



THE VISION OF VATICAN II

Alive in Catholic Health Care

BY SR. DORIS GOTTEMOELLER, RSM, Ph.D.

Institutional ministries say something important about the church's mission of service: it's public, it's significant, it's ongoing, it promotes collaboration with countless others. But as the number of new organizational and sponsorship models in Catholic health care grows, the questions arise: Will some of them erode Catholic identity to the point of meaninglessness? Will the Catholic identity of these ministries become a memory, perhaps recalled only by a saint's name or statue out front? If so, what would be lost?

At their heart, the answers turn on the value and significance of preserving a genuine Catholic identity that animates the mission and activity of the organization. It is my observation that Catholic health care in the United States, partly through a coincidence of timing, has become a "community of practice" for implementing the vision of the Second Vatican Council.

The council ended in 1966. It published 16 documents which have animated the church's reflection and activity since that time. The same half-century witnessed tremendous growth and change in health care in the United States. Far from moving only on parallel tracks, the two paths of change have intersected in at least three significant ways.

The first intersection has to do with the universal call to holiness articulated in *Lumen Gentium* ("Dogmatic Constitution on the Church"). In Sec-

tion 11 of Chapter 2 ("On the People of God") comes the passage, "Fortified by so many and such great means of salvation [i.e., the sacraments], all the faithful, whatever their condition or state, are called by the Lord, each in his own way, to that perfect holiness whereby the Father himself is perfect."

A little further on, *Lumen Gentium* speaks of the Holy Spirit's role in distributing his gifts and special graces among the faithful of every rank: "By these gifts he makes them fit and ready to undertake the various tasks and offices which contribute toward the renewal and building up of the Church, according to the words of the Apostle:

"The manifestation of the Spirit is given to everyone for profit.' These charisms, whether they be the more outstanding or the more simple and widely diffused, are to be received with thanksgiving and consolation for they are perfectly suited to and useful for the needs of the Church."

It would be hard to overestimate the significance of this passage in the ensuing life of the church. Up until that time, vowed religious were said to live in a "state of perfection." It was never suggested — at least in official documents — that all Christians were similarly called. Charisms were something religious congregations enjoyed; it was never suggested that they could be widely diffused among the faithful.

The new insight manifested itself in parish life with a growing number of laypersons serving in roles that gradually came to be known collectively as lay ecclesial ministries. Within health care, the following decades saw the gradual transition from the leadership

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of women religious to that of laypersons as sponsors, trustees and senior executives. The background causes of this transition were the decreasing number of sisters available to the ministry and the increasing complexity of the leadership roles in health care. But the exiting of vowed religious from leadership created the opportunity and the necessity for lay leaders to emerge.

I am not suggesting that all lay leaders see their roles as exercising a ministry of the church, and very few would claim to be pursuing “the perfection of sanctity.” Nevertheless, Catholic health care has become a venue where thousands of women and men regularly participate in religious formation programs in order to deepen their understanding of what it means to serve the mission. Programs for employees across Catholic health care regularly treat topics such as mission and values, Catholic social teaching and the church’s ethical teachings. Programs of spirituality in the workplace flourish, and institutional policies are vetted from a mission perspective. What we witness today is a distribution of the Spirit’s gifts through an engaged workforce, in short, a response to the Second Vatican Council’s “universal call to holiness.”

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A second instance of the council’s vision animating Catholic health care is our response to *Unitatis Redintegratio* (“Decree on Ecumenism”) and to *Nostra Aetate* (“Declaration on the Relation of the Church to Non-Christian Religions”). Both documents took the Catholic Church to a new place, one not only of toleration of other denominations and religions but of positive appreciation. With respect to other Christians, the council affirmed in Section 3 of *Unitatis Redintegratio* that they share with us “some, and even very many, of the significant elements and endowments which together go to build up and give life to the Church itself . . . the written word of God; the life of grace; faith, hope and charity,

with the other interior gifts of the Holy Spirit ...”

With respect to non-Christian religions, the council affirmed in Section 2 of *Nostra Aetate* that “The Catholic Church rejects nothing of what is true and holy in these religions. She regards with sincere reverence those ways of conduct and of life, those precepts and teachings which, though differing in many aspects from the ones she holds and sets forth, nonetheless often reflect a ray of that Truth which enlightens all men.” There is much more that could be said about the council’s invitation to respect and affirm the faith traditions of others, but these citations are representative.

It has always been true that Catholic health care institutions cared for persons of any faith, or no faith, without question. What is new is the care taken to provide appropriate spiritual care ministry to patients of other faiths and traditions. One Catholic Health Partners (CHP) hospital actually provides optional indicia for patient rooms, symbols of the Jewish, Muslim, and Hindu traditions, to replace the usual crucifix if a patient would prefer it. Prior to acquiring a Jewish hospital, CHP took great care to articulate a “Traditions Agreement” about maintaining a kosher diet, displaying Jewish symbols and observing certain holy days. These are examples of the kinds of positive and respectful accommodations that are regularly made within Catholic hospitals today. Our global society brings doctors, employees and patients to our doors from Africa, Asia and the Middle East. Honoring their religious commitments, while maintaining the integrity of our Catholic identity, is probably better developed within our ministry than anywhere else in the church.

