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SPECIAL



SECTION

CATHOLIC HEALTHCARE AS "LEAVEN"

When I was ordained in 1954, I thought the mission of the Catholic Church was to convert all people in the world so that, in time, they would become loyal members of the Church. I must admit I never thought of how this mass conversion would come about, but it was a subconscious assumption underlying all my relationships with non-Catholic individuals and institutions. Today we would look back on this mindset and call it "triumphalism"—and we would also call it wrong.

In the first encyclical after his election, Pope Paul VI put the Church-world relationship in a much more realistic perspective. He describes the Church as the "leaven" of civil society.¹ The Second Vatican Council used the same phrase in describing the fact that the Church and secular society "penetrate one another." "Thus the Church, at once a visible organization and spiritual community, travels the same journey as all humanity and shares the same earthly lot with the world: It is to be a leaven and the soul of human society in its renewal by Christ."²

The dictionary describes leaven as "something that modifies or lightens."³ Those of us who remember our mothers baking bread have first-hand experience of the meaning of leaven. At our home, baking bread on Saturdays was a family liturgy. All would gather to watch Mom knead the dough and then add yeast as the leaven. The whole

*To Penetrate
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Five
Requirements*

BY REV. KEVIN D. O'ROURKE, OP, JCD

mass of dough would rise when the yeast was blended in. After that, the yeast and dough could not be separated. When the loaves were taken out of the oven, we would wait impatiently for the bread to cool to the point where we could cut and butter the bread without ruining its texture. One day when Mother was ill, one of my sisters set out to make bread, with disastrous results; she forgot to add the yeast. (Another example of the adage: Mothers have no right to be sick.)

Truly, yeast is the element that enables bread to be appetizing and nutritious. Leaven is also a

Summary Pope Paul VI described the Church as the "leaven" of civil society. Catholic healthcare should strive to be the leaven of U.S. healthcare. To achieve this, it must do five things:

- Immerse itself in civil society. Catholic healthcare professionals and organizations should participate in efforts to improve public health, even when they are not in full agreement with those efforts.
- Provide high-quality care. Such care is not always easy to define, but Catholic healthcare can and should set high objective standards for the well-being of its patients.
- Minister to the suffering and dying. The Catholic view of suffering and death as necessary for human fulfillment is a countercultural idea in our society. Catholic healthcare should, while eliminating physical pain when possible, help people to die in a holy atmosphere.
- Be a responsible, just employer. Catholic healthcare should treat employees as individuals worthy of respect, not as economic units.
- Be advocates for the poor. Catholic healthcare should not only provide charity care for the poor; it should also work for universal coverage, care based on need rather than on ability to pay for it.



Fr. O'Rourke is director of the Center for Health Care Ethics at Saint Louis University.



dynamic symbol of the Church's mission, enabling us to penetrate the theological impact of the Catholic healthcare mission. To become U.S. healthcare's leaven, Catholic healthcare must do five things.

IMMERSE ITSELF IN CIVIL SOCIETY

Individuals and communities that offer healthcare in the Church's name must be immersed in civil society. Throughout the history of Christendom, some followers of

Christ have determined that the world belongs to the devil and that the only way to follow Christ faithfully is to retreat from society and form separate, self-sufficient enclaves. At times, this may seem a safer and more effective way to lead the Christian life—especially nowadays, when the predominant values of civil society are

so contrary to those of Christian life. However, this is not the vision of apostleship which expresses the self-understanding of the Catholic Church. Jesus said to his first followers, "I send you into the world," and his followers have always considered their place to be "in the world, even though not of the world."

The Second Vatican Council summed it up in these words: "The best way to fulfill one's obligation of justice and love is to contribute to the common good according to one's means and the needs of others, even to the point of fostering and helping public and private organizations devoted to bettering the conditions of life."⁴ Rev. Henri Nouwen expressed this idea accurately when he said, "For members of the kingdom, there are no secular communities."⁵

Everyone involved in Catholic healthcare knows that the "world," or civil society, has a set of values that the Catholic healthcare apostolate may never accept. For example, conceiving of healthcare primarily as a business and designing its functions to make money, or offering healthcare to people on the basis of power or productivity, will

never be compatible with the values of Catholic healthcare. But this clash of values should not lead Catholics to retreat from civil society.

Remaining a part of civil society means that Catholic individuals and facilities will take part in organized efforts to improve healthcare in the communities they serve and become active participants in hospital associations and societies representing all healthcare professions: nurses, physicians, therapists, counselors, etc. This participation applies to

both those working in or with Catholic healthcare facilities and individual Catholics who are not affiliated with such facilities. In the United States, we tend to put the burden of value communication—of being leaven—on the backs of Catholic healthcare facilities exclusively. The *Ethical and Religious Directives for Catholic Health Care Ser-*

vices (ERD), for example, is addressed primarily to people managing, or practicing in, Catholic healthcare facilities. Yet, as the *ERD* indicates, "Catholic professionals who are engaged in other settings have an opportunity and responsibility to communicate Christian values to the field of healthcare."⁶

Therefore, as we envision the fulfillment of the term "leaven," we realize that Catholic individuals, as well as the facilities that represent the Church directly, must remain a part of civil society and participate actively in the various organizations involved in the effort to improve health and provide healthcare. To remain an integral part of civil society, Catholic individuals and facilities must cooperate with persons and facilities that may not have the exact same set of values. Moreover, Catholics should approach such cooperation with a positive attitude, even if certain facets of the relationship are unacceptable.

