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Catholic Health Care: Roles for Laity, Religious and Clergy

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Prior to Vatican II, there was little if any difficulty understanding one's proper role as a Catholic. To borrow terms from Transactional-Analysis, the hierarchy and clergy played a predominantly "parent" role, while all other believers were expected to play a life-long "infant" or "adolescent" role. The Legion of Decency and the Index of Forbidden Books are two examples of those expectations.

The Legion of Decency regularly reviewed and rated motion picture films and published a list of approved and condemned films for the guidance of Catholic movie-goers. Many believers might still recall the invitation extended annually in the parish to rise, raise one's right hand and, in the presence of the Eucharistic Lord, "pledge" not to attend condemned or morally objectionable films.

The Index of Forbidden Books was yet another paternalistic expression of concern for church members' welfare. The list included not only material which was itself an attack on the Faith, but also literary and philosophical masterpieces written by non-Catholic or anti-Catholic authors. Catholic libraries marked such books with a white dot above the call numbers on the spine, or locked them in a room sometimes known as the "Inferno." Students of literature or philosophy or theology had to seek permission to read and study books on this list.

Both of these practices have been replaced by "adult-to-adult" postures in the Church since Vatican II. The notion of episcopal collegiality came into prominence and the popes encouraged its growth and development. Theologians were granted unheard of academic freedom to pursue research in all areas of the sacred disciplines (Education, par. 10-11).¹ And the laity were exhorted "each according to his natural gifts and learning to be more diligent in doing their part according to the mind of the Church, to explain and defend

Christian principles, and to apply them rightly to the problems of our era" (Laity, par. 6).

The shift in perspective is welcome and continues to bear good fruit. At the same time, such freedom and responsibility are risky, frightening, and confusing. The Catholic Hospital Association of America reflects this by lamenting the diversity of opinion and difference of practices in medico-moral matters from individual to individual, institution to institution, and diocese to diocese in the United States.² Other Catholic organizations are lobbying to pass civil laws which would guarantee nationwide enforcement of a single, unnuanced Catholic moral position implying — even if unintentionally — that fellow believers are not to be trusted to hold fast to their moral convictions in a pluralistic society, and that all Catholics have to hold only one opinion. One senses a yearning for the "parent-to-parent" postures of old.

This presentation, therefore, strives to make a modest contribution to the clarification of roles for individuals in the Church's health care ministry. It is guided chiefly by the Scriptures and the Documents of Vatican II and stimulated by the shortcomings of the 1977 report of the Catholic Hospital Association Study Committee: "Forming Christian Community for Healing."

Role of the Laity

In the Catholic Church, one is either a cleric or a noncleric (a layperson). There is no other possibility. Each of these options can be lived in one of two spheres: secular or religious.³ In diagram form:

	SECULAR	RELIGIOUS
Cleric (priest/deacon)	Secular priest/deacon	Religious priest/deacon
Non-cleric (layperson)	Secular layperson	Religious layperson (brother or sister)

The laity (secular and religious) constitute by far the clear majority in the Church. The Second Vatican Council described their identity, their apostolates, and their challenge with a completeness that was unmatched in its documents on the clergy. Yet nothing like a lay revolution has taken place since then, and it seems as if their singular contributions are yet to be made.

How then can the laity assume their rightful role in the Catholic health care ministry? By living the entire gospel and by imitating Jesus. The entire gospel is addressed to all believers, to all who would follow Jesus. There are more than three evangelical counsels in the gospels, and all of them are addressed to all Christians — with no special privilege for accepting (Lk 9:23), nor punishment for refusing (Lk 18:18). "The apostolate of the Church and of *all her members* is

primarily designed to manifest Christ's message by words and deeds and to communicate His grace to the world" (Laity, par. 6).

The problem, of course, is that many Catholics are still unfamiliar with the gospel portrait of Jesus. The Jesus they know and believe in is a conglomerate identity drawn from apocryphal as well as canonical sources and taught in elementary catechisms in most schools in the United States for most of the first half of this century. This unfamiliarity also seems to be reflected in the study document which speaks repeatedly of gospel values, gospel virtues, etc., but quotes only one biblical passage, and that from Isaiah!⁴ Ironically this same passage was the topic of Jesus' homily in Luke 4.

