

Nurturing a Catholic Vision in a For-Profit Hospital

Saint Louis University Hospital Fulfills a Promise to Carry Forward the Catholic Mission and Maintain Spiritual Care

Editor's note: *Saint Louis University Hospital, sold by the university to Tenet Healthcare Corporation in 1998, is one of several for-profit hospitals around the country that maintain adherence to the Ethical and Religious Directives for Catholic Health Care Services.*

An elderly woman is shot by her only living relative. The woman is brought to the emergency department at Saint Louis University Hospital. The perpetrator is arrested and put in jail. The woman is paralyzed, unconscious, and eventually put on a ventilator and moved to the intensive care unit. She is obviously unable to make decisions on her own behalf. Her only relative appears to be the person who shot her and is incarcerated and cannot, therefore, legally make medical decisions for the patient. During the course of several weeks, the woman undergoes numerous medical procedures. The chaplain of the intensive care unit and the medical and nursing staff communicate serious ethical concerns about procedures and treatments given to this patient.

Who is making decisions for this patient, a woman alone and unable to decide what she wants and does not want for her treatment? What treatments are beneficial and necessary? What treatments are a burden? What treatments are a necessary use of limited hospital and medical resources? How can the hospital preserve the dignity of this person and give her the respect which is her due, when staff members do not know her, her medical history or her personal preferences and desires?

The questions surrounding this situation becomes an opening for looking at how the pastoral care staff, informed by the *Ethical and Religious Directives for Catholic Health Care Services*, carries forward in a for-profit hospital with a Catholic tradition of care. Since its sale to Tenet Healthcare Corporation a decade ago, Saint Louis University Hospital's identity is no

longer strictly Roman Catholic. However, in executing the sale to Tenet, the Saint Louis University Board of Trustees set in place legally binding guarantees that the hospital would continue to be operated in a manner consistent with the university's Catholic, Jesuit values. As part of the sale terms, Tenet agreed to retain around-the-clock pastoral care services under management of the university's vice president for mission and ministry, to adopt the hospital's charity care practices in perpetuity and to adhere to the ethical and religious directives.¹

To this day, elements of the hospital's Catholic heritage are readily observed. These include crucifixes in patient rooms and daily celebration of Mass. But the primary vehicle for the hospital's



Elements of the Catholic heritage of Saint Louis University Hospital are present throughout the facility.

Judeo-Christian and Jesuit tradition of service to others."²

The pastoral care staff oversees and carries out the mission in a variety of ways. For example, the pastoral care department provides a significant segment of the orientation required of every new employee, during which the pastoral care presen-



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ter articulates the hospital's mission and the responsibility of every employee to live it. Moreover, each of these sessions is an orientation to the rights and responsibilities of the patients, as well as to the responsibilities of every hospital employee toward patients. The social responsibility, which is built on the principles of human dignity, the common good, stewardship of resources and respect for conscience is foundational to the mission, as is adherence to the directives.

A further element of the original contract, which is understood as part of the mission of the

hospital from its Catholic roots, is the commitment to serve people who are poor. This is of particular importance for Saint Louis University Hospital, one of few remaining acute care facilities within the city of St. Louis, and even more so during this time of economic adversity. The staff is urged to be mindful of the directive that states: "Catholic health care should distinguish itself by service to and advocacy for those people whose social condition puts them at the margins of our society — the uninsured and the underinsured."³

Responsibility for pastoral and spiritual care is integrated into the service units of the hospital. The seven full-time chaplains and one clinical pastoral resident on the staff (consisting of one Jesuit priest, two Roman Catholic sisters, two lay persons and three ordained Protestant clergy) are either fully certified or are working on certification. They tend to the pastoral needs of patients of various faith groups and have access to community resources for the needs of those patients who request services beyond those provided by the staff. For instance, a Muslim physician volunteers to assist with spiritual assessments of Muslim patients so that their pastoral needs can be met appropriately. Further, chaplains are trained to handle conversations related to advance directives with patients and to work with families through the process of organ and tissue donation after a death, facilitating a family's desire to make this donation if they so wish. As a member of the broader St. Louis community, the hospital maintains a close working relationship with Mid-America Transplant Services, a not-for-profit organization that coordinates the procurement of vital organs, tissues and eyes of people who die in hospitals.

Sacramental ministry is another outreach of the pastoral care department. Eucharist is available to patients and staff on a near daily basis. The sacrament of the sick and viaticum are available on request. Thanks to the presence of a full-time priest on the staff, and to the availability of some Catholic and Protestant clergy in the area, the pastoral care staff is able to address many sacramental needs.

