

THE ESSENCE OF CATHOLIC HEALTH CARE

*A Collection of Stories That Capture
the "Core Commitments" of Catholic Identity*

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How the mission of Catholic health care finds form and expression in the contemporary context of our work is a topic of tremendous importance. If Catholic health care is truly different by virtue of our Catholic identity, how do those differences present themselves within our organizations? This question is one I continually struggle with, both personally and as a leader in my organization.

Our Catholic identity, although threatened by economic forces, is very much alive within our organizations. Evidence of that fact can be found in hundreds of "defining moments" that occur each day in Catholic health care organizations. As a way of propagating a deeper understanding of our Catholic identity, I began collecting stories of these moments and retelling them to give dramatic examples of who we are.

As I began gathering meaningful stories, I came upon an article in *Health Progress* ("Catholic Identity: A Unifying Force," March-April 1999, pp. 10, 14) by Rev. Michael D. Place, STD, in which he identifies what he calls the "core commitments" of our Catholic identity. As I reviewed those core commitments, I found that many of them were reflected in the principles of the stories that I was gathering.

USING STORIES TO ILLUSTRATE THE CHARACTERISTICS OF CATHOLIC HEALTH CARE

Often the characteristics that make us different are difficult for people to understand because our issues begin in the spirit; we need to transcend that formlessness and define Catholic identity in concrete terms. We must give those characteristics tangible form and living expression at an individual level, at an organizational level, and, if we want to be as effective as we can in carrying out our mission of service, at a community level. Stories are a way of giving form to the intangible.

And in such defining stories, I believe we find the truest expression of who we are.

DEATH OF A NEWBORN

The first characteristic of our Catholic identity is adhering to the Gospel values set forth in Catholic social teaching. Most often we think of this as abiding by the ethical and religious directives of the church. Usually we speak of this principle in terms of what we will not do, especially in the areas of reproductive rights, end of life, assisted suicide, and euthanasia. But, as the following story demonstrates, living this element of our Catholic identity is more about what we do to reflect our appreciation for the sacred gift of life.

The parents Our daughter died in the hospital shortly after her birth. Her life had only just begun, and already it ended. How could love that was so new be so complete, so powerful? How could we say goodbye when we had just said hello? Our pain was unbearable. We were confused; we did not know how to heal; we were not ready to move on, and yet we could not remain in such a painful place. We needed to hold our child, to share a tender moment that the clinical equipment had denied us.

The staff understood our concern and offered us a private room where we could grieve. But that room was so confining; it could not contain the pain and grief we were feeling. We asked if we could take our baby into the courtyard. We were sure this was an unusual request; a number of policies probably prevented it, not to mention that the staff was extraordinarily busy and making these unusual arrangements had to be a burden for them. They could have said no, but they did not; they found a way to make it happen.

Our daughter was bathed and lovingly wrapped in blankets, they found two rocking chairs for us to sit in, and we went to the courtyard. For the next

hour we held our baby and each other as we said goodbye and shared our love. Although we will never overcome the pain of our loss, we have begun to heal; the healing started the moment the nurses cared enough to make the impossible happen.

The staff Although we have experienced this situation many times before, each occurrence creates a new awareness of how acute the pain is for those who lose a child. Despite the technology at our disposal, we are often helpless in preventing the worst of all outcomes for our patients. We feel so helpless, and yet it seems we should still be able to make a difference: reaching out, being there, helping people sort out things they will never understand, praying with them, crying with them, helping them say goodbye.

