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Healing for Wholeness: The Witness of Our Catholic Health Care Facilities

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Our age has many characteristics. Chief among them is the phenomenon known as "the identity crisis." People and institutions wonder who they are; and not really knowing, they find themselves in a bit of a quandary as to what they ought to be doing.

I think it rather significant that Erik Erikson in his theory of eight stages in psycho-social development seems to insinuate that the "identity crisis" is a characteristic of adolescence. For many people and institutions this may occur long after the chronological ages of twelve to sixteen but at least when it occurs there is one consoling thing about it: its presence is a sign of growth!!

It is a matter of common knowledge that Catholic health care facilities in our day are experiencing a crisis of identity. Some people are not a little chagrined by this and tend to become depressed about it. I really wonder if they should. Such a crisis might well be a sign that Catholic health facilities are moving out of the Eriksonian stages of "infancy and childhood" and beginning that long and torturous approach to "adulthood." The fact that one is having an identity crisis is not something one should be ashamed of. One's real concern should be what one is going to do about it.

During their period of "infancy and childhood," all apparently went well for Catholic health care facilities. People were delighted to have them and supported them enthusiastically. Religious personnel were numerous and extraordinarily generous with their time and service. There was little government interference. Many laypeople were

content to work for less so long as they were "helping out the good sisters." Catholic patients themselves were happy to be "with their own kind" when they were sick and there was little talk about such things as patients' rights or "informed consent."

With the approach of "adolescence," Catholic health care facilities find that things are quite different: all sorts of problems and difficulties have arisen. These have resulted from greater government and consumer involvement in health care planning, revised labor laws, spiraling health care costs, doubts about quality of care and ethical challenges. The "good old days" of "infancy and childhood" are gone and our institutions are faced with the many awkward situations and "growing pains" which "adolescence" brings. However, we should not despair. Maybe what is happening to our Catholic health care facilities will force us to seek (and maybe find) their true identity.

I would like to think that this conference was not prompted solely by an "identity crisis" but rather by some of the statements in an Apostolic Letter issued by Pope Paul VI in 1971. The document to which I refer was written to commemorate the 80th anniversary of Leo XIII's encyclical *Rerum Novarum* and fittingly entitled as *Octogesima Adveniens*. In this letter (its English title is *Call to Action*), Paul VI urged Christian communities to analyze their concrete situations and to shed on them light from the Gospels and from the Church's social teaching so that, from these sources, they might be able to "draw reflections, norms of judgment and directives for action."

You gather here today to "analyze your concrete situation" and to seek the identity of Catholic health care facilities. You ask "Are we unique in our health care mission and if so, how?" You ask "What makes us different and what makes us a vital component in today's evolving society?" You ask "How well do we adhere to medical/religious values?" You ask "How well do we demonstrate the Church's concern for man's condition in the world?"

You seek insight into these many questions which pertain to the identity of Catholic health care facilities and that is good. However, one thing strikes me as rather strange: you seek them from a resource person who has no practical connection with any Catholic health care facility. Your speaker has not even been a hospital chaplain! Rather, you have chosen as "the oracle of the day" one who teaches theology in a seminary. You have chosen one of those people who, in the words of a prominent ecclesiastic (and maybe not without reason), have "caused so much trouble in our Church."

However, I don't think that you should throw up your hands in desperation and seek a return of your money from the committee. Maybe it is a good thing to ask these questions of "an outsider" and

“a theorician.” It might be quite likely that “an insider” might be too near the problem to have perspective; it might be quite likely that “a practitioner” might be so concerned with the nitty-gritty that he has been forced to lay aside the theory.

What I intend to present for your consideration today is designedly “pure theory.” It is up to you as practitioners to test it, critique it and devise means to complement it in the workshops set up for this afternoon. I am familiar with the theory; you are familiar with the practice. If our Catholic health care facilities divorce one from the other, they put a mighty obstacle in the path of finding their true identity.

We might begin by quickly eliminating some things which a few people might see as constituting Catholic identity but as we know, most decidedly do not!!

A health care facility is not Catholic merely because it is approved by the local bishop and happens to bear the name of a Christian saint or of a Christian virtue.

A health care facility is not Catholic merely because it follows to the letter the *Ethical and Religious Directives for Catholic Health Facilities* approved by the NCCB.

