

TRADITION, MISSION, AND THE MARKET

Faith in Ultimate Purposefulness Makes Catholic Healthcare Different

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One traditional function of philosophy is to unravel. Philosophy pulls apart, dissects, and displays the separate parts of realities that are otherwise puzzling concrete wholes, things so close that their familiarity is blinding. I will use philosophical reflection to unravel some of the main strands of the challenges facing Catholic hospitals in today's overheated market-based economy. I will pull out from the tangled, puzzling, all-too-familiar whole of reality—what William James called the “blossoming, buzzing confusion” of the present—the strands of tradition, mission, and their implications for the markets we face.

TRADITION

What does it mean to have a tradition? In its simplest terms, tradition is an interlocking set of activities whose repetition creates a sense of familiarity linking the past to the present and future. Consider these images and the repetitions they evoke: Singing “Happy Birthday,” attending the junior prom, celebrating anniversaries, singing the national anthem at a sporting event, watching political campaigns, shooting off fireworks on the Fourth of July, decorating Christmas trees. These images suggest that tradition is a structure of familiar activities that binds people together. And many of our images of tradition are more profound: attending the baptism of an infant, or a graveside service, deferring to a patient's informed consent, presuming that someone accused of a crime is innocent until proven guilty.

Yet tradition has a dark side, too. Slavery was a tradition, as was the subjection of women. Many racial and ethnic hatreds are fanned by differences in tradition. Some traditions are hate-filled: anti-Semitism, for example, or the annual parades of religious bigotry in Northern Ireland.

Sometimes tradition is a dead weight blinding

us to novelty. The person who discovered radio broadcasting, for example, could not conceive of a practical use for it. Decades of telegraphs hard-wired from point to point made the idea of broadcasting a message to anyone who would listen an incomprehensible technology. Sometimes tradition is suffocating to individuality. People from small towns or tight-knit communities often report being stifled as individuals.

This dark side of tradition is never far from the surface in American culture. One of our strongest traditions, to put the point ironically, is to rebel against tradition. Most of our ancestors who came to this continent voluntarily left homogeneous communities and strong national, ethnic, and religious traditions. The continued mobility of American society is corrosive of tradition. And our celebration of individualism—often to the point of idolatry—leads us to prefer the unique, the novel, the different to the familiar patterns of tradition. This is clear in contemporary moral relativism, which insists on the right of individuals to decide for themselves virtually every moral issue and rejects any larger context. By contrast, traditions have articulate and definitive processes for resolving moral issues.

COLLECTIVE MEMORY

Tradition is the repetition of activities and the concrete images they leave behind. At a deeper level, tradition is a collective memory, a recollecting of the past in the present. Looked at this way, the significance of tradition can be gauged by reference to the role of individual memory.

The impact of memory loss—in cases of Alzheimer's disease, for example—is incalculable and cuts across knowing, feeling, and choosing. When patients cannot remember, they are subject to conceptual and practical confusions. They are not able to identify familiar faces, places, and

objects. They cannot recall conceptual connections, common and proper names, and the sequence of events that have led them into an activity and that can lead them out. This suggests that memory is an anchor in the present allowing a person to have a sense of coherence and focus in activities.

Someone unable to remember also faces losses in emotional life. Not recognizing famil-

iar names or links to loved ones and friends prevents an individual from feeling appropriate feelings. When loss of memory robs an individual of these cognitive and emotional connections, patterns of choice that lead the past into the future are lost. Purposive action itself is compromised. One cannot think and behave strategically without a sense of direction. One cannot choose meaningful goals without a conviction of linkage from a time that was to a time that should be. To lose the past, therefore, is to misshape the present and forfeit the future.

A NATION'S SENSE OF THE PAST

If we take these observations about individuals and make the analogous points about a society that is losing its memory, the cultural importance of tradition becomes clear. A society without a sense of its own traditions loses the ability to recognize the significance of its key names and events. Americans with little sense of national history cannot identify the individuals who created our freedoms nor the institutional structures that preserve them. They do not know the struggles that made today's achievements possible. Many young women today, for example, have no recollection of the exclusion of women from virtually every leadership role in American society. And many Americans, perhaps many of us, have lost our memory of the poverty, the exclusion, the hostility our ancestors encountered as immigrants.