PROVIDE HIGH-QUALITY CARE

Healthcare must be of high quality before it can be leaven, but "high-quality healthcare" is not easy to



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define. Regulating agencies increasingly seek to set norms for high-quality care. Researchers are gathering statistics concerning morbidity rates in hospitals, the effectiveness of various medical therapies, and even the effectiveness of individual practitioners. *Sometimes these norms have been useful; sometimes they have been a hindrance.*

Whatever we mean to convey by the term "high-quality care," it is much more than a compassionate bedside manner. It means that individuals and facilities will set definite norms for patient well-being and will see that the norms are observed. Medicine is not an exact science; but these new, objective standards of medical and nursing care will help define high-quality medical care. Developing these standards, and putting in place the structures that encourage their observance, will enable Catholic healthcare facilities and individuals to remain a leaven in the healthcare community.

MINISTER TO THE SUFFERING AND DYING

To be a leaven, the Catholic healthcare community must help people suffer and die in a holy atmo-

sphere, that is, in a manner befitting human fulfillment. Seeing suffering and death as necessary for human fulfillment is a countercultural concept in our society. But this concept flows from the commitment of faith expressed in the *New Catechism*:

"High-quality care" is much more than a compassionate bedside manner.

Because of Christ, Christian death has a positive meaning: "For to me to live is Christ, and to die is gain." "The saying is sure: if we have died with him, we also live with him." What is essentially new about Christian death is this: through Baptism, the Christian has already "died with Christ" sacramentally, in order to live a new life; and if we die in Christ's grace, physical death completes this "dying with Christ" and so completes our incorporation into him in his redeeming act. . . . In death, God calls man to himself. Therefore the Christian can experience a desire for death like St. Paul's: "My desire is to part and be with Christ." He can transform his own death into an act of obedience and

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love towards the Father, after the example of Christ.⁷

Our society's growing approval of physician-assisted suicide exemplifies the rejection of the idea that suffering can be in any way beneficial. "If people are going to die anyway," some secular philosophies and healthcare professionals ask, "why must they suffer physical or psychic pain? Let them choose suicide and avoid suffering."

On the face of it, there is some force to this reasoning. If all values are merely pragmatic, it is difficult to justify suffering. But as followers of Christ, we realize that suffering is an integral part of accomplishing God's providence and we believe that being joined to the suffering of Christ will lead to our salvation. "For the Christian, our encounter with suffering and death can take on a positive meaning through the redemptive power of Jesus's suffering and death. . . . This truth does not lessen the pain and fear, but gives confidence and grace for bearing suffering rather than being overwhelmed by it."⁸

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When seeking to communicate the potential value of suffering to patients and the secular healthcare profession at large, one should emphasize two truths:

- There is a distinction between physical pain and psychic suffering. Physical pain can usually be eliminated and, indeed, the Church teaches that it is legitimate to try to eliminate pain. As the Congregation for the Doctrine of the Faith has put it:

Physical suffering is certainly an unavoidable element of the human condition; on the biological level, it constitutes a warning of which no one denies the usefulness; but, since it affects the human psychological makeup, it often exceeds its own biological usefulness and so can become so severe as to cause the desire to remove it at any cost. According to Christian teaching, however, suffering, especially suffering during the last moments of life, has a special place in God's saving plan; it is in fact a sharing in Christ's Passion and a

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union with the redeeming sacrifice which he offered in obedience to the Father's will. Therefore one must not be surprised if some Christians prefer to moderate their use of painkillers, in order to accept voluntarily at least a part of their sufferings and thus associate themselves in a conscious way with the sufferings of Christ crucified (cf. Mt. 27:34). *Nevertheless it would be imprudent to impose a heroic way of acting as a general rule. On the contrary, human and Christian prudence suggest for the majority of sick people the use of medicines capable of alleviating or suppressing pain, even though these may cause as a secondary effect semi-consciousness and reduced lucidity. As for those who are not in a state to express themselves, one can reasonably presume that they wish to take these painkillers and have them administered according to the doctor's advice.*⁹ [italics added]

• Psychic suffering will never be eliminated. Indeed, as death approaches, it is the psychic suffering involved in losing human life that will cause the dying person the most anguish. But the Church's recommendations on overcoming suffering are based on the conviction that one retains personhood even after death, and that assisting people as they approach death helps them to overcome the psychic suffering that accompanies the loss of life.¹⁰

We know that fear of death is the strongest negative drive or emotion in our lives. Most people deal with this powerful fear through denial. The real problem of caring for the dying is to help them realize that they can bring good out of evil, as Jesus did. The words of Fr. Nouwen are illuminative: "Our great spiritual challenge, the bottom line, if you like, is to truly believe that God loves us so much that he poured out his whole self for us and calls us home."¹¹ People dying in Catholic healthcare facilities will experience this love of God if they experience the love of caregivers.