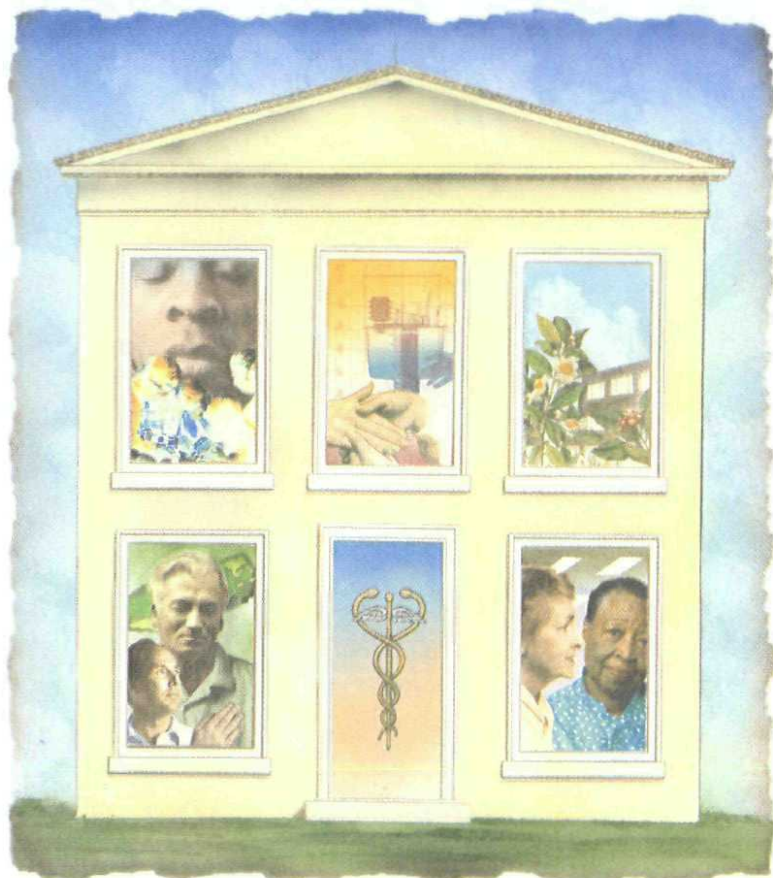
We repeatedly hear from patients and families about their dissatisfaction with supportive care at the end of life. They want less technology and more care, concern, support, and compassion. They want us to respect their dignity even when doing so conflicts with our inclination to do more, to not give up. What patients and families tell us they want more of is information, support, kindness and compassion, and assistance with letting go. The staff in this story understood those needs and responded in a powerful way.

This story does not end with this one particular moment. After this defining experience, the staff and the hospital established a meditation garden. They took the initiative to create a place where people could go to meditate, pray, or grieve, and that gift is now living on at their institution.

HENRY AND ZEKE

The second characteristic of our Catholic identity is bringing spirituality to healing. In our Catholic tradition, we recognize that the human person is more than a physical being, and we minister to the whole person. Doing so seems the obvious approach, and yet initiating the action can be difficult.

Henry I am a neurosurgeon and have been in practice for many years. I have practiced in Catholic health care all my life and find it rewarding. I am a spiritual man who attends daily mass and tries to live the Gospel in all aspects of my life. Recently an old and dear friend of mine was diagnosed with cancer. Zeke and I have shared a lot of good times together. He is a golf pro and loves nothing better than to be out on the golf course with his friends. Watching him die is difficult and frustrating. I am in the business of saving lives, yet I can do so little. I feel helpless. I feel I am letting him down.



Zeke I may have come to the end of my life, but I think I am ready to deal with that. I have been blessed. I have a wonderful family and many friends who have enriched my life. I did work, although it seems wrong to call it "work," that I loved. I have lived a long and happy life. I hope that I am strong enough to accept the end when it comes. I do not want to hang on, depending on technology to prolong what I would certainly not call living.

I hope that those close to me can also accept my death. Sometimes this acceptance seems harder for them than it is for me. Like my friend Henry. My illness is such a struggle for him. Take today, for example. Henry went with me for an MRI. He has been my support through all this, helping me understand what is going on health-wise. I have trouble lying down, and the pain is almost unbearable. Henry was trying to get me through it, trying to get me to psyche myself out of the pain. He suggested I think about standing at the tee preparing to start a round of golf. I hated to see him suffering, but I could not get myself out on that tee box. For the first time I can remember, I felt a need to give myself over to something more powerful than me. I needed God's help.

Now, I am not a spiritual man. I believe in God,

but I am not much for church and praying, not like Henry. So I said, "Doc, forget the golf. Would you pray with me?" You should have seen his face. My good Catholic friend never thought that what I needed most was not clinical help or emotional support: I need him to help me be with God. We prayed together, and strange as it sounds, I felt a sense of peace that got me through the test.

