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Caring as a Moral Issue, or What's a Catholic Hospital to Do?

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The New Testament parable of the Good Samaritan is a stirring example of caring as a moral issue. The robbery victim who lay half-dead at the side of the road was passed and left unattended by a priest and a Levite. Jesus' audience, knowing that the third character should contrast with these two, anticipated an anti-clerical ending and expected an Israelite layperson. Instead, Jesus cast the third character as a Samaritan, a person who was hated by the Jews most recently because of their desecrating the Temple court with dead men's bones at midnight during a Passover (between 6 and 9 A.D.). This was how Jesus chose to describe the *absolute and unlimited nature* of love, of caring.

The Samaritan, as we recall, offered immediate first aid and then brought the victim to an inn, "where *he* cared for him" (Lk. 10:34). The next day before leaving, the Samaritan paid the innkeeper "to care for him" and promised additional recompense for any further expenses incurred. Aside from 1 Timothy 3:5, these are the only two occurrences of this Greek word for caring (*epimeleisthai*) in the entire

New Testament. Still, the context makes the point clearly and forcefully.

The parable of the Samaritan forms part of a larger section in Luke's gospel (the gospel of the "underdogs" — women, sinners, tax-collectors, etc.) discussing love. A lawyer raises the question, and Jesus by way of answer offers two examples: the Samaritan parable is a good model for men; the real-life experience of Jesus with Mary and Martha is a good example for women on loving and caring. The discussion is brought full circle with yet another affirmation of the way God loves us (Lk. 10:25, 11:13). In sum, it is possible to understand "loving" or "caring" as the English dictionary suggests: as an almost hovering solicitude, an ability to listen carefully and respond appropriately, with genuine empathy.¹

How is this a moral issue? The word "moral," according to Dr. Daniel Maguire, describes that which is "normatively human."² For Christians, Jesus is the norm and meaning of life. As Paul says, "For to me, 'life' means Christ" (Phil. 1:21). Thus Christian morality is the "application of what is normative or archetypal or distinctive in the New Testament scriptures to a given culture."³ Caring as a moral issue, therefore, means to care as Christ cares, to demonstrate caring according to the quality and direction of the life of Jesus. And we learn that from the scriptures.

But this is by no means an easy task, for as Gregory Baum has noted:

The gospel does not offer a ready-made blueprint of the good life. It does not solve all of man's problems in advance. It leaves many moral and intellectual questions unsolved. What the Gospel lays bare are the forces that could destroy man and what it offers as a remedy are the sources that enable man to become a listener, to enter into dialogue, to be ready for conversion and growth, and to participate in the life of the community. This is the present salvation brought by Christ.⁴

How can the Catholic hospital care as Christ cares? The 1977 Catholic Hospital Association Study Committee Report, "Forming Christian Community for Healing," offers one basis for discussion. The Catholic Hospital Association described itself there as an *ecclesial community* (p. 7), meaning that it is "situated within the Church" (p. 22). As an ecclesial community it claims to be "dedicated to and faithful to the healing mission of the Church" (p. 7). It is probably safe to assume that each Catholic hospital would accept this same basic self-definition.

The word "Church," however, can be understood and lived in many different ways. Jesuit theologian Avery Dulles, in his study, *Models of the Church*, lists five basic ways of perceiving the Church: as institution, community, sacrament, herald, and servant.⁵ These viewpoints are not comprehensive; there can be others. The categories are not

exclusive; they can and do overlap. An analysis of the 1977 CHA Study Report, according to Dulles's matrix, reveals a particular understanding of the Church. Individual Catholic hospitals are invited to reflect upon this understanding and then consider the appropriateness or relevance for the local level.

Church as Institution

This vision of the Church sees the organization in terms of visible structures and emphasizes the rights and powers of its officers. (Distinguish from institutionalism which makes this kind of outlook the rock-bottom essential element.) Such a vision tends to have a hierarchical concept of life and can at times be excessively clericalist, juridicist, and triumphalist.

