Preserving Our Catholic Identity

If the Health Ministry Is to Remain Faithful to Its Basic Elements, It Must First Spell Them Out

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What constitutes Catholic identity in Catholic healthcare? Some people will say that answering the question is impossible because transcendent realities cannot be captured in definitions. They might follow the example of the Supreme Court justice who, though he confessed he was unable to define pornography, nevertheless maintained that "I know it when I see it."

I agree that the Catholic identity of our healthcare ministry cannot be wholly reduced to definitions, norms, and procedures. It is something greater than these—a matter of the heart and spirit.

Still, there are essential elements that help us recognize the boundaries and name the ideal. Taken separately, these elements are not unique; other churches and other healthcare providers cherish some, or even most, of them. But together, as an interrelated whole, an integral unity, they give us the profile of the Catholic health ministry. I have arranged the essential elements in three groups: beliefs, behaviors, and bondholders, which describe, respectively, the "why," "how," and "who" of our identity.

Beliefs

Five basic convictions guide our behavior and unite us with others of similar belief.

All Persons Are Made in God's Image and Intended for Eternal Life We believe that, since it is a God-given dimension of human existence, the dignity of each person and that of his or her claim on our care transcends human calculation. This conviction undergirds our ethical analyses and all our behaviors toward one another.

Caring for the Sick Is an Extension of Christ's Work and a Ministry of the Church It is an imitation of a prominent element in Jesus' ministry and a response to his specific teaching: "As you go, make this proclamation, 'The kingdom of God is at hand.' Cure the sick, raise the dead, cleanse lepers, drive out demons" (Mt 10:7-8). The "why" of health ministry is more than humanitarian compassion; it is "kingdom work," or, as we say today, evangelization.

The Church exists to make Christ's teaching and ministry visible and effective in our time and place. Therefore, the Church can never be absent from the provision of healthcare services. (I use "Church" here in its multiple meanings—as community, sacrament, teaching office, and prophetic presence—recognizing that it exists beyond the visible parameters of the Roman Catholic community.)

Physical Health Is Integrally Connected to Spiritual, Social, and Psychological Well-Being Our ministry must address the needs of persons in their individual integrity and wholeness and with a concern for the communities of which they are a part. Pastoral care is not an ancillary service, but an integral part of the care we offer. Our community health initiatives also flow from this fundamental belief. Collaboration with schools, parishes, social service agencies, and others is not "smart marketing" but evidence of this commitment.

Healthcare Must Be Oriented toward the Common Good, Not toward a Few Shareholders Healthcare is an essential social good—denying it to a portion of the community imperils the whole community. Catholic health ministry is therefore organized to provide a benefit for the many, not to enrich the few. This is the basis of our objection to investor-owned, publicly traded, for-profit healthcare institutions.

Those Who Are Most Vulnerable and Most in Need Have the First Claim on Our Ministry Charity care will always be an essential dimension of our ministry—not only uncompensated care, but care that seeks out the needy and tailors the service to their special circumstances.

Note the brevity of this list. It does not include the Apostles' Creed, the Nicene Creed, or the 2,865 paragraphs of the *Catechism of the Catholic Church*. We might ask: By whom must these beliefs be shared? Does the participation of an atheist, an agnostic, or a secular humanist invalidate Catholic healthcare? Can the leader be a member of another faith tradition? What about the participation of those employees for whom their work is just that—work, employment, a job?

Five basic convictions guide our behavior and unite us with others.

I would answer that core beliefs must in some way be enshrined in the fundamental charter, must be explicitly held by a critical mass of those in leadership positions, and must be honored—or at least not denied—by a significant number of the employees. Core beliefs must be related to behaviors.

Behaviors

Catholic healthcare is characterized by certain behaviors.

The Directives The *Ethical and Religious Directives for Catholic Health Care Services* outline expected behaviors in numerous areas: professional services, employee relations, research, stewardship of resources, pastoral care, informed consent, advance directives, medical and genetic experimentation, privacy, reproductive and end-of-life issues, forming new partnership, and others. Catholic healthcare is characterized by adherence to these directives, which for the most part deal with good to be done, rather than evils to be avoided.

An Institutional Commitment The behavior of those who serve Catholic health ministry is corporate as well as individual. The Church has a health ministry not only because countless individuals respond to the Gospel call to service, but also because they choose to do it *together*. Church members create and sustain institutions of good work—which, in turn, promote and facilitate the good works of individuals.

