

Sowing Solidarity: Keep Bishops in the Mix

HOSPITALS, TOO, ARE PART OF THE LOCAL CHURCH

BY REV. LAWRENCE G. DUNKLEE, M.Div., M.A.

Most of us employed in Catholic health care have chosen this noble vocation because we know that our work “expresses the healing ministry of Christ in a specific way within the local church.”¹ However, I sometimes wonder if others outside of our apostolate view Catholic health care as being an integral part of the local church.

Imagine this scenario: If I asked a group of Catholics if their parish was part of the local church, what would they say? I am certain they would quickly respond, “Of course it is.” If I then asked if their parish’s grade school was a part of the local church, I’m sure they would again respond affirmatively. But what would be their response if I asked, “Is the Catholic hospital in town part of the local church?”

Maybe some would say yes, but I suspect others would say, “Well, it’s Catholic, but it’s a business run by a system, not the bishop, so it’s not really part of the local church.” Catholics often see the Catholic hospital as more corporate than ecclesial in nature.

Why the disconnect? Why are our parishes and schools viewed as obvious and essential parts of the Catholic apostolate, but not always our health care institutions? And more importantly, how can we change this common misperception?

I would suggest that a key component is an institution’s relationship with the diocesan bishop. Even though the bishop does not directly manage the day-to-day operations in most of our health care facilities, it is vital that we maintain effective communication and collaboration with

him so that Catholic hospitals are seen as indispensable to the diocese as are the local parishes and schools.

In my experience in working with a good number of bishops over the years, one of their main concerns is maintaining and nurturing the Catholic identity of all Catholic institutions, includ-

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ing health care facilities. But too often, the term “Catholic identity” gets defined by how many crucifixes are hanging on our walls, or how often we offer Mass in our chapels. As important as these are, Catholic identity is much broader and deeper. A strong and vibrant Catholic identity in our institutions ensures that *everything* we say and do is a reflection of and shows fidelity to the values that are unique to our tradition.

There are many areas in which a hospital’s

Catholic identity shines forth: defense of the unborn and compassionate care of the dying; commitment to caring for the whole person, body, mind and spirit; social responsibility to care for the poor and marginalized; and faithfulness to the *Ethical and Religious Directives for Catholic Health Care Services*. But I would suggest there might be times when maintaining our Catholic identity is a bit more of a challenge, and this could create stress points in our relationship with the bishop.

One person who understood these areas of tension was the late Cardinal Joseph Bernardin. In his pastoral letter *A Sign of Hope* he observed that, in some ways, Catholic health care had begun to take on more the appearance of a business than a ministry, with increasing attention paid to the economic and technological realities. Cardinal Bernardin's concern was that care was needed to maintain focus on other fundamental values and vision of Catholic health care.

I'm sure it must be difficult for the CEO of a Catholic hospital to avoid being overcome by all the technological and financial aspects of running a health care institution. It might be tempting to focus on competing with the for-profit hospital across town and, in the process, lose sight of the real focus: nurturing our Catholic identity. Quite frankly, every hospital is going to offer advanced medical equipment and have talented health care professionals on staff to make use of it. Using technology with a compassionate and ethical vision is what sets us apart from our competitors. What distinguishes Catholic hospitals is not that we do *different things*, but rather that we do things *differently*.

In this same vein, it is vitally important to the



bishops that Catholic hospitals maintain their focus on both the common good and the good of the local church. The hospital's transparent collaboration with the local church is crucial in this regard. Maintaining effective communication with the bishop is easier when a good relationship already exists between him and the Catholic institution. The last thing a hospital CEO or bishop would want is to have their first communication be about a crisis situation involving the *Directives*.

We strive for this ideal: The bishop has a good working knowledge of the Catholic health care institutions in his diocese, feels confident that they are faithful to their Catholic identity and trusts that they will keep him informed of any issues or problems that might arise.

BUILDING STRONGER TIES

Building blocks for just such an effective relationship between the bishop and the Catholic hospital involve the three C's: celebration, collaboration and compliance.

Celebration consists of those events that we all love to have: the dedications of new facilities or services, observations of significant anniversaries of the institution, system, or sponsoring congregation, or the celebration

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of the World Day of Prayer for the Sick, just to name a few. These types of events give us the opportunity to welcome the bishop to our institution and share with him our story. In doing so, we can make two points eminently clear: 1) the bishop is an important part of the life of our institution and we desire a strong and effective relationship with him; and 2) the spiritual dimension of our ministry is something which is cherished and valued in our institution.

For example, conducting a community-wide blessing ceremony for the opening of a new cath lab or surgical center shows everyone, including the bishop, that we view our work not merely as a technical profession but as an extension of the healing ministry of Jesus Christ. Making that connection between the technical, professional and spiritual is fundamental to the relationship that we want to maintain between our Catholic health care institutions and the local church.

Collaboration takes us beyond the celebratory events to the more pragmatic meetings and discussions. These are the times our Catholic health care institutions inform the bishop of new initiatives or developments, and it is important to note that these kinds of

meetings should not be driven by problems or crises, or focused exclusively on "lightning rod" issues. We, as Catholic institutions, can use this valuable time with the bishop to foster his confidence and trust through our transparency, assuring him that our fidelity to adherence of the *Directives* is not the sum total of our Catholic identity.

Creating a body such as a diocesan health care advisory council — we have established one in my own diocese — can be one effective way to build this trust. This multidisciplinary group is composed of professionals from various health care institutions throughout the diocese. It serves as a resource to the bishop in identifying

and responding to the many complex issues related to Catholic health care as it is carried out in the diocese. It is also an excellent way for the bishop to stay abreast of the many positive projects and developments so he can better tell the story of Catholic health care as part of the ecclesial ministry.

Good and effective collaboration can help identify potential areas of concern that then can be resolved before reaching crisis level. As a bishop once told me, "I can't give you coverage if I don't know what's going on." Keeping the bishop aware of developments in an ongoing fashion also allows the institution and the diocese to be able to give a consistent message if questions regarding a particular project arise.

Compliance. There are times when despite our best efforts, institutions can find themselves in a situation where a question is raised as to whether or not a particular partnership or affiliation with an other-than-Catholic facility

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falls within the parameters of legitimate cooperation as identified by the *Directives*. In these particularly difficult conversations with the bishop, it is essential that the tone remain civil and mutually respectful. If an institution has worked hard to build a solid relationship with the bishop, these conversations will be much less contentious and difficult.

Finally, in their November 1981 pastoral letter, *Health and Health Care*, the American Catholic bishops emphasize the rich tradition of Catholic health care as an ecclesial ministry. "In the earthly ministry of Jesus, the acts of healing stand out as dramatic high points. His teaching and preaching were not done in isolation but were accompanied by frequent manifestations of his healing power. Jesus used this power in a very personal and concrete way. He touched others and thereby brought them health and wholeness. ... The healing ministry of Christ is historically embodied in the church."²

Catholic health care institutions are honored and humbled to continue this sacred mission entrusted to us by Christ, as we carry it on in a collaborative fashion with our bishops in the name of Christ's church.

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NOTES

1. U. S. Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (Washington D.C.: U.S. Conference of Catholic Bishops, 2009), General Introduction.
2. *Health and Health Care: A Pastoral Letter of the American Catholic Bishops*, (Washington D.C.: U.S. Catholic Conference, 1982), p. 4.

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