A nation can also lose its emotional bearing without a sense of the past and its traditions. How, for example, can contemporary Americans understand the depth of fury that results in our being branded "The Great Satan" by Islamic fundamentalists? And failure to understand and respect Jewish traditions leads anti-Semites to irrational hostilities, feelings that reached an hal-

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Finally, a nation without a sense of its traditions does not know what it may reasonably hope for in the future. American politics, for example, is no longer based on the great ideas of *philosophes*, orators, or even political parties' ideologies. Now we chose representatives and public policies on the basis of media sound bites and images

that are linked to little in the past and are forgotten after election day. A political past that is rich in meaning and a future always taken to be bright with possibility has collapsed into a disconnected and insistent electronic present.

A CONFUSED CULTURE

To bring the point closer to home, many of our professional peers have an ahistorical world view that glorifies market competition and erodes any understanding or respect for the voluntary, not-for-profit sector. Many of our fellow citizens and friends cannot understand a religious interpretation of life and are offended by any political or policy preference motivated by religious conviction.

In sum, like a person with Alzheimer's, a culture without traditions is confused in its own land; it cannot recognize others or itself. Such a culture is subject to wild swings of feeling. Such a culture is increasingly unable to choose a strategic path to a better future.

What then is tradition? It is a network of repeated activities and the concrete images that result. It is social memory. Most important, for good or for ill, tradition is the lens through which we know ourselves and one another. It is the plasma in which we shape our feelings. It is the ground on which we choose a future.

MISSION

With this background on the nature of tradition, I want to address the more specific issue of our traditions. To use language commonplace among us, "What is our mission?" Mission, I believe, is the forward thrust of a tradition. It is the drive to realize a vision of tomorrow based on images of the past. It is planning based on history; hope based on memory.

Of course, our mission reflects not just a single

tradition but many overlapping and interlocking traditions. In spite of this plurality, there are three strands that stand out and shape our mission to a great degree. I want to unravel these strands. Our mission is what it is because we provide healthcare; because we provide it in an explicitly Catholic setting; and because we provide it as Americans.

It is easy to be numbed by clichés when talking about the significance of healthcare. We support healing. We try to cure. We always care. In spite of the anesthetic quality of these observations, there is a depth and significance to the work we do that justifies reaffirmation.

Catholic facilities provide healthcare to people when they are facing some of the most trying moments of their lives. Sometimes these are moments of great joy; other times they are moments of grief. Obviously, the manner in which these crucial moments of vulnerability are handled affects the individuals directly involved. But it also stamps a character on a community. Care for the vulnerable both expresses and shapes the character of individuals, relationships, and institutions. Our collective commitment to be with vulnerable people in these moments, to support healing, to cure where possible, and to care in every case has made us who we are as institutions. We have touched generations of patients and their families. We have also touched generations of healthcare professionals and staff, the dedicated people who put a human face on our healthcare facilities.

Being there for people at vulnerable times is even more important as the length of hospital stays drops and hospitals focus more on critical care. In these contexts, healthcare touches patients and families at life's most truly defenseless moments. In long-term care settings, we support the elderly and others with needs that they or their families cannot meet. Again, it is an institutional choice to stand with the most vulnerable. We provide care with a dignity grounded in our faith in persons, regardless of the threatening factual circumstances they face.

In an era of managed care, we are forming networks and partnerships that engage our traditional work with a wider range of social services and education. In these networks, we help patients prevent illness, maximize their role in caring for themselves, and do both in the most appropriate setting for their comfort and economic security.

These are no mean things. To provide healthcare is a gift. To stand with the vulnerable is an interpersonal and public trust. It ennobles those who pursue it. And it provides one other benefit too often overlooked: It gives our lives purpose. It is sad to note, but I think true, that Americans

pursue many jobs that do not provide a sense of meaning. Henry David Thoreau's remark about the existential angst of most Americans' lives is more accurate than ever: "The mass of men lead lives of quiet desperation." This desperation, this anxious hopelessness, is rooted in the apparent meaninglessness of what people do for a living.