A health care facility is not Catholic merely because it happens to be administered and staffed by members of a religious community.

A health care facility is not Catholic merely because it places a crucifix in every room or has a statue of the Sacred Heart in the lobby.

A health care facility is not Catholic merely because it has a resident Catholic chaplain.

A health care facility is not Catholic merely because the majority of its doctors and nurses happen to be baptized Catholics.

A health care facility is not Catholic merely because it has a chapel with reservation of the Sacrament and daily Mass.

I do not think that anyone of us here seriously ever thought that any of the above, by themselves or together, constituted a Catholic health care facility. However, in some instances the impression might have been given that they were sufficient. When this did happen, we “lost sight of the woods for the trees”; the accidental supplanted the substantial; the peripheral supplanted the depth reality.

True Identity

What, then, does constitute a Catholic health care facility? Wherein lies its true identity? I would like to articulate my response to those questions and then attempt to investigate its foundations as well as elaborate on its contents and implications.

It seems to me that the true identity of a Catholic health care facility could be described in the words which follow. “By concerning itself with those who suffer from illness, the Catholic health care

facility participates intimately in the healing mission of the Christian/Catholic Church. As such, it must appear to all mankind as a visible sign of the healing power of Jesus Who, by the gift of Himself unto death, brought order and health (salvation) into a world where disorder and sickness reigned because of human sinfulness. To be a credible sign of such a noble undertaking, the Catholic health care facility must make manifest in word and deed those three elements envisioned by contemporary society as constitutive of any religious faith: 1) a profound respect for and confidence in the Transcendent; 2) sincere action for the betterment of the human condition; 3) an unmitigated concern for building a community of justice and love.”

The identity of our Catholic health care facilities as described above can be found where all peoples try to find their own identity and that of the institutions which they establish; in what might be called a definite anthropology, i.e., in an understanding of what constitutes the human enterprise.

As you know, there are many basic anthropologies — Marxist, Freudian, Cartesian, Kantian, Sartrean, etc. However, we Catholics have a specific basic anthropology: an anthropology which, in its turn, is rooted in our Christology (an attempt to articulate the nature and mission of Jesus) and in our Ecclesiology (an attempt to articulate the nature and mission of the Church). A development of these factors should help us to develop some insights into the identity of the Catholic health care facility as I have attempted to describe it. This task should occupy our attention for the next few minutes at least.

As the Judeo-Christian tradition sees it, to be human is to exist in disorder; it is to be alienated; and that on four-fold level: from God, from fellow human beings, from oneself and from nature.

The same tradition firmly teaches, however, that such was not the case from the beginning. As human beings came forth from the hands of God, they existed in a state of order and harmony with their Maker, with their neighbors, with themselves and with nature.

The switch from order to disorder, from harmony to chaos came about when someone named Adam, using God-given knowledge and freedom, tried to make himself God. As the literary form in Genesis puts it, “If you but eat of the fruit, you will be as God.” Adam succumbed to the temptation and tried to make himself God. In so doing, however, he upset the balance, and introduced disorder as well as alienation into God’s world of harmony and order.

The world in which we live as descendants of Adam is full of disorder. We find it in all our inhumanities to our fellow humans; we find it in sickness; we find it in death. Disorder is in our very midst. However, we must always remember that it is not God’s fault in the sense that He caused it; it is rather our fault; we put it there by trying

to make ourselves God and God leaves it there because respecting our freedom, He does not do violence to our human decisions.

It is of the essence of Christian belief that this disorder was repaired by God-made-man in the person of Jesus. For us Christians, Jesus is the "New Adam" Who has brought about "a new creation." The first Adam was the servant who tried to make himself the master, the man who tried to make himself God. Jesus, the second Adam, was the master Who made Himself the servant, the God Who made Himself man.

Through the total gift of Himself in his death, the man Jesus reversed the self-centered presumptuousness and pomposity of Adam and for that reason, Paul tells us, the Father raised Him up. It was thus that the humanity which He shared with us passed from alienation to reconciliation, from disorder to order, from chaos to harmony, from infirmity to health, from death to life.

