

# Pope Benedict XVI's New Encyclical: Implications for Catholic Health Care

*'Caritas in Veritate' Contains Challenges to the  
Practices of Catholic Health Care*



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**F**orty-two years after Pope Paul VI's groundbreaking economic justice encyclical, "Populorum Progressio" ("The Progress of Peoples"), Pope Benedict XVI has written "Caritas in Veritate" ("Charity in Truth") to honor his predecessor's teaching and to extend it to the challenges of the 21st century. (8)

Paradoxically, while "Caritas in Veritate" makes no attempt to address health care directly, it has everything to do with the future of Catholic health care. The encyclical focuses on international development and ranges widely over the whole of Catholic social doctrine, developing ideas that touch most aspects of health care's organization and delivery.

Taking his cue from Pope Paul VI, Pope Benedict returns repeatedly to "integral human development," which is under attack by scientism, philosophical relativism and religious fundamentalism. How can the Third and Fourth worlds achieve development in a world economy characterized by globalization and severe economic crisis? Indeed, how should we understand "development" itself?

Addressing these challenges takes Pope Benedict into dogmatic theology, moral theology, philosophy, social science, economics, trends in modern culture, and the situation of peoples in the undeveloped world. This range of topics makes "Caritas in Veritate" rather heavy going. The tread of its argument regularly disappears, then reappears in new formulations. The encyclical is more abstract and conceptual, less felicitous in expression, than Pope Benedict's two previous encyclicals, "Deus Caritas Est" ("God is Love") and "Spe Salvi" ("Saved in Hope").

This encyclical's controlling concepts, however, are clear: charity, both in itself and in relation to truth (hence the title), justice, and the requirements of the common good. "This dynamic of

charity received and given is what gives rise to the Church's social teaching, which is *caritas in veritate in re sociali*: the proclamation of the truth of Christ's love in society." (5) Justice, especially regarding the gap between the rich and the poor, is considered both within particular nations and internationally. The common good is the institutional and political path of charity. (7) The pope demands action by the First World to alleviate poverty and to remedy inequality between rich and poor nations.

Structured in this way, "Caritas in Veritate" expresses teachings that support the organization and mission of Catholic health care in the United States. Yet, it contains both overt and subtle challenges to the practices of Catholic health care in our time.

## **CONCERN FOR WHOLENESS**

Authentic human development, the pope teaches, is *integral*; that is, it "concerns the whole of the person in every single dimension." (11) Development cannot be reduced to the material plane, limited to economic prosperity alone, as precious as that development is. "Integral human development on the natural plane, as a response to a vocation from God the Creator, demands self-fulfillment in a 'transcendent humanism which gives [to man] his greatest possible perfection: this is the highest goal of personal development.'" (18, quoting "Populorum Progressio")<sup>1</sup>

In the same way, Catholic health care has always insisted that physical curing alone is insufficient for the whole human person; that true healing is of "body, mind, and spirit." The kind of *care* that Catholic health care aspires to is genuine *caritas*, complete self-giving love. We do not focus on the kidney, the lung, or the cranium, except by necessity. The focal point of our concern is the whole person, and in this respect, Catholic health care, in its imperfect striving,



Associated Press

Pope Benedict XVI signs his third encyclical, “*Caritas in Veritate*,” at the Vatican on July 6, 2009.

embodies the heart of this new encyclical.

It is not a great leap from this foundational truth to the church’s doctrine, lived by Catholic health care and specified in the *Ethical and Religious Directives for Catholic Health Care Services*, that we respect all life from conception to natural death, refraining from euthanasia, abortion, sterilization, cloning, embryonic stem cell research, and eugenics. (15, 28 and 74-75) Life ethics and the social ethics of development are complementary. The truth of human nature and the human person must be the foundation of loving service, truth that must not be denied by forms of love rooted in sentiment alone.

Pope Benedict insists, too, that work and the dignity of work are essential to human development (63), as are fair conditions of work and fair remuneration. This is a long-standing teaching of Catholic social doctrine, one that Catholic health care systems respect by periodic wage readjustments and by formation, education, and employee advancement programs. The teaching also includes strong support for the right to unionize and respect for independent labor unions, one of the most neuralgic concerns of Catholic hospitals today.

Sponsoring congregations, health system leadership, and human relations departments walk a fine line between Pope Benedict’s strong support

of union organizing and the desire to maintain direct, collegial relations between administration and line staff. “*Caritas in Veritate*” does not address union organizing in *Catholic* enterprises, but they are not exempt from the fundamental rights of workers that Pope Benedict describes. Catholic teaching has never asserted that all enterprises *must* be unionized. Finding the right balance, however, is not easy even in prosperous economic times. The most recent attempt to articulate the balance in U.S. Catholic health care was published in June 2009 after long negotiations between union officials, Catholic health care leaders, and a committee of the United States Conference of Catholic Bishops.<sup>2</sup> (See interview with Cardinal Theodore McCarrick on this topic on pg. 64.)