Yet it is not as if no progress has been made in understanding healing. Biblical scholarship and medical anthropology both independently and jointly have made tremendous strides in refining our understanding of this key element in health care.⁵ An occasional Grand Rounds, Continuing Education Program, or In-Service Training Session focused on the notion of healing — healing in the scriptures, or contemporary Christian healing — would not be at all unfitting in a Catholic health care facility or educational institution.

The Catholic health care system certainly needs and wants this kind of enlightened layperson, whether physician or director of maintenance, administrator or coordinator of volunteers. As the Vatican Council noted: "To the extent that they (believers) neglect their own training in the faith, or teach erroneous doctrines, or are deficient in their religious, moral, or social life, they must be said to conceal rather than reveal the authentic face of God and religion" (Church in the Modern World, par. 19).

Jesus lived a counter-cultural life and urged a life-style that went contrary to the dictates and expectations of His day and ours. A quick review of the Beatitudes (Mt 5, Lk 8) and the Sermon on the Mount/Plain clearly demonstrates what Jesus suggested for all who would become His followers. Imitating Jesus means taking a similar critical view of culture and society and asking: can it square with gospel teaching? or does it violate the message of Jesus?

"Laymen should also know," wrote Vatican II, "that it is generally the function of their well-formed Christian conscience to see that the divine law is inscribed in the life of the earthly city . . . they are not only bound to penetrate the world with a Christian spirit, they are also called to be witnesses to Christ in all things in the midst of the human society" (Church in the Modern World, par. 43).

This challenge can overwhelm a layperson who for years has waited for bishop, priest, sister, or brother to lead the way. Yet Vatican II urges the layperson to take the lead by design and not by default, as suggested in the CHA study document when it describes dwindling numbers of vocations to the religious life. Pope John Paul's oft repeated comment is most appropriate: "What are you afraid of?"

Vatican II noted: "Whoever follows after Christ, the perfect man, becomes himself more of a man" (Church in the Modern World, par. 41). This is surely the kind of layperson needed in Catholic health care. But how does one follow Christ? One exercise sometimes suggested is to write out a job description for Jesus as a member of the governing board, chief executive officer, department head, director of pastoral care, etc. It is only logical, then, that every believer should be able to fill that description as well, since each one wants to heal as Jesus heals, govern as Jesus governs, teach as Jesus teaches, etc. But some Catholic administrators have labeled this a futile exercise, because "more than faith is required to manage a hospital."

Yet in July, 1979, the business news section of the *Milwaukee Journal* reported that officials of the Concrete Pipe Corporation, Menasha, Wis., voted Jesus Christ as chairman of the board. Board members, who consider themselves to be born-again Christians, noted: "He runs this place anyway, so He might as well get credit for it." Of course there is no comparison between pipes and hospitals, but Paul reminds us that faith is really all that counts, specifically "faith which expresses itself through love" (Gal 5:6). It is both embarrassing and saddening to hear negative comments and skepticism about the quality of faith in the healing ministry of such as Oral Roberts made by Catholics who can't explain what makes Catholic health care Catholic, or what it means to heal as Jesus heals.⁶

It would seem at the very least that Jesus' healing ministry dealt with others on an adult basis, from a holistic perspective, and in a wellness orientation.

An old joke points out that Jesus taught adults and played with children, but the Church of later centuries teaches children and plays with adults. The adult posture is a key element in Christian caring. God so respected human freedom that He allowed the first couple to disobey Him (Gen 2-3), and Jesus incarnated similar respect for adults in His dealing with the man who was unwilling to sell his goods and follow Him (Lk 18:23), or the crowds who turned away from His invitation to eat His body and drink His blood (Jn 6:60). While the parent-infant relationship is sometimes appropriate in health care, a distinctive mark of the Christian therapeutic milieu would be a prevalent adult-to-adult posture.

Jesus also dealt with the entire person (or in modern terms, His approach was holistic).⁷ He would say, "Your sins are forgiven" and a bed-ridden man would walk again (Mk 2), or "Your faith has healed you," and a blind man would see (Mk 10:52). He knew what we are rediscovering today: the whole person is greater than the sum of all the parts. The human person is more than a combination of body, mind, and spirit/soul to be treated by respective specialists. Team health care delivery is not necessarily holistic health care. Vatican II reminds us of what Jesus demonstrated, namely, to care for the com-

plete person "whole and entire, body and soul, heart and conscience, mind and will" (Church in the Modern World, par. 3).

