

# CATHOLIC HEALTH CARE AS A FIELD HOSPITAL

In March 2017, the Catholic Health Association hosted approximately 70 Catholic health care ethicists from the United States and Canada for its annual Theology and Ethics Colloquium. Normally, the colloquium deals with an issue in clinical or organizational ethics. This year, however, the topic was “Field Hospital: An Image for Catholic Health Care in the U.S.”



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Pope Francis first used the field hospital description about six months after his election. An interviewer asked him, “What kind of church do you dream of?” The pope’s response was surprising at the time: “I see clearly that the thing the church needs most today is the ability to heal wounds and to warm the hearts of the faithful; it needs nearness, proximity. I see the church as a field hospital after battle. It is useless to ask a seriously injured person if he has high cholesterol and about the level of his blood sugars! You have to heal his wounds.”<sup>1</sup> The pope has returned to the image several times during his papacy.

The colloquium participants spent almost three days discussing the many layers of meaning that the church as field hospital might hold for U.S. Catholic health care today. They were guided by four presenters: Richard Gaillardetz, PhD, chair of Boston College’s theology department, who discussed the image from an ecclesiological perspective; Meghan Clark, PhD, assistant professor of theology and religious studies at St. John’s University in New York, who investigated the image from the point of view of Catholic social ethics; Fr. Myles Sheehan, who spoke from his point of view as a Jesuit physician; and Chris Lowney, who explained how the field hospital image both affirms and challenges Catholic health care today. Lowney chairs the Catholic Health Initiatives board.

## THEOLOGICAL BASIS

In describing the theological basis for calling the church a field hospital, Gaillardetz made several points:

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— POPE FRANCIS

1. The church (and by extension, Catholic health care) must be adaptable and open to ongoing reform.
2. It should participate in the vulnerable mission of Christ. Gaillardetz reminded us that Christ emptied himself in forgiving love.
3. The church as field hospital also is a teaching hospital. Gaillardetz emphasized Pope Francis’ use of discernment and the formation of conscience, reminding us of the pope’s words, “We have been called to form consciences, not to replace them.”<sup>2</sup>
4. The church is committed to radical proximity — it goes where people are wounded and adapts itself to their concrete circumstances.
5. The church, and by extension, Catholic health care, must accompany those in need by listening to their concerns and sharing their hopes.

Among the topics Clark discussed was how the image of field hospital relates to the commitment to justice. She explained that the image of field hospital encourages us to embrace our suffering sisters and brothers with humility and to “be-

come more attentive and responsive to the deep and emergency needs of those around us.” On the other hand, she also acknowledged that in the chaos of a field hospital, “there is a danger of accepting the limitations of an emergency triage as the norm.” To counter this tendency, she suggested it is justice “that helps us avoid getting lost in the limitations and brokenness of our current reality.” She went on to say that the field hospital always must be directed towards justice. By focusing on inclusion rather than exclusion and on the effects of inequality and marginalization, we in Catholic health care can enter the chaos of people’s lives and join with them to combat injustice.

Fr. Sheehan rooted the pope’s image of a field hospital in Ignatian spirituality and invited those present to engage in what Jesuits call the “*magis*” — doing more for Christ and doing what is most useful or most important for those whom we serve. Quoting the Jesuit Constitutions, he explained that Jesuits are called to “make the best choice in sending persons where there will be greater service to God and the more universal good. All things being equal, one ought to select that part of the vineyard that has the greatest need, both because of lack of other workers and because of the infirmity of the people there.”<sup>3</sup>

Fr. Sheehan suggested that it is because of Pope Francis’ Jesuit spirituality that he can challenge the faithful “to go out from the church and parishes, to go outside and look for people where they live, where they suffer, and where they hope ... to reveal the church’s deeply maternal and merciful

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side, a church that goes forth toward those who are ‘wounded,’ who are in need of an attentive ear, understanding, forgiveness, and love.” It is in moving out to those who have been marginalized and in welcoming them that “we put our credibil-

ity as Christians on the line.”<sup>4</sup>

Lowney used the image of the field hospital both to affirm and to challenge Catholic health care as it is practiced in the U.S. today. He commended Catholic health care for being present to those who are afraid, hurting and suffering.

