

How Does the “Communion of the Church” Apply to Catholic Health Care?

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Within the diocese as a “portion of the people of God” (canon 369), the diocesan bishop is the chief pastoral leader and, as a member of the College of Bishops, the visible link to communion with the church universal. He exercises his authority in service to the people of God entrusted to his care, and the scope of his authority covers all aspects of the church’s mission in the territory of the diocese.

In exercising his authority, the diocesan bishop has a range of defined responsibilities, one of which is to serve as coordinator of all apostolic work in the diocese. “The Bishop is a visible source and foundation of the unity of the particular Church entrusted to his pastoral ministry.”¹ In fulfilling his mission of coordination, he is promoting ecclesial communion. “Precisely because it signifies life, communion in the Church must constantly increase. Therefore, the Bishops . . . cannot but feel duty-bound to promote communion in their dioceses.”² The diocesan bishop is responsible “to promote . . . the sense that the diocese is the visible expression of the Church’s communion which is formed at the table of the Word and of the Eucharist, around the bishop in union with the College of Bishops and under its head, the Roman Pontiff.”³

COMMUNICATION AND COLLABORATION

Consistent with his responsibility to “foster various forms of the apostolate within his diocese” and to “ensure that within the entire diocese, or in its particular districts, all works of the apostolate are coordinated under his direction” (canon 394, para. 1), the diocesan bishop welcomes communication and collaboration with and among Catholic health care institutions in the diocese. Although he does not have direct authority over many aspects of the institutions’ operations, in order to maintain communion and

coordination, there are aspects of health care ministry in which he would have more particular interest.

Promotion of communion within the local church does not mean that the bishop’s expectations are that all health care institutions are identical or that they fulfill the same function and mission. “Fostering a unity that does not obstruct diversity, and acknowledging and fostering a diversification that does not obstruct unity but rather enriches it, is a fundamental task . . . of each Bishop in the particular Church entrusted to his pastoral ministry.”⁴

As the promoter of communion and coordinator of the church’s apostolate in his diocese, the diocesan bishop fosters apostolic activity, ensures good order especially among those delivering services, respects the role of the faithful in exercising the apostolate, respects the proper character of the various works, and encourages communication, collaboration, and joint initiatives. In relation to Catholic health care institutions in his diocese, the bishop would take particular care to ensure that such cooperation exists not only for internal ecclesial purposes but also for the witness value of a unified approach to Catholic health care.

Because the delivery of services in Catholic health care institutions is not made in a vacuum, but, rather, within the larger church and the local community, special attention needs to be given to potentially sensitive matters. The bishop has a responsibility to ensure that entities that identify themselves as Catholic remain faithful to the teachings and morals of the church.

In order to assist the bishop in his role, those charged with leadership in Catholic health care institutions would do well to provide an annual report to him. This report could highlight any significant events that have occurred in the past year as well as any that are foreseen for the following one (e.g., completion of or planning for a new wing, reorganizing structures of governance, etc.) In this annual report, administrators could also state the manner in which the biblical mandate of care for the poor is being fulfilled and could summarize local efforts and accomplishments toward achieving the goal of health care coverage for the poor.⁵

PASTORAL CARE

The diocesan bishop can have a more direct impact on certain aspects of health care ministry. While recognizing the rightful autonomy of Catholic health care administrators to determine their regular staffing needs and make decisions addressing those needs, the bishop has a special responsibility with regard to the staffing of pastoral care departments. In order to maintain ecclesial communion, the bishop oversees the sacramental life of the local church, including care of the sick within the diocese. Therefore, the administrators of Catholic health care institutions should inform the bishop about the potential hiring of any priest or deacon for the pastoral care staff before offering that individual the position. The bishop has the right to accept or reject the proposed candidate. Likewise, if someone other than a Catholic were to be considered as head of a pastoral care department, the approval of the bishop must be sought.⁶

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that entities that identify themselves as Catholic remain faithful to the teachings and morals of the church. Administrators of Catholic institutions should inform the bishop about any pending situations that could affect the Catholic mission and identity of the institution or could cause scandal. Decisions in these matters should be made only after consulting with the bishop or his delegate.⁷

Finally, in cases involving the alienation of property by public juridic persons not subject to the diocesan bishop (e.g., religious institutes of pontifical right), such entities are to follow their own statutes or constitutions; and, if it is a matter of alienation that exceeds the maximum limit, Vatican permission is required. It is a sign, not only of local communion but of communion with the church universal, that when pontifical right religious institutes are seeking this permission, it has been the practice of the Vatican to ask for the *voluntum* of the diocesan bishop of the diocese in which the property is located.


NOTES

1. "Lumen Gentium," in Austin Flannery, ed., *The Documents of Vatican II*, Pillar Books, New York City, 1975, para. 23.
2. Pope John Paul II, *Ecclesia in America*, January 22, 1999, para. 36.
3. Pope John Paul II, para. 36.
4. Congregation for the Doctrine of the Faith, *Letter to the Bishops of the Catholic Church on Some Aspects of the Church Understood as Communion*, May 28, 1992, para. 15.
5. See U.S. Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, Washington, DC, 2001, Part One.
6. U.S. Conference of Catholic Bishops, Directive 22.
7. U.S. Conference of Catholic Bishops, Directive 67.



A Shared Statement of Identity For the Catholic Health Ministry

We are the people of Catholic health care, a ministry of the church continuing Jesus' mission of love and healing today. As provider, employer, advocate, citizen—bringing together people of diverse faiths and backgrounds—our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind, and spirit.

We work to bring alive the Gospel vision of justice and peace. We answer God's call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved, and most vulnerable. By our service, we strive to transform hurt into hope. 

As the church's ministry of health care, we commit to:

- Promote and Defend Human Dignity
- Attend to the Whole Person
- Care for Poor and Vulnerable Persons
- Promote the Common Good
- Act on Behalf of Justice
- Steward Resources
- Act in Communion with the Church

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