

# CALLED TO HEAL ALL

REVIEWED BY FR. GERALD A. ARBUCKLE, SM, PHD

**F**r. Charles Bouchard, OP, STD, theologian, ethicist and this book's editor, notes in his acknowledgements that there are "more theological issues in health care than ethics. If health care is a ministry, then it should be informed by the whole breadth of the church's theological tradition."

*Incarinate Grace's* 15 chapters, authored by different experts, admirably testify to the accuracy and particular relevance of Bouchard's statement. The book is eminently suitable for the use of workers at all levels in Catholic health care.

As moral theologian M. Therese Lysaught, PhD, explains in her introduction, the context of the health care ministry is rapidly changing, and theological reflections adequate to the past no longer are sufficient. The book thus responds to a three-fold need: First, the need for a deeper reflection on the theological foundations and qualities of contemporary Catholic health care ministry. The authors, writing from their different perspectives, are inspired by that imperative.

Second, because most people who work in Catholic health facilities have an implicit theology of suffering and God's responding love and compassion, the theology needs to be tested and further enriched through dialogue with biblical exegesis, the tradition of the church and skilled spiritual and theological writers and practitioners.

Third, we need a deeper understanding that the imitation of the divine is at the heart of Catholic identity — that is the call to embody in our actions the work of God in the world.

The book's chapters are divided into four parts. In Part 1, *Theology and Health Care*, for example, theologian Neil Ormerod, DTheol, in his chapter "Health Care and the Response of the Triune God," responds to the question we are all faced with: "Where is God in this suffering?" He explains that sanctifying grace and the theological virtues of faith, hope and charity

are participations in the Trinitarian relations. When we exercise these virtues, we participate in God's response to human suffering. The vision of Christian health care ministry is the fullness of the reign of God (Revelation 21:1-4).

Christ the healer and Christ of solidarity are the foundations of our unique ministerial identity, writes ethicist Conor M. Kelly, PhD, in "Christology and the Essence of Catholic Health Care." Without this uniqueness, our Catholic health care ministries become seduced by values contrary to the gospel. Hence, our mission, in imitation of Christ, is to heal all dimensions of life, namely the physical, psychological, social, environmental and spiritual, according to the requirements of biblical faith-justice as interpreted by the church's traditions. To be one with Christ the healer, we must be prepared actively to challenge the social conditions that oppress people.

In Part 2, *The Person and Health Care*, ethicist Daniel J. Daly, PhD, in his chapter "Who Counts as a Person," presents the Catholic understanding of personhood and how it influences Catholic health care ethics. In a world that increasingly discards fetuses, people with learning disabilities and people who are poor, the sacred dignity of every person

must be upheld. The prophetic mission of Catholic health care is being realized whenever we say and show to the suffering and socially marginalized, "You are a person, you are valuable, you are loved, and you are not alone."

Fr. Thomas O'Meara, OP, PhD, a theologian, in his essay "Catholic Health Care's Ministry to the Future," reminds our health care facilities to be proactive in challenging contemporary non-gospel values. After summarizing recent Christian theologies about dying and life beyond death, he explains that the church's liturgy and sacraments prophetically contradict our death-denying world and offer people hope in a world after death. For example, respect for



**INCARNATE GRACE:  
PERSPECTIVES ON THE MINISTRY  
OF CATHOLIC HEALTH CARE**

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Catholic Health Association of the  
United States, 296 pages  
CHA members: \$15; others: \$25

the dignity of the person calls us to a loving and merciful response to the terminally ill patient.

In Part 3, *Sacraments and Liturgy in Health Care*, several essays further develop the importance of sacraments and liturgy in health care ministries. Theologian Fr. David Gentry-Akin, STD, raises a critically important question in his essay “Lessons from History on Institutional Sacramentality”: What makes an institution Catholic? His answer: “In cultivating a particular Gospel charism in an institutional ministry... the issue is whether a sufficient number of people have embraced that charism radically enough that it is actually operative.”

The effectiveness of our health care ministries depends chiefly on the personal knowledge of, and commitment to, this mission by staff members. We must have people at all levels who purposely and voluntarily coordinate and, if necessary, sacrifice their personal aspirations and actions for the common mission. Therefore, our communities of healing must be intentional, that is, a sufficient number of people personally and together deliberately choose the transforming mission of healing and are prepared to act accordingly. Intentional communities acknowledge that members will differ in their gifts, but, in the words of Pope Francis, “We must walk united with our differences: There is no other way to become one. This is the way of Jesus.” The temptation is to go with the flow, uncritically accepting the values of the marketplace, abandoning all uniqueness, believing that Catholic identity is just too difficult to clarify and live by. This is not the way of Jesus. However, there can be no intentional communities of healing unless we “develop substantive formation programs that involve theology and spiritual formation.”

In Part 4, *The Church and Health Care*, internationally acclaimed canonists Fr. Francis Morrissey, OMI, PhD, JCD, and Sr. Sharon Holland, IHM, JCD, begin their essay, “Ministerial Juridic Persons (MJPs) and their Communion with Diocesan Bishops,” with an important reminder: “For an apostolic work to be recognized as ‘Catholic,’ it must be in communion with the church and its leadership.” This means that “when it comes to the traditional three areas — care of souls, the exercise of divine worship and the actual Catholic identity of the apostolic works,” these MJPs are to be answerable to the diocesan bishop of the place where their ministry is being exercised. Appropriately trained laity are more and more assuming leadership of MJPs, and we must “learn to trust them, their judgment and their practical experience.”

Theologian Richard Gaillardetz, PhD, in his essay, “Theology of Institutions,” responds to several

urgent pastoral challenges confronting our healing institutions. For example: “As a sacrament, what does the church, in all its visible and institutional forms, ‘make present’ to the world?” And how can “a Catholic health care institution ... participate in the sacramentality of the church when many of its employees are not Catholic?”

In answering the first question, he writes that Catholic health care institutions “share in the sacramentality of the church to the extent that they are oriented toward realizing the shalom of God and the practices and values associated with explicit Christian discipleship.”

To the second question, Gaillardetz concludes that non-Catholic and non-Christian employees can participate in the sacramental character of the church itself because it is possible for them “to affirm the central values and fundamental orientation of Catholic health care” such as by “advocacy on behalf of the poor; accompaniment with and care for the poor.” However, he leaves us with a timely warning: “It is possible for sin ... to impede an institution’s participation in the church’s sacramentality ... When the employees ... are treated as mere instrumental cogs in a larger, dehumanizing system, the efficacy of the church as sign of the saving and healing love of God is threatened.” Without proactive vigilance, our health care cultures could easily lose their faith-based founding.

Fittingly, the concluding chapter, “Formation: Catholic Theology Alive in Catholic Health Care,” by practical theologian Celeste DeSchryver Mueller, DMin, addresses the question of whether and to what degree Catholic theology should be integrated into formation programs. She argues that three essential theological concepts, namely the reign of God, the nature of the human person and health care as a ministry of the church, can form the foundation of transformative programs at all levels of Catholic health care institutions. She supports the theory with practical examples.

Finally, this book is thoroughly reader-friendly. Not only is it attractively designed, but each chapter begins with a short summary and ends with discussion questions.

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JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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Reprinted from *Health Progress*, March - April 2018  
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