

What Did Jesus Do?

Lessons for Health Care Leaders

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In an era of market-driven economics and declining numbers of women and men in health-care-oriented congregations, Catholic health care has been struggling to maintain its identity and mission. Since the 1960s, technological advances in health care have outpaced society's ability to reflect on and respond to the moral and ethical issues they raise. Catholic health care, caught between the "do's" implicit in technological advances and the need for market share in order to maintain mission, and the "don'ts" associated with traditional Catholic teaching, needs a leadership model that can guide it into a nebulous and uncertain future. Many in Catholic health care would argue that their leadership model is rooted in the "healing ministry of Jesus," especially in regard to giving a preferential option to the poor, to caring for the un- and underinsured and other vulnerable populations.

Changes in the financial arena of health care are making that model more difficult to imitate, however, as there is less "margin" available for "mission." A different potential leadership model for lay leaders in Catholic health care today would be to imitate Jesus in his three roles as priest, prophet and king, as described by the Second Vatican Council in *Lumen Gentium*, the Dogmatic Constitution on the Church.

JESUS: A TRINITY OF ROLES

Priests, according to *A Concise Dictionary of Theology*, are "members of the community set apart to offer sacrifice and mediate between God and human beings."¹ Jesus acted as a supreme high priest in offering himself as the most holy and perfect sacrifice for the atonement of our sins. (*Hebrews*: 5:1-5, *Revelation* 1:6 and 5:9-10)² He is the Eucharistic sacrifice, offering himself to God in the name of all the people and mediating a new covenant between God and humanity. It is within the context of this new covenant that we find Jesus, fully human and divine, as the ultimate and final mediator. He reconciles us with God and opens the door to a new understanding of both our relationship with

God and our place in the world. Compared to his actions as healer, which were episodic, his role as mediator was permanent and integral to his very being. His healing miracles demonstrate his mediation between humanity and God in the sense that he always indicated the source of healing was the person's faith. The person's belief in Jesus, and in what Jesus could do for them as mediator, was the ultimate source of their healing.

JESUS AS PROPHET

As prophet, Jesus is the greatest in a long line of prophets, proclaiming the kingdom of God both by the testimony of his life and by the power of his word.³ To be a prophet means to speak or act in a certain way based on the inspiration of the Spirit.⁴ Jesus, in fact, was the fulfillment of the prophetic expectations in the Hebrew Scripture. He interpreted past events and prophesies, indicated how the present events were being fulfilled and announced coming events as well. His prophesying focused on the Kingdom of God, giving his listeners (and us) a window into what we can expect when God's reign comes to its fullness. We need to note, however, that Jesus took time to reflect, to



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Mosaic of Jesus in Hagia Sophia, Istanbul, Turkey.

deepen his relationship with God through prayer and fasting. He spoke in a way that people could hear and respond to. Although he was authoritative in his teachings, he was harsh only with those who should have known better (e.g., the scribes and Pharisees). He preached from a positive perspective versus the perspective of a doomsayer.

JESUS AS KING

As king, Jesus spent his ministry preaching about the reign of God and inviting his hearers to enter this kingdom. As the second person in the Trinity, Jesus was, in effect, talking about his kingdom. Jesus gave himself totally in the service of both the present (Matthew 12:28, Luke 11:20 and 17:21) and future (Matthew 8:11) divine rule.⁵ He was not a

remote or disinterested ruler; he walked among the people preaching, teaching and working miracles. He indicated frequently that those who had seen him had seen the Father. The reality of God's kingdom was not simply an eschatological reality but was beginning to take shape in the presence and person of Jesus. Salvation, which allows us to participate in the kingdom, is a sheer gift from a benevolent God who is in love with us and which is mediated through the complete self-sacrifice of Jesus Christ.

LAY LEADERS IN JESUS' SHOES

In his roles as priest, prophet and king, Jesus provides an example for us today. Before we explore the parallel roles for lay Catholic health care lead-

ers, however, we first need to recognize that these ministerial powers are conferred in the sacrament of baptism: they are not the result of ordination or religious vows. According to *Lumen Gentium*, “the apostolate of the laity is a sharing in the church’s saving mission. Through baptism and confirmation all are appointed to this apostolate by the Lord himself. ... Thus, all lay people, through the gifts which they have received, are at once the witnesses and the living instruments of the mission of the church itself.”⁶ It is incumbent, therefore, upon all of us to exercise these ministerial roles in the service of the universal church, even more so within the health care ministry of the Catholic Church. Leaders in Catholic health care, through their role modeling of living testaments and witnesses, set the tone and direction for Catholic health care as we move into the future. Given the decline in the number of religious still active in Catholic health care, this change in leadership, with adequate formation, can (and must!) continue the healing ministry of Jesus.

