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A State Catholic Hospital Association: Efforts to Express the Healing Mission of Christ

Sister Joan Winkler

The author is the executive director of the Catholic Hospital Association of Wisconsin. This talk was given in spring of 1977 to a meeting of the Milwaukee Catholic Physicians' Guild.

"Inspired by no earthly ambition, the Church seeks but a solitary goal: To carry forward the word of Christ Himself under the lead of the befriending spirit. And Christ entered this world to give witness to the truth, to rescue and not to sit in judgment, to serve and not to be served." Paul VI, Pope¹

In contemporary society, the basic purpose of the Catholic Church remains unchanged. However, the way the Church expresses the truth, its belief, corporately through the Catholic hospital is being challenged. Also challenged is the role this expression plays in witnessing to society and to the individual patient.

The Church's teaching as it relates to the Catholic hospital's corporate witness to the healing mission of Christ in our pluralistic health system is not clearly understood by many health care providers.² The challenge to the Church lies in its choice of an effective role to assist the individual within the hospital to integrate Catholic belief with individual personal behavior when choosing from among the many health care alternatives available today.³

Catholic hospitals are facing a loss of identity. This appears to be due largely to the impact of medical technology and the failure of those responsible for the Church's healing mission to provide clear operational expectations at each level of the chain of command within the Catholic health system. As government constraints, technological advances and physician demands limit available health resources, the need for the Catholic hospitals' witness to spiritual healing and moral health can too easily be set aside if the Church's expectation and society's need for them are not clearly defined.

In Catholic hospitals, medical values and Church teachings converge. The distinguishing character and belief of Catholic hospitals are becoming so obscured by the pressures of technological demands that many providers and consumers alike fail to discern practical differences between Catholic and other community hospitals. In large part,

this lack of discernment can be attributed to the Catholic hospitals' response to the technological imperative "if we can, we must"⁴ at the expense of corporate behavior (policy and resource allocation) which is directed toward the development of an environment in the hospital designed to promote spiritual health among those served and serving; an "awareness of the moral imperatives in . . . life toward truth and virtue, . . . fellow men and God."⁵

The health providers in Wisconsin are becoming increasingly aware that the dominant impact of PL 93-641 on hospitals is being experienced primarily through the state regulatory process. This situation has caused a growing amount of attention to be focused on the state Catholic Hospital Association. State legislation and regulation in the development of standards for hospital performance are highlighting the convergence of the Church's teaching and medical practice within the Catholic hospital. Legislation and regulation tend to view the physician-patient relationship as a neutral dynamic within the hospital while the Church has expectations on the Catholic hospital to control the physicians' medical practice in those areas related to Church doctrine. Recent debate within the Church in this area has dimmed the clarity of the Catholic position within the health industry.

From a pragmatic perspective, unless the Catholic Church's position in medical-health related issues is clarified and unified at the state level, effective political action on the part of the Catholic hospital in the legislative and regulatory arena is not possible.

In recognition of this, during the fall of 1976 members of the Wisconsin Conference of Catholic Hospitals (WCCH) decided to reaffirm the Conference and voted to become a visible, viable organization. This vote followed several years of searching and tension among the membership as to whether the state Catholic hospital conference had any purpose today. In truth, it was something of an identity crisis.

In March, 1976, when I was employed as executive director of the WCCH, my task in many respects was not unlike that of a physician called in to care for a patient with some rare problem or disease, the symptoms of which are diffuse and ill-defined. The initial resources available to assist in the diagnosis and treatment were the commitment of the WCCH Board of Directors to make the association visible and viable together with what I had experienced, what I had learned and in what I believed.

I came to the task of executive director as a Franciscan woman religious from a community devoted exclusively to health and primarily to hospitals. Therefore I came especially dedicated to the healing mission of Christ, in addition to my commitment to the gospel life. As such, my primary concern, while not incompatible, is not identical with the primary concern of the Church Magisterium, which is the integrity and teaching of Church doctrine.

The healing that is my primary concern is the spiritual healing or wholeness which comes when a person accepts God — Christ in a faith relationship as the center and source of one's life, and the moral-health that results when a person's behavior is consistent with the Catholic Church's belief regarding man's nature.