This institutional commitment also enables the ministry to endure over time, to pass from generation to generation. The founders of our sponsoring congregations understood that, to be effective, the health ministry had to be corporate. They knew that the creation of institutions was a way to focus multiple gifts in pursuit of a common goal. And they knew that an institution provides a solid base from which one can conduct outreach in the community.

A Systemic Approach Our behavior is systemic as well as specific. The Church's health ministry addresses systemic ills—for example, poverty, addiction, lack of access to healthcare, and maldistribution of resources—through organized efforts that seek to get at poor health's root causes. By organizing itself into systems; collaborating with other providers; and advocating reform at local, state, and national levels, our ministry demonstrates its willingness to address causes and commit resources on a broad scale.

A Just Workplace Our patients are with us for only days or even hours; our employees are often with us for years. One could therefore claim that our obligations to employees exceed those to patients. Pope John Paul II's encyclical on work argues that employment is the key to all other social goods because it ensures access to housing, education, healthcare, and leisure for the individual and his or her family. We want to guarantee our employees the right to participate in decisions that affect their work and to receive wages and benefits commensurate with their contributions to the ministry.

A Commitment to Excellence One does not commit oneself to a ministry of the Church, to becoming a surrogate for Christ acting in the world, and then become satisfied with mediocre performance. Catholic health ministry inspires a passion for excellence that is of another order entirely than "continuous quality improvement."

But what about our failures? Even when we conscientiously strive to conform to the *Ethical and Religious Directives*, perform well both as individuals and as members of an organization, and pledge ourselves to maintain a high standard of excellence, we will have lapses.

Do we thereby forfeit our Catholic identity? The most difficult area, of course, is in interpreting the *Directives*. That the bishops have the right and obligation to give direction cannot be denied, but neither can the fact that articulation of these principles changes over time in response to new needs, new circumstances, and new insights. Healthcare professionals are usually the first to recognize new

needs and circumstances, and the first to sense the inadequacy of the current formulations. For Catholic health ministry to endure, there has to be a venue and a method for reviewing and interpreting the *Directives* and for devising fresh responses to new needs. Catholic identity will not be forfeited, but strengthened in the process.

I believe that a retreat from corporate responsibility, or a compromise of excellence, or a decision to give employees poor wages and benefits would be as grave a threat to our identity as are violations of the *Directives*, even though they might not be acknowledged as such. The integrity of our Catholic identity demands a constant vigilance—a willingness to admit failure and to strive to improve—that are not unlike the "true contrition" and "firm purpose of amendment" that follow on personal failures.

The integrity of our Catholic identity demands constant vigilance.

Bondholders

The word "bond" can be used variously to describe a uniting force or a link, a binding agreement, a covenant, a duty, a promise, or an obligation. A bondholder, then, is one who holds the link, keeps the agreement, witnesses to the covenant, enforces the obligation. I chose this word rather than the more familiar term "stakeholder" because of its connotations of obligation as well as of benefit.

Who then are our essential bondholders, those who represent and guarantee the Catholic identity of our ministry? Three groups fill this role.

Professionals and Employees The healthcare ministry is labor intensive. The thousands of men and women who daily sweep floors, deliver supplies, administer and interpret tests, examine and counsel patients, and lead complex organizations are the heart and hands of the ministry. The care and nurturing of this group is essential to Catholic healthcare.

Bishops The bishops authorize institutions and programs as official expressions of the Church's health ministry. This formal tie to the institutional Church ensures a public recognition of our Catholic identity. It also implies that we can be held accountable for our fidelity to the mission. The bishops are also responsible for formulating and articulating the Church's official teaching on issues of concern to the ministry. It is therefore imperative that we cultivate a relationship of mutual education and dialogue with them.

Church Community The largest group of bondholders comprises the whole Catholic community, the members of which participate in the ministry through their esteem, prayers, choice of providers, charitable contributions, and volunteer service. Unfortunately, this community often has little sense of its "ownership" of the ministry. We have not done a good job of telling our story, and, as a result, the average Catholic rarely if ever makes a connection between the Catholic medical center down the street and Christ's mandate to heal the sick.

Sad to say, many parish clergy do not "get it" either. But if we fail to show the faith community the relationship between Catholic healthcare and the words and deeds of Jesus, we will forfeit a large measure of the Gospel witness. We must make the cultivation and empowerment of this group a high priority.

The Ministry Is Its Interrelationships

Another person's list of the elements—beliefs, behaviors, and bondholders—constituting Catholic healthcare might differ in some ways from the one I have offered here, but I suspect the difference would not be great. It is not the sum total of the elements that gives the ministry its identity, but the interrelationships, the synergies among them.

