



## REFLECTION

# Catholic Hospitals and the Local Church

## *Why They Matter to One Another and to Communities*

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**Y**ears ago, I was scheduled to present a breakout session on Catholic health care at a national meeting for the heads of diocesan priests' councils. I took my place in front of the group, poised to share my presentation and prepared remarks. But before I could speak, one of the priests called out, "I think we should sell all the Catholic hospitals and give the money to the poor." Amidst a rumble of laughter and some raised eyebrows, I retorted, "And I'm here to tell you why you're wrong!" I'm not sure how many converts I made that day, but the challenge has never left me.

In some ways the challenge has grown stronger as hospitals and health care systems have consolidated into increasingly large corporations whose finances exceed all but the most sizable of dioceses, let alone a parish. How is a big "business" with thousands of employees — many or most of whom are not Catholic — and possibly directed from headquarters in a distant city, part of the local church? And, conversely, how does the local church contribute to the ministry of institutional health care? Why maintain Catholic hospitals when there are many other high-quality ones in most cities?

Let me begin with some working definitions. Health care, of course, can include anything from caring for a family member at home to the mission of a multistate system. My focus here is on the Catholic institutions — primarily hospitals — in a given locale and, by extension, on the systems to

which they belong. By "local church," I mean the People of God who are members of the diocese and of the parishes in which the institutions are located.

How do Catholic hospitals extend the mission of the local church, and how do members of the local church support these institutions? In short, why is "selling the hospitals and giving the money to the poor" a bad idea?

For starters, everyone would agree that caring for the sick is one of the corporal works of mercy expected of all Christians. What the hospital contributes to that universal obligation is specialized care delivered by trained clinicians, including through the use of complex and specialized equipment. Furthermore, in a Catholic hospital, that care is provided in compliance with the Church's ethical teachings. When we refer to this doctrine, the first thing that comes to mind is that the

hospital does not provide abortions or euthanasia. However, the teachings are far deeper and richer than these prohibitions. They commit the hospital to provide spiritual care appropriate to the patient's condition and religious beliefs, to promote a commitment to the mission among all employees, and, in particular, to serve all who come for care, whatever their financial resources.<sup>1</sup>

### **As generations succeed one another, the hospital remains a symbol of the Church's continuing commitment to healing the sick.**

In doing so, they promote the common good, a bedrock of Catholic social teaching.

While many of the faithful in the local church may not be aware of these requirements for Catholic health care, the local bishop certainly is. In fact, the bishop should be briefed on a regular basis about the hospital's activities and strategies. If the hospital has made a difficult decision about a critical pregnancy or an end-of-life care situation, the bishop should be the first to know about it.

Regular communication provides the bishop with information so he can be confident that Catholic health care institutions are a valuable part of the local church's ministry and can, when appropriate, support the diocese's community outreach.

The hospital's efforts to address the underlying causes of local health disparities often involve collaborating with local church groups, such as Catholic Charities and the Society of St. Vincent de Paul. Together, they might address such issues as inadequate housing, food insecurity and public safety.

Reversing the focus, the local church can contribute to the hospital's ministry. The hospital's mission to provide spiritual care usually involves the ministry of an employed chaplain. However, visits from a patient's pastor are also welcomed. Additionally, hospitals provide venues for community volunteers in various capacities.

What about my long-ago interlocutor's suggestion of selling the hospitals and giving the money to the poor? What that view lacks is an apprecia-

tion of the value of stability and continuity. The sale of a building and its contents would yield a one-time corpus of money that could be distributed to the needy. In the end, however, people would still get sick and need hospital services delivered in a compassionate way on behalf of the faith community: the local church. As generations succeed one another, the hospital remains a symbol of the Church's continuing commitment to healing the sick.

One suggestion to promote the Church's understanding of the mission and values of Catholic health care would be to provide some education to those preparing for ministry,

for example, seminarians and other ministry students. It might be a single lecture given by a health care representative or panel. Following up, those who are willing might be given an opportunity to temporarily volunteer in a hospital so that they can experience firsthand the staff's dedication. Another suggestion would be for the hospital or health system to provide regular news items for inclusion in diocesan publications. This would provide a sense of pride in, or "ownership" of, the hospital's mission on the part of the faithful.

Finally, let us hope that an appreciation for the Church's ministry of healing, as provided within its institutions, will grow and flourish among all the faithful, including among the clergy. The work of Catholic health care organizations remains a way for people, regardless of faith tradition, to experience the Church's commitment to honor the dignity and well-being of all persons.

**SR. DORIS GOTTEMOELLER** has held leadership, sponsorship and governance positions with health care, education, housing and religious organizations, including recent roles with Cincinnati-based Bon Secours Mercy Health. She is a prior chair of the CHA board of trustees and received the organization's 2008 Sister Concilia Moran Award and the 2021 Lifetime Achievement Award.

#### **NOTE**

1. For a fuller presentation of the Church's teachings, see *Ethical and Religious Directives for Catholic Health Care Services, Sixth Edition*, promulgated by the United States Conference of Catholic Bishops.

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