The whole thing is beautifully expressed in the second chapter of Paul's letter to the Philippians. "Your attitude must be that of Christ: Though he was in the form of God, he did not deem equality with God something to be grasped at. Rather, he emptied himself and took the form of a slave, being born in the likeness of man. He was known to be of human estate, and it was thus that he humbled himself, obediently accepting even death, death on a cross! Because of this, God highly exalted him and bestowed on him the name above every other name; so that at Jesus' name every knee must bend in the heavens, on the earth, and under the earth and every tongue proclaim to the glory of God the Father: Jesus Christ is the Lord!" (vv.5-11) In the risen, glorified humanity of Jesus, order has been restored, that which is alienated has been reconciled, that which is chaotic has been harmonized, that which has been infirm has been healed.

Healing is now a real possibility. Disordered and infirm human beings need only freely choose the means which Jesus has made available.

In our Christian tradition, the means is threefold: conversion, faith and baptism.

Conversion: having a decided change of posture, a real change of heart . . . ceasing the attempt to play God and let God be God.

Faith: the acceptance of Jesus in the action of His death and surrender to Him in a loving service which, like His, leads to a death-to-self from which comes true life.

Baptism: the symbol of our passage from death to life, from sin to grace, from disorder to order, from alienation to reconciliation and the symbol of our desire to work out this passage and, under God's grace bring it to perfection within the Body of Christ, which is the people of God.

What does it mean then to "become truly human" in Christian anthropology? It means entering into the death of the Lord by pledging oneself to live a life-giving death in imitation of Jesus' love for us and do this in the midst of God's people. It means that true self-fulfillment is found only in self-donation.

Now you can see, I hope, why I said that Christian anthropology is rooted in Christology and Ecclesiology.

A Paradoxical Existence

Our Christian existence is a paradoxical existence. Order, healing, reconciliation, harmony are *already* here but *not yet*. They are realities in the sacred humanity of Jesus; they can become realities in us through conversion-faith-baptism but, under God's grace, they must be brought to complete realization and perfection as we pass from womb to tomb within the community of God's people.

The Church's mission, then, is the mission of Christ Himself. It is a ministry of reconciliation; it is a ministry of healing. It must bear witness to the fact that reconciliation and healing are realities in the risen, glorified humanity of Jesus . . . realities which it is the Church's task to make realities in the world.

One of the greatest symbols of disorder and alienation in the world is sickness. The Church as minister of order, reconciliation and healing must occupy itself with sickness. It exercises this ministry on three levels:

The charitable: by establishing institutions to care for the sick;

The thaumaturgic: by sometimes effecting physical and psychological cures;

The sacramental: by the anointing of the sick and other dimensions of pastoral care for the afflicted.

The Catholic health care facility as an institution participates officially, under the leadership of the local bishop, in the Church's ministry of healing and concern for the sick. I would submit that its identity is rooted in that basic fact; and any effort on the Church's part to heal or to make things whole again is bringing to reality that which God has already accomplished in the sacred humanity of Jesus.

That leads us to push the question a little further: what should be the distinctive characteristics of a Catholic health care facility which proclaims as its identity the fact that it is a cooperator in the healing work begun by Jesus?

I would submit that the identity of the Catholic health care facility is, of necessity, something rooted in the Christian/Catholic faith. Such a faith is not merely the acceptance of Jesus in the act of His death; it must have two additional characteristics: 1) it must be permitted with a vision of building the kingdom of God; 2) it must be centered in the

establishment of that justice and love which Jesus showed forth in His death.

Shrewd observers of the contemporary scene tell us that we have passed from "the age of science" to "the age of technocracy." They inform us that ours is an age in which human beings no longer need God because we can do everything that in the past was attributed to God. Man has become God. (One cannot help but think of a recent book on genetics which is entitled, "Come, Let us Play God!")

Yet, these shrewd observers make it clear that, in spite of his self-deification, technological man is scared to death and frightened out of his wits. He fears that the power he has appropriated to himself may be the occasion of his own annihilation; and so he searches for something that will liberate him from this fear.

In his apparent "unbelief," technological man is searching for something in which to believe. He is searching for "a faith," i.e., a perspective from which he can view reality. He tells us that the object of his search must have three characteristics. The "faith" which he seeks must be transcendent (something beyond the merely human); it must be eschatological (something concerned with the future and not just with the present); it must be fraternal (something capable of bringing mankind together).