LAY LEADERS AS PRIESTS

The first of these roles, the priestly one, is initially expounded upon in *Lumen Gentium*. In the chapter on the laity, we read that the “faithful indeed, by virtue of their royal priesthood, share in the offering of the Eucharist.”⁷ During the Mass, as the priest offers up a symbolic sacrifice, we offer up ourselves as sacrifice. We exercise our priesthood also “by the reception of the sacraments, by prayer and thanksgiving, by the witness of a holy life, self-denial and active charity.”⁸ Our participation in liturgy and the sacraments, however, is not the full exercise of our priestly ministry. As we engage in temporal and secular activities, our special vocation is to direct these activities according to God’s will.⁹ Our priestly role involves contributing to the “sanctification of the world from within, like leaven. Thus, especially by the witness of (our) life, resplendent in faith, hope and charity (we) manifest Christ to others.”¹⁰ Fr. Paul Philibert, in his book *The Priesthood of the Faithful: Key to a Living Church*, notes “the baptized as the Body of Christ are the visible, earthly expression of Christ’s heavenly priesthood and eternal ministry. So the priesthood of the baptized has as its content the struggle for justice, the toil of love, the labor for community, and the compassionate ministry of mercy of all the faithful.”¹¹

As lay leaders in Catholic health care, our calling and challenge is to make Christ visible in and

through the ministrations of our staff. Do the patients encountering us leave our facilities “more healed, more whole, more able to live, to love, to hope, to die?”¹² If not, we are not exercising our priestly role. Our anointing by the Holy Spirit in the waters of baptism produces in us the rich gifts and talents that may be offered in sacrifice to God as we consecrate our works and the world to God on a daily basis. This view of our work, as something offered by us as sacrifice for the benefit of others, should cause us to look more closely at what we do and how we do it. Are our works worthy of being called “sacrifices?” Is our work pleasing to God? Do we approach our work with the respect and reverence due to a sacrifice which mediates between us and God? This movement from a strictly liturgical sacrificial offering to the offering of ourselves and our daily activities more accurately expresses the fullness of the laity’s priestly role.

The priestly role of the laity also involves fostering a Catholic spirituality and approaching health care from a sacramental perspective. By sacrament, we mean “a holy sign that makes the invisible become visible, that brings God’s eternal love into the present, and that is an instrument of communion between God and human beings.”¹³ Key to this aspect of our role is our intentionality in shaping every decision, every action in life, to ensure that it furthers the reign of God.

In health care, we are fortunate in that we have many opportunities to share God’s love, forgiveness and his healing power with clients, patients, physicians and staff. An example of Jesus’ priestly role, as it is lived out in health care, is reflected in a strategic goal of St. Joseph Health System, Orange, Calif., which states, “every interaction will

The reality of God’s kingdom was not simply an eschatological reality but was beginning to take shape in the presence and person of Jesus.

be experienced as a sacred encounter.” This goal encompasses not just interactions with patients and their families, but interactions with and between everyone. We hear about examples of this goal being lived out by staff throughout the medical center, from patient financial services, where staff members helped eliminate a medical bill, thereby significantly reducing stress on the family, to a patient’s room, where a nurse took the time



Mosaic showing Jesus washing the feet of Peter, in the Monastery of Hosios Loukas, Phocida, Greece.

to find out what a patient wanted most before he died and provided him with the requested fried eggs for breakfast, to our perinatal bereavement program, where a couple indicated that we had helped to heal their souls after the loss of their pregnancy.

In order for our staff to be able to provide this level of caring compassion and demonstrate the priestly role of Christ, we provide retreats for the staff which help them experience sacred encounters with themselves, with each other and with God.

As leaders in Catholic health care, our budget decisions, our contracts, our hiring practices are just a few of the other opportunities we encounter for enhancing the sacramental nature of Catholic health care. Using Jesus as the ultimate sacrament of God's presence in this world, we can order our professional lives to more clearly imitate him. As a ministry of the Catholic Church, we can seek ways in which Jesus' ministry is acted out within our hospital walls. Thus, in the daily operations of a busy medical center, we are called to be graced, sacramental signs of the mystery of the body of Christ.