The 1977 CHA Study Report leaves the clear impression that this is the key to CHA's self-understanding, even if unreflexively. CHA laments the diversity of opinion on medico-moral matters and practices existing "from institution to institution, from individual to individual, and from diocese to diocese" (p. 18). The affirmation in the next sentence that the Church hierarchy is out of touch with the realities of health care lead the reader to conclude that the CHA expects an authoritative decision that will hold once and for always in every corner of the land. If the hierarchy will only command, all will obey and peace and harmony will reign once more. Yet, only four pages earlier in the study, the committee declared that there "are no simple answers, no permanent solutions" (p. 14).

Similar to this search for a single solution is the desire for criteria to judge apostolic effectiveness (pp. 8, 20, 39, 41), criteria which should be as "objective as possible." Here is yet another reflection of the institutional mind-set which focuses on the tangible visibility of the organization. It does not reflect the documented internal pluralism of the American Church in the 20th century.

Describing the new opportunities which have sprung up for *lay sponsorship* because of the "dearth of vocations" to religious life (p. 18) is a less than flattering and almost a patronizing view of the laity in the Church.⁶

Finally, the emphasis on "network building" throughout the CHA Study Report appears rooted in the desire for "greater involvement of the local ordinary (Bishop) in areas such as medical-moral matters, pastoral care, and research policy, and planning" (p. 36). Indeed, CHA affirms that the "majority (of those surveyed, i.e., member hospitals) is in favor of more involvement on the part of the Bishop" (p. 15, support data in Appendix 9-C).

Given the global size of the Catholic Church, institutional organization and structure is inevitable and in fact necessary. The question

that must be raised over and over again is: does such a perspective turn into institutionalism, a deification of structure at the expense of respect for individual freedom at the personal, institutional, or diocesan level?

Church as Community/Mystical Fellowship

This view of Church stresses the immediate relationship of all members to the Holy Spirit Who directs the entire community. Here, then, the Church is a community of individually free persons, always in need of conversion and mercy. It is not viewed as an institution or visibly organized hierarchical society, but rather as a fellowship, a communion of people (*koinonia*). The emphasis is on establishing rich and satisfying primary relationships, i.e., one-to-one relationships founded on mutual understanding and love. Two familiar images of this understanding are the Body of Christ and the People of God.

There are far fewer reflections of this notion of Church in the Study Report than of the Church as institution. The image of Mystical Body appears about three times: once on the inside cover page, which actually quotes from a paragraph found on page 22, and finally in the glossary. The image of "Mystical Body" was developed by Pius XII and hit its theological peak in the 1950's. While Vatican II made reference to this image, its clear preference was for a new image: the People of God. Curiously, the "democratic" notion of people of God is found in the glossary (p. 50) under the heading "hierarchy" and nowhere else in the Study Report. It is difficult to understand CHA's preference for an image reflecting a theological outlook nearly a quarter of a century out of tune with the present time.

Yet another element in the Study Report that seems to reflect a community understanding of Church is the identification of "building bonds of relatedness" (p. 31) as an emerging priority. On closer scrutiny, however, this relationship-building is not on the level of primary relationships, but rather at the level of inter-organization relatedness, especially "within the Catholic system" (p. 31).

There is, however, a section of the Study Report whose potential for community understanding of Church has not yet been fully appreciated, viz., the notion of "network building" at the parish level. CHA encourages "community building" in the parish, so that "parishioners can be more aware of health issues and concerns and respond more fully to their call to ministry through Baptism." Such a statement could be considered as a recognition of the potential for a real healing ministry at the parish level. While CHA does not deny this, it gives clear indication that its intention is rather to marshal individual support that can be translated into political clout at the polling booth on issues of concern to CHA as institution. They describe this as an

“authentic Christian support system” whose influence can be “brought to bear in a timely manner” (p. 36).

All these elements have a potential for understanding Church as community, but they seem to be weakened or thwarted by an overarching vision of the Church as institution, organization. A shift to the understanding of Church as community could make a significant difference in how a Catholic hospital might function.

Church as Sacrament

The Church becomes most truly sacrament when people are gathered and bound together through the activities of the Church in grace expressed through visible deeds. In the Christian tradition, the sacraments are never purely private and individual transactions. They are communal in nature, for in them a mutual interaction of persons takes place that allows the community to achieve something each member could not achieve in isolation.