To the minds of many, this type of "faith" is precisely what the Judeo-Christian tradition has to offer. It is this type of "faithful" care for the sick which our Catholic health care facilities must offer. Their unique identity is to be found in their obligation to provide care which says something to the transcendent, eschatological and fraternal longings of contemporary man.

If any health care facility should be able to present a vision of the human person needed for contemporary society . . . a society which seeks firm adherence to transcendent values, a society which seeks a humanizing view of the future, a society which seeks a firm commitment to the pursuit of social justice and social charity . . . it should be our Catholic health care facilities.

Directions to Be Taken

Our Catholic health care facilities will accomplish this if they take the following directions:

They must manifest a firm adherence to transcendent values both in theory and in practice and all across the board. In all their actions they must show forth the ultimate significance of human life. They must affirm by their actions that man, in the depths of his being, is in contact with God. They must be visible signs of the fact that God does care.

They must present themselves as institutions with a vision of the future, institutions which are concerned with the ongoing develop-

ment of the human condition. They must not be backward-looking and anxiously conservative, but critically open to the breath-taking possibilities that technology has opened up before our eyes. They must hold forth a vision of the future as something just as exhilarating as the dreams of scientific humanism or Utopian socialism. Anchored in God, they must give men courage to face the unknown and to overcome their gnawing anxieties about what the future may portend.

They must show forth an unmitigated concern for building a community of justice and of love. They must evidence a deep concern for the achievement of social justice and thus proclaim loudly their belief in the human fraternity. They must do all in their power to oppose anything that would separate human beings one from another. They must labor to take the lead in building and sustaining a genuine community among people of all races, creeds and cultures. They cannot speak of charity (which is the gift to another of what is mine) if they are not interested in justice (which is the returning to another that which is his). Their practice of charity must be made credible by their antecedent practice of justice.

Such then is the theory about the identity of the Catholic health care facility at least as this Christian would see it. To my mind, the identity of the Catholic health care facility can be found only in a vision of man (anthropology) which is rooted in its Christology and Ecclesiology. To my mind, also, this identity must be made manifest in a firm commitment to transcendent values, in the search for a humanizing view of the future, and in the pursuit of social justice as well as social charity.

Now we must ask a brutal question: does this theory really have any practical value? Is it something truly attainable in the situation in which many Catholic health care facilities find themselves: a situation of rising costs with the financial burdens which that implies; a situation of mass and impersonal services often occasioned by sheer size and innumerable demands; a situation in which the ethical is often determined by the "If it works it's OK" mentality of utilitarianism and consequentialism; a situation in which the faith of harried administrators is tested daily by the enormity of their task; a situation occasioned by the plurality of views concerning what constitutes the human shared by different members of the staff; a situation more frequently than ever threatened by government restrictions and demands.

To discover our identity as Catholic health care facilities is one thing; to be able to live with it and bring it to perfection is another. It is expected that a good bit of this will be worked out in the panel discussion and workshop sessions this afternoon. However, permit me to make two relevant comments here and now:

We must take our identity seriously but if we are to keep our

sanity, we must not take it rigidly. We are a pilgrim people; even though we are radically redeemed, we are still under the influences of sin; our conversion is an on-going process; our faith is subject to development and only gradually do we learn to achieve that death-to-self and life-for-others which our baptism signified. Permit me to develop this a bit.

Ethical performance is always determined by the answers to three questions: 1) the normative question — what do the norms (i.e., the rules and regulations) say; 2) the meta-ethical question — what are the values which the norms intend to achieve; 3) the strategy question — how can the norms be best implemented so that the values may best be achieved in this situation here and now?

Our identity as Catholic health care facilities as spelled out above, presents us with norms to be followed and it indicates the values behind such norms. However, the real challenge comes when we try to work out realistic strategies which do justice to the norms and values while viewing them in the light of existential situations.

Discovering our Catholic identity is one thing; learning to live with it is another. I feel that we fail to achieve the fullness of our Catholic identity or fail to do it justice in the following circumstances:

Whenever we isolate the norm from the value;

Whenever we devise a particular strategy solely from a consideration of the norm without taking a look at the value;

Whenever we attempt to turn a specific strategy into a general norm.