Healthcare can be different. Notwithstanding the budget battles, the committee meetings, and the occasional Sisyphean push-the-rock-again-feeling, we escape Thoreau's indictment. A healthcare mission provides us with a conviction that we make a difference, that we touch lives in positive ways, that the world is better because of the differences that we make.

OUR CATHOLIC FAITH

The sense of purpose that a healthcare mission affords brings me to the next thread of our tradition, our Catholicity. Let me acknowledge explicitly that people of many faiths—some with no organized religion at all—contribute mightily to our institutions' successes. When I talk about the Catholicity of our institutions, I refer to institutional commitments.

The first thing to be said about Catholicism is the obvious: Catholic institutions bring normative assumptions into the healthcare arena. The ethos of healthcare in the United States has undergone a sea change from a time when the norms of the healing professions, especially of physicians, dominated decision making. Beginning in the 1960s, most hospitals embraced patient choice as the definitive standard for healthcare. Legally a patient's informed consent, philosophically his or her autonomy, practically his or her choice—these now direct much of the decision making in American healthcare. Where they do not, economic forces prevail.

But this is an ethical dead end. It is an end-point of normativity that is literally the end of normativity. When the only moral standards are what individuals want or the market forces that result from competition between what individuals want, then there are no moral standards.

External Norms The point of any set of standards, and especially of moral norms, is to create a measure *external* to individuals' choices or the economic sum of individual choices, by reference to which these choices can be assessed as good or bad, succeeding or failing, coming nearer to or drifting further from the mark. Without this external accountability, there can be no better or worse, no praise or criticism, no tools for progress. And this rejection of standards represents a profound breach with tradition—not only with *our* traditions, but with tradition as such.

For Catholics, there are external norms. The

human body and mind, health and healing, sexuality, life and death themselves are not morally neutral phenomena. They are not free of value, waiting for their worth to be determined by the varied choices of individuals or by economic trends. Catholic health-care facilities do not accept this cultural assumption that life is vacant of value. Nor in an earlier time did our institutions accept norms defined wholly by healthcare professions. We are heirs to a tradition which holds that there are norms transcending patients, markets, and professionals.

This places us in a countercultural position. Even when we disagree on what they are or how to apply them, we believe in standards of right and wrong, good and bad, progress and failure.

Belief in God Reflecting on why this is so leads to a second obvious point about Catholic healthcare facilities. We believe in God. God is the self-giving Love that grounds the norms we try to discover and live within. To invert the point Dostoevsky made through Ivan Karamazov: "If God exists, *not* everything is permitted." Belief in God and in Christianity leads us to hold two central beliefs at once. The world of common sense is real; it is a world containing cruelty, suffering, and death. At the same time, the world is profoundly good, redeemed from these deficiencies through a benevolent plan that is both in process and already complete. Confidence in this plan is the basis of our belief that existence itself is meaningful and ultimately good. To paraphrase a point made by Czech writer and political leader Vaclav Havel, our Catholic tradition does not make us optimists, believing that everything will turn out for the best. Instead, it makes us people of hope, believing that no matter how things turn out they will be deeply purposive, part of a plan whose ultimate end is not only the best but is love itself.

These two features of our Catholic traditions—our normative commitments and the transcendent ground of these commitments—provide the basis for a spiritual interpretation of natural realities. This interpretation does not deny the risks of childbirth, the pains of cancer, the sufferings of decline and death. Instead, it places them in the

Catholic health-care does not accept the cultural assumption that life is vacant of value.

larger context of a redemptive plan and the norms for contributing to it. It gives meaning to what appears absurd to a secular consciousness. It enriches and deepens the emotional experience of some of the most vulnerable moments encountered by healthcare. It allows for sacramental celebrations of key passages in life, explaining why pastoral care is a central part of Catholic health-care. And this spiritual interpretation allows us—challenges us—to make our own small

plans consistent with our best interpretation of *the* plan. It guides our policy choices, goal setting, and strategic planning.