An insight from medical anthropology could prove helpful. The human experience of not being healthy contains two different aspects: disease and illness.⁸ Disease is the biophysical dimension of the experience and it is properly the field of scientific western medicine. Illness is the meaning of the experience, and it is an area largely overlooked by medicine, but addressed by society, culture, and religion. A holistic approach must treat both aspects.

Finally, the caring/healing ministry of Jesus was wellness-thrusted.⁹ This means that He was always interested in the meaning of life and its ultimate purpose. He was concerned with identifying life's authentically satisfying and fulfilling human pleasures. He came that we might have full life (Jn 10:10). In His story of the man who established a private retirement plan, Jesus noted that the man did not survive the night he set it up (Lk 12:16 ff). He pointed to the flowers and the birds which were well cared for, though they did not exert a tiny portion of the excessive concern that people might (Mt 6:26 ff). The main thing, said Jesus, is to seek the reign of God and its justice above all, and everything else would fall into place.

With the majority of today's patients suffering from self-induced ills deriving from health-destructive life-styles, might the Catholic health care ministry not do more than heal the body (or mind)? Certainly prevention, the new by-word in health care, could succeed beyond current projections if Christians — both healers and those in need of healing — truly lived according to the wellness-permeated teachings of Jesus.

Role of Religious

Everything said above of the layperson must also be true of religious, "in spades." The chief purpose and key role of religious (whether cleric or lay) is to bear witness to the radical living of the total gospel. The key word is "radical," meaning root, fundamental, basic. "Through them (religious)," Vatican II observed, "to believers and non-believers alike, the Church wishes to give *an increasingly clearer revelation of Christ*. Through them, Christ should be shown contemplating on the mountain, announcing God's kingdom to the multitude, healing the sick and the maimed, turning sinners to wholesome fruit, blessing children, doing good to all, *and always* obeying the will of the Father Who sent Him" (Church, par 46).

The challenge to religious involved in health care is to be the ever-present, highly visible, and strongly persuasive example of gospel living. Their reason for existence in the community is not simply to be admired and envied as a higher class of Christian citizenship, but rather to remind all Christians that gospel living is incumbent upon

and possible for every follower of Jesus. Their presence should say, "Try it, you'll see you can do it, you'll see it really works! You'll even learn to like it."

Certainly one problematic area in Catholic health care today is the meaning of "sponsorship." What is the significance for a health care facility to be sponsored by a religious community? In days of old, it was thought that the visible presence of habited religious (i.e., habit-wearing religious) was a key element. With diminishing numbers of religious, it becomes clear that sponsorship has to mean something else than presence in numbers. Perhaps it means a presence of spirit, the spirit of Jesus, or the particular aspect of His ministry which this religious community has vowed to manifest to fellow believers. Perhaps sponsorship means establishing and maintaining an authentic Christian healing environment, featuring characteristic Christian healing modalities. Perhaps in view of fewer numbers of sisters and brothers in health care facilities, sponsorship suggests that all employees of such institutions, with no exceptions, should receive intensive orientation to the values, principles, and healing traditions of the religious community.

Could a statement of creed be more appropriate for a Catholic health care facility than a "philosophy statement?" It is certainly possible to have a Christian philosophy, but it would seem to be more fitting to proclaim the faith that permeates the facility. The Church expects faith from religious, not philosophies. It is puzzling when a religious sponsoring body retains a clerical expert in civil and ecclesiastical law to help it maintain the Catholic dimension in its health care facilities. Jesus was misunderstood by the law experts ("scribes") of His day, and while today's attorneys are not descendants of the scribes, the gospels might suggest that we cast our nets wider than jurisprudence to capture our religious identity today.

The problems are thorny and questions still remain. But no avenues should be closed, nor answers dismissed if a satisfactory solution is to be found.

Role of the Clergy

All baptized believers are priests by virtue of the sacraments of Baptism and Confirmation (see 1 Peter 2:5), but the ordained priesthood has a special role in the Church: to *form the community of Christians*, so that it can exercise the apostolate of the gospel, and go out and spread it. The clergy work at this task in two special ways: by communicating and witnessing to the Word of God (e.g., by preaching and living the scriptures); and by sacramentally developing faith and love in the community, especially through the breaking of bread, the sacrament of Christ's self-giving.