BE A RESPONSIBLE, JUST EMPLOYER

Being a leaven in the healthcare community requires special attention to employee morale and working conditions. Employees in Catholic healthcare facilities should have the conviction that "this is a good place to work because I am respected as a person, not as a cog in the wheel or an economic asset." The *ERD* seeks to express this thought as follows:

It seems that some efforts meant to develop more helpful attitudes on the part of employees are based on motivation that is far from the Gospel message.

A Catholic health care institution must treat its employees respectfully and justly. This responsibility includes: equal employment opportunities for anyone qualified for the task, irrespective of a person's race, sex, age, national origin or disability; a workplace that promotes employee participation; a work environment that ensures employee safety and well-being; just compensation and benefits; and recognition of the rights of employees to organize and bargain collectively without prejudice to the common good.¹²

These days, many Catholic healthcare facilities try to improve employee productivity by emphasizing that unless the "customers" are happy, the facilities will face serious financial complications. Are such practices, which indeed impel employees to change their behavior, founded on the right motivation? Do they foster a sense of self-worth and respect in employees? Moreover, do they lead employees to relate to the "customer" as a person in need of help, or as an economic unit significant only for the financial stability he or she may lend the institution? In short, it seems that some efforts meant to develop more helpful attitudes on the part of employees are based on motivation that is far from the Gospel message. If economic factors are made the overriding basis for improving employee behavior, there is little hope that the Catholic healthcare facility will be a leaven.

BE ADVOCATES FOR THE POOR

To be a leaven in society, Catholic healthcare professionals and facilities must actively pursue an "option for the poor." At present, they pursue this option in various ways. Individual healthcare professionals in some areas render care for the poor directly by giving pro bono or charity care; Catholic healthcare facilities care for the poor by providing charity care themselves or donating to organizations that do. In St. Louis, for example, the effective Archbishop's Commission on Community Health, most of whose activities are directed to care for the poor, is financed in large part by the diocese's Catholic hospitals.

These efforts should be applauded and extended. However, they will never be sufficient. At least 40 million people in the United States do not have adequate access to healthcare. Until the provision of healthcare is based on need rather than ability to pay, the poor will have inadequate access to it. Because this is so, Catholic providers will

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"LEAVEN"

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Catholic healthcare must commit itself to positive activities.

have to make healthcare reform an integral part of their agenda before they can truly be considered a leaven.

LEAVEN AS A POSITIVE NORM

Clearly, there are negative norms that help establish Catholic identity in healthcare. Our ethical code prohibits abortion and assisted suicide, for example. I believe it is important for Catholic healthcare to commit itself to positive activities—such as the five described here as “leaven”—that can influence U.S. healthcare as a whole. □

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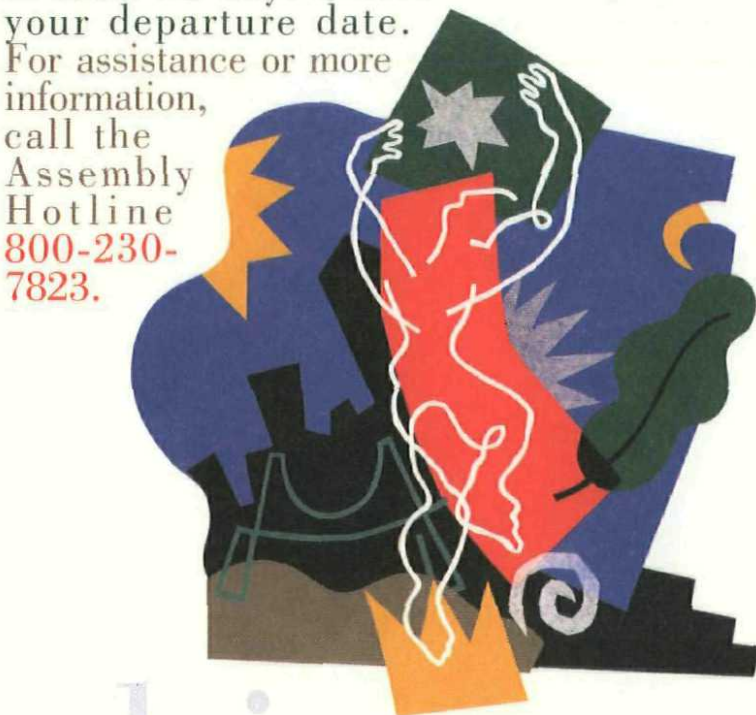
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