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The Large Urban Catholic Hospital Revisited

by

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In 1964, the *Linacre Quarterly* published an article¹ that tried to define a rationale for the existence of Catholic hospitals. In it the rapid socio-economic changes involving all of medicine were correctly perceived as influencing Catholic hospitals as well. True, such specific features as the advent of managed care were not foreseen, but the inexorable trend towards a predominantly business ethos was clearly noted. Even in that era Catholic hospitals were virtually indistinguishable from their non-sectarian counterparts. In 1964, then, the question almost asked itself: "Does the Catholic hospital have a specific mission to fulfill in modern America?" Furthermore, "Does it differ significantly from any other hospital? In short, does it really have a *raison d'être*?"

The answer was said to be "an unqualified affirmative ... (since) the Catholic Hospital has evolved – or should have evolved – *from an apostolate of the indigent to an apostolate of the intellectual.*" A main reason for the existence of Catholic hospitals, then, was to encourage Catholic physicians and, *a fortiori*, Catholic hospitals to participate in significant intellectual activity, particularly basic and clinical research.² This conclusion, however, was at best unrealistic and tortured, at worst myopic and disingenuous. Nothing in the long history of providing medical care under Catholic auspices would warrant such a view. Catholic medical care began primarily as an apostolate to the indigent and others on the fringes of society, and should certainly have continued in this direction.

No better indication of the overarching importance of economic issues in Catholic health care can be found than the affiliation of Catholic

hospitals with non-Catholic entities that do not share their value system.³ It is simply unconscionable, e.g., for a Catholic hospital, no matter how bleak its financial prospects, to join forces with an abortion provider. Nice distinctions between material and formal cooperation serve only to give casuistry a bad name.

It must seem obvious, with the arrival of the millennium, that Catholic hospitals are part of a gigantic health care industry that has as little concern for its recipients as do automobile makers – perhaps less. Open heart surgery, organ transplantation, and other tertiary care modalities have no confessional orientation. Cost, results, and profit are the crucial factors.

Should Catholic hospitals therefore discontinue operating as religious institutions? That, of course, is one possibility, and not as far-fetched as it might seem. What would be lost? After all, those superb diploma schools of nursing, so long a part of the Catholic health system tradition, are rapidly disappearing. The presence of nursing-order nuns in Catholic hospitals is becoming a rarity. Unremunerated care of the sick may merely parallel, or even fall short of, that delivered by non-religious institutions.

But perhaps the centuries-old tradition of Catholic health care can be rejuvenated and continued in ways other than by sponsoring high-expense, tertiary care facilities.

Several possibilities come to mind:

1. health care of the homeless
2. health care of the uninsured or underinsured
3. long-term care for elders
4. health care for migrant workers
5. health care for unmarried mothers and their children
6. care for AIDS patients
7. preventive medicine programs for children in Catholic schools
8. programs to address health care needs in undeveloped countries⁵
9. psychiatric care for the elderly
10. care for cancer patients⁶, including hospice programs
11. health care of the retarded
12. medical issues of women

And of course this list could be expanded ...

Radical though it might seem, this proposal to eliminate Church participation in a highly competitive commercial enterprise – the health care industry – has found support in more thoughtful quarters than here. For example, in an address at St. John's University in New York, Richard

A. McCormick, S.J., was reported as suggesting that "Catholics may need to shift their health care ministry from hospitals to other settings where people can be given more personal care."⁷

Can we continue the dialogue on this issue in the *Linacre Quarterly*? Dare we?

References

1. EG Laforet: "The Large Urban Catholic Hospital: Its Role in Contemporary America," *Linacre Quarterly* 31: 77-79 May 1964.
2. It may now be seen as an exquisite irony that the same issue of *Linacre Quarterly* featured an article by Boston Guild of St. Luke member Joseph E. Murray on the ethics of organ transplantation (*LQ* 31:54-56). Dr. Murray's pioneering work, later to be recognized by a Nobel Prize, was carried out principally at Harvard Medical School and Peter Bent Brigham Hospital, neither of them a bastion of Catholicism.
3. This development would surely have disconcerted Rev. Alphonse Schwitalla, S.J., long-time director of the Catholic Hospital Association. As an Irish bull might have it, "If Father Schwitalla were alive today he'd be rolling over in his grave."
4. Perhaps in an effort to compete in the secular corporate world, the journal of the Catholic Hospital Association, *Hospital Progress*, gives no intimation by its name of any Catholic affiliation. Nor do its contents regularly feature any topic of religious interest such as medical ethics.
5. Of which there are many, such as *Por Christo* (treatment of maxillo-facial/dental defects in Latin America).
6. e.g., the Rose Hawthorne Lathrop Hospital in Fall River, MA, where for many decades (and long antedating Cicely Saunders' remarkable Hospice initiative), care has been freely provided to needy cancer patients.
7. "(Signs of the Times): Catholic Health Care May Shift Away From the Hospitals" *America* 180:11-12 5 June 1999.