Armed with the foregoing perspective, it is my conviction that there is a great need to identify in more precise, operational terminology, "What is the Catholic Church's healing mission?" "What are, or should be, the Church's positive expectations re: corporate behavior of Catholic hospitals today?" In consideration of this matter there are two dimensions that emerge in my working definition of what it means to be Catholic:

- a) *Catholic* implies fidelity to the authority of the Roman Church;
- b) in Catholicism the center and source of spiritual strength and nourishment for the individual lie in the mystery of the eucharistic sacrifice of Christ.

Catholics' Spiritual Growth

Catholic belief also affirms the sacred nature of human life. This means to me that in their daily lives, Catholics grow spiritually through self-sacrifice, for it is identity with Christ that gives rise to the sanctity of human life.

This is a significant factor when considering the Catholic hospital as having a corporate role within the U.S. health economy because this country's economic system is based on the "invisible hand" of self-interest as described by Adam Smith. This is quite a contrast to the self-sacrifice which is Catholicism's motivating force.

What this may or may not mean to Catholic health professionals in day to day individual and corporate decision-making in Catholic hospitals remains to be identified.

The *healing mission* as set forth in the preamble of the *Ethical and Religious Directives* has three factors or values to which Catholic hospitals are to give witness:⁶

- Sacredness of life;
- Meaning of suffering and death,
- Care of the poor.

It is belief in the sacredness of life that gives meaning to suffering and death and provides a means to cope with the limitations of life. Recognition of man's selfishness along with the sacredness of his nature gives rise to the Church's recognition of its obligation to provide for those unable to get ahead in a society dominated by self-interest.

What are the implications of this for the Catholic health professional and the Church's expectation of those engaged in Christ's corporate healing mission?

The Church's view of man does affirm that the individual is a free moral being and hence responsible for his/her own behavior. This is a position much like the one which economists currently propose. Economists assume the individual is rational and capable of selecting a rational alternative or choice. It is interesting to note that economists also recognize the need for sacrifice, the reason however, being due to limited resources. This awareness of limited resources with respect to health care has led to the development of an economic health model in which the basic health care alternatives available to society are technological care and/or self help.⁷ Sydney Harris has observed that, "Behind the barrage of economic facts and theories there lie the hidden assumptions about the nature of the human animal and the kind of society we want."⁸ Belief is what gives rise to the rightness or wrongness of decisions and behavior, or at least the expectation we have regarding actions as individuals and as a society. This is significant in view of the fact that today there is statistical evidence to indicate that a large majority of today's worst health problems are, at least partially, behavioral in origin, e.g., heart disease, obesity, highway accident, drugs, abortion, etc.⁹ In this environment, how is the Catholic hospital to integrate its belief in man as sacred, free and responsible into the corporate behavior of the hospital (policy and resource allocation decisions)?

Our state Catholic Hospital Association is attempting to determine what must be done to make the Catholic hospitals a viable force in our state's health system, such as:

1. Identification of the factors needed for corporate survival.
2. Identification of the factors involved in the positive, tangible expression of belief in Christ's healing.
3. Determination of the positive and negative potential in these factors.
4. Development of an appropriate strategy to address the factors involved inside and outside the Church.

Some of the considerations to be addressed include:

1. The Catholic hospital exists within the pluralistic U.S. economy.
2. The U.S. is committed to the separation of Church and state.
3. The Catholic hospital is financed through the U.S. health system. Essentially the Catholic hospital is financially independent of the Church (exception: selling the hospital and assuming large debts).
4. Spiralling health care costs are being used as justification for government intervention into the delivery of health services.
5. Because of the separation of Church and state issue, if the government should gain actual control of health delivery, the Catholic hospital would lose its ability to survive because of its existing financial dependence on third-party payment (which is coming under increasing control by the government).

6. The hospital is committed to and is seen to respond socially to the patient. However the hospital, from an economic perspective does not respond to the demands of the patient; physicians do. Hospitals respond economically to the demands of the physician.
7. The government views the physician-patient relationship as a neutral dynamic within the hospital while the Church has expectations on the Catholic hospital to control the physician's medical practice within the hospital in those areas which are related to Church doctrine.

