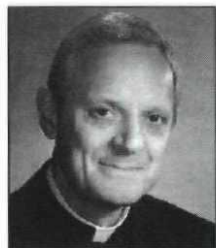


CATHOLIC HEALTH MINISTRY IN TRANSITION

*Church's Unique Vision Remains Stable in Shifting
Healthcare Landscape*

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This article is adapted from a speech given by Bp. Wuerl of the Diocese of Pittsburgh at the Catholic Health Summit of Pennsylvania in October 1998.

The Catholic health ministry is changing at an almost dizzying speed. How the medical profession deals with us, the amount of time we spend in an acute care facility, who pays for what, and even the process to diagnose our illness are very different from the way we would have been treated just a few years ago.

The Catholic health ministry struggles to sustain itself on the ever-shifting ground that constitutes the healthcare marketplace today. The change and struggle lead to two questions: Why is the Church in healthcare? And how is its presence and involvement in healthcare distinct from any other organized effort? The answers explain our intense commitment to the health ministry and our enlightened collaboration to ensure its effective future.

The fact that healthcare is a ministry determines how the Church approaches this service. Catholics in all areas of life—law, business, science—pursue their individual vocation by living out their faith in the marketplace of society. But in addition to individual involvement in healthcare, the Church itself has an institutional commitment to the sick and to a structured expression of what is a ministry. Catholic healthcare is more than Catholics and other like-minded persons caring for the sick. It is an expression of the Church's ministry to those in need. In this sense, the "how" of Catholic involvement in healthcare ministry is answered in the more than 600 Catholic health systems, hospitals, and institutions in the United States sponsored and directed for the most part by religious communities, particularly of women.

Because Catholic healthcare is an expression of the healing ministry of the Lord, it participates as an ecclesial ministry in the apostolic mission of the Church in the same way that other ministries do.

As the U.S. bishops' document *The Pastoral Role of the Diocesan Bishop in Catholic Health Care Ministry* points out, "The varied and complex structures that are employed to deliver such a ministry are a special concern of the religious institutes, sponsors, boards, and other leaders who conduct this corporate ministry. But this ministry necessarily also involves the diocesan bishop who has a responsibility for the local church and the exercise of all ministry within it." (U.S. Catholic Conference, Washington, DC, 1997, p. 4) Precisely because it is a ministry and not a business, Catholic healthcare activity engages the bishop's pastoral governance as does every ecclesial ministry in the local church. (cf. pp. 4-6)

A UNIQUE VISION

Catholic healthcare is not just an institutional resolve to care for the sick. It is the personal and institutional commitment to provide that care in a specific way, within a particular context, according to a unique vision of human life grounded in Jesus Christ and his revelation. Faith provides motivation and gives direction to evaluate all the options arising from today's increasingly complex medical technology.

Bringing the compassion and healing of Jesus to those in need is the heart and soul of a vast network of Catholic hospitals, nursing homes, long-term care facilities, and medical and nursing schools. Catholic healthcare is an impressive presence in the United States, providing 17 percent of all acute healthcare. About 72 million people were served as inpatients or outpatients in 1997, roughly 10 times the entire population of Switzerland. Catholic healthcare's assets and annual revenues total billions of dollars.

As a recent article in the *Wall Street Journal* demonstrated, the business community may be impressed with the annual revenues and money

management of the Daughters of Charity, for example, but does not appreciate that the love of Christ to whom the Daughters are espoused is the real driving force behind their healthcare work. (Monica Langley, Jan. 7, 1998, p. 1) Those involved in organized Catholic healthcare are not just doing a job; they are immediately involved in Catholic ministry.

This understanding of Catholic healthcare energizes much of our concern over the enduring Catholic identity of our healthcare systems in this period of transition. Healthcare leaders, sponsoring religious institutions, and bishops are concerned about the development of future leaders, particularly lay leaders, in Catholic healthcare.

The Catholic health ministry, in its many institutional expressions, is an integral part of the life of the Church and must always be responsive to Church leadership. Two recent instructions from the National Conference of Catholic Bishops to Catholic healthcare leaders reflect that commitment. *The Pastoral Role of the Diocesan Bishop in Catholic Health Care Ministry* deals with the ecclesial dimension of Catholic healthcare ministry, and the *Ethical and Religious Directives for Catholic Health Care Services* (1994) deals with the moral dimension of the ministry in action.

DIGNITY OF EACH PERSON

The second presupposition is our theology of the human person. Catholic healthcare is built on a divine love for the human person. The *Directives* state, "First, Catholic health care ministry is rooted in a commitment to promote and defend human dignity; this is the foundation of its concern to respect the sacredness of every human life from the moment of conception until death" (Introduction to Part One). Each human life is sacred because it reflects the divine life itself. As the *Directives* further state, in the introduction to Part Two, "The dignity of human life flows from creation in the image of God (Gn 1:26), from redemption by Jesus Christ (Eph 1:10; 1 Tm 2:4-6) and from our common destiny to share a life with God beyond all corruption (1 Cor 15:42-57)."

