'Touching the Flesh of Christ'

CATHOLIC HEALTH CARE AND A CULTURE OF ENCOUNTER

It was Nov. 16, 1872. Five religious sisters arrived in St. Louis, having crossed the Atlantic to an unknown land and left behind their beloved Germany, their community members, family, friends and those to whom they ministered. When they arrived at the St. Louis riverfront, they had $5 among them.

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The sisters had known poverty, but they never had seen the squalor they found along the Mississippi in St. Louis. "Houses were overcrowded. Food and water were contaminated. Raw sewage lined the open gutters, and waste from the slaughter houses rotted in the streets. ... The filthy conditions bred cholera and diphtheria. Soon after the sisters arrived, smallpox broke out — and spread quickly."[1]

Despite the horrific human conditions, or probably because of them, the sisters set out to care for the ill in their homes and for the ill homeless in the gangways and alleys just west of the riverfront, putting their own health and lives at risk for the sake of their patients. Over the years, the congregation of women who came to be known as the Sisters of St. Mary cared for those suffering from smallpox, tuberculosis, typhoid fever, diphtheria and scarlet fever, losing in 1878 five sisters who had volunteered to go to Memphis, Tenn., and Canton, Miss., to care for yellow fever victims.

The commitment of these women to the Gospel and to the poor and vulnerable, their extraordinary courage, daring, selflessness, spirit of service, steadfastness and resilience are profoundly moving and edifying. While this is a story unique to these particular sisters, similar accounts have been told about many other groups of religious women and men who bravely came to this country and selflessly ministered to the sick and the vulnerable in their midst.

The accounts describe the beginning of Catholic health care in this country, although the concept of "Catholic health care" was a much later development. Its embodiment has changed dramatically from these early days and continues to change. What began as an apostolate of groups of women and men religious has evolved into the second largest not-for-profit provider of health care in the United States. It is far more extensive than in its beginnings, far more scientific and technological, more professionalized, more institutionalized and intimately part of this country's health care system. Now it is influenced as much by the health care marketplace as by its roots in the healing ministry of Jesus and an extension of the Catholic Church's ministry in the world.

As different as Catholic health care is today from its origins, those early days can be a powerful and ever-present reminder of what Catholic health care is all about, so that we don't lose our focus and our way in the rapid and somewhat tumultuous changes that health care is currently experiencing.

What the women and men religious witnessed to and what they embodied is what Pope Francis refers to as a "culture of encounter." By this expression, he means going out "to meet each other, and in meeting to offer each other help."[2] He further elucidates his meaning when he emphasizes that "what is important...is not to see or help them from a distance. No, No! It is to go and meet them. ... Just as Jesus did, always meeting people's needs;

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he went to meet them. It is to go to the encounter with the neediest."[3]

Francis drives this point home when he explains, "I sometimes ask people: 'Do you give alms?' They say to me: 'Yes, Father.' 'And when you give alms, do you look the person you are giving them to in the eye?' 'Oh, I don't know, I don't really notice.' 'Then you have not really encountered him. You tossed him the alms and walked off. When you give alms, do you touch the person's hand or do you throw the coin?' 'No, I throw the coin.' 'So you did not touch him. And if you don't touch him you don't meet him.'"[4]

Going out to meet the other, to touch the other, especially those who are poor, ill and disadvantaged, according to Pope Francis is to "reach out to the flesh of Christ."[5]

In so many ways, the story of the Good Samaritan is a paradigm of the culture of encounter, because he is sensitive to the suffering of others,

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stops and responds to the immediate need of the person in the road and looks ahead to continuing need, paying no attention to the person's social status. This is the kind of encounter of which Francis speaks, and it embodies graphically the fundamental moral commitments of Catholic health care. It powerfully illustrates what Catholic health care is and should be about.

For our current health care reality, what might be drawn from the example of the early foundresses and founders of Catholic health care and Pope Francis' "culture of encounter?" I will give two responses, one micro and the other macro.

The first has to do with telemedicine, the focus of this issue of *Health Progress*. Telemedicine can increase patient access to primary and specialty care, especially in rural areas. It can improve the quality and continuity of care and reduce costs. It can provide for faster and more convenient testing, diagnosis and treatment (in some circumstances) from a distance. It makes video consultations possible, enables storage and transfer of clinical data and images, reduces time and travel and permits some patients to remain in their own homes instead of being treated in doctors' offices, clinics, hospitals or long-term care facilities.