“*Caritas in Veritate*” singles out for praise the not-for-profit form of social and economic organization. Neither market nor state is to be the dominant forum for integral human development; such development is not simply dependent upon balance between market and government. Instead, a variety of forms of economic organization, independent of government and organized outside of profit motivation and competition, is required for economic development in poorer nations and within nations. In the United States, Catholic health care forms the backbone of a vibrant not-for-profit medical sector. Not-for-profit entities are not always better than private, market-driven businesses or governmental institutions. Rather, each has its place; therefore, defense of the independence and vitality of Catholic health care organizations is an imperative flowing from this encyclical.

Catholic health care respects the fundamental principles affirmed by the pope, and not within our walls alone. It engages in public advocacy, insisting that legislation respect moral truth. Catholic health care is adamant that policy embody justice in the fair distribution of access to needed health services. Here too, it reflects the Catholic commitment to being a public church, engaged in the economic, social and political life of national and international order. (esp. 56)

### CHALLENGES TO MISSION AND IDENTITY

Health care and medicine are lashed by the same forces as other institutions — technological imperialism, the dominance of markets and government, inequality and injustice, waste and environmental exploitation. Catholic institutions do not escape the pull of these negative forces.

In the first place, medical technology exerts a strong impact on decisions by individual patients

and practitioners, but also by management teams. We want our patients to have access to the best medical treatment possible; we want our institutions to be competitive with others in our market. So, the drive to acquire new medical equipment affects Catholic health care along with its secular counterparts.

Yet, as Pope Benedict argues, technology is ambivalent. "It should be stressed that progress of a merely economic and technological kind is insufficient." (23) And "it should be remembered that the reduction of cultures to the technological dimension, even if it favours short-term profits, in the long term impedes reciprocal enrichment and the dynamics of cooperation." (32)

It is not that medical technology is *necessarily* reductive, but that is always medicine's temptation — reducing the person to the body and its chemistry, a depersonalization just as possible in Catholic institutions as in public or for-profit ones. As Br. Daniel Sulmasy, OFM, MD, Ph.D., points out, even the "values talk" so prevalent in medicine today can cloak the dominance of technology over human caring.<sup>3</sup> The result, Pope Benedict writes, can be "one of the deepest forms of poverty a person can experience ... isolation." (60)

It should also be noted that advancing medical technology is, according to most health care economists, the leading cause of the unsustainable cost growth in American health care.

Related to, but different from, the technological imperative is the temptation of Catholic health care organizations to mimic their market-driven counterparts. After all, without sound business models, sharp market analyses and MBA-trained executives, Catholic hospitals will fail to attract the best physicians, to compete with the local specialty hospital or outpatient surgery center, and to raise the capital necessary to sustain operations and mission into the future. Yet the market, as the pope shows, has its own logic and dynamic that subtly deflects the eye from mission activities to joint ventures, competitive imaging centers, and money-focused cost-cutting and growth strategies.

"Caritas in Veritate" devotes considerable attention to environmental stewardship and energy conservation as a duty basic to Catholic social doctrine. (48-52) Meeting this duty is particularly difficult for health care institutions, which are massive consumers of energy and creators of waste. Finding ways to be energy efficient and environmentally sensitive poses a unique challenge to institutions that for reasons of safety must dispose of, rather than recycle, many products; an

industry that must keep lights and equipment constantly on and ready to handle emergencies and to keep patients comfortable as they heal. The pope's strong teaching in "Caritas in Veritate" spurs Catholic health care, only now learning to step up to this challenge, to do even more.

### HEALTH CARE DISPARITIES

In describing an encyclical specifically devoted to relations between wealthy and poor nations, one cannot fail to emphasize the health care disparities between the United States and the nations in the Southern Hemisphere. If there is, as Pope Benedict strongly urges, a duty in charity and justice for governments, private enterprises, and individual persons to share with the poor, then there must be a correspondingly large duty for Catholic health care to share its medical riches.

Many such models exist, from Catholic Health East's Global Health Ministry to CHRISTUS Health's hospitals in Mexico. Moreover, hundreds of medical teams travel from Catholic hospitals to poor countries worldwide every year.

The challenge, however, is two-fold: first, to increase the number and impact of global health care outreach and, second, to do so as more than "charity" in the old sense. Rather, as the pope teaches, Catholic social doctrine requires solidarity and subsidiarity; that is, true partnership and reciprocal covenant with "receiving" groups. Global health outreach must take the form of genuine communion, not one-way giving.

Once again: "Caritas in Veritate" makes no attempt to address health care directly. Yet, paradoxically, it has everything to do with the future of Catholic health care. Our task is to blaze the path to that future together. ■



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### NOTES

1. For a summary of the origins of "integral human development," see Tom Nairn, "Caritas in Veritate and Catholic Health Care," *Health Care Ethics USA* 17, no. 3 (Summer 2009): 6-8.
2. United States Conference of Catholic Bishops, *Respecting the Just Rights of Workers: Guidance and Options for Catholic Health Care and Unions* (Washington, D.C.: USCCB, June 2009). Available online at [www.usccb.org](http://www.usccb.org).
3. Daniel Sulmasy, *A Balm for Gilead: Meditations on Spirituality and the Healing Arts* (Washington, D.C.: Georgetown University Press, 2006), 28-29.

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Reprinted from *Health Progress*, September - October 2009.  
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