In an age where the recognition of the intrinsic

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value of an individual is increasingly eroded, public policy can no longer be assumed to have as its starting point the inviolable nature of human life and its divine antecedent. Catholic healthcare institutions bear a witness within the wider community to the worth of human life in the context of the growing absence of human values.

This awesome reverence toward the hu-

man person, created by God and redeemed by Christ, provides the motivation for Catholic healthcare and is at the heart of the *Directives*. The moral concerns in the *Directives* express repugnance of ever violating or offending human dignity.

GUIDED BY MORAL LAW

Another public witness that Catholic healthcare provides is the recognition that modern medicine with all its technological possibilities must be guided by the moral law. We are not free to do all that we can, but, as rational reflective persons, we are required to do that which we ought to do.

As Catholics, we believe some procedures are prohibited because they would actually undermine our attempts to achieve human good. In this day of widespread moral relativism—if not outright confusion—the Church must continue her witness to moral truth. Indeed, Catholic healthcare, dispersed throughout American society, can serve as a tremendous witness to moral truth in a society given over to moral relativism.

Two visions contrast how our society approaches ethical and moral decisions. One vision sees God's plan and its preservation and enrichment of human life; the alternative concentrates on the autonomy of the human person, who is assumed to have virtually limitless freedom to manipulate and reorder the human body according to norms accountable only to human convention. Pope John Paul II in *Evangelium Vitae* (1995) describes the divergence of views as a struggle between the culture of death and the civilization of love.

Perhaps the most succinct summary of the place of moral directives in life is found in the *Catechism of the Catholic Church*, which refers to the Ten

Commandments as a "privileged expression of the natural law." This ancient tradition of moral norms that guide human activity is perhaps the most challenged today in our increasingly technological world, where scientific advances often outpace the necessary moral reflection. More and more, we meet those who have concluded that moral reflection is not required.

Many areas of rapidly developing change highlight how critical is the voice and witness of the Catholic moral perspective. Five areas that demonstrate the wide range of disparate views in applying current technology are physician-assisted suicide, organ donation, reproductive technology, cloning, and behavior modification through medicine.

Each of these fields of technological advance demonstrate how imperative it is that moral reflection has to stand on its own as a valid way of proceeding in technology. All human capability must be measured against its moral dimension. Catholic healthcare facilities provide a framework for such moral reflection in a way that no other institution can do with both consistency and fidelity to the ethics of our Judeo-Christian heritage.

ADVOCATES FOR HEALTHCARE

Finally, the Church has an obligation and right to speak out in defense of the natural moral order, for the right of all to adequate healthcare, and on behalf of the poor. This has led the Church to articulate over and over Catholic moral and social justice teachings and the recommendations from the Catholic perspective for good public policy.

The place of religion in public life is to sustain those values that make possible a common good that is more than just temporary political expediency. Without a value system rooted in morality and ethical integrity, we face the real danger that human choices will be motivated solely by individual convenience and gain.

In our pluralistic society we are witnessing an exclusion of the spiritual dimension of human life from public life, policy, and the law. We are both spiritual and physical beings. The spiritual and religious dimension to human existence cannot be ignored, which the Catholic medical and healthcare world has long recognized.

In our country, significant Judeo-Christian moral sentiment and religious teaching have provided a basis for a communal sense of morality from the beginning. Some things were right; others were wrong. Some were accepted; others were not. The fundamental starting point for communal morality was rooted in the Ten Commandments. Personal virtue was ultimately authenticated

against the verifiable norm of right and wrong.

In recent years we have seen the struggle for personal virtue and the role of society in nurturing virtue. A rich pluralism of religious voices has spoken in defense of virtue and society's obligation to foster it. Only recently has this been increasingly muted by the emergence of a monolithic secularism. We need not be apologetic about our position. We speak for the truth. We articulate a vision of human life, worth, and dignity far superior to any secular alternative. We need to speak with a confident and collective voice.

Organized Catholic healthcare ministry is in a particularly persuasive position to influence public policy in our country. The very size and organization of the ministry, as seen in the Catholic Health Association nationally and our own Pennsylvania Catholic Health Association, and through its collaboration with other concerned partners as in the National Coalition on Catholic Health Care Ministry, provide a platform from which to speak and be heard.

We must never underestimate the value of organized institutional testimony lived out in a world that often has difficulty with but always respects conviction, integrity, and action based on principle.

A UNITED FRONT

Given the importance of Catholic healthcare ministry for the Church and for humanity, we recognize the need to confront with imagination and courage the marketplace forces that drive the healthcare industry today. Without energetic and united activity, we can quickly and very easily find ourselves marginalized in an area of the human endeavor that has always reflected the most cherished human values clearly articulated in Catholic moral teaching on medical-moral and bioethical issues.

Having recognized the need to work together, we must envision the best way to do that and put together an action plan allowing the vision to take form. All of us in various ways are called to minister to one another. In that sense, we are all expressions of the Church's commitment to the ministry of Jesus Christ, our Lord, Redeemer, and Healer.

Our involvement in healthcare will continue to manifest the teaching and love of Christ through the caring ministry that serves the whole person—body, mind, and soul. We must manifest all the compassion and love that says to the sick, the infirm, and all of those in need of healthcare, "As Christ would reach out to touch and heal, so too do we." □