Henry I felt so awkward when Zeke asked me to pray with him; I do not quite know why. I guess I am not used to that. I should not have waited for him to ask; I should have offered. I really felt God there today.

Even for someone like Henry, a caring and religious man, recognizing the need for spirituality in healing can be difficult. We segment our lives, and in our role as health care providers, the spiritual dimension of our own wholeness is secondary to elements more obviously a part of the health care environment.

Spirituality does not mean Catholicity, Christianity, or even religiosity. Spirituality transcends any particular faith tradition to recognize in all people the fundamental reality that lies beyond the physical being. Spirituality is awkward, and we tend to avoid awkward things. Yet spirituality is powerful and meaningful to those for whom we care and for us, the caregivers. In praying with Zeke, Henry also had the opportunity to experience the powerful presence of God in his own life.

WILLIAM AND DEREK

The third characteristics of our Catholic identity is demonstrating respect for the person. This characteristic has two dimensions: first, that each person is made in the image of God and possesses goodness and dignity; second, that we need to recognize and care for the *whole* person.

William I am a 52-year-old surgeon. I have practiced in Catholic hospitals for my entire career, and I am proud to have shared in their mission of service to the community. I am a devout Catholic



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who was reared by parents who focused on four things: church, family, education, and service—in that order. As I grew up, medicine seemed natural for me. It was a profession in which I could combine my love for science with my call to service and also provide a good life for myself and my family.

However, my profession has changed dramatically in recent years. Managed care companies keep ratcheting down rates, and my practice serves more uninsured, underinsured, and Medicaid patients than ever before. Supporting the hospital's mission, which I really do believe in, keeps getting harder. When my practice was more lucrative, I had no problem accepting self-pay and Medicaid patients. But as I lose ground financially, accepting the financial burdens of serving that population gets tougher. I am glad the hospital has a special concern for the poor, but I am not a not-for-profit business. In addition, today I find that the poor are less grateful for my generosity and are some of my most demanding and least cooperative patients.

Take last night for example. I am finally asleep at 2 a.m. after a miserable day, and I get paged for a trauma case. When I arrive at the hospital, I find the case involves a 19-year-old kid, a stabbing victim in a drug deal gone bad. A difficult, complicated case for which I will probably be

paid nothing, a case not of accidental injury but of bad choices. A street hustler doing or selling drugs who gets on the wrong side of a knife, and I suffer the consequences. Plus, he has the gall to give me attitude; ordering me around, telling me what I will and will not do, gold chains dripping off him, acting like a big shot when he is nothing. How dare he?

Derek I am a 19-year-old African-American. I live with my grandmother because my mother is a drug addict and not capable of living her own life, much less taking care of me and my sister. I never knew my father. I have grown up in a dangerous neighborhood, where surviving to 19 is an accomplishment in itself. I cannot even count all my friends and family who are in prison or dead. The only family I ever really had was the gang that I hooked up with early in my life. They took care of

me. They made sure I was respected. They helped me make money. I was not going to get there on my own. School? What a joke. Even if I went to school, what jobs are there for me? I never had a chance. The deck was stacked against me because of the color of my skin. But I am a survivor. I have friends. I have money. I have respect. No one can take that from me, and no one is going to look down on me for who I am.

Like this doctor. Probably lives in a mansion, drives a Mercedes, and got it all handed to him. I came into the hospital needing care, not somebody to tell me how to live my life. He did not say anything, but I saw it in his eyes, in all their eyes. They think they are better than me, but they are not.

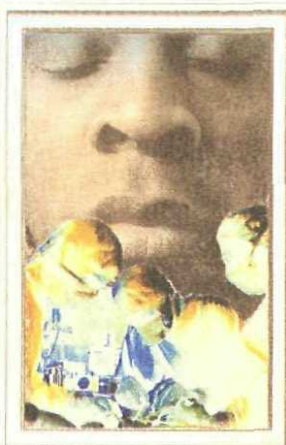
Respect for the whole person: how easy to say, and how difficult to give. How do we come to see the face of God in Derek? How do we get beyond the layers of anger, distrust, and hurt that cover the innate goodness that resides in him? When we move beyond those outward manifestations and discover the human being inside, we truly live our Catholic identity.

