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The competitive

Medicare/Medicaid

market raises

complex strategic

issues for Catholic

healthcare

providers.

# Reflections

The shorter fall days that signal winter's approach always prompt me to reflect on the closing year. As I look back on 1996, I again see change as the year's defining characteristic. But this year, as *Health Progress* articles indicate, change is more positive than in the recent past.

For example, efforts to improve the way we care for dying persons and their families are gaining momentum. Several 1996 issues of *Health Progress* highlighted the activities of Supportive Care of the Dying: A Coalition for Compassionate Care. This group is developing a paradigm of care that integrates ethical, clinical, and spiritual dimensions. In this issue Sidney Callahan, arguing against assisted suicide, unfolds an elegant case for altering how we treat seriously ill persons (p. 21). And Laurence J. O'Connell explores our culture's growing attention to communitarian values and recognition of people's spiritual needs (p. 16).

New, more holistic approaches to care for the elderly are also evolving. Mission-driven facilities like the ones in our special section (p. 35) have found new ways to support an aging population with services that meet emotional and spiritual needs.

Organizational changes—mergers, restructurings—have often had negative effects on communities and employees. But there are some reasons to be optimistic. One encouraging initiative, covered in several issues of *Health Progress*, is *New Covenant*—a process that promotes collaborations that strengthen the Catholic health ministry. Such collaborations can also benefit the community, as Alan M. Zuckerman explains in this issue (p. 12). When organizations come together, however, the transition can be difficult. Involving employees can help. Sr. Martha Ann Fitzpatrick, CSJ, shares a Catholic system's experience in integrating its culture with that of a for-profit facility it acquired (p. 54).

The Catholic Health Association, too, made positive changes in 1996. Working with members, CHA's board and staff revised the association's vision and developed a strategic plan focused on projects that promote the ministry's common good in uncertain times (see supplement inserted after p. 32).

The association now has a home page on the World Wide Web at <http://www.chausa.org>. You can send a letter to the editor with a few keystrokes. And we can ask for your opinions and suggestions and receive your immediate response. We look forward to using this new technology to communicate better with you in a changing world.

Card. Joseph Bernardin, archbishop of Chicago, died November 14, 1996, as *Health Progress* was going to press. Mourning the cardinal's passing, CHA President Jack Curley said, "He called us to a deeper understanding of hope and compassion. And his living and dying served as a model as he emptied himself in service to his God and to all of his sisters and brothers. We have been graced by his presence." The January-February issue of *Health Progress* will consider Card. Bernardin's influential role in Catholic healthcare.

