

Catholic Health Care in the United States

Michael F. Collins, M.D.

Introduction

It is a privilege to participate in this Colloquium, sponsored by the Center for Religion, Ethics and Culture at Holy Cross. While my participation in this Colloquium is not by virtue of the fact that I serve as the College's Chair of the Board of Trustees, let me add a welcome on behalf of the Board. I can assure you that the Trustees are most interested in the important work of the Center and on the proceedings of this conference. We take seriously our responsibilities to promote the Mission of the College and view the Center for Religion, Ethics and Culture as a vital locus of scholarship and fulfillment of Mission on the Campus.

I have been asked to speak about Catholic health care in the United States. It is a privilege to do so. As many of you know, I was actively engaged in the ministry of Catholic health care for many years. I became involved with a Catholic health care entity first during my medical school training and residency while at St. Elizabeth's Medical Center in Boston. During the past two decades, I have served in many roles within Catholic health care. Recently, I completed nearly ten years of service as the President and Chief Executive Officer of Caritas Christi, the health care system of the Archdiocese of Boston. During that time, I served as president of St. Elizabeth's Medical Center of Boston, as Secretary for Health Care Services for the Archdiocese of Boston, and in numerous roles as trustee, officer and ultimately, Chair of the Board of the Catholic Health Association of the United States.

From this insider's perspective, I would like to speak today about the ministry that is Catholic health care in the United States. During this talk, I shall draw heavily from my experiences within Catholic health care. I want to indicate from the beginning that at the present time, I am not affiliated with any Catholic health care entity. I want to express my appreciation to the Catholic Health Association for providing me access to its documents and publications, from which I have drawn some of the material for this presentation. Further, the viewpoints expressed are my own, and do not necessarily reflect those of the Board of Trustees of the College of the Holy Cross.

In this presentation, I will discuss the breadth and scope of the ministry that is Catholic health care in the United States. Essential to any understanding of Catholic health care in the U.S. is a familiarity with the Ethical and Religious Directives for Catholic Health Services as promulgated by the Committee on Doctrine of the United States Conference of Catholic Bishops. Following a review of that document, I shall discuss ministry and business imperatives for Catholic health care. Finally, examples of the challenges and opportunities facing the health ministry of the Church in the U.S. will be presented.

The Scope of the Ministry

Catholic health care in our country is a significant contributor to the health of our nation. Dating back more than 250 years, Catholic health care entities have been essential components of the health care of local communities. Throughout our nation's history, orders of religious women, and then men, established health care entities to respond to the needs of the poor in our country. Small clinics, often established to minister to the needs of poor women, blossomed into larger entities that became general hospitals. When these orders perceived that community care was improving, often they moved west or to where areas of greater need were developing. This ministry to those who are ill and most in need is one of the great hallmarks of the Church in America.

In today's terms, The Catholic Health Association of the United States reports that there are 61 Catholic health care systems, sponsored by 250 orders of religious women, men or dioceses. 637 Catholic hospitals and more than 500 long-term care facilities comprise one of the most extensive collections of health care entities sponsored by one group in the country. While these large numbers represent the "institutional" presence of the Church in health care, there are many entities at the local level that provide much needed care to those in our communities. Home care entities, hospice care, parish-based ministry programs, homeless shelters, outreach efforts to the poor, both in and outside the country, and many other extensive care efforts, combine to comprise Catholic health care in the United States.

Catholic hospitals represent the largest single group of the nation's "Not-For-Profit" hospitals. CHA reports that: 11% of the nation's community hospitals are Catholic; 16.6% of U. S. community hospital admissions occur in Catholic hospitals; 15.5 million emergency room visits, 5.4 million inpatient admissions and 84 million outpatient encounters are provided in Catholic health care entities. On any day in America, over 600,000 people are employed by Catholic health care facilities that generate greater than \$60 billion in revenues. The religious women who walked across the plains to establish clinics for the poor would be astounded to see what has become of Catholic health care in the United States!

In fact, some of the criticism of Catholic health care in today's world is that it has become "big business." It is difficult to argue with the notion that the Church did not contemplate creating billion dollar health care entities. Church teachings and culture were not established for large corporate entities, which hold large amounts of publicly traded debt instruments and which have multiple authorities with whose regulations and accountabilities they must comply. Furthermore, when challenged by "Investor-owned" entities, Catholic health care providers have found it increasingly difficult to remain true to their mission-imperative. We shall return to the challenges and opportunities for Catholic health care later in this talk.

In a strategic planning exercise that occurred throughout Catholic health care in the United States, the CHA was able to define the Core Commitments that characterize the

ministry that is Catholic health care. These commitments are: “Promote and defend human dignity; attend to the whole person; care for the poor and vulnerable persons; promote the common good; act on behalf of justice; steward resources; and act in communion with the Church.” In the Mission statements of Catholic health care entities, these commitments are reflected.

In promoting and defending human dignity, Catholic health care providers are called to see the face of Jesus in all for whom they care. In attending to the whole person, the religious needs of persons, regardless of the person’s faith, in addition to their physiologic, psychological and sociologic needs, must be addressed. Catholic health care entities should demonstrate a preferential option to care for the poor and disenfranchised. All actions of Catholic health entities and their employees should be mediated by a call to justice. Recognizing the need to be prudent stewards of resources, there should be careful attention to the environment and to the human and material resources of Catholic health care entities. Lastly, as Church, the life of Catholic health care entities should be integral to the life of the Universal and local Church. Much greater cooperation amongst Catholic health care entities, for the good of those served, is an ideal worth pursuing.

While recognizing that these core commitments would be a tall order for any organization, all who are involved in Catholic health care, recognize the importance that is attached to their full implementation. Such a clear articulation of Mission would be of benefit to any large, diverse and complicated corporation. Catholic health care is fortunate to have at its disposal such a clear delineation of commitment and purpose.

The Ethical and Religious Directives for Catholic Health Services

So too is the case with an understanding of the responsibilities with respect to adherence to Church teaching. The Committee on Doctrine of the United States Conference of Catholic Bishops promulgates a document entitled, The Ethical and Religious Directives for Catholic Health Services (ERDs), to educate clearly, those involved with and impacted by Catholic health care. The document is in its fourth edition and was approved as the national code by the full body of bishops at its June 2001 general meeting. That body recommended to each bishop that the ERDs be implemented in their local archdiocese or diocese.

In this most recent edition, the Bishops recognize that the face of Catholic health care in the United States is changing. The Bishops comment that “there are significant changes in religious orders and congregations, there is increased involvement of lay men and women, a heightened awareness of the Church’s social role in the world” and that there have been significant “developments in moral theology since the Second Vatican Council.” Nevertheless, the Bishops communicate that it is the purpose of the ERDs to “reaffirm the ethical standards of behavior in health care that flow from the Church’s teaching about the dignity of the human person, and to provide authoritative guidance on certain moral issues that face Catholic health care today.”

In discussing the ERDs, the Bishops are “concerned primarily with institutionally based Catholic health care services.” They comment that the ERDs were “refined through an extensive process of consultation with Bishops, theologians, sponsors, administrators, physicians, and other health care providers.” Having been part of the review process, I can confirm that the consultation was thoughtful and extensive. In the end, the Bishops reiterate that the ERDs are meant to “promote and protect the truths of the Catholic faith as those truths are brought to bear on concrete issues in health care.” The document is comprehensive. It contains a