Derek's anger is not unique. Many of our patients, for different reasons, resent, fear, and even fight against the care we seek to give them. They resent their dependence on us and their loss of control. Angry at the turn their lives have taken, they do not want us to care for them. Small wonder that, amid their fear, confusion, and anger, finding God's face is difficult for us. Yet that is what we are called to do. In our Catholic health care tradition, we see the sick and poor as our masters who can only forgive us for the care we provide them through the kindness that we show them. Our service brings forth God's face in them.

JOHN AND BILL

Three more characteristics of Catholic identity are (1) focusing on the common good, (2) providing for the most needy, and (3) collaborating. These characteristics set us apart from the for-profit sector. Their primary responsibility is to the shareholder; ours, on the other hand, is to the community.

John As the president of a successful, major hospital, awhile ago I attended a meeting with lead-



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ers of the major health care entities and social services agencies across the area. We had come together at the invitation of the archbishop, who was also in the room, to explore how together we might begin to address the unmet health care needs of the poor in our city. In walked Bill, a frumpy, balding man carrying pieces of luggage in all shapes and sizes. He created an awkward and funny scene.

Bill stepped up to the podium and began to speak. He thanked those in attendance for taking time to be part of the meeting. He reminded them of the goal and of the archbishop's call to act—not just talk—but act. He told the group that if they were to achieve the goal and act as an effective force, they must first remove the excess baggage that was weighing them down and obstructing their progress. One by one he labeled and removed each piece of luggage. "Competition," he said, and tossed aside the first

bag. "Personality conflicts," he continued, removing the second bag. "certificate of need battles, congregational differences, hurt feelings, market strategy," he said, casting aside bags three, four, five, and six as he continued to list barriers to meaningful action. Stripped of his baggage, he challenged the group to take the first steps. Almost like an auctioneer, he began to solicit, encourage, and embarrass the group to provoke this first step into a new future.

A voice pledged \$25,000. Then came a second pledge, then a third. Given our status as a leading hospital in the area, I felt we should do more, so I pledged \$50,000. It was amazing. The competitive instincts of the group soon took over, and when the dust settled, more than \$250,000 had been raised, and the St. Louis Archbishop's Commission on Community Health had begun.

ACCH, as it has become known, is celebrating its eleventh year of collaborative efforts to create measurable improvement in the quality of and access to services for the poor. And the commission now gives an annual award named after the now-deceased Bill, the Bill Longust Loaves and Fishes Award, to recognize persons of exemplary passion, commitment, and service to others.

Bill Longust, former director of mission services at SSM St. Mary's Health Center in St.

Louis, MO, could have exemplified many of the characteristics of Catholic health care. But I chose this particular story because it shows the power of one person with passion and vision and captures so profoundly three of the core commitments identified by Fr. Place: focusing on the common good, providing for the most needy, and collaborating.

Regarding the common good, clearly Bill's motivation that day was not the furtherance of his organization's market position or financial performance. Acting selflessly and with no regard for personal or organizational ego, his sole concern was how to serve the community. In doing so, he made it safe for others to do the same.

Second, a special concern for the poor motivated Bill. Just as Jesus did, we serve those who lack resources to provide for themselves. And, as Bill understood, this is not a passive responsibility to do what we can or just what our budgets will allow. Our mission is to address the underlying question of how people come to need charity care. This element of our identity compels us to act compulsively, identify need, and use our resourcefulness to do what we can to meet that need.

Finally, Bill called on the group to collaborate. He began by identifying the group's common unifying goal; he challenged the group to let go of those things that were a source of division and a barrier to achievement of that common goal; and he recognized and celebrated those who shared generously, openly, and willingly. Bill recognized and lived a basic principle of our Catholic tradition: that as members of the same human family, we are inextricably interwoven into one fabric.