Catholic hospitals face a profound dilemma: for financial survival, the Catholic hospital is dependent on physician behavior; for survival as a Catholic hospital the behavior of the physician in the hospital, regardless of his religious or professional persuasion, is expected to conform to Catholic teaching, a position for which legal support is gradually eroding.

Is it essential to this healing mission that the Catholic hospital control the behavior of physicians, staff, and patients in all areas of medical practice which fall within the realm of the moral teaching of the Church? If so, how is it possible to control a physician's behavior against his own belief and medical judgment and still retain the M.D. in that community or hospital staff? In the final analysis the question with growing frequency comes down to weighing the value of a Catholic hospital in a community (or an OB service in a Catholic hospital) against availability of physicians in the community, or medical support for an OB service in a Catholic hospital.

There are those who believe that the integrity of the Church's mission requires the Church to withdraw its existing corporate ability to direct policy and resources in the U.S. health system and allow the economic force of self-interest and the scientific force of the technological imperative to govern.

Is withdrawal from this forum (the Catholic hospital) in which technology and the sacred confront one another so intimately within the human, consistent with the meaning of the Incarnation?

If control of M.D. behavior is not essential to the Church's corporate presence, why not? Which Church teaching is to be witnessed? How is the distinction to be made? Is it a matter of priority? If so, what is the basis for the prioritization? Does the stressing of one facet of belief deny another?

As noted earlier, many of the most severe health problems of the United States are being identified as behavioral in origin. More and more social scientists recognize that behavior is most effectively altered when the desired change behavior can be related to the individual's belief system. Abraham Maslow says that more than anything the individual needs a sense of personal dignity.¹⁰ Van der Poel indicates that "one cannot feel oneself the object of God's special concern

unless one experiences acceptance, concern, and love from other human beings." ¹¹ *The Church In Our Day* reminds us, "Nothing in the created universe is potentially more sacred (than the human person)." ¹²

If Catholic values are to be internalized in personal decision and behavior (health-healing), there is need for the Church to address itself anew to the manner in which it chooses to corporately witness to its beliefs and values. In any event it seems apparent that to give viable witness to truth and faith the Catholic hospital must devote the resources needed to create an environment that is conducive to spiritual healing and moral health just as surely as it must provide a sterile environment to heal the wounds of surgery.

Could it be that people need to be healed in Faith — spiritual healing — before they can be open to the teaching of Christ as a guide to personal behavior?

"Jesus, moved with pity, *touch*ed him, and said, 'Be healed.' Immediately the man was healed. . . . But as the man went on his way he began to shout the good news . . . and (then) people from everywhere came to hear Jesus." Mark 2:40-45.

Where are those who are touching those in need of healing? Where are those today who would shout the good news, if they were healed? Does the Church's healing mission need a revitalized means of corporate witnessing to the individual? Is there a more meaningful way for the Church to touch people?

Catholic Hospitals' Role

It is obvious that the Catholic hospitals' corporate officers and administrators must have a clear and united vision of the Catholic hospitals' role in the U.S. health industry if it is to be a viable force within that industry.

To facilitate this development of united vision, our state Catholic Hospital Association is attempting as a top priority to develop a unified Catholic position within the state in health-related issues touching Church teaching that are presently at issue in the public arena.

The following is a summary of objectives toward which our state Catholic Hospital Association is currently directing its efforts:

1. Coordination of the concerns of the Catholic Health Apostolate in the state. This is being done structurally by including the bishops of the state Catholic Conference, Catholic chaplains, Catholic nursing homes, and sponsoring religious communities on the Association's board. Association staff is participating in the state Catholic Conference's health affairs committee. The Association is developing a closer relationship with the National Catholic Hospital Association.