THE NATIONAL CULTURE

The third aspect of our tradition I want to consider is the fact that we are Americans. This is an increasingly difficult phenomenon to describe as we become more conscious of the many ways of being an American. As noted earlier, one aspect of being an American is having an ambiguous relationship to tradition. A core American tradition is antitraditionalism.

Pluralism In spite of this, there are American traditions that affect our mission as Catholic health-care providers. We are a nation of many religions, cultures, races, ethnicities, and lifestyles. In the best cases, this plurality fosters a respect for difference and a spirit of toleration that has, generally but with large and painful exceptions, marked American solutions to social problems. Tolerance is the right and enduring solution at which Americans have generally arrived. Unfortunately, as Winston Churchill noted: "You can always count on Americans to do the right thing . . . after they have exhausted every other alternative."

Our diversity as a people fosters a disposition to prefer regional solutions to national ones, local initiatives to those of the state, and individual choices to those of communities. The best expression of this disposition is our legal enforcement of human rights. Again, progress here was not without tragic missteps. Nonetheless, Americans' respect for human rights is a generally proud achievement. In the healthcare arena, deference to informed patient consent is a hallmark

of this achievement.

Individualism On the other hand, when respect for human rights produces an exaggerated sense of individualism, it erodes community. It creates an anti-social society with little sense of tradition. In the healthcare context, it provides a moral blank check for personal choice to the detriment of other ethical or community norms. In some of its expressions, American individualism

becomes delusional—quite literally denying reality. Many Americans deny, for example, that the destinies of individuals are shaped by the character of the communities in which they live. They deny, in effect, that the way we have children and raise them or the way we die and care for the dying has an impact on our communities and thereby on future individuals. They deny what other cultures see as obvious: When individual choices fragment communities, future individuals are hurt by the distorted social realities that shape their development as persons.

Skepticism A third major tradition that shapes American consciousness is a general skepticism of government. Our instinctive national disposition, like it or not, is that even lawful, democratically elected government is inept at best and corrupt at worst. We believe that government is inevitably less efficient than marketplace mechanisms—depending on our particular political affiliations—at many, at most, or at all tasks. As a result, most Americans believe that the harnessing of economic self-interest in competitive marketplaces is the best means—for some, the only means—of dealing with the distribution of goods and services, even those basic to life and well-being, and even those delivered to the least well-off. This disposition helps to explain why we continue to stand alone among advanced nations in refusing to assure universal access to basic healthcare. Our national instinct here does not reflect the nuanced remark that Thomas Jefferson actually made, namely, that “the best government is the least *necessary* government.” Instead, it reflects the wrongheaded and anarchic slogan that the “best government is the least government.”

ORGANIZED SOLUTIONS

When these American strands of pluralism, individualism, and skepticism about government are

Catholics interpret the healthcare mission in the context of a redemptive plan.

brought together, they help to explain the conceptual origins of the special kind of institutions that we are: religiously based, voluntary, not-for-profit. Our predecessors, most of them pioneering women in religious orders, identified healthcare needs in communities across this nation. They realized that government was not to be part of the solution, at least not in their historical contexts. They

knew that the pluralism of American life fosters religiously based institutions.

They concluded that they were the individuals, along with their religious communities and the laypeople who supported them, who would have to create organized solutions to the healthcare problems at hand. We have inherited American institutions in some ways profoundly different from those they founded—different in terms of the magnitude of budgets, sophistication of technology, and range of services. Yet our American Catholic healthcare facilities remain true to the founding institutional vision of religiously based, voluntary, not-for-profit institutions. Thus we are heirs to a unique institutional blending of three traditions: our healthcare mission, our Catholic faith, and our national culture.