If we accept this notion of interdependence, then we must also accept the necessity of collaboration as a means to the common good. Bill loved to tell the parable of the loaves and fishes. He discounted the simple interpretation that Jesus miraculously created from a few loaves and fishes enough to feed the throng. Instead, he looked deeper. His preferred version of the story was that



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Jesus, through his selfless example of sharing what little he had, inspired others to do the same. Collectively, the resources of the group were more than sufficient to solve the problem.

MARY AND CLAIRE

Another characteristic of Catholic identity is stewardship. As Catholics, we believe it is our responsibility to use our scarce resources responsibly so that they might be extended as far as possible to those in need. In these times of organizational change, we must honor this principle while also adhering to our commitment to act with justice as we co-minister with our employees.

Mary Until today I had been employed by this hospital for the past 11 years. I am angry and hurt. I feel betrayed. After years of loyal service, I am tossed aside because my skills are no longer needed. I do not know what more I could have done. I have always gotten good-to-excellent appraisals, and I did more than just work here—I was really a part of the mission. I actively participated in mission activity teams. Any time volunteers were needed for an outreach or service activity, I was there. I did not just identify with

the mission, I lived it. And now they do this to me. How could they? My boss Claire seemed so nice when she came on board nine months ago, but almost immediately she began talking with me about my need to develop and enhance my skills. According to her, technology had brought the kind of work I do within reach of other staff. But what was I supposed to do? Let's face it. I am not about to go back to school at my age. And I have other responsibilities that make going back to school unthinkable. So I lose. I would never have thought it possible that this place would lose its soul, but it has and I am the victim.

Claire I came to this organization about nine months ago. With all I have been through, it seems like nine years. Almost from the beginning I saw opportunities for improvement. Resources were scarce, and they were being used very inefficiently. Take Mary, for example. Her job, once a

technical specialty, could now be done by anyone with basic computer skills. I could not justify continuing to spend dollars on a position that was no longer needed when those resources could be used more effectively elsewhere. But it was Mary: so committed to this hospital, so involved in everything, so loved by so many. How could I eliminate her position? How could I not? My first step was to evaluate carefully the value of what she was doing and solicit from her ideas on how she could add to that value. I wanted to be sure my assessment of the situation was correct. When it became clear that it was, I told Mary my concerns and encouraged her to take steps to expand her skills and make herself more employable. She was resistant, and I can understand that. Change is threatening and difficult, and she has many other priorities demanding her time and attention. I felt my choice was clear.

But deciding to eliminate her position does not mean I am abandoning her. I am committed to helping her find a job that is a good fit for her, whether it is inside the network or through my connections in the field. I want to be sure she has help and support through this transition. I will remain with her through the process, as long as her anger and her hurt allow me to do that. It is hard when the person involved has done a good job and been so committed. I know it was painful for her because it was terribly painful for me.

Whether in compensation, policy administration, discipline, or any other aspect of our work, we are compelled to act with justice and fairness. This story demonstrates the tensions created across the dimensions of our Catholic identity. Even as we speak of our commitment to minister with employees, we face the reality of stewardship, which at times requires decisions that can conflict with our employees' interests. But they do not need to. Making the decision to eliminate a position does not need to mean abandonment. In the same way, respect for employees does not need to mean insulation from change, even painful change. For these dimensions of our identity to live side by side, we must find ways to support and assist those affected by change. What we cannot do in a misguided notion of compassion is choose not to make necessary changes.

Given the scarcity of resources, we are compelled to use them efficiently. When so much remains to be done, we cannot waste resources on doing tasks that no longer make sense. In this sense, financial performance is very much a matter of mission. We must talk about budgets and productivity so that we might extend our services further to the places of need.

FAYE AND MARIE

Another characteristic of our Catholic identity is serving as instruments of God's work in the healing ministry. The presence of God is in the moment of serving and being served, of comforting one another as we experience the pain that is fundamental to the human condition. Patients come to us for their needs, but as we care for them we, too, experience God's loving presence.