What is glaringly absent in this Study Report entitled “Forming Christian Community for Healing” is any mention of the Sacrament of Anointing the Sick, a sacrament celebrated in our country these days for the most part communally and primarily in parishes. The renewed rite of this sacrament highlights its chief purpose as bestowing grace, restoring morale and the will to live, healing, and — *if necessary* — forgiveness of sins and the perfection of Christian penance. When he blesses the oils on Holy Thursday, the bishop prays that God’s blessing “come upon all who are anointed with this oil, that they may be freed from pain and illness and made well again in body, mind, and soul.”

The CHA Study Report makes it difficult to ascertain that this is a cherished belief in Catholic health care. Though the words “healing ministry” are mentioned often in the Study Report, and defined in the glossary, anointing of the sick is never mentioned. It would seem, therefore, that CHA and perhaps some member hospitals, too, do not perceive their identity in any way reflecting an understanding of Church as sacrament.

Church as Herald

In this perception, the Church is basically a kerygmatic community that proclaims the Word of God to the entire world. It preaches the mighty acts of God in history, especially His powerful deed of salvation in Christ Jesus. In such an understanding of Church, “word” becomes primary and “sacrament” is secondary. The emphasis is upon faith and proclamation over fellowship and primary relationships. Clear examples of this understanding of Church are most Protestant communities, though Catholic champions of the model include Fathers Richard McBrien and Hans Küng.

By identifying its central mission as witness, CHA seems to perceive itself as herald nearly as much as it views itself as institution. The notion of witness permeates the document. In fact, CHA clearly appears to combine both these aspects when it speaks of developing "criteria and self-evaluation processes" (p. 16, an institutional feature) by which a member hospital can be urged to "witness more actively and more deeply to the *presence of Jesus* in the delivery of health care" (p. 16, herald feature). On the other hand, when healing ministry is defined in the glossary, the institutional features once more seem to overpower any other aspect as the emphasis seems to come down on the "organized effort" and the "organization of this (healing) effort" (p. 50).

In yet another place in the Study Report, CHA declares its mission to be "witnessing to the *healing ministry of Christ*," but hastens to connect it to the preaching of the gospel to all creatures (Mark 16:15) and takes refuge in a discussion of "mission." CHA seems ill at ease discussing healing and appears to reduce healing ministry in the present age to the practice of scientific western medicine.

Responding to an article appearing in the March issue of *US Catholic* magazine, "Why We Need Catholic Hospitals," Dr. Bruce J. Malina of Creighton University, Omaha, noted that "the emphasis in the Roman Catholic Church on Jesus as teacher is definitely one-sided and makes little sense in terms of the Gospels we proclaim. . . . We do indeed need to mirror Jesus' concern as healer."⁷ In other words, we have insisted so long in our tradition on the authentic magisterium, it is surprising no one has ever wondered about the authentic "sanitarium." CHA's skirting of this issue in this Study Report is a significant flaw in its self-understanding as Church from the perspective of herald (witness). Perhaps some day there can be a National Catholic Health Association similar in prestige and effectiveness to the National Catholic Educational Association. And perhaps both could be combined before the parousia.

Church as Servant

In the previous four models, the Church acts on/to/for the world. In this model, the Church affirms its solidarity with humankind, recognizing that it is part of the total human family, sharing the same concerns, aspirations, anxieties and hopes. The Church brings "to mankind light kindled from the gospel, and puts at its disposal those saving resources which the Church herself, under the guidance of the Holy Spirit received from her Founder" (*Church in the Modern World*, no. 3).

As a basic pre-requisite for the effective realization of Church in this modality, the Vatican Council noted that it would be necessary to foster within the Church herself "mutual esteem, reverence, and

harmony, through the full recognition of lawful diversity" (*Church in the Modern World*, no. 92).

We have already noted CHA's apparent difficulty with internal pluralism (Study Report, p. 18). Perhaps this also explains why, together with exhortations to cooperate and form coalitions with agencies and facilities outside the Church, there is at least a hint of an adversary role vis-a-vis these agencies in the description of "advocacy" as one of the primary ministries flowing from CHA's witness mission (pp. 7, 25-26). CHA's apparent inability to cope with pluralism within and without the Church will make it difficult to live the servant model of Church.

