



Judy Cassidy
EDITOR

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A Moral Society

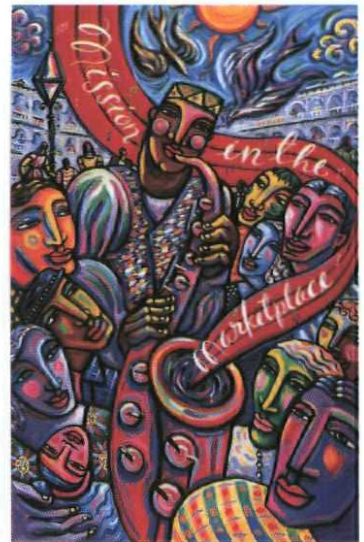
This year's Catholic Health Assembly came at the end of a century that has seen moral poverty on a grand scale—in two world wars; the Holocaust; the killing fields of Cambodia and Vietnam, Mississippi, Eastern Europe, and Africa. Not by accident, the assembly cut to the quick of questions troubling many in the Catholic health ministry as they look toward the new millennium: What is a moral society? Is there reason to hope that our society can become a moral bulwark in the world? What part must the ministry play in transforming our society?

In his assembly keynote address, Elie Wiesel asserted that a moral society is judged by how it treats all who suffer or are vulnerable. Wiesel, a survivor of the Holocaust, forced us to think about our society's dark indifference to children, old people, the poor, and the mentally disabled. Our moral insensibility manifests itself in many ways—gun violence, drug abuse, inadequate care for the frail elderly, millions of uninsured people.

As Wiesel said, a society that would be moral must oppose this pervasive unconcern. Catholic health and social organizations, which have reached out to those who suffer since America began, exemplify what must happen throughout a community that is ethical—that treats all persons as human beings made in God's image. Today, like a vine that finds its way around or through an obstacle, the Catholic health ministry continues to seek ways to meet the needs of society's weakest members. The articles throughout this issue paint a vivid portrait of Catholic organizations' bold tactics in an environment where others are covering behind the hard shields of self-protection and timidity.

The organizations described here demonstrate that the Catholic health ministry can be a vine strong enough to crack a stone wall, breaking down the indifference and cruelty of society. Similar to the vine that grows even in stone, these Catholic health organizations are thriving in the harshest environments. But they succeed precisely because they plant their decisions in the fertile soil of their mission, rather than the barren sand of society's indifference. They are, in the words of assembly speaker J. Bryan Hehir, in the marketplace but not of it.

I hope this issue inspires those who cultivate the Catholic health ministry to strengthen their efforts in their own marketplaces as they seek to be instruments in the process of the transformation that will yield a moral society.



Letters

PHYSICIAN CEOS NEEDED

I am writing in response to the article "Encouraging Physician Leadership," by Fox, O'Rourke, Collins, and Gooding (March-April 1998, pp. 40-41). I applaud the authors for their insight that the traditional Catholic healthcare values and mission are not the focus of physician and manager disputes in most cases. The source of misunderstanding and dispute between physicians and managers is generally focused on role definition and the control of decision-making authority.

The only solution to the turf battles between healthcare managers and physicians is the alignment of incentives around the goals and objectives of the organizations they serve. Physicians must become much more visible in the decision-making process regarding strategic plans, budgets, management, and performance evaluation, and demand an integral role in management teams from the highest levels of governance and management down to the department levels of the hospital, the nursing home, the hospice, and the home care services. Only when we recognize that healthcare requires a team of clinically trained managers will we be able to break through the petty turf battles and self-protectionism of traditional hospital manager/physician disputes.

Traditional hospital managers and traditional private practice physicians will never be able to solve the healthcare problems we face today. We need more physician CEOs of our healthcare systems, but they must also be skilled at business management. In the short term dyads of physician and manager with mutual authority and accountability will go a long way toward solving problems.

John Collins
Senior Vice President
Physician Integration
Centura Health
Englewood, CO

A WONDERFUL STORY

What a wonderful story about Sr. Stephen Brueggeman, PHJC, in the May-June 1998 issue. She is certainly deserving of such an honor. One does not have to look far to

know that she was born to serve those less fortunate and to live, through example, the mission of the Poor Handmaids of Jesus Christ. Being in her company, one cannot help but be impressed with her intelligence, wit, charm, and wonderful sense of humor. My only regret is that I did not have the benefit of knowing her over these many years. Thank you for sharing, in part, the history of this gift from God with us.

Edward L. Williams
Board Member
St. Catherine's Hospital
East Chicago, IN

THANKS FOR "PRAYER SERVICE"

Thank you for "Prayer Service." I am finding it an extremely helpful resource and I know that others in our healthcare group do also. Please keep them coming!

Sr. Stancia Cawte, RSM
Assistant Chief Executive Officer
Mater Misericordiae Hospital
Mackay, Queensland
Australia

ALEXIAN VILLAGE OF TENNESSEE

My article, "The Spiritual Wellness Paradigm" (May-June 1998, pp. 40-41), may have given a misleading impression of Alexian Village of Tennessee. Eighty-five percent to 90 percent of that facility's long-term care residents are cognitively impaired. The residents of its assisted-living and independent-living units are not cognitively impaired, however.

Diana Anderson
Director of Spiritual Wellness
Alexian Brothers Lansdowne Village
St. Louis

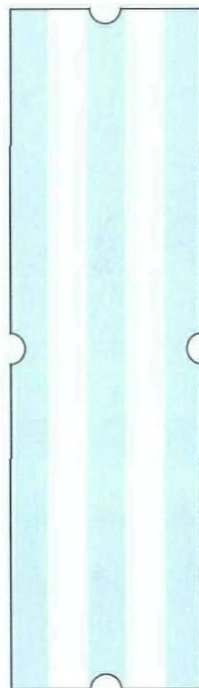


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