MARKETS

I turn now to the main challenge we face in the immediate future, the challenge of sustaining our traditions and mission in a frenetic and threatening healthcare marketplace. We work in a healthcare arena in which large numbers of our professional colleagues regard healthcare as a market commodity, not an expression of mission. We live in a culture where religious faith of any kind is increasingly ignored, even mocked, by a dominantly secular society. And we face the anomaly that our American predilection for market competition is not only threatening our status as not-for-profit institutions, but is also undermining our cultural consensus on the purpose and importance of voluntary not-for-profit organizations themselves. I want to consider how the traditions at our disposal can be used to confront these challenges. I will argue that the difference that our mission makes and should make can distinguish our efforts and assure our continued success.

CONSIDERING MOTIVATION

Let me begin with an observation about the cognitive dimension of our mission. In the Catholic tradition, there is a commonplace but profound moral insight that is increasingly foreign to the secular American mind. Because of the awkward tension this creates for us as American Catholics, the insight is often underemphasized in our understanding of ourselves. The commonplace in our moral tradition is this: Two actions that are similar in every external way but are motivated by different moral intentions are two fundamentally different actions from a moral point of view. The apparently same two acts of rendering aid to a needy individual, for instance, become two different acts morally if the motives for rendering the aid differ morally. I may come to your aid for *your* sake, that is, because I respond to your need. I may come to your aid for *my* sake, that is, because of my own self-interest. The aid may be the same in all external appearances but the acts would be fundamentally different. Intention makes a moral difference in our tradition.

It follows that even if the behavior of Catholic healthcare facilities were literally identical with the behavior of others—if, for example, we all provided the same services, if the care of patients in any hospital in the country, Catholic or not, were wholly indistinguishable, if nothing about our behavior respecting our employees or our links to the community were different in any fashion—even *then*, Catholic healthcare would be profoundly different because the motive that drives us is profoundly different. We aid others for *their* sake. We respond to their needs. We care for people because of our religious interpretation of the mission of healthcare in the context of a redemptive plan. This makes what we do profoundly different from even apparently identical institutional behavior that is motivated by realizing a profit, enriching shareholders, advancing a personal career, or by any other self-interested agenda. The difference that we are begins in the difference of our motive. Even if this were the *only* difference, it would make *all* the difference.

AFFIRMATIVE REFUSALS

However, fundamentally different motivations do generate different external expressions, different behaviors. This point is especially telling in institutional settings. The motive of an organization makes a difference, if not in any given action then in the long run and overall. One clear difference between Catholic healthcare facilities and others is well known to all. We differ in terms of what we will not do. Some of our most significant moral commitments are in the area of prohibited services, especially in our refusal to kill fetuses or

to assist in the killing of any of our patients regardless of their medical conditions. I believe that we often underestimate the mission significance of these refusals. These are not simply acts we *do* not do. Neither are they prohibitions imposed on us. These are acts we *will* not do; that is to say, we *will* not to do them. It is our collective, institutional choice, a commitment linked deeply to our way of thinking about life and death, persons and their relationship to God, and our role in the redemptive plan.

All of us have heard the lament that we don't want Catholic healthcare to be known simply for what it does not do. There is a truth here. We want to be known also for taking affirmative steps. Refusing to cooperate with evil is insufficient; we want to be agents in shaping and creating goodness.

In spite of the validity of this point, it is worthwhile to recall that these moral prohibitions are themselves based in affirmations. They are negative, of course, in the sense that they determine what ought not to be done. Yet they are grounded in an affirmative view of the human person, an affirmation that says a fetus and a dying person have an incalculable worth regardless of their limited capacities. Even if Catholic healthcare facilities differed only in what we will not do in a world in which the affirmative foundation of these prohibitions is widely rejected—even then we should be properly proud to be a difference that truly makes a difference.

AFFIRMATIVE STEPS

But let me move now to the more obviously affirmative steps that our mission does and should incline us toward, and which make a difference not only for our own sense of who we are but for the future vitality of our institutions. Because of our commitment to nascent human life, Catholic hospitals should be places where women and couples with unplanned pregnancies are supported so that they can avoid destructive solutions to the challenges they face. Catholic hospitals should seek out and serve women with high-risk pregnancies, women who want to bring their pregnancies to term but are facing obstacles considered indications for abortion at other hospitals. We should be leaders in the care of handicapped newborns, giving visible expression to our respect for human life regardless of its condition. And, of course, we should always be among the dying. In every American community, the Catholic healthcare facility must run the best hospice program, that one that provides the most comprehensive psychosocial and spiritual care for the dying, that one known as the best place to be cared for in the last days of life.

