

# Where the *Ethical and Religious Directives* Fall Short

## The Bishops Fail to Adequately Understand the Role of Pastoral Care in Catholic Health Care



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**I**t seems to be part of the nature of Catholic health care organizations to grapple with questions of Catholic identity and ethical integrity on an ongoing basis. Who are we *really*? What does it mean to claim to *be* the healing ministry of Jesus in the world today? If we are to deliver on this claim, what ought to characterize our work as providers of health care services?

Given some of the characteristics of the current environment within which Catholic health care organizations operate — the extraordinary challenges posed by religious and ethical pluralism, the increasing political and ethical polarization in this country, the economic crisis and deepening recession, the state of health care in the United States — these questions of identity and integrity take on new urgency. And the need for appropriate and informed guidance in addressing these questions becomes more critical.

Through the years, a variety of efforts have been made by the U.S. Catholic bishops to give authoritative guidance in matters of identity and ethical integrity in the delivery of health care services under Catholic sponsorship. In 1994 the bishops issued the *Ethical and Religious Directives for Catholic Health Care Services*. That document supplanted the earlier *Ethical and Religious Directives for Catholic Health Care Facilities* published in 1971. In preparing and promulgating the 1994 directives, the bishops hoped to contribute to the culture of Catholic health care by focusing on the promotion of human dignity “in a way that was animated by the spirit of the Gospel and guided by the teachings of the church.”<sup>1</sup>

Toward that end, most attention in the 1994 document was devoted to three areas: ethical issues related to the beginning of life, ethical issues related to the end of life (both discussed in the context of a Catholic understanding of the human person) and to ethical questions raised when Catholic organizations enter into some form of partnership with other-than-Catholic organizations. The bishops devoted just one section to pastoral and spiritual care, and it was woefully inadequate. Although the bishops asserted that “pastoral care is an integral part of Catholic health care,”<sup>2</sup> nothing in this section demonstrates either an adequate understanding of what pastoral/spiritual care is and entails nor an understanding that providing such care is as critical to the identity and ethical integrity of a Catholic organization as appropriate medical care at the end of life.

In 2001, the bishops concluded a two-year review process of the section in the directives concerning partnerships between Catholic and other-than-Catholic organizations. In light of that work, they issued a revision in 2004. Unfortunately, the bishops did not review the section on pastoral and spiritual care. As a result, the current directives offer little that is of help to persons seeking to understand the importance and centrality of pastoral/spiritual care in Catholic health care.

### FINDING SOLUTIONS

What would a more helpful section on pastoral and spiritual care encompass? First, it would be grounded in a more accurate understanding of the reality of Catholic health care today. It would recognize, for example, the multiple venues in which health care is provided, such as acute and sub-acute care, skilled nursing and ambulatory centers, housing and hospice programs, commu-



nity outreach efforts and wellness programs, and stress the need for attention to the spiritual needs of persons in each of these venues. It would take account of the fact that every year more than 5.5 million people receive care in a Catholic hospital, and that a good number of these persons, while they are not Catholic, have spiritual needs that require attention.

Second, a more adequate section on pastoral care would demonstrate an understanding of the breadth of services provided by chaplains in Catholic health care organizations — services that go well beyond the basics of providing “a listening presence; help in dealing with powerlessness, pain, and alienation; and assistance in recognizing and responding to God’s will with greater joy and peace.”<sup>3</sup> Such a section should note that pastoral care professionals are involved in family conferences, staff support and education, employee orientation, the work of ethics committees and institutional review boards. These professionals also assist with advance directives, make rounds with interdisciplinary care teams and care planning, and participate in community outreach activities.

Third, the directives should offer some recognition that, in order to provide competent pastoral care, chaplains today must have:

“graduate theological education or its equivalency; endorsement by a faith group or a demonstrated connection to a recognized religious community; clinical pastoral education equivalent to one year of postgraduate training in an accredited program recognized by the constituent organizations; demonstrated clinical competency; continuing education requirements; adherence to a code of professional ethics for healthcare chaplains; professional growth in competencies demonstrated in peer review.”<sup>4</sup>

In light of the increasing expectations for training, the directives should include a clear mandate insisting that all persons on the staff of pastoral care departments in Catholic health care organizations be fully competent and meet the requirements of certifying organizations such as the National Association of Catholic Chaplains, the

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Association of Professional Chaplains, or the Association for Clinical Pastoral Education.

Fourth, given the fact that Catholic health care welcomes persons of all faiths and ethnic traditions, the directives should strongly encourage Catholic health care organizations to ensure that pastoral care departments appropriately reflect the religious and ethnic diversity of the communities served.

Fifth, although the current directives emphasize the importance of providing the sacraments to Catholics who want them, they offer no recognition of the increasing difficulty of doing so. A more helpful section on pastoral care would therefore address the reasons for this difficulty; e.g., the dearth of priests and/or the inability or unwillingness of priests to make themselves available to provide the sacraments in health care facilities. The bishops might also offer some helpful insights into how dioceses might address the shortage.

Finally, the section on pastoral care should give a clear message to leaders of Catholic health care organizations that providing professional pastoral care services is a critical component of the organization’s Catholic nature. Failing to ensure these services is a kind of moral failure in Catholic health care. Moreover, the bishops should remind Catholic health care leaders that, when grappling with financial challenges, pastoral care, despite its non-revenue generating status, should never be regarded as an easy cut.

## CONCLUSION

The *Ethical and Religious Directives for Catholic Health Care Services* should clearly reflect this reality: Pastoral/spiritual care is a criti-



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cally important and integral dimension of the care offered to persons in the variety of health care settings under Catholic auspices. If providing spiritual services to the sick is indeed an extension of the healing work of Jesus, the bishops should set a high standard for pastoral care, requiring that pastoral care staff in Catholic health care organizations be professionally competent and responsive to the needs of the diverse populations they exist to serve. ■



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## NOTES

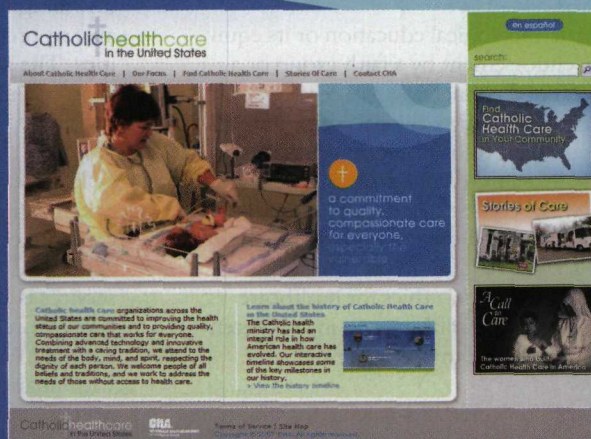
1. Kevin O'Rourke, Thomas Kopfensteiner and Ron Hamel, "A Brief History: A Summary of the Development of the *Ethical and Religious Directives for Catholic Health Care Services*," *Health Progress*, 82, no. 6 (November-December 2001): 18-21.
2. United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 1994 version, p. 12.
3. USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, fifth printing, March 2004, Part Two.
4. Larry VandeCreek & Laurel Burton, eds., *Professional Chaplaincy: Its Role and Importance in Healthcare*, [www.healthcarechaplains.org/publications/publications/white\\_paper\\_05.22.01/02.html](http://www.healthcarechaplains.org/publications/publications/white_paper_05.22.01/02.html).

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