Perhaps the aspect of CHA's self-understanding recorded in the Study Report that best reflects this model of understanding Church (servant) is its affirmation of the need for educating sponsors, owners, and managers of health care organizations for the achievement of *social justice* in the delivery of health care (p. 25; see also glossary, p. 52). The continued existence of the Hill-Burton requirements for care to the poor, and indeed the augmenting of these requirements, raises important questions about social justice and the response of Catholic health care facilities. A newspaper report on two hospitals in Wisconsin concluded by stating: "Most (of the free care), then, is not free, but rather merely uncompensated. In the end, all of it is built into the hospital's rate structure so that the hospital is reimbursed. In the hospital business, like any other, there is no such thing as a free lunch." 8

It is not that CHA has entirely overlooked the servant aspect. One of the only two scripture passages quoted in the entire Study Report is Isaiah 61, a "suffering servant" hymn. What a pity the Study Committee neglected to note that Jesus preached on this passage in Luke 4:14-28. The Committee lost a precious opportunity to develop this servant theme at greater length.

* * * * *

To summarize, a reading of the 1977 CHA Study Report in the light of Dulles' *Models of the Church* indicates that the Catholic Hospital Association's self-identity seems to be drawn mainly along the lines of Church as institution and Church as herald. Both of these models are especially effective in giving Church members a sense of their corporate identity and mission. It is not surprising that the CHA would favor these models.

There is less evidence for self-definition along the lines of Church as community. Though the document has an explicit statement to this effect (p. 22), the implications of that statement do not seem to be developed elsewhere in the report, except along institutional lines. Yet this model is one that resonates strongly with common religious exper-

ience of people today. In health care, this model could go a long way in responding to accusations of "dehumanized care" and related disenfranchising experiences among consumers.

Finally, the CHA appears to have failed to develop a self-understanding along the lines of Church as servant, as well as an identity in terms of Church as sacrament.

This provisional analysis of CHA's self-understanding is offered to individual Catholic hospitals as but one way of approaching their expressed desires to rediscover their true identity, and to demonstrate their Catholicity more clearly and more powerfully. It is a way for Catholic hospitals to begin to review and perhaps redefine the moral issue of caring.

For the Future

As we approach the year 2000, it is fitting to follow the advice of the futurists: don't just suffer the future, go out and make it! Determine it! But essential to this task is the identification of present trends that will abide and grow stronger as years pass. Two such trends identified by Dulles in 1974 appear to merit special consideration: ecumenical interplay and internal pluralism.

While Catholic hospitals do well to sharpen their self-understanding as Catholic, they cannot forget to identify and respect their basic Christian roots, shared in common with countless other Christians. What Oral Roberts does at the City of Hope in Tulsa, Oklahoma, and what Dominican Father Frank MacNutt and his followers do in St. Louis and elsewhere is all done in imitation of Christ and fulfillment of His promise: "I solemnly assure you, the person who has faith in Me will do the works I do, and greater far than these" (John 14:11).⁹

The evangelist Mark offers an appropriate comment: "John said to Him (Jesus): 'Teacher, we saw a man using Your name to expel demons and we tried to stop him because he is not of our company.' Jesus said in reply: 'Do not try to stop him. No man who performs a mighty deed using My name can at the same time speak ill of Me. Anyone who is not against us, is with us'" (Mark 9:38-40).

If Jesus expects such tolerance of those "not of our company," how much more tolerance would He not expect within the community? Actually, the Christian tradition of internal pluralism is demonstrated by the fact that we have not simply one, but four, very different gospel portraits of Jesus! Through nearly two millennia of Christian existence they have coexisted peacefully and unassailed. Excesses of institutionalism may have blurred that pluralism, and CHA (as well as member hospitals) will have to be careful not to fall into institutionalism. When he was still Cardinal Archbishop of Krakow, Pope John Paul II was interviewed on an NBC-TV special and he emphatically observed: "The Church in Poland lives its own life, and in each

country should live its own life, its own mission." And even in each country, there will be different perspectives, and room for pluralism.