This will become especially urgent if doctor-assisted suicide is legalized. We must create supportive contexts for dying, whether in our institutions or in patients' homes, contexts that never undermine the trust of patients and their loved ones by actions that directly intend death. If there were no other reason for the survival of Catholic hospitals into the next century, this alone would suffice. We must be witnesses against euthanasia and the erosion of trust it will bring in its wake.

Seamless Systems Second, Catholic healthcare facilities must be known for holistic care, for a seamless system of education, social services, and spiritual support integrated with healthcare services traditionally construed. We are already renowned for the vitality of our pastoral ministry programs. As the length of stays in hospitals decreases, we must continue to experiment with models of community-based pastoral care.

In this arena, managed care still holds potential. Early enthusiasm for managed care has eroded, as it has too often amounted to little more than cost cutting, lack of access, and even denial of information about available healthcare services. But the potential of managed care still lies in its ability to integrate services. Catholic hospitals should be leaders in retrieving the promise of managed care, showing that it can save money by integrating services, not by denying them.

Community Roots Third, Catholic hospitals must be rooted deeply in their communities. A generation ago, this kind of imperative would have been gratuitous. Nearly all hospitals were community based, linked organically to other institutions in the communities they served. This is no longer the case. Large hospital systems, particularly for-profit corporations like Columbia, buy hospitals and sever community ties. In the future, many hospitals will not be organic members of their community, at least no more than franchisees like Amoco gasoline stations or McDonald's hamburger stands. These healthcare facilities will contribute to host communities when it serves their economic self-interest. But they will contribute first to the out-of-town home office and its need for profit.

Catholic healthcare facilities must be different. The women and men who founded our hospitals were committed deeply to the communities they served. They integrated themselves not only into their community's healthcare but also into education, welfare, and other charitable institutions. Of course, most Catholic hospitals are no longer free-standing. We too have moved into larger national systems. But while we benefit from the financial strength and national presence that systems provide, we must not lose the unique character of our community connections.

Serving the Least Well-Off Fourth, Catholic hospitals

must maintain a special commitment to the least well-off. This includes not only the least well-off financially, but also those with stigmatized diseases, like mental health problems and AIDS. In this regard, we must remain especially sensitive to American racism, since it plays a disproportionate role in poverty, illness, and the stigmatizing of illness. This is not a niche for market success. Managed care plans shun minority populations as too costly. Many healthcare facilities choose not to serve minorities because of the racist attitudes of majority citizens. Nevertheless, success in *our* terms, that is, success as Catholic healthcare providers, requires that we stand firmly with the most vulnerable, the least able to defend themselves, those marginalized by our culture.

Necessary Government Nor can we retreat on our tradition's conception of the role of government in the healthcare arena. Like Jefferson's remark about the least *necessary* government being the best, Catholic political tradition promotes subsidiarity. This is the strategy that the work of society is best done at the least complex level of organization. At the same time, there are tasks that only government can perform adequately. For example, America has failed to secure universal access to basic healthcare—not by employment-based insurance, not by individual insurance, not by patchwork government interventions. The only reasonable interpretation of this reality in light of the experience of peer nations is that government is necessary for achieving universal access to basic healthcare. If so, our alternatives are to renounce the right of all to basic healthcare—an impossibility given our Catholic moral tradition—or renounce our hostility to a national healthcare plan—a visceral challenge to us as Americans. This association did the right thing—the politically courageous thing—in assuming a leadership role in the fight for healthcare reform at the beginning of this decade. We failed only because the nation failed. We must bear the burden of moral responsibility on this issue again and again—as long as it takes—until the human dignity of every American is respected by universal access to basic healthcare.

