



# Too Catholic?

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EDITOR

A reader who recently returned to healthcare after spending some time in other pursuits called a few weeks ago to say he was renewing his acquaintance with *Health Progress*. "You've become so Catholic!" he exclaimed. My reaction was defensive: "What do you mean? This is the journal of the Catholic Health Association, after all." He said he understood that, but he thought we were giving the impression that *Health Progress* and Catholic healthcare were exclusive—separate from the broader healthcare community. He thought too many "Catholic" articles might turn away readers.

In the weeks since our conversation, I've been asking myself, Is *Health Progress* focused so narrowly on "Catholic" topics that readers from outside Catholic healthcare will take one look and run? Even more worrisome: Will laypeople working in Catholic healthcare also find the journal too "religious"? I am still trying to answer those questions.

But in rereading this issue's cover article by Rev. J. Bryan Hehir as I prepared to write this column, I saw that my concerns mirror the question all Catholic institutions are asking: How can they preserve Catholic identity and yet function effectively in what Fr. Hehir calls today's "complicated social and technical environment"?

As Fr. Hehir adeptly explains, Catholic healthcare institutions' commitment to be a ministry places them in a position fraught with tension. They must be advocates for the poor and vulnerable and at the same time participate in our pluralistic (and highly technological) political and economic system.

In the same vein I ask, How can *Health Progress* be a bright light that illuminates the central questions challenging not only CHA's constituents but other health systems as well? For I believe all sectors of healthcare—religiously affiliated or not, for-profit or not—should be asking the kinds of questions Catholic healthcare is asking. I believe Catholic beliefs and values enhance and define what is truly human. They are shared by people of many faith traditions. The problem, as I see it, is our society's lack of tolerance and openness to listening to others, especially if the others are religious.

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But I cannot ignore the comments of my friend, whom I know to be both perceptive and sincere. Is *Health Progress*, and by extension the Catholic health ministry, in danger of being dismissed as irrelevant for visibly addressing questions of Catholic identity, for openly talking about the theological underpinnings of healthcare? Should we—can we—reduce our public expressions of Catholicity? If we "hide" our beliefs and mission, how can we be effective in creating a more unified and just society? On the other hand, will visibility nullify our effectiveness by alienating others?

What do you think? I hope Fr. Hehir's article and our others on Catholic identity will help you reach some conclusions and suggest some ways of working toward solutions. We will publish readers' views; please call or write me.

## HEALTH PROGRESS ARTICLES ON CATHOLIC IDENTITY, 1995

### JANUARY-FEBRUARY

"Can We Still Hear the Call?" by Rev. Martin E. Marty, with responses by Sr. Patricia Talone, RSM; Card. Joseph Bernardin; and Rev. Avery Dulles, SJ

### APRIL THROUGH NOVEMBER-DECEMBER

Series on the revised *Ethical and Religious Directives* by Sr. Jean deBlois, CSJ, and Rev. Kevin D. O'Rourke, OP

### JUNE

"What Makes 'Catholic' Managed Care Catholic?" by Thomas F. Schindler

### JULY-AUGUST

"Refounding the Ministry: Leadership in an Era of Profound Change" (Report of the 80th Catholic Health Assembly)

"Making Mission Possible" by Rev. Kevin D. O'Rourke, OP

### SEPTEMBER-OCTOBER

"Preserving Catholic Mission," a letter to the editor by Rev. Richard A. McCormick, SJ, responding to above article by Fr. O'Rourke

"Guidance for a Failing System" by Rev. Dennis Brodeur