

# Notes on the World Day of the Sick

BY FR. MICHAEL D. PLACE, STD

The 11th Annual World Day of the Sick, which took place in Washington, DC, in February, provided me and many others in the ministry with a unique opportunity to meet representatives of Catholic health care from around the globe (particularly the Americas) to discuss the challenges that face our ministry. Despite those challenges, I believe the participants came out of our meetings and discussions with a renewed sense of purpose and mission, energized by the very act of coming together.

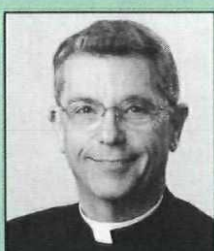
"Solidarity," the theme of the conference became a watchword for our discussions of the future of Catholic health care in the Americas. It is critical, as we reflect on what we learned from each other at the World Day of the Sick, to keep that theme in mind, knowing, as we face the obstacles lying ahead, that we in the ministry are engaged in our efforts together. It is in this context that I offer the following reflections on the events associated with the World Day of the Sick. In a sense, these are personal notes and musings.

## FIVE CHALLENGES

On February 9, the bishops present for the World Day of the Sick, representing 11 countries in the Americas, gathered for an episcopal dialogue on the challenges facing health care in their countries. As summarized by Bishop William Murphy of the Diocese of Rockville Centre, NY, who facilitated the dialogue, the participants discussed five "realities that challenge"—in one way or another—the ministry in the Americas:

- Poverty
- Disease
- Social realities such as AIDS, abortion, and teen pregnancy
- The high cost of prescription drugs
- The breakdown in ethics and a sense of truth.

The bishops noted that, as Catholic health care continues to formulate its relationship to the surrounding society, its people and governments, it must also formulate effective responses to these



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challenges. To do so, they suggested, the ministry needs a new "pastoral of health care" in the context of a new evangelization. Working together in solidarity, the ministry must make a shift from the theological to the practical in order to face up to these realities.

The bishops also cited other challenges: a need to educate our health care workers, our people, and the society at large; a need to renew our medical and ethical commitments in a quickly changing world; and, above all, as our world grows smaller and nations grow increasingly interdependent, a need for the ministry to function as part of a renewed "Church in America" that truly serves and heals all peoples.

Though Bishop Murphy's summary reflected the "church" talk of the participants, the mood in the room was not as abstract as the vocabulary might suggest. One could feel the passion of the bishops' concern—particularly concerning the needs of the poor. It also was clear that a chasm exists between the experience of poor people in Canada and the United States and that of many of the poor in Central and South America. It was unfortunate that the meeting's format did not provide an opportunity to discuss these differences and how they might be addressed by the family of faith.

## GLOBALIZATION

The following day, a study day open to the public, the morning panel discussion turned again to the topic of globalization and health care in the Americas. "Globalization" is a word that we hear quite often these days, perhaps so often that we do not really think about what it means or how it affects us and our communities. However, as the leaders of Catholic health care from all over the world gathered in Washington, globalization was very much on their minds.

Bishop Wilton Gregory of the Diocese of Belleville, IL, the president of the U.S. Conference of Catholic Bishops, remarked that the very fact that so many people from the far reaches of



the globe could come together so easily was itself one aspect of our newly globalized world. But globalization increasingly affects more than just our ways of communicating and traveling, he noted. How, for instance, does the increasing interdependence of the world's nations affect the arena of health care? And how can we, as a ministry grounded in Catholic faith and values, respond to the challenges of globalization in health care in a way that furthers the healing mission of the church?

The bishops noted again that, in the Western Hemisphere, the quality of health care and the methods of delivering it vary widely among nations, ranging from the nationalized system in Canada to the free-market insurer system in the United States, and including some countries that have hybrid systems and some others that have no real health care system at all.

It struck me, as I listened to this discussion, that we often hear that the United States has the best health care in the world. But how often do we wonder how our influence is affecting the modernization and delivery of care in other nations? Many nations with fewer resources than ours are struggling to provide health care for their citizens. Like the United States, some are increasingly warming to an approach that treats health care as a commodity, just another in a long line of industrial products. While we celebrate the tremendous opportunities our society and its system of health care can offer to other nations—our technological innovations, for example, have certainly helped save thousands of lives and eased the suffering of countless individuals—we tend to overlook the fact that we are also exporting an approach to health care that treats it as a commodity. This is an approach that our sisters and brothers find troubling.

