staff to grow personally and spiritually.

The workplace does not always provide a positive and supportive environment. Demands for productivity and profitability can be, at best, indifferent to the needs of employees. For many employees, the discussions of faith and prayer, and the opportunities for community worship in their workplace environment, are a source of solace.

For some, the workplace provides the only environment for such opportunity in their lives.

5) Catholic health care providers have additional roles and responsibilities as educators to transmit the healing ministry to the future.

Catholic health care providers play varying roles in this regard. For Loyola University Medical Center and the three other Catholic-Jesuit academic medical centers in the United States — Georgetown University, Saint Louis University and Creighton University — education is one of three core missions. At Loyola, the array of educational offerings ranges from training the next generation physicians, nurses and other health care providers to traditional and distance-learning opportunities in medical ethics, continuing medical education, global outreach to assist colleagues in other countries, and graduate training in the basic and population sciences. In each of these endeavors, the opportunity and the responsibility to ensure teaching is grounded in the principles of Catholicism and the combination of faith with reason.

The selection of students and training at Loyola places strong emphasis on service, social responsibility, inclusiveness and respect for human dignity. In addition, the selection includes the traditional academic aspirations of excellence and preparation of trainees to accept and aspire to leadership roles later in life. Leaders have an obligation to create financial support mechanisms through endowments and one-time expenditures that allow qualified candidates with a strong commitment to service and academic excellence to obtain a Loyola education.

6) Catholic health care providers share in the church's mission to seek knowledge and truth.

Like counterparts in other academic medical centers, Loyola officials are committed to research aimed at improving approaches to disease prevention, promoting wellness and enhancing the school's ability to treat the sick and to reduce the burden of illness in the community. As a Catholic institution, Loyola has an ability and obligation to ensure that the research programs are informed and guided by Catholic principles. Success in implementing the school's research mission not only benefits patients directly and

enhances its value to the community, but it also ensures a Catholic voice at the table when policy decisions that impact the future direction of research are being made. The Catholic-Jesuit heritage at Loyola has manifested itself in a strategic plan that places emphasis on applied clinical and population sciences research. This is in contrast to the research orientation of other peer organizations where greater reliance is placed on more basic and less tangible facets of research. Indeed, Loyola recently completed a 5- to 10-year strategic plan in which all three core areas of the school's mission — provision of health care services, education and research — were directly informed and influenced by the medical center's Catholic-Jesuit heritage of mission and ministry.

7) Above all, Catholic health care providers must value every human life.

Each principle of Catholic health care is important. Some are common to all faith-based organizations; several are uniquely Catholic. A single factor transcends all of the others: Rich or poor, insured or not, employees respect the lives of the patients in a unique and holy way. It is in this regard that we are most clearly Catholic, that the mission will continue to exist independent of health care financing, and that Catholic health care will remain essential to the vitality of the U.S. health care system regardless of the presence or absence of a national system of insurance that provides access for all.

CONCLUSION

Even if universal and funded access to health care becomes reality in the United States, it will not result in equal care across the country nor even for individuals living in the same community. Likewise, it will not negate the important role and need for Catholic health care providers in this country. Catholic health care's mission is much broader than care for the less financially fortunate in society. The mission is rooted in the belief in human dignity, social justice, concern for the common good, careful stewardship of limited and valuable resources, and provision of a framework for health care grounded in Catholic faith and heritage. Catholic health care is called to continue the healing ministry of Jesus Christ aimed at the concurrent healing of body, soul and spirit.

CATHOLIC HEALTH CARE PROVIDERS:

- Serve as a resource to guide patients in tackling complex questions of ethics and morality.
- Aspire to recognize the common good and to use their resources for the greatest benefit of society.
- Offer full and rich spiritual support for patients and their families.
- Offer an environment that allows physicians, nurses, allied health care workers and support staff to grow personally and spiritually.
- Have additional roles and responsibilities as educators to transmit the healing ministry to the future.
- Share in the church's mission to seek knowledge and truth.
- Above all, must value every human life.

Although many exceptional non-Catholic peer organizations are available, Catholic health care plays a unique role in this country. Even with universal coverage, the need for Catholic health care's services is likely to expand rather than diminish as advances in biotechnology and genetics make health care decisions increasingly complex for patients and their loved ones. Whether it is a question of access, illness, social status, educational ability, or difficult decisions involving potential therapies or genetic intervention, the poor will always be welcomed in Catholic health care. ■



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NOTE

1. Pope Paul VI, *Address of Pope Paul VI During the Last General Meeting of the Second Vatican Council*, Dec. 7, 1965, www.vatican.va.