Faye For more than 30 years I have worked as a cashier in the hospital cafeteria. I see my job as more than just ringing up meals and collecting money. I am here to make people feel good, to let them know that someone cares. The people I see here are family members of people who may be seriously ill, and they are coping with all that comes with that experience. I know what that feels like. I recently lost my sister after a long illness. I had so many feelings to deal with, not to mention so many practical problems to address. I was confused, scared, helpless, and it meant so much when people reached out and extended their hands in kindness. Even if I am just the cashier, I can help people feel better. My other customers are the people who care for the patients and their families. They also face a lot of frustrations and feelings in the course of their day. Perhaps by giving them a moment of kindness, I can help lighten their burden.

Marie My husband of 52 years was a patient at this hospital, and his hospitalization was so confusing for me. Twelve weeks ago I brought him here. He had been having difficulty breathing, and it got so bad we had to go to the emergency room. Things went from bad to worse. While in the hospital, he had a heart attack and then kidney failure. I stayed with him each night, all night. After all, we had not spent more than a night apart in 52 years of marriage.

Each morning I took a few hours to go home and shower, take a nap, and handle anything that needed to be done. I'd return about 10 a.m. to see my husband and then head to the cafeteria for coffee. It was there I met Faye. After I did this routine for a while, we became well acquainted. She was always so wonderful: a smiling face, a kind word.

After the first five weeks of my husband's stay, he had progressed to a point where we thought he was going home. Everyone was optimistic, though it was clear that he was going to be a different person and many things would have to change. I had gone home for my morning routine only to be called back because my husband's condition had suddenly changed, and he was back in intensive care. My hopes had been shattered. He had suf-

ferred so much, and just when it seemed the suffering was over, he was once again struggling for his life.

The nurses were doing a procedure, and they suggested I step out for a few minutes. I headed to the cafeteria to get a cup of coffee, and then I saw Faye. She knew immediately that something was wrong. Without saying a word, she came out from behind the cash register and gave me a hug that I will never forget. Her tenderness and compassion were just what I needed at that moment. She had no idea what that gesture meant to me. Thankfully, my husband progressed and is home now. So many people touched our lives during these many weeks, but Faye stands out from all the rest. She was a gift from God.

We define our mission as our expression of the healing ministry of Christ. In my reading and discussion of the topic, I have often wondered why the church chose a ministry in health care. Why did Christ spend much of his ministry as a healer? The answer lies in the fact that in human suffering we experience most powerfully our human vulnerability and our deeply felt need for connection to each other and to God. Through the interaction of giver and receiver, in the moment, we experience the presence of God's love.

If we are able to be the living expression of Christ the healer, we need to wrap the elements of body, mind, and spirit together with something that makes the whole greater than the sum of the parts. That something is love. We must serve with genuine care and concern that flows from our connection to one another through God as members of the same human family. This connection will define us as uniquely different. This love will make our care the kind that sends a wonderful chill up the spine. As caregivers we are drawn to fill our own need, to be of service, and to experience that love in our own lives.

By definition, our work is a call to serve. Ask your coworkers about what drew them to their



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jobs. They sought more than a paycheck; they want to care, they want to serve, they want to help people.

On that day, in that place, Faye was as much a healer as any doctor or nurse in that hospital. I know: Faye works at my hospital, and Marie is my mother.

THE UNWRITTEN STORY

The final story is one that remains unwritten. It is the story of the future of Catholic health care. *The last of the core commitments of our Catholic identity is challenging and transforming.* In Fr. Place's words, Catholic identity compels organizations, by their example and their willingness to take risks, to act as an agent of change within society and within the ministry.

The questions we face together are, "How can we create an organization that in every dimension of its activities embodies the core commitments of Catholic health care? How do we capture the power that resides within our people and collaborate with each other so that our collective efforts transform our community?" If we were to create a vision of an organization, a community that fully lived these commitments, what would it look like? What would it feel like to work there? To receive service there? To collaborate with it? What do we need to do to make that vision a

reality? How can we build systems and processes that compel us to challenge and transform our world?

These stories demonstrate the tremendous capacity of individuals to live our Catholic identity and to answer the call to serve. Within stories like these lie the answers to the questions that will define our future. Through such stories we have the opportunity to identify and bring to life the essence of who we are or whom we hope to be. We have been given a unique privilege; we are leaders of a ministry whose ultimate goal is to continue the mission of Jesus to bring about the reign of God in our world and, in so doing, to discover it for ourselves. □