Especially with the likely increase and greater sophistication of telemedicine, it holds the potential for great benefit to patients, health care providers and other caregivers, as well as to the entire health care system.

However, these benefits could come at a significant cost. While telemedicine is a form of encounter between patient and provider or caregiver, an extension of traditional face-to-face contact, it is different from an unmediated face-to-face, person-to-person, flesh-to-flesh encounter — the kind so typical of the early women and men religious, powerfully depicted by the Good Samaritan, and described and encouraged by Pope Francis.

Some critics of telemedicine suggest that it "exposes patients to the loss of personal touch and care by a physician, the potential for depersonalization and the danger that virtual visits will replace actual visits in the interest of cost savings and time efficiency."[6]

The "culture of encounter" can be an ever-present reminder of the primacy and the nature of personal contact in health care. It can help ensure that "telemedicine functions as an adjunct to, not a replacement of, the traditional physician encounters that frame the clinical relationship."[7]

The challenge is to translate what is conveyed by a "culture of encounter" into criteria, guidelines or measures to help balance virtual encounters with personal encounters. There is work to be done here.

My second observation deals with a macro issue, namely, the shift to population health and all that it entails. While the shift better embodies the fundamental moral commitments or values of Catholic health care than our current health care system does, it is not without challenges — negative and positive.

One challenge can be seen in the extremely rapid and extensive growth in many health care systems resulting from multiple acquisitions and partnerships. To a great degree, this activity is necessary in order to build the infrastructure required to do population health well, which includes improving quality and lowering costs, and to maintain viability in the marketplace. The danger is that growth and positioning can become so consuming that the ultimate purpose of these efforts — caring for patients and communities —

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gets lost or forgotten. Ultimately, touching the flesh of Christ in others is what Catholic health care is about, as those who went before us so powerfully demonstrated.

Related to this concept is a second challenge, a positive one. If we take improving the health of our communities seriously, it would seem to mean going out into those communities and assessing and addressing needs, especially the needs of the most disadvantaged. Very many of our health care organizations already do this.

But Pope Francis calls us to do even more. Vulnerable persons, as he says, need to be "brought from the margins to the center." They ought to be placed high on our agendas, if not at the top. They cannot be an afterthought, or an add-on. Many of these people will not come to our facilities, yet they are very much in need of some type of healing. We need to, as Francis says, "go out to meet them." This is critical.

Going out to meet the other, to touch the flesh of Christ in those most in need of healing, and creating a culture of encounter, as evidenced in the persons and work of our forebears, gets to the heart of what Catholic health care is about. It ought to influence how we employ telecommunication technologies in providing care, all the restructuring, acquiring and partnering that we are engaged in today, as well as our strategic plans for improving the health of communities. This is, after all, a major part of the legacy left to us.

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NOTES

1. SSM Health Care, *Our Heritage of Healing* (St. Louis: SSM Health Care, 2006), 4.
2 Pope Francis, "Video Message to the Faithful of Buenos Aires on the Occasion of the Feast of Saint Cajetan, Aug. 7, 2013," http://w2.vatican.va/content/francesco/en/messages/pont-messages/2013/documents/papa-francesco_20130807_videomessaggio-san-cayetano.html.
3. Francis to the faithful in Buenos Aires.
4. Francis to the faithful in Buenos Aires.
5. Pope Francis, "Vigil of Pentecost with the Ecclesial Movements, Address of the Holy Father, May 18, 2013," http://w2.vatican.va/content/francesco/en/speeches/2013/may/documents/papa-francesco_20130518_veglia-pentecoste.html.
6. Peter A. Clark, Kevin Capuzzi and Joseph Harrison, "Telemedicine: Medical, Legal and Ethical Perspectives," *Medical Science Monitor* 16, no. 12 (2010): RA269. The authors here are referring to observations by D. Fleming et al., "Telehealth Ethics," *Telemedicine Journal and E-Health* 15, no. 8 (2009): 797-803.
7. Clark, Capuzzi and Harrison. Here the authors cite R. Irvine, "Mediating Telemedicine: Ethics at a Distance," *Journal of Internal Medicine* 35 (2005):56-58. See also, William A. Nelson, "The Ethics of Telemedicine," Healthcare Executive (November-December 2010): 50-53.

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