

CATHOLIC HEALTH CARE MUST STAND IN THE MIDDLE

In an April 1991 address at Fordham University in New York, Chicago's Cardinal Joseph Bernardin described the tensions involved in maintaining the Catholic identity of Catholic health care facilities, universities and social service agencies.¹ He was responding to the preliminary report of a Fordham project that asked bishops as well as ministry leaders to forecast what these Catholic institutions would look like in the year 2015.²



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Specifically, the project envisioned three possible scenarios regarding how these ministries might or might not retain their Catholic identity over the ensuing 25 years:

■ **Sectarian** — The entity would be known as an official Catholic institutional ministry, be marked by church juridical control and be dependent upon church support for its existence.

■ **Secular** — The church would no longer be involved in the entity because of the inevitable compromises involved. The once-Catholic institution would have little formal connection with the church, and people would perceive it as a community, rather than Catholic, entity.

■ **Mixed** — The Catholic institutional ministry would maintain a close association with the official church but would perform public functions in a pluralistic society. The ministry would live with the ambiguities arising from having roots in both the secular society and the church, and it would acknowledge the considerable tension that arises from differing and sometimes conflicting expectations of church and society.³

Of those surveyed, 69.7 percent of bishops and 73.1 percent of Catholic health care leaders predicted that the dominant model for Catholic health care would be the mixed scenario.⁴ In his lecture, Cardinal Bernardin agreed that the mixed scenario was the most likely, but he also indicated that this model can pose difficulties for Catholic identity:

“Catholic colleges and universities, health care institutions, and social service agencies already

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live [note that this was written in 1991] with one foot firmly planted in the Catholic Church and the other in our pluralistic society. It should come as no surprise, then, when the competing vision and value systems of the ‘tectonic’ plates on which they stand are in tension with one another, and shifts in the plates cause tremors which create anxiety and are, at times, seen as threats. . . . The bishop and diocese . . . may consider [Catholic health care institutions] too secular, too influenced by government, too involved with business concepts. The public, on the other hand, often considers them too religious, too sectarian.”⁵

As we approach 2015, it is interesting to speculate regarding how bishops and health care leaders would answer the questions concerning these scenarios today. It is likely that more would choose the secular scenario and that even fewer would choose the sectarian scenario today than 20 years ago.

It also seems likely that most Catholic health care leaders today would continue to opt for the mixed scenario. This choice, however, is not without its difficulties. Reading Cardinal Bernardin's lecture more than two decades after he delivered it, I am amazed at how prescient he was. As Catholic health care continues with one foot planted in the church and the other in secular society, it experiences more than ever before the tensions that the Cardinal described. Our institutions continue

to react to claims from some parts of the church that they are somehow not Catholic enough. At the same time, they are criticized by some secular organizations that function as watchdogs over Catholic health care, maintaining that Catholic hospitals impose strictly religious requirements upon patients that, they claim, compromise patient autonomy. Possibly more than at any time before, Catholic health care in the U.S. can feel squeezed by conflicting value systems and visions of health care.

The commitment to serve an increasingly secular society while remaining truly a ministry of the church can indeed cause discomfort for Catholic health care. More problematic for the future, however, might be the consequences if Catholic health care appropriates the mixed model and leaders use each perspective as a way to get around the other — emphasizing the public, secular face of Catholic health care when it seems too difficult to foster the institution's Catholic identity, or using the Catholic, religious face as a way out when government or society in general raises uncomfortable questions.

The danger of uncritically relying upon the mixed model could result either in our institutions not knowing who they really are or — even worse — in our institutions hiding behind their mixed identity so that they do not have to take a stance regarding who they are and should be.

Several years ago, Peter Steinfels, Catholic author and commentator on the church, observed: “What remains constant across the board is a

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sense of what would constitute failure: not that some of these institutions might cease to exist or even consciously and deliberately cease to be Catholic . . . but that they would mindlessly drift into essentially secular simulacra of their religious selves, still bearing the insignia but no longer sharing the allegiance, their Catholic identity hollowed out.”⁶

How can Catholic health care guard against this danger? Over 700 years ago, the great medieval

theologian and doctor of the church, St. Thomas Aquinas, OP, articulated an understanding of theology in which, following the ancient philosopher Aristotle, he described virtue as “standing in the middle” between two extremes, each of which is considered vice.⁷

What does the virtuous middle look like for Catholic health care today? It is not some sort of static average, but rather a dynamic middle ground that is comfortable with the tension described above. This virtuous middle, with feet planted firmly in both realities, allows each side of the tension to influence the other, inviting real cross-fertilization between both realities. To consciously embrace this mixed model of Catholic health care means that we are not apologetic about either side of the tension.