2. Identification of those health issues in public policy relevant to the Church's healing mission.
3. Development of positions that can be supported by the official Church, Catholic health providers and Catholics in general, e.g., the right of the patient to spiritual care and perhaps even moral guidance as a facet of informed consent. Presently, communication and coordination with the state Catholic Conference in this matter are being pursued.
4. Identification of financial and economic health issues in public policy relevant to the survival of Catholic hospitals.
5. Promotion of the ability of the Catholic hospital to exercise discretion in directing policy and resources by developing positive positions which can be supported by other health professionals, e.g., keep health in private sector. This would require coordination with the State Hospital Association.
6. Development of strategies to assure that positions developed by our state Catholic Hospital Association are incorporated within the standard setting and rule-making process by the state government with a minimal duplication of effort, e.g.:
 - Encourage the State Hospital Association to take a firm, definite position re: retention of health in private sector;
 - Encourage the State Hospital Association to take a firm, definite position re: rate review standards that will assure that a hospital will be rewarded for economic efficiency.

In a pluralistic economy this type of reimbursement mechanism is necessary to assure that resources are available to provide the environment necessary to promote spiritual healing and moral health.
7. Development of educational programs and meetings in regard to the issues and responsibilities of Catholic health providers for those in decision-making positions in the Catholic health apostolate.
8. Monitoring of the legislative and regulatory process at the state level in regard to issues related to the Catholic healing mission and to serve as advocate for this interest where appropriate.
9. Identification and utilization of existing technical expertise among our Association's members — staff and appropriate outside consultants in developing a long-range plan to address the issues needed to assure viability of a corporate Catholic healing mission.
10. Development of objective operational expectations regarding the Catholic hospital and the healing mission of Christ.

In order to give you some idea of the specific efforts of our state Catholic Hospital Association, the following is a chronological listing of the projects of the past year.

1. A two-day educational workshop was held which was designed specifically for the board-level leadership of those religious communities which sponsor the Catholic hospitals in the state of Wisconsin. The purpose of this meeting was to provide a better understanding of the forces that are influencing the Catholic health apostolate in Wisconsin and to provide the participants the opportunity to discern together the impact of these forces on their shared mission.
2. An educational program was presented for the Association's members. The program addressed the effect of the state government's planning standards on the survival of the Catholic hospitals in Wisconsin.
3. An educational program was sponsored regarding the operational implications of the principle of material cooperation as it relates to the state effort to include sterilization in the planning standards for obstetrics and perinatal facilities.
4. The Articles of Incorporation and Bylaws of the Association were rewritten. The revised Bylaws:
 - a. allow for greater identification of the state Catholic Hospital Association with the national Catholic Hospital Association by changing the name of the organization from Wisconsin Conference of Catholic Hospitals to the Catholic Hospital Association of Wisconsin;
 - b. provide a membership category for the Catholic nursing homes in the state since they are not separately organized;
 - c. expand CHA-W board membership to include a bishop representing WCC, a representative of the Leadership Conference of Women Religious, Catholic nursing home members, and the state Catholic Chaplains' Association. (Our invitation to include the Catholic Physicians' Guild is still open);
 - d. request that each bishop in the state affirm on an annual basis the Catholic status of the members of our Association.
5. The development of a study grant proposal is currently underway. If the funds are obtained, the study is designed to provide an objective basis to identify the expectations of the Church in regard to the healing mission of Christ at each step along the chain of command of those involved in carrying out this mission within the Church.

As I indicated at the beginning, our state Catholic Hospital Association is just emerging from a crisis. Our efforts have been toward an analysis of the forces that contribute to our current malaise. What will be the future for our association? What will be the prognosis for this patient? At the present time, it is uncertain. However, my prescription is simple. If the Catholic Hospital Association is to assist its members

at the state level to be a visible and viable force within the state's health industry we must:

1. be true to our purpose, therefore we must work to clarify it;
2. pursue the truth, so that the Catholic hospital decision-makers can assess the medical-health alternatives available today in the light of that purpose;
3. be willing to make self-sacrifice individually and corporately, for this is the essence of growth and development in Catholicism.

A few weeks ago there was an article in *Parade* magazine about the handful of Western people who contributed so much to the success of the Chinese revolution.¹³ These people were known by the Chinese as the "Hundred Percenters." The story told of the dismal situation of China before the revolution and the commitment of these people to the cause. One Western physician was so successful in ridding the country of venereal disease which was so rampant that physicians in China now no longer find it necessary to use silver nitrate in the eyes of the newborn.

I believe the gospel needs some "Hundred Percenters" in the U.S. health care system. I believe that the gospel can make a difference.

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