On Employees Finally, Catholic healthcare facilities must be leaders in caring for our employees. In this age of downsizing and overheated competition, when healthcare for many is simply another market commodity, it is all too easy to think of the people who work *for* and *with* us as commodities themselves. Our healthcare facilities face hard decisions about cutting services and cutting staff. We have to be leaders in dealing with these economic necessities in a humane and responsible fashion. In the long run, we must preserve the

loyalty of our employees. Loyal employees sustain positive and caring relationships with the patients and residents we serve.

ACTS OF SENSITIVITY

These are the cognitive differences that our mission makes. There are also emotional differences. Catholic healthcare

facilities must be places in which a spiritual, prayerful, and sacramental environment promotes articulate feelings of joy at birth and at healing, of grief at suffering and death, and of solidarity through all of life's anxieties. We must be places where feelings of connectedness and community are part of the ambience, are inhaled as the air we breathe.

These ambient feelings must display themselves in acts of sensitivity to the feelings of others. My favorite example of this sort of behavior was recounted by a colleague of mine in the pages of *JAMA*. He described a tragic situation in which an infant had been rushed to a hospital after respiratory arrest and was pronounced dead. The parents came to retrieve his body. A secretary, whose job description was not connected with this situation in any fashion, was moved by the parents' plight. Seeing that the child's body was about to be presented to the parents dressed in the same clothes he wore on arrival at the hospital, she left her desk and wrapped the body in newborn's clothes and a blanket. She did this to protect the parents' feelings. My colleague ended his narrative by asking rhetorically how the secretary knew that *she* was the one who should make this gratuitously sensitive gesture. It wasn't her job; it wasn't part of her job description. At Catholic hospitals, this kind of grace-filled, emotionally supportive behavior should be part of everyone's job, in everybody's job description.

OUR COMMITMENT MAKES A DIFFERENCE

I will end by reflecting briefly on how a sense of commitment based on our traditions makes a difference for our healthcare facilities and their futures. Having a mission grounded in our traditions provides a unique sense of purpose, a meaningfulness to our work that cannot be borrowed nor artificially constructed. It comes naturally from the importance of providing healthcare and from the supernatural interpretation we give to it. This sense of purpose is inherent in the work we

We will reinvent our institutions again and again.

do, irrespective of worldly criteria of success or failure. In the end, all our patients die; as do all our employees; as does each and every one of us. In secular terms, there are no grounds for a sense of purpose in the face of these facts. The philosopher Jean-Paul Sartre brought this point to its nihilistic

extreme when he wrote: "Man is a useless passion," and "Thus it amounts to the same thing whether one gets drunk alone or is a leader of nations." That dismal assessment cannot be our conclusion about life and the work we do. It is foreign to our traditions because ours is a mission grounded in hope.

But we are not naive. Sin is real. Physical and moral evil exist. Death is hard, and it robs each of us of the natural value of life. In spite of this fallenness of creation, we know the world is good and that we are accountable for helping to redeem it. It is not naiveté but the most profound act of faith that leads us to believe we genuinely change the world and the lives of people and communities through our institutions.

Our traditions and mission foster a sense of who we are grounded in our past. Because we have a past, we can work together for a future. Those without a past have little sense of long-term direction, have fewer tools for coping with crises, and have no profundity in dealing with success or with failure. Our traditions, by contrast, foster risk taking and boldness in the face of change, a boldness that cannot be justified by balance sheets or cost-benefit analysis.

Commitment to our institutions makes a difference. It sets us apart. It makes a difference that will attract patients, professionals, and talented employees because we embrace the paradox that change is a constant feature of the changeless plan we serve. We will reinvent our institutions as needed again and again into the future. But we own the living traditions of those who founded our hospitals, our long-term care facilities, our managed care plans. We have the accumulated institutional, moral, and religious experience of generations. We have the confidence that comes from faith in the ultimate purposefulness, goodness, and success of what we strive to achieve.

That is what tradition can do to knowing, feeling, and choosing. That is what our mission compels us to do. That is the difference our traditions and mission make in today's healthcare markets. □