LAY LEADERS AS PROPHETS

The laity, in our prophetic imitation of Jesus, is charged with living out the Gospel values in our

daily family and social life. We demonstrate our solidarity with Christ if we "make the most of the present time (Ephesians 5:16, Colossians 4:5) and with patience await the future glory."¹⁴ How do we make the most of the present time? In part, we are called to "join the profession of faith to the life of faith."¹⁵ Thus, orthopraxis joined to orthodoxy can be particularly effective in that it is "accomplished in the ordinary circumstances of the world."¹⁶ This active living of the Gospel, however, will result in tensions and challenges as we encounter the prevailing mindsets focusing on obtaining or maintaining health care market share, the advances of technology, the possibilities of hospital mergers or acquisitions and the inevitable pluralistic nature of our employees, physicians and patients. How do we preach without offending? How do we evangelize without proselytizing? Ultimately, our identity as a ministry of the Catholic Church will rest on our actions in this world.

As articulated by Jack Glaser, senior vice president, theology and ethics, at the St. Joseph Health System, we hope to be "a community that serves, that speaks, that celebrates, and prays in such a way that others — regardless of their religious belief — encountering this community experience a revelation of life's deepest truths — about human dignity, community, success, power, growth, sacrifice, love, suffering, debility, and death."¹⁷

The prophetic role of lay Catholic health care leaders may seem, in fact, very familiar. When one envisions a prophet, one thinks of the biblical description of the prophet as a voice crying out in the wilderness. As we seek to advocate for universal health care access and coverage, we may, indeed, feel as if we're alone in the wilderness (albeit with prophets from other Catholic health ministries). Even in the here-and-now, with the current health care access and coverage issues, our prophetic role is one that involves teaching in accordance with Catholic doctrine. As Walter Brueggemann, in his book *The Prophetic Imagination*, asserts, "the prophet is called to be a child of the tradition, one who has taken it seriously in the shaping of his or her own field of perception and system of language, who is so at home in the memory that the points of contact and incongruity with the

situation of the church in culture [or health care] can be discerned and articulated with proper urgency."¹⁸ Invariably, this will result in additional tensions. Engaging the sciences, sociology, politics etc. allows us to understand the current situation of health care vis-à-vis the Catholic Church and can help prepare us for its future. Where the priestly role engages our emotions, the prophetic role involves our intellect and reason, so we must seek "to acquire a deeper knowledge of revealed truth and earnestly pray to God for the gift of wisdom."¹⁹

Consider, if you will, the strategic initiatives that are undertaken by Catholic health systems. Are they prophetic in nature? Do they call us to "think outside the box?" Consider the advocacy work done by the Catholic Health Association beginning years ago in initiating the Cover the Uninsured movement. Catholic health care, from then to the present, particularly in its advocacy leading up to passage of the recent health reform bill, has

been prophetically speaking out and putting a face on those made vulnerable by our broken health care system. Similarly, Glaser and his team from the Center for Healthcare Reform at the St. Joseph Health System undertook an effort a few years ago to raise the "winds of change" relative to health care reform. Under Glaser's direction and guidance, the local St. Joseph Health System ministries held dialogues with community members to envision a different U.S. health care system, a different future and dared us to say that the "way we've always done things" is not the way to move us into the future. Little did we know that the future would be upon us so soon.

LAY LEADERS AS KING

The third role, a kingly or royal one, is based on the "Lord's desire that his kingdom be spread by the lay faithful: the kingdom of truth and life, the king-

dom of holiness and grace, the kingdom of justice, love, and peace."²⁰ During the reign of kings, it was the king's responsibility to care for the people in his realm. Thus, in the exercise of our kingly role, it is our responsibility to ensure that the "goods of creation may be developed to the benefit of everyone, and that they may be more equitably distributed among all men and women, and that they may make their own contribution to universal progress in human and Christian liberty."²¹ The kingly or royal role appeals to our human desire for community and to our ever-growing recognition of our responsibility to the world's community. The legacy of the Sisters of St. Joseph of Orange includes a focus on the "dear neighbor" in the communities in which they (and we) serve. Their model of joining with like-minded individuals or groups to meet the needs encountered in the community supports our need and desire for social interactions. Similarly, the sisters' promises, developed during their recent



Mosaic in San Vitale, Ravenna, Italy, of Jesus blessing a leper.

congregational chapter, identify that they (and we, as co-ministers) have a responsibility toward ecological justice.

