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The Role of the Diocesan Bishop

IN RELATION TO CATHOLIC HEALTH CARE

Editor's Note: Leaders of Catholic health care organizations differ from leaders of other-than-Catholic ones in that their work is bound by both civil law and the canon law of the Catholic Church. Because this is so, leaders of Catholic organizations should know something about canon law.

Toward this end, Health Progress is offering its readers a series of articles on canon law under the general editorship of a well-known expert in the field, Fr. Francis G. Morrissey, OMI, PhD, JCD, professor of canon law, Saint Paul University, Ottawa, Ontario.

What are the responsibilities of diocesan bishops as stated in the Ethical and Religious Directives for Catholic Health Care Services?

The responsibilities of the diocesan bishop fall into several categories: general oversight (General Introduction); pastoral appointments



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(Directives 21 and 22); ethical standards (Directive 37); and Catholic identity, reputation, and adherence to Catholic teaching (Directives 67, 68, and 71). When one is reviewing the role of the bishop, the first question to ask in each case is "Which diocesan bishop has this responsibility?" It could be the bishop of the diocese in which the health care institution is located, or it could be the bishop who has jurisdiction over the hospital.

GENERAL OVERSIGHT

All references in the General Introduction are to "diocesan bishop," and the context indicates that the diocesan bishop in question is the bishop of the diocese in which the particular health care facility is located. He is to "foster the mission of Catholic health care," "encourage the faithful to greater responsibility in the healing ministry of the Church," "ensure the moral and religious identity of the health care ministry," and "oversee the sacramental care of the

sick." The encouragement is for mutual cooperation and communication. The specific situation of *communicatio in sacris* (c. 844, para. 4), allowing reception of sacraments by non-Catholics, is a direct action since the canon explicitly calls for a judgment to be made by the diocesan bishop; the other responsibilities cited appear to be "remote" and in the realm of "supervision" or "communication."

RESPONSIBILITY FOR PASTORAL APPOINTMENTS

While the terms "local bishop" and "diocesan bishop" are used, both references are to the bishop of the diocese in which the facility is located. It is not clear how these directives are intended to relate to canon 565, which deals with chaplains. Directive 21 refers to "approval or confirmation," but the canon speaks of "appointment" of chaplains (presuming this is the office being referred to here) and does not require that the diocesan bishop make the appointment; a local ordinary (i.e., a vicar general or episcopal vicar, in addition to diocesan bishop) may make such an appointment.

With regard to the director of the pastoral care staff, it is not clear who makes the appointment, only that the diocesan bishop is to be "consulted." Reference in Directive 22 to a "diocesan policy" would imply action on the part of the diocesan bishop, since he is the only promulgator of diocesan, particular law (presuming a "policy" has the binding force of law). The "approval" by the diocesan bishop of someone other than a Catholic to be appointed as director of pastoral care refers to the bishop of the diocese where the facility is located. Again, it is not clear who actually makes the appointment. It would be important, since some of the terminology in these directives is reflective of the lan-

guage surrounding ecclesiastical office, to make a determination of what is intended.

RESPONSIBILITY FOR ETHICAL STANDARDS

The reference is clearly to the bishop of the diocese where the facility is located. It is not clear whether this bishop is to articulate these standards for consultation, or, rather, to judge whether standards established by a health care agency are sufficient.

RESPONSIBILITY FOR CATHOLIC IDENTITY, REPUTATION, AND ADHERENCE TO CATHOLIC TEACHING

All references, the context suggests, are to the bishop of the diocese where the facility is located. The direct involvement of this diocesan bishop in the actual decision making, (e.g., his *approval* to proceed with a partnership), occurs only in cases in which the institution in question is subject to his jurisdiction. Such would be the case with a hospital owned and operated by the diocese, or a facility under the sponsorship of a religious institute of diocesan right.

In other cases, when the diocesan bishop does not have such jurisdiction, his role is more passive in that he is to indicate that he will or will not stand in the way. It is not clear who, in this latter case, actually gives the "approval" to proceed. Although Directive 71 refers to the diocesan bishop's responsibility to "assess and address" situations in which scandal has occurred or could occur, it does not explicitly state that he has the authority to issue a directive if the institution is not under his jurisdiction.

FLUIDITY MAY BE BENEFICIAL

The practical application of the *Directives* still needs time to develop. As issues arise, the *Directives* lack of specificity is sometimes evident. Given the evolving nature of health care issues and institutions these days, some fluidity in interpretation may be beneficial. ■



A Shared Statement of Identity For the Catholic Health Ministry

We are the people of Catholic health care, a ministry of the church continuing Jesus' mission of love and healing today. As provider, employer, advocate, citizen—bringing together people of diverse faiths and backgrounds—our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind, and spirit.

We work to bring alive the Gospel vision of justice and peace. We answer God's call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved, and most vulnerable. By our service, we strive to transform hurt into hope. 🕊

As the church's ministry of health care, we commit to:

- Promote and Defend Human Dignity
- Attend to the Whole Person
- Care for Poor and Vulnerable Persons
- Promote the Common Good
- Act on Behalf of Justice
- Steward Resources
- Act in Communion with the Church

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