In *Ecclesia in America*, the Holy Father called on the hemispheric church “to cooperate with every legitimate means in reducing the negative effects of globalization, such as the domination of the powerful over the weak.”\* Thus it would seem that the Catholic health ministry in the United States bears a special responsibility to ensure that, along with our technology, new medical knowledge, and innovation, we do not as a nation also export values that are contrary to

*The World Day of the Sick, celebrated annually on the feast day of Our Lady of Lourdes, was held this year in the United States.*

*The Archdiocese of Washington, DC, led by Cardinal Theodore E. McCarrick, served as the host diocese. Fr. Michael D. Place, STD, CHA's president and chief executive officer, chaired the event's steering committee.*

our mission. The bishops pointed out that, as a Catholic ministry, we have a particular advantage when it comes to globalization. The church, after all, is the original “globalized” community, and we can take advantage of our ecclesial structures in the exchange of new ideas and technologies in health care among nations. Although there have been some efforts in this regard, they remain quite ad hoc. In hallway conversations, the question was raised: Should we become more intentional in this regard?

### BIOETHICS AND ADVOCACY

In this context, the afternoon discussions turned to the bioethical issues confronting Catholic health care in the Americas. When this discussion was situated in the context of the great disparities noted earlier, it became clear that many of the ethical issues we consider commonplace in the United States and Canada are, for many others in the Americas, a luxury far from everyday experience. This realization led me to wonder about our responsibilities as a ministry in the United States with regard to globalization with its positive and negative efforts.

A question also was raised about our advocacy efforts. Here in the United States we stand for what we believe. We have worked at the state and federal level to resist the commodification of health care and to ensure access to health care for all within the United States. But what are our advocacy responsibilities with regard to the Americas? What role can and must we play in preserving the values we proclaim in a globalized system of health care?

One of the wonderful things about the way the World Day of the Sick was structured was the way that the heart of gathering, the solemn closing of Eucharist and celebration of the sacrament of the sick, followed all these complex discussions. The faces of the 500 young and old, in wheelchairs or using walkers and canes, who testified to their faith and found consolation and hope in the laying on of hands and the anointing with oil—these faces reminded us that, as important as those discussions were, they would be (in the words of St. Paul) nothing more than “a noisy gong, a clanging symbol,” unless we remembered not just what we need to do but also those for whom we are doing it. Catholic health care, all over the Americas and around the world,

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\* Pope John Paul II, *Ecclesia in America*, 1999, para. 55.



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## REFLECTIONS

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The Mass allowed us to reaffirm our solidarity with the sick.

exists to bring the Lord to the sick—to people such as those who came to the basilica of the National Shrine of the Immaculate Conception seeking the church's healing ministry. The Mass allowed us to reaffirm our solidarity with the sick and renew our pledge to work on their behalf, from the tireless efforts of the nurses and other caregivers in our hospitals and clinics, to our advocacy efforts on behalf of those whose voices are often not heard, or even worse, ignored.

It is true that, in every nation in the Americas, Catholic health care must continually struggle with the question of its own identity in an increasingly secular world. The World Day of the Sick celebrated our resolve not to let that struggle interfere with our mission and duty to affirm Catholic, human values within the health care systems of all societies. Globalization in Catholic health care challenges us in the United States to see our mission and ministry in a broader context. It challenges us to affirm our solidarity with Catholic health care in every nation in continuing the healing ministry of the church. It challenges us, as Bishop John Ricard of the Diocese of Pensacola-Tallahassee, FL, said at the World Day of the Sick, to be a "positive example of globalization, promoting an authentic culture of solidarity, life, and the ethic of service." □

## CASES IN GENETICS

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Each person is an inseparable unity of body and spirit.

dens, and benefits of the treatment; about treatment alternatives (including no treatment); and should make the decision freely, that is, without force, coercion, or manipulation (see Directives 26, 27, 28).

• *Best interests* When a person is unable to make treatment decisions for him- or herself and has had no opportunity to express his or her values and preferences, those making decisions for that person should base those decisions on the person's "best interests," that is, what will most likely contribute to his or her well-being, considering the person as a whole (see Directive 33).

**Attend to the Whole Person** Because each person is, in this life, an inseparable unity of body and spirit, Catholic health care responds to human need by addressing his or her physical, psychological, social, and spiritual dimensions. Because of the unity that *people are, they ought not be* reduced to any one dimension (see Directive 33).

**Act on Behalf of Justice** Because justice is an essential component of the Gospel of Jesus, Catholic health care strives to create and sustain right relationships both within the ministry and with those served by it. Toward this end, Catholic health care attends to basic human needs for all (including accessible and affordable health care) and seeks structures that enable the full participation of all in society, the equitable distribution of societal resources, and the contribution of all to the common good. □

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