#### MISSION AND LEADERSHIP

## WE CALL FOR YOUR THOUGHTS

### The Catholic Mission of Long-Term Care

iving in a culture that holds up youth as the iconic image in advertising and entertainment, many of us can see the process of aging in negative terms. Yet I am happy to say I have learned to embrace and give thanks for the insights into life that age brings.



BRIAN YANOFCHICK

Not that all aspects of aging bring joy, however. I am reminded of a brief passage from the Gospel of John when the evangelist describes a conversation between Jesus and Peter after a post-resurrection breakfast on the beach with the disciples. In this encounter, Jesus reaches out in what has to be a moment of reconciliation after Peter's three-fold denial. Jesus asks,

"Peter, do you love me?" three times, and Peter declares his love for Jesus three times. Each time, Jesus responds by saying "Feed my lambs, feed

my sheep," calling Peter to continue his ministry strengthened, rather than diminished, by his moment of weakness. But Jesus goes on to say, "Amen, amen, I say to you, when you were younger, you used to dress yourself and go where you wanted; but when you grow old, you will stretch out your hands, and

someone else will dress you and lead you where you do not want to go." (John 21:18)

While the evangelist comments that this fore-told the sort of death Peter would face, in many ways it also describes something about the experience of aging as well. We know that over time, our ability to manage many things on our own diminishes. As I have watched members of my own extended family age, it is sometimes sad to see brothers and sisters, aunts and uncles settle for phone calls because they can no longer travel for visits. Others begin to depend on rides to the grocery store because they can no longer drive themselves. Still others must make the decision to give up a cherished home and its responsibilities for

the safety of life with another family member or in a long-term care facility. In many ways, while aging brings important blessings, it also positions us to be taken where we would rather not go.

The Catholic health ministry is a companion for many who travel the road of their older years. The Catholic presence in long-term care in the United States reaches back to New Orleans in the 1840s when Henriette Delille opened what is thought to be the country's oldest continually operating Catholic long-term care facility. Mother Henriette co-founded the Sisters of the Holy Family together with Juliette Gaudin and Josephine Charles as a way for Catholic African American women to serve in vowed religious life, since inte-

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gration with white religious women was not possible at the time. Mother Henriette was declared "venerable" by Pope Benedict XVI in March 2010. Her work was the beginning of a broad outreach by the Catholic Church to those in need of nonacute care in this country.

Long-term care is a very different ministry from that of the more familiar — and more visible — acute care. In long-term care, the relationship between staff, residents and families develops over months and even years, creating a very different dynamic. It requires a very different kind of commitment on the part of staff who will interact with those they serve every day.

Ethical questions take on a different cast as

well. There are more frequent opportunities to discuss advance-care planning, including end-of-life issues. With a deeper knowledge of the residents with whom they work, pastoral care chaplains may offer guidance based on

an especially solid sense of the person's wishes and needs.

Because long-term institutions are generally smaller than acute-care

facilities, an individual staff member often must wear more than one hat. It is not uncommon for a mission leader in a long-term facility to serve as a director of pastoral care or human resources director too. What's more, long-term care administrators may be much more directly involved in mission issues than their acute-care counterparts are.

Through their sheer size and complexity, the challenges larger, acutecare facilities face sometimes overshadow the special concerns of long-term care.

However, as technology and medical advancements allow more health care to be delivered in homes and other community settings, many experts believe the need for acute care, as we know it, will change. Long-term care may well become the dominant paradigm of the not-too-distant future.

From the viewpoint of Catholic identity, this carries important implications for delivery of pastoral care. For example, we may find we need more chaplains available to move to multiple settings to see patients and families, as is common in outpatient hospice care. The chaplains' work will still be essential because of their unique training to address the emotional and spiritual issues of those who are ill or dying. But as long-term care overtakes the acutecare model, staffing and role expectations may change in significant ways.

In March 2011, CHA will host a sem-

inar for mission leaders who serve in long-term care settings. We hope this gathering will offer an opportunity for our members to discuss the unique mission issues in these settings and to identify ways that CHA may sup-

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port this special work. We also hope to strengthen the network of mission leaders so that they may receive better support from one another and learn from those in similar work settings.

I invite mission leaders who have responsibility for long-term care to contact me with ideas about a focus for this seminar. What unique challenges do you see in your setting? How can we create more effective support for you in your work? E-mail me at byanofchick@ chausa.org with your thoughts. We will do our best to include your ideas in our planning process.

As I conclude, I think back to the Scripture passage of Peter professing his love for Jesus three times over. I see a similar pattern in the care offered by those in long-term care settings. The lengthy, personal relationship between caregiver and patient or resident requires a similar kind of constant renewal, one that is unique within our Catholic health ministry. Let us continue to support one another in this work. And let us work together to make the March 2011 experience truly reflective of the challenges, hopes and dreams we share every day.

BRIAN YANOFCHICK, M.A., is senior director, mission and leadership development, Catholic Health Association, St. Louis. Write to him at byanofchick@chausa.org.

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