Clearly then the ordained clergy can play a very special role in

forming a Christian community for healing. They can explain the healing ministry of Jesus as recorded in the scriptures, relate it to the Jewish traditions of God's saving activity in history and human well-being, and demonstrate its relevance for our own day. More specifically, their communal celebration of the sacraments, especially Reconciliation and the Anointing of the Sick, constitutes a vital element in the formation and development of a healing community.

Reconciliation, which includes forgiveness of ourselves, of others, and even sometimes of God, is essential to restoring wholeness to human life. And in the communal celebration of the anointing of the sick, the caring community shares a vision of life that makes sense out of physical evils and also shares a hope of passing through suffering into greater fullness of life. This kind of supportive group constitutes an unparalleled therapeutic environment.

The significance of the fact that all of the above takes place mainly in the parish community has not yet been grasped in Catholic health care.¹⁰ The now regularly occurring communal anointing of the sick in parish communities has offered the parish a real role in healing as Jesus heals. The parish does not compete with the acute care setting, nor is it asked to become an outreach of the medical care system, such as some modern-day church-based primary-care clinics. In anointing the sick during a communal celebration, the local parish simply acts according to its nature and fulfills its destiny.

The redesigned rite of anointing the sick challenges the parish community to develop into a Christian healing community, where the divine healing action in history is made present, embodied, and instrumentalized. To achieve this, parish members must themselves strive to become a healed community, that is, a sacrament of God's saving action in history to this present day, in this very place. From this base, the Church's healing ministry might find a new direction, a new way to show the world how we continue Jesus' healing ministry today.

If Catholic health professionals grew up in, or became active members of such a parish community, imagine the impact that might be experienced in the wider health-caring community. Why, clergy would lead the laity in witnessing to and teaching health-promoting dimensions of life as befits those who seek to embrace the full life that Jesus promised (Jn 10:10). They would realize that poorly prepared homilies unrelated to the scriptures or distorting Catholic teachings can be as health-damaging as parish-sponsored smokers featuring all the free beer you can drink. Excessive emphasis on the body as an occasion of sin without also teaching that it was created in the image of God unconsciously undermines any incentive or motivation to care for personal health. The new rite of anointing truly signals a new direction for pastoral care.

Obviously, such a redirection of mission for the local worshipping

community will have important consequences on pastoral care in the health care facilities. With the community-based ministers caring for their parishioners who enter a facility, the pastoral team in the facility is challenged to a new focus. Rather than giving primary attention to the patients, who in acute care stay only 4.0 days, the pastoral care department should more appropriately minister to the "quasi-permanent healing community" of the facility, the entire staff. They would seek to mold this group into a genuine Christian healing community. Their special mission would be to create and maintain a Christian therapeutic environment (where environment means "people") within the facility. Then the transient patient population would recognize the health care facility as a specialized extension of its base community, the familiar parish healing and healed community.

Integrating the Roles

The risk involved in what this presentation has suggested is that the roles delineated could fall victim to the curse of specialization. Each group would carve out a new turf and protect it from being usurped by others. The challenge will be to resist that pitfall. The delineation and description of suggested roles for laity, religious, and clergy should be the first step toward discovering new ways of cooperation between parishes, schools, and health care facilities in the Catholic "network."

The network already exists, but this article suggests a re-tuning or a re-direction. The parish community seems to be the heart of the Catholic network. It is here that one "becomes" a Catholic, so to speak. It is also here that Catholicism is nourished, educated and healed. Schools and hospitals are specialized outgrowths of the base, caring community, and draw their inspiration therefrom.

Since no one individual can be all things to all people, no individual member of the network should attempt it either. It does not seem appropriate for a parish community to become a medical primary care facility, just as it does not seem appropriate (or cost efficient) for an acute care facility to engage in education of the public. Of course, no one should pass up the teachable moment wherever or whenever it occurs, but in the network, members should prod others to do their full task rather than usurp what another member seems to be neglecting.

At least part of the Christian uniqueness of the network can be measured in the degree to which it is a "facilitating environment." Such an environment promotes the human maturation process, promotes individual freedom and personal responsibility, and does not stunt human personality development. The guiding principle in this environment is adaptability to the needs of the clients.¹¹

If people are environment, then a facilitating environment consists

of those individual persons who have the ability to adjust as just described. These individuals are "good enough" ministers, teachers, and healers. They know their skills and abilities, and they also know limits and accept them.