Specific Suggestions

The Christian educator, Dr. John Westerhoff, III, tells the story of a baby lion who got mixed up with a flock of sheep and grew up thinking it was a sheep. It went "Baa, baa," like sheep; it chewed grass like sheep; and learned to be frightened by and flee from the lions in the forest. One day, an adult lion came out of the forest and grabbed the young lion before it could flee with its fellow-sheep. The adult lion took the confused cub to the water where it could see that it looked just like the adult lion, and not like the sheep. Then the adult roared mightily and coaxed the young cub to do likewise. To his amazement, he could roar! The adult lion then said: "Now you know who you are, and whose you are."

Catholic hospitals, like the lion cub, feel confused about their identities today. To find the image or model that will recall their real identity and true mission, a few suggestions might be helpful.

1. Get reacquainted with Jesus of the gospels in His total ministry, teaching and healing. Ask yourself: if Jesus wanted to take up His healing ministry today at your institution, would the medical staff charge Him with practicing medicine without a license? Would the pastoral care department demand that he take a C.P.E. quarter, or seek accreditation from the proper national organization?
2. Review the Christian tradition of healing. If Jesus and His contemporaries, the pagan Apollonios of Tyana as well as the Rabbi Hanina ben Dosa, all performed similar acts of healing, what difference did Jesus make then? What difference does He make now?¹⁰
3. With so many Catholic hospitals owned and/or sponsored by religious communities, what a credit and tribute to internal pluralism it would be if each community injected its specific charism and spirituality into their health care ministry. There is, for instance, a distinctive Franciscan style of caring.¹¹ Wouldn't it be marvelous to be able to sense it (almost "smell it") upon entering every Franciscan health care institution?

Conclusion

Caring as Jesus cares (which is what the "moral issue" of caring is all about) can be learned from yet another instance in the gospels. It seems that one day Jesus was presenting lectures to a huge group of 5,000, and after His presentations, the Twelve broke them into small groups for workshops and discussion. As the day wore on, Jesus noted

they had little to eat and the disciples suggested sending the crowd to McDonald's. Meanwhile, Jesus and the Twelve could have some cocktails and brace themselves for the evening. Jesus had a better idea. He said: "Give them the little you have, and it will be enough." And you know, it was. Perhaps in the face of science, technology, and man-made miracles, Catholic health care facilities feel that as Catholic they have precious little to offer. Well, give them that little. I bet it will be enough.

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2. Maguire, Daniel C., *Death by Choice* (New York: Schocken, 1975), p. 77.
3. Malina, Bruce J., *New Testament Morality: An Introduction* (Omaha, Neb.: Creighton University, 1970), p. 3.
4. Baum, Gregory, *The Credibility of the Church* (London: Routledge, 1968), p. 185.
5. Dulles, Avery, *Models of the Church* (Garden City, N.Y.: Doubleday and Co., 1974). The reader is urged to read the entire book and study it carefully. This article has only been able to take a very plain understanding of each model and seek to examine the 1977 Catholic Hospital Association Study Committee Report, *Forming Christian Community for Healing* (St. Louis, Mo.: Catholic Hospital Association, 1977) in that light. Space would not allow for a complete report of this analysis, which is probing and exploratory, not definitive. Each hospital should do its own study, as a total community.
6. See J. Pilch, "Catholic Health Care: Roles for Religious, Laity, and Clergy," *Linacre Quarterly*, 48, no. 3 (Aug., 1980), pp. 256-265.
7. See "You May Be Right: A Conversation with Our Readers," *U.S. Catholic*, 44, no. 9 (Sept., 1979), pp. 43-44.
8. *Milwaukee Journal*, March 25, 1979.
9. For fuller development, consult the Great Words of the Bible Series, "erga — works," by NCR Cassettes, 1980.
10. A more complete development of these notions can be heard on the cassette series, "Reading the New Testament Healing Texts," NCR Cassettes, Kansas City, Mo.
11. See "The Franciscan Style of Caring," in *The Cord*, 28 (1978), pp. 357-364, summarizing a one-day retreat on the topic rooted in the classic Franciscan sources.