

Each Person Is a Treasure

By Sr. PATRICIA TALONE, RSM, Ph.D.

Catholic health care embraces person-centered care not because it is a health care trend *du jour* but because it is the right thing to do. It is who we are; its roots are deep in the Catholic tradition.

Pope Benedict XVI, in his 2009 encyclical, *Caritas in Veritate* (#19), warned that “as society becomes ever more globalized, it makes us neighbors but does not make us brothers [and sisters.]” That familial understanding of human relatedness comes, Benedict asserts, from God, who first loved us, teaching us through Jesus about true charity for one another. The pontiff speaks not only about relatedness, but about true equality, recognizing that we are all sons and daughters of the one God.

In January 2012, a music superstar gave birth to her first child in a private New York City hospital amid Twitter and Internet buzz about the blessed event. Later, the hospital came under scrutiny and criticism because it apparently was so busy accommodating this VIP and the baby’s music superstar father — who are said to have paid at least \$1 million to be secluded in a section of the hospital — that other new parents complained security guards prevented them from seeing their own infants in the neonatal intensive care unit.

As I read the media account of this celebrity-centered care, I remembered a long-ago conversation with one of my first hospital CEOs. He told of a time he received a panicky call from the chair of the board whose wife, experiencing chest pain, was being rushed to the hospital’s busy emergency room.

The CEO recalled he instantly dialed the nurse manager of the ER to



sound the alert — the wife of the board chair was having chest pain and would be arriving any moment. “I’m calling you because I want you to insure that she receives excellent care,” he said.

Not skipping a beat, the seasoned ER manager replied, “I will insure that Mrs. X receives the same excellent care that we afford to everyone who enters the doors of this hospital.”

Later, the CEO confessed to me, he had thanked the ER manager for reminding him of the hospital’s values and commitments. Her remark forced him to recall who we say we are as Catholic health care and what the mission statement emblazoned in the hospital lobby said: “Every person whom I encounter is special, is a VIP.”

In recent years a great deal has been written about person-centered care,¹ the special topic of this *Health Progress* issue. While descriptions of the term vary, certain characteristics appear again and again in medical and health care journals.

Person-centered care recognizes the dignity and moral weight of both the caregiver and the care receiver. It empowers the recipients of health care to take charge of their medical care. It appreciates and reverences the uniqueness of each individual. It realizes that affect and emotion are important components of health care relationships. It knows the import of extending true hospitality to each person, especially those most in need.

Other components include respect for patient preferences and needs, coordination and integration of care, communication and education, emotional and spiritual support, involvement of family and friends. These characteristics and many others have their roots deeply embedded in the Catholic tradition expressed in the CHA *Shared Statement of Identity*: “Every person is a treasure, every life a sacred gift, every human being a unity of body, mind, and spirit.” And, Catholic health care insti-

tutions, through their policies, procedures and practices, strive to insure that person-centered care prevails in all of their varied services. A *Shared Statement of Identity* further proclaims that “by our service, we strive to transform hurt into hope.”

But transformation is a two-way street. As Anna the governess says in *The King and I*, “If you become a teacher, by your pupils you’ll be taught.” The line comes from the beginning of “Getting to Know You.” The insight captures the unique relationship not only between teacher and pupil but between physician and patient, between nurse and patient, between certified nurse assistant and resident, between manager and employee.

In true human interaction there is a power, a synergy that can transform hearts, minds, practice and even institutions. Those who pledge themselves to person-centered care commit to getting to know a patient’s true personhood, or as *A Shared Statement of Identity* says, “attend to the whole person.” They recognize that actions, be they ever so small or seemingly insignificant, hold power because they are directed toward human persons. Thus, covering the knees of an elderly, wheelchair-bound woman, wiping saliva from the face of a patient in pain, listening attentively to a family member’s fears and concerns can change the heart of the one acting as well as the recipient of the action.

It is only by actions, repeated time after time, day after day, that one forms what sociologist Robert N. Bellah called “habits of the heart,” that is, developing a character that is evident to others and witnesses to the world. Catholic health care recognizes that the actions, habitual as they may be, also are sacramental. Deeds so familiar to health caregivers, things like feeding the stroke patient, bathing the paralyzed, placing the person just so on the CT scanner, are signs — testimony to the fact that both the one receiving care and the one giving care are temples of the Holy Spirit, in whom God dwells.

No caregiver or institution has yet achieved perfection in pursuit of person-centered care. All are still in the process of forming our characters (both individual and institutional) into what we proudly proclaim in our *Shared Statement of Identity*. It is well that we remember what Pope Benedict reminded us in *Caritas in Veritate*: Policies and procedures cannot make us brothers and sisters to one another. That transformation originates from our God, who first loved us and who continually teaches us how to love one another.

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NOTE

1. CHA uses the term “person-centered care” at the recommendation of its special task force on this topic. The term embraces acute, long-term and outpatient services.



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