## **Do we really “accompany” the wounded who come to us, in the spiritual sense the pope intends?**

He also acknowledged that Catholic health care embodies the “culture of encounter” and the “dialogue of everyday life” with many who would never see the inside of a church and with those who are marginalized or stigmatized. He added that Catholic health care often is seen as a model of mercy and nonjudgmental care. But he also challenged Catholic health care (and health care ethicists) with what could be seen as a short examination of conscience: Do we really “accompany” the wounded who come to us, in the spiritual sense the pope intends? How do we accompany people in new, ambulatory and other settings? And, as the pope speaks about the church as an “organic whole,” do we see ourselves and behave as part of that whole?

### **PRACTICAL IMPLICATIONS FOR CATHOLIC HEALTH CARE**

To paraphrase Lowney, it seems to me that the image of field hospital offers more challenge than affirmation to those of us in Catholic health care today. The elements that Gaillardetz mentioned, especially vulnerability and radical proximity, typically have not been the dominant descriptions of Catholic health care in this country. Would emphasis on these elements change the look of Catholic health care?

Similarly, although Clark’s understanding of justice resonates as a core element at many Catholic health care systems, do our employees really see their work as a matter of justice? We certainly enter into the chaos of people’s lives, but how do we move beyond limitation and brokenness to inclusion as we, together, combat injustice?

Possibly the greatest challenge to Catholic health care may lie in Fr. Sheehan’s image of *magis*. We are called to show to those whom we serve the merciful face of God. We are constantly called to do more, and it seems that there is always more

to do. The “Catholic” element of Catholic health care seems always to be unfinished. This can become a source of frustration and even a reason to lose hope. But can this principle, instead, be a comfort to us, even as it challenges us to greater and greater service to our sick sisters and brothers — and, therefore, to greater service to God?

The image of field hospital does, indeed, challenge Catholic health care. It calls us to move out to the margins, to create institutions that are truly just, to dedicate ourselves to “the more.” As we acknowledge the breadth and depth of this call, other words of Pope Francis may serve to put our call into perspective: “The church which ‘goes forth’ is a community of missionary disciples who take the first step, who are involved and supportive, who bear fruit and rejoice. An evangelizing community knows that the Lord has taken the initiative, he has loved us first (cf. 1 Jn 4:19), and therefore we can move forward, boldly take the initiative, go out to others, seek those who have fallen away, stand at the crossroads and welcome the outcast. Such a community has an endless desire to show mercy, the fruit of its own experience of the power of the Father’s infinite mercy.”<sup>5</sup>

Catholic health care is able to be a field hospital, to move boldly to those in need, because we know that God has taken the initiative, calling us forth and strengthening us.

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#### NOTES

1. Antonio Spadaro, “A Big Heart Open to God: A Conversation with Pope Francis,” *America* 209, no. 8 (Sept. 30, 2013): 24. [www.americamagazine.org/faith/2013/9/30/big-heart-open-god-interview-pope-francis](http://www.americamagazine.org/faith/2013/9/30/big-heart-open-god-interview-pope-francis).
2. Francis, *Amoris Laetitia*, par. 37. [https://w2.vatican.va/content/dam/francesco/pdf/apost\\_exhortations/documents/papa-francesco\\_esortazione-ap\\_20160319\\_amoris-laetitia\\_en.pdf](https://w2.vatican.va/content/dam/francesco/pdf/apost_exhortations/documents/papa-francesco_esortazione-ap_20160319_amoris-laetitia_en.pdf).
3. *Constitutions of the Society of Jesus*, par. 622.
4. Francis, *The Name of God Is Mercy* (New York: Random House, 2016), 52.
5. Francis, *Evangelii Gaudium*, par. 24. [http://w2.vatican.va/content/francesco/en/apost\\_exhortations/documents/papa-francesco\\_esortazione-ap\\_20131124\\_evangelii-gaudium.html](http://w2.vatican.va/content/francesco/en/apost_exhortations/documents/papa-francesco_esortazione-ap_20131124_evangelii-gaudium.html).

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