

## EDITOR'S NOTE

**A**mong the small ministries and mercies in my life is delivering communion to people in my parish. Bill is my most frequent communicant. He's a big, genial man, hampered but not undone by the multiple sclerosis he has had for 60 years.



**MARY ANN  
STEINER**

A retired physician who had an active practice with multiple Catholic health care systems, Bill has some pretty pointed things to say about mergers and acquisitions, mission/margin equations and the consequences for patient care and physician well-being in the current climate. His identity as a doctor, his status as a patient and his interest in what is happening in health care are always at hand. Not unlike the sisters regularly entrusting the health care ministries they established to new leaders and different models, Bill has great faith that it is all being led by the Spirit.

That's a good thing. As the articles and perspectives in this issue make clear, we need a long view like Bill's, as well as the microscopic zoom, the level gaze, the vision at the horizon and the clarifying lens of the healer's ministry to bring to focus the situation of physicians in contemporary health care. With all the changes that are transforming the way doctors carry out their practice of medicine — patient-centered care replacing provider-centered care; individual health growing to population health; prevention rather than intervention; and the primacy of the doctor-patient relationship being supplanted by the clinical team-patient relationship — physicians may feel that change is the only constant.

We'll give change its due, of course, but it isn't the only constant. Amid the frustration with such overwhelming change and all the concern about numbers — dollars, patient loads, reimbursements, medical records and patient satisfaction scores — the constant threads you will read in these articles can be counted on one

hand. They are: high standards for the quality of care; concern for the patient, whether an inmate in the county jail or a fellow physician at risk of overload; and commitment to medical education that widens the scope of what future doctors need to know about treatments, specialties, business practices, ethics and compassionate care.

Surely the most quoted allusion to doctors in Scripture is "Physician, heal thyself" (Luke 4:23). Read as an imperative, it sounds like the charge one would hurl at someone who hasn't taken care of his or her own sick state while diagnosing and treating the illnesses of others.

Replace the imperative tone with one of suggestion, and we get to the meat of this issue of *Health Progress*. Physicians themselves, along with their mentors, their colleagues, their patients and the health care executives they answer to, are calling for a community of doctors who are as collaborative and compassionate as they are skilled. It seems to be the right time to insist on better models of education and work-life balance for their own well-being.

Then take that tone to one more level of mindfulness — like the flight attendant who reminds us to secure our own safety devices before tending to the children and others in our charge. Heal and be healthy, physicians. There are so many of us counting on you.

We have a courageous, insightful, committed group of authors in this issue. They have named the threats to physicians' professional, financial, physical and spiritual well-being. They have offered pragmatic solutions, encouraged the next generation of doctors and given witness to the healing ministry in action. That many of the authors are themselves physicians — retired, practicing and teaching — speaks to the reality of hazards and hope for the ministry. We are grateful to each of them.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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Reprinted from *Health Progress*, May-June 2014

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