In the area of health care, there is much we can (and should) do to ensure that we are “kingly” or wise and just in the utilization of scarce resources. In our kingly role, we are called to ensure that the vulnerable in our communities are cared for, that they receive necessary health care and that we protect and respect their dignity in the process. Likewise, we have a responsibility to ensure the developments in health care are shared or made available to those in need.

Again citing by way of example an organization with which I am most familiar, the St. Joseph Health System does more than just call us to action on behalf of the poor and vulnerable in our communities. Each of the ministries within the system tithes 10 percent of its bottom line and dedicates those funds for programs and projects within the community that care for the poor and vulnerable. We also care for our community by sharing the medical center’s resources of time, talents and treasure with local non-profit agencies and religious congregations. For our patients, we continually seek out self-pay patients to help them access available insurance products. For our staff, our ministry maintains a “Helping Hands” fund to support employees who are having financial difficulty. In expression of our kingly role, we continually seek opportunities to be generous and wise, supportive and altruistic, sharing our worldly goods with our local and larger communities. Fortunately, we are not alone. We partner with those who are our co-ministers in health care in the living out of this role.

NECESSARY TENSIONS

These three roles, like the legs on a three-legged stool, seem to push in different directions. This tension, however, allows the stool to stand. The tension we feel when we seek to live these three roles, while uncomfortable, may well be necessary. According to *Lumen Gentium*, the laity are “entitled, and indeed sometimes duty-bound, to express their opinion on matters that concern the good of the church.”²² As a ministry of the church, this includes using our priestly, prophetic and kingly roles to speak up regarding the issues that threaten Catholic health care. The history of the Catholic Church is one of tension. Our present experience is no different.

As a ministry of the Catholic Church, Catholic health care is expected to operate within the tradition of the church and maintain its Catholic

identity as it proceeds into the future. Although discussion continues about what “Catholic identity” truly means, Catholic health care needs lay leaders who are prepared to lead the ministry regardless of the discussion’s outcome. While health care easily identifies itself with the healing ministry of Jesus, a more solid grounding for the lay leader is to imitate Jesus’ roles of priest, prophet and king. Fortunately, the source of these ministerial powers lies in the sacramental grace received during our baptism, and, as such, we have been supplied with the grace necessary to live these roles. We need only ask the Holy Spirit for guidance and step out in faith.

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NOTES

1. Gerald O’Collins and Edward G. Farrugia, *A Concise Dictionary of Theology* (New York: Paulist Press, 2000), 212.
2. *The New American Bible* (Oxford: Oxford University Press, 2004).
3. “Lumen Gentium,” in *Vatican Council II: The Basic Sixteen Documents*, ed. Austin Flannery (Northport, N.Y.: Costello Publishing Company, 1996), 52.
4. O’Collins and Farrugia, 214.
5. O’Collins and Farrugia, 131.
6. *Vatican Council II: The Basic Sixteen Documents*, 51.
7. *Vatican Council II: The Basic Sixteen Documents*, 15.
8. *Vatican Council II: The Basic Sixteen Documents*.
9. *Vatican Council II: The Basic Sixteen Documents*, 49.
10. *Vatican Council II: The Basic Sixteen Documents*.
11. Paul J. Philibert, *The Priesthood of the Faithful: Key to a Living Church* (Collegeville, Minn.: Liturgical Press, 2005), 19.
12. Jack Glaser (As quoted in Sacred Encounters Retreat presentation, May 2007).
13. Philibert, 25.
14. *Vatican Council II: The Basic Sixteen Documents*, 53.
15. *Vatican Council II: The Basic Sixteen Documents*.
16. *Vatican Council II: The Basic Sixteen Documents*.
17. Glaser.
18. Walter Brueggemann, *The Prophetic Imagination*, 2nd ed. (Minneapolis: Fortress Press, 2001), 2.
19. *Vatican Council II: The Basic Sixteen Documents*, 54.
20. *Vatican Council II: The Basic Sixteen Documents*.
21. *Vatican Council II: The Basic Sixteen Documents*, 55.
22. *Vatican Council II: The Basic Sixteen Documents*, 56.

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