The active presence of a strong ethics committee, which is part of the structure of the hospital's medical staff, assures that when issues related to ethical concerns arise, education and advice, informed by the directives, are readily available. Chaplains play an essential role in this process. They receive requests for ethical consultation and formulate the ethical concerns so that issues are focused and the important elements are identified.



Sr. Marilyn Lott, CSJ, (left) a member of Saint Louis University Hospital's Pastoral Care Department, lends support to a patient.

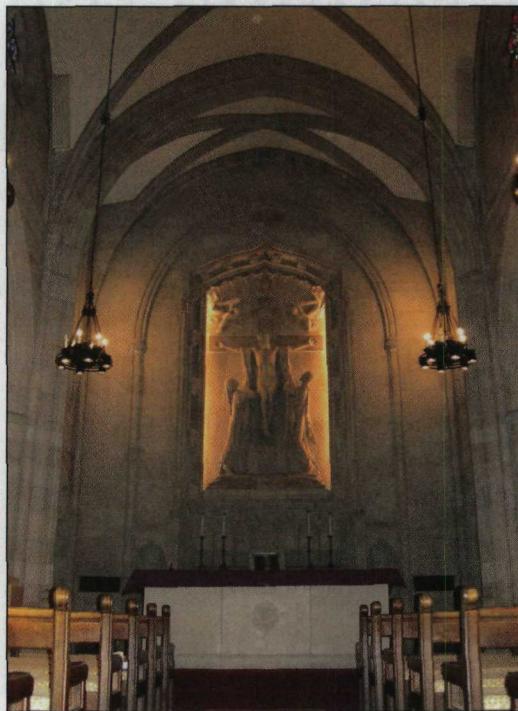
But what of our patient, a woman unable to make decisions for herself? How did the vestiges of “Catholic tradition” at Saint Louis University Hospital affect her care? We regard the *Ethical and Religious Directives for Catholic Health Care Services* as something other than an answer book or a rule manual. Rather, the directives reflect the best of Catholic tradition with its underlying premise of natural law inextricably linking body, mind and soul. That is, they seek to point to values that resonate with the experience of humanity which, when at its best, reflects the image and love of God in whose likeness we are created.

The reality of this particular patient’s suffering stirred the people who were providing care. The staff’s implicit discomfort with her situation generated questions that needed to be articulated. The directives might frame these questions within the “principle of cooperation”: in other words, health care workers were experiencing a moral conflict as a result of a process in which decisions were being made by default, without evaluation by the patient or someone representing her. By circumventing her moral agency (personal or by proxy), her human dignity was diminished. This is clearly the heart of the matter in the context of a Catholic tradition of care.

For this patient, the primary question was whether there was reasonable hope of benefit or whether the treatment imposed an excessive burden on the patient. Additional questions were related to the expenses of her care that would fall to the family or the community. Chaplains, the social worker and the risk manager worked hard to find family members who might help the hospital know the patient’s wishes more accurately. Would she want these treatments? What would she choose if in her judgment there was no reasonable hope of benefit?

Eventually a distant relative was located, who knew the patient fairly well and was able to help caregivers understand the patient’s values and beliefs. We learned that she would want to know the reality of her situation and would not want to receive treatment or disproportionate means to preserve her life. She understood that she had been blessed with a long life and she was grateful. But she would want neither to endure burdensome treatment nor to deprive others of resources which could benefit them more than her.

Decisions were made, then, in the best interest of our patient, alleviating the concerns of our staff and preserving the dignity and worth of this woman. She died peacefully in the context of the



The hospital’s Chapel of Christ the Crucified King is open 24 hours a day for patients, visitors and staff.

hospital’s Catholic tradition, which is encapsulated in the words, “for the glory of God and the health of God’s people.” ■



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NOTES

1. Tenet Healthcare Corporation, “Tenet and Saint Louis University Sign Definitive Agreement for Hospital Sale; Transaction to be Completed Feb. 28,” news release, Feb. 28, 1998, available online at www.tenethealth.com.
2. Saint Louis University Hospital’s mission statement reads: “Saint Louis University Hospital exists for the glory of God and the health of God’s people in the Judeo-Christian and Jesuit traditions of service to others. We are an academic community dedicated to healing, teaching and research with a commitment to quality innovative care. We encourage the passion of our people and partners in holistic care, respectful and inclusive of the uniqueness of each person.”
3. United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 4th edition (Washington, D.C.: USCCB, 2004), no. 3.