Still another response to the Second Vatican Council has been our adoption of the vision articulated in *Gaudium et Spes*, (“Pastoral Constitution on the Church in the Modern World”). The document opens with the oft-quoted words, “The joys and the hopes, the griefs and the anxieties of the men of

VATICAN II DOCUMENTS

Vatican Council II was held from 1962 to 1965 in Vatican City under the leadership of popes John XXIII and Paul VI. The council’s teachings are available in several languages at www.vatican.va/archive/hist_councils/ii_vatican_council/index.htm. Among the 16 Vatican II documents are:

- Constitution on the Sacred Liturgy (*Sacrosanctum Concilium*), Dec. 4, 1963
- Dogmatic Constitution on the Church (*Lumen Gentium*), Nov. 21, 1964
- Decree on Ecumenism (*Unitatis Redintegratio*), Nov. 21, 1964
- Decree Concerning the Pastoral Office of Bishops in the Church (*Christus Dominus*), Oct. 28, 1965
- Declaration on the Relation of the Church to Non-Christian Religions (*Nostra Aetate*), Oct. 28, 1965
- Decree on the Apostolate of the Laity (*Apostolicam Actuositatem*) Nov. 18, 1965
- Decree on the Mission Activity of the Church (*Ad Gentes*) Dec. 7, 1965
- Pastoral Constitution on the Church in the Modern World (*Gaudium et Spes*), Dec. 7, 1965



this age, especially those who are poor or in any way afflicted, these are the joys and hopes, the griefs and anxieties of the followers of Christ. Indeed, nothing genuinely human fails to raise an echo in their hearts.” Our hospitals, nursing homes and other care sites respond to grief and anguish every day in countless ways.

In *Gaudium et Spes*, the reader will find rich treatments of concepts that are embedded in the ‘core values’ of many of our health systems: human dignity, the common good, social justice, human solidarity, responsibility and participation. The scope of the document is breathtaking and still relevant 50 years later. To illustrate its many applications, I will just cite three.

***Gaudium et Spes* speaks in several places of inequalities in access to the world’s goods and of the claim that this makes on the Christian conscience.** Catholic health care’s championing of universal access to health care has been a consistent response to this call. Beyond that, countless examples could be found of programs designed primarily for those who lack insurance or other means. Programs for single mothers with children, for immigrants and migrants, for the mentally ill, as well as generous charity care policies, all are created to address the inequalities in access. Catholic health care institutions and their employees also are generous contributors to international health care needs through donations, personal service and technical assistance. Furthermore, our advocacy efforts at the state and federal levels aim to further systemic change.

Sections 67 and 68 address work, working conditions and worker participation. They reprise much of a century of Catholic social teaching on the topic. As a large employer, dependent for the fulfillment of its mission on the good will and engagement of thousands of workers of all skill levels and educa-

tion, Catholic health care finds this an area of consistent challenge and opportunity. In some facilities, unions play a significant role in representing workers; in non-unionized areas, management has to seek worker input in other ways. Ensuring a fair and just workplace for all who are associated with the ministry is a consistent emphasis in Catholic health care.

A more complex application of the council’s vision is found in the moral discernment of complex organizational and clinical dilemmas. In discussing the responsibility of the laity, *Gaudium et Spes* states in Section 43 that it is the laity’s task to cultivate a properly informed conscience and to impress the divine law on the affairs of the earthly city. “Laymen should also know that it is generally the function of their well-formed Christian conscience to see that the divine law is inscribed in the life of the earthly city; from priests they may look for spiritual light and nourishment. Let the layman not imagine that his pastors are always such experts, that to every problem which arises, however complicated, they can readily give him a concrete solution, or even that such is their mission. Rather, enlightened by Christian wisdom and giving close attention to the teaching authority of the Church, let the layman take on his own distinctive role.” This passage might be the charter of countless ethics committees and mission-based decision-making processes regularly used in Catholic institutions.

In this brief overview of Catholic health care through the lens of the Second Vatican Council, we can’t claim that we get it right all of the time. Our achievements are significant and consistent with the council’s direction, but the vision is still out before us. In response to the questions with which

we began — Why preserve Catholic health care? Is it worth the effort? — we can say living out that identity creates a venue where the church’s teachings are demonstrated in a public manner, and countless persons are given an opportunity to participate.

In a passage on what the church offers to society, Section 42 of *Gaudium et Spes* reads, “As a matter of fact, when circumstances of time and place produce the need, [the Church] can and indeed should initiate activities on behalf of all men, especially

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those designed for the needy, such as the works of mercy and similar undertakings.”

In the United States, Catholic health care has been and is a significant demonstration of that obligation. Among the undertakings which benefit all women and men is the witness of hundreds of thousands of employees who daily find personal spiritual meaning in their work, who collaborate respectfully in an interfaith community and who strive to embody values such as respect for human dignity and justice.

Finally, the Second Vatican Council itself was an expression of tradition in action: change and development in the church’s teachings with fidelity to the Gospel entrusted to us. Catholic health care demonstrates that change within a fundamental continuity of mission.

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