To be true to its vocation, Catholic health care in the U.S. today *must* have one foot fully planted in the secular arena. Government regulations and leading business practices, for example, will continue to guide the administration of Catholic health care. And this is a good thing, as it calls Catholic health care to become a more effective steward of the goods entrusted to it. Catholic health care becomes one of the ways in which the church listens to the world and learns from it.⁸

Such service to the secular world, however, is only part of what Catholic health care is about. As a ministry of the church, Catholic health care must be equally concerned about the Catholic culture of its institutions. In the May-June 2013 issue of *Health Progress*, my colleague Ron Hamel, Ph.D., CHA senior director of ethics, spoke about thick and thin notions of the culture of Catholic health care.⁹ Thin notions can tend to reduce Catholic identity to items like having religious symbols, supporting pastoral care or ensuring that the

institution will not perform procedures prohibited by Catholic moral teaching.

Although these items are not unimportant, a true Catholic culture must go far deeper. Most members of our institutions can easily articulate the mission and values of the health system. But if Catholic health care is to be true to whom we say we are, the rhetoric of Catholic health care must become reality. Our institutions and those who work in them need to know who we are and why

we do what we do. As our health care institutions endeavor to live in this virtuous middle, they will ultimately need to develop further virtues as well, especially honesty, humility, transparency and courage.

Cardinal Bernardin concluded his essay by calling for creativity and resolve. He said: “The challenges before us are real. They call us to find new ways to act in accord with our Catholic tradition. They call us to share our expertise and experience with one another. They invite us to embrace ‘the joy and hope, grief and anguish’ of the people of our day. They invite us to reach out to the world, willing to live with ambiguity, chaos, and ‘mess.’”¹⁰

As Catholic health care continues to develop in relation to movements in church and society, the way in which it can live with “ambiguity, chaos and mess” is simply by acknowledging the tensions, embracing the tensions, keeping feet fully planted both in church and in society and developing those practices and virtues that allow it to face these necessary tensions with integrity.

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NOTES

1. Joseph Bernardin, “Catholic Identity: Resolving Conflicting Expectations” in Alphonse Spilly, ed., *Selected*

Works of Joseph Cardinal Bernardin, Volume 2, *Church and Society* (Collegeville, Minn.: The Liturgical Press, 2000), 167-175.

2. “The Results of the Delphi Experience” in Charles J. Fahey, and Mary Ann Lewis, eds., *The Future of Catholic Institutional Ministries: A Continuing Conversation* (New York: Third Age Center of Fordham University, 1992), 35-72.

3. *The Future of Catholic Institutional Ministries*, 36.

4. *The Future of Catholic Institutional Ministries*, 37. Of the groups surveyed, 5.6 percent of bishops and 13.1 percent of Catholic health care leaders chose the sectarian model; 10.5 percent of bishops and 5.6 percent of Catholic health care leaders chose the secular model; and 14.2 percent of bishops and 8.2 percent of Catholic health care leaders did not respond to the question.

5. Bernardin, “Catholic Identity,” 168.

6. Peter Steinfels, *A People Adrift: The Crisis of the Roman Catholic Church in America* (New York: Simon & Schuster, 2003), 114.

7. See Thomas Aquinas, *Summa Theologiae*, I-II, Q. 64, a. 1. Thomas refers to Aristotle’s *Nicomachean Ethics*, ii, 6.

8. See Vatican II, *Pastoral Constitution on the Church in the Modern World (Gaudium et Spes)*, par. 44.

9. Ron Hamel, “Catholic Identity, Ethics Need Focus in New Era,” *Health Progress* 94, 3 (May-June, 2013), 85.

10. Bernardin, “Catholic Identity,” 175. The quotation comes from the opening line of *The Pastoral Constitution on the Church in the Modern World*.

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