One must know the norms, but in attempting to achieve the values which they are intended to promote, one must be able to handle them with what has been called in traditional Catholic moral theology “pastoral prudence.” This seems to be what St. Alphonsus Liguori had in mind when he wrote: “Some assert that it is sufficient to know the principles: they are altogether mistaken . . . The greatest difficulty in the science of moral theology is the correct application of the principles to particular cases, applying them in different ways according to the different circumstances.” (Dissertatio, 1755, C. 4, n., 122)¹

The above is not too difficult for the moral theologian working out a particular strategy in a particular pastoral situation. *However*, if another and maybe a more serious dimension of the problem is forgotten, such a procedure could be catastrophic for a Catholic health care facility!

Institution's Obligation

Administrators and staff of Catholic health care facilities cannot be content with making pastoral decisions in particular cases. They must constantly bear in mind the obligation of the institution as such to bear prophetic witness to the basic principles of Catholic anthropology.

The particular strategies worked out, sometimes by necessity, by Catholic health care personnel, must never be such as to impede or even deny the institutional witness to the norms and values in which the identity of the facility is rooted.

The Catholic health care facility has to be concerned with the practical pastoral application of its norms and values in particular cases, but it also has the excruciating task of bearing prophetic witness to these norms and values to the society within which it operates. In other words, its institutional stance must often present a "counter culture" in a world which so easily tends to take the easy way out and thus de-humanize in many instances.

Herein lies the real dilemma of the Catholic health care facility: it must make strategy decisions very often for particular cases but in so doing it must not betray its institutional stance for transcendent values.

As the topic of this address would suggest, our identity as Catholic health care facilities lies in "healing for wholeness." However, in the light of all that has been said, I would insist that this "healing for wholeness" must be done in the manner set forth for us by Jesus in His death and within the bonds of justice and of love proclaimed by the community which is charged by Jesus to complete His work of healing: the Church, which is the People of God.

It is important for us to remember that the persons to whom falls the task of "healing for wholeness" as understood above, are themselves, in the words of Henri Nouwen, "wounded healers." However, in no way should such a realization deter us from giving everything we can to achieve the fullest manifestation of our identity that is possible.

"Healing for Wholeness," after the manner indicated by Jesus in His death and after the manner indicated by the continuation of His healing mission which is the Church, is our identity, at least to my way of looking at this difficult situation.

However, since we still exist in a sinful world and remain self-seeking sinners ourselves, we will never be "healers for wholeness" perfectly.

Nevertheless, in the eyes of the world, we will be credible institutions only inasmuch as we witness to the fact that we take our constituted identity seriously and do our level best, under God's grace, to make it a living reality.

REFERENCE

1. Cf. St. Alphonsus Liguori in the 1755 edition of his *Dissertatio scholastico-moralis pro uso moderato opinionis probabilis in concursu probabilioris*, C. 4, n. 122. The translation is one given by Fr. Sean O'Riordan in the June 1976 issue of *The Clergy Review*, p. 234.

The Physician's Assistant in the Patient Care Institution

The Catholic Hospital Association

To focus on current trends, the CHA conducted a survey in November, 1975, seeking information on the utilization of PA's in member institutions. Based on the survey and the review of others' attitudes about PA's, the Association has developed guidelines for an institution's use in preparing to employ this type person. It feels that if these guidelines are followed, an institution can be better assured that its PA's will make a greater contribution to the quality of patient care.

Because of repeated questions about Physician's Assistants (PA), The Catholic Hospital Association, in November, 1975, sent a questionnaire to its members to find what their current practice was.

From the answers to this questionnaire, it was evident that two sets of guidelines would be set forth. The first outlines institutional policy: what must be developed as soon as a decision is made to consider allowing PA's to function within the institution*:

- 1) A Board policy, developed with the help of the medical staff and the chief executive officer, and with full cognizance of all applicable local and state laws, outlining the functions that a PA may perform within the institution and the functions the PA may not perform within the institution. This policy must be made available to all members of the medical staff and all personnel in the Patient Care areas of the institution;
- 2) The institution must establish a policy for careful review of the education and experience of each PA proposed to work in the institution in order to intelligently define each of the functions the PA will be permitted to do;