Because, for instance, we believe healthcare is an official ministry of the Church, we acknowledge the Church's right to oversee it. Because it is a corporate ministry, we need to engage the support and commitment of the larger Catholic community. Because we are committed to serving the neediest among us, we are equally committed to advocacy of systemic change in the overall healthcare system. The various ways these elements affect each other shape the philosophy and culture of Catholic health ministry.

The identity I have described here is not something imposed from outside but, rather, the totality of socially transmitted values, behavior patterns, and corporate commitments held by the ministry's participants. It issues from within us. It flows from the personal faith commitment of

countless individuals organized in such a way as to give public witness to God's faithful love for those in need.

The Future of the Ministry

Why is the question of Catholic identity so difficult to address? We all agree that Catholic identity involves concern for the poor, adherence to the *Ethical and Religious Directives*, recognition by the Church, and the other characteristics I've mentioned. But the topic remains painful, confusing, and even divisive because of our respect for pluralism of beliefs and legitimate diversity; because of what sometimes seem like arbitrary and inconsistent exercises of Church authority; and because of the difficulty of quantifying and measuring adherence to ideals. The latter, especially, is not easy to implement and monitor in the real world of partnerships, mergers, and joint ventures. Not all of our potential partners share our beliefs; some of our employees have conflicting motives; neighboring bishops differ in their assessment of comparable situations; the average Catholic seems indifferent to our fortunes—and who is to decide if we are "Catholic enough"?

The fundamental characteristics I listed represent an attempt to define boundaries and set an ideal. To be effective, they will have to be enacted and interpreted by real people in real situations within the context of the entire Christian community. Doing so will never be easy, neat, or without controversy. But the struggle itself can be productive. Following are a few things we can do to strengthen and perpetuate the Catholic identity of our ministry.

Develop New Leaders To maintain a vibrant ministry, we must have spirited, courageous, generous, and wise leaders. The Church of the 21st century will be characterized by broader participation in minstry as clergy, laity, and religious bring their distinctive charisms and individual talents to the task. All, and especially leaders, will have to pledge themselves to ongoing development of their faith commitments and value systems if they are to steward this ministry into the future.

Create New Sponsorship Models These new leaders will be needed to create new sponsorship models and organizational arrangements. Unless and until we have an ongoing source of prepared leaders, new sponsorship arrangements will be irrelevant. Successful models will require people of knowledge, depth, and sincerity in their commitment to the preservation and expansion of the mission. At the same time, new organizational models are needed to ensure the continuity and accountability of the ministry, based on the broadest possible participation.

Collaborate with Other Catholic Institutions The Church's healthcare mission transcends diocesan, congregational, and system boundaries. Therefore, collaboration in the structure and provision of the ministry will have to be an increasingly prominent feature in the future. Religious congregations and dioceses founded the ministry and have long been its stewards. Now, to foster the health ministry of the future, they must join forces in new ways.

We must also increase our collaboration with related ministries. As Catholic healthcare has been clarifying and focusing its identity, Catholic Charities has been doing the same. There is a potential for tremendous synergy between Catholic healthcare and Catholic social services, especially as society learns more about the interrelated causes of poverty, sickness, addiction, and alienation.

A third area of collaboration is that with other healthcare providers, some faith-based, some not. This is where our principles of identity come into play, as we carefully analyze whether, or to what extent, they may be compromised in a particular partnership. We cannot escape the burden of human judgment in such cases—which makes it all the more important that we recruit and develop committed leaders and deepen our relationships with the bishops. We cannot depend on good will alone, but must have legal powers sufficient to ensure the continuation of the ministry's identity.

The Ministry Is a Gift from God

The prospects for perpetuating our Catholic identity will be strengthened if we cultivate the very Catholic practice of celebration. Our Church furnishes us with an annual calendar of celebrations—seasons, feasts, and rituals that help us remember our fundamental identity and recommit ourselves to it. This is true as well of Catholic healthcare. In our gatherings, we pray for the Spirit's guidance. On special occasions we ritualize anniversaries, honor people who exemplify our values, and thank those who make the daily ministry possible.

We need to multiply the occasions on which we proclaim that our shared effort is a joy and a privilege because it is entrusted to us by God himself. We will never do it well enough; we can never be satisfied that we have done enough. But together we rejoice that we are able to participate in the beautiful work of extending God's healing ministry to those who are sick and afraid, handicapped and lonely. May God continue to give us the grace to be faithful and courageous in this ministry. □