A good enough minister encourages the establishment and maintenance of a facilitating environment in a parish where pluralism can flourish, where various and diverse life-styles imitating the quality and direction of the life of Jesus can co-exist in peace and harmony. The common element is that all members in this environment are life-affirming, *THIS* life affirming, even with an eye on the life-to-come.

A good enough teacher knows how to witness with conviction to the teaching of Jesus, but also provides supportive contexts, spaces, and boundary regions where students can begin to form a dream of how to imitate Jesus in specific cultural contexts in uniquely personal ways.

The quasi-permanent therapeutic community in a health care facility is a group of "good enough" healers. Such a healer has sufficient tolerance, flexibility, and adaptability to avoid the risk of becoming a "messiah" or "rescuer," who alone has the solution to the world's health problems, who alone can heal all ills. Rather, "good enough" healers advance freedom of self-determination and more responsible and enlightened self-care.

Conclusion

Since the predominant healing model in the United States is that of scientific western (or cosmopolitan) medicine, uniqueness among practitioners might be sought elsewhere, for instance, in a particular philosophy or belief, like holism or Christianity. If Catholicism can be viewed as a species of Christianity, then the roots, traditions, and practices of Catholicism would be part of its uniqueness. This presentation has singled out some healing-relevant aspects of lay, religious, and clerical identity and activity in Catholicism. The delineation of roles is not definitive, but rather an important starting point for a discussion of such questions as "What makes Catholic health care Catholic?" or "What's Catholic about a Catholic hospital?"

REFERENCES

1. References to the Documents of Vatican II are cited within the text by English language title and paragraph numbers, for ease in consulting any edition of the material.
2. Catholic Hospital Association (CHA), "Forming Christian Community for Healing," *Report of the 1977 CHA Study Committee*, Vol. 1 (St. Louis, Mo.: The Catholic Hospital Association, 1977), p. 18.

3. These notions are given fuller development in J. Pilch, "In Search of Personal Identity and Self-Fulfillment," *The Cord*, 19, no. 6 (June, 1969), pp. 172-180. The distinction appears operative in the *CHA Report*, p. 51, definition of "religious."

4. *CHA Report*, p. 5.

5. See, for example, P. Achtemeier, "Miracles and the Historical Jesus: Mark 9:14-29," *Catholic Biblical Quarterly*, 37, no. 4 (Oct., 1975), pp. 471-491, which is representative of the work of Catholic Biblical Association's Task Force on Healing, 1973-1978. Cf. the work of A. Kleinman, M.D., "Toward a Comparative Study of Medical Systems: An Integrated Approach to the Study of Medicine and Culture," *Science, Medicine and Man*, 1 (1973), pp. 55-65.

6. For diverse opinions on Catholic hospitals, consult the readers' comments to J. Pilch, "Why We Need Catholic Hospitals," *U.S. Catholic*, 44, no. 4 (April, 1979), pp. 12-16.

7. For a sensible discussion of holistic approaches to health, see D. Tubesing, *Wholistic Health: A Whole-Person Approach to Primary Health Care* (New York: Human Sciences Press, 1979); as well as the review by J. Pilch in the *National Catholic Reporter*, Jan. 19, 1979. An important dimension often neglected is treated by S. Guttmacher, "Whole in Body, Mind & Spirit: Holistic Health and the Limits of Medicine," in *Hastings Center Report*, 9, no. 2 (April, 1979), pp. 15-21.

8. Freidson, E., *Profession of Medicine* (New York: Dodd, Mead & Co., 1970), especially chapter 10: "Illness as Social Deviance."

9. The classic and still the best treatment of wellness is Halbert Dunn, M.D., *High Level Wellness* (Arlington, Va.: R. W. Beatty, 1961). For a modern approach, cf. D. Ardell, *High Level Wellness: An Alternative to Doctors, Drugs and Disease* (Emmaus, Pa.: Rodale Press, 1978). Specifically religious dimensions of wellness are presented in the *National Catholic Reporter* audio cassettes, "Spirituality and High Level Wellness," as well as "Ministry and Wellness: The Holistic Approach," both recorded by J. Pilch.

10. An excellent treatment of anointing is found in the *National Bulletin on Liturgy* (Canada), 10, no. 57 (Jan.-Feb., 1977).

11. This phrase and the phrase "good enough" are discussed by D. W. Winnicott in *The Maturation Process and the Facilitating Environment* (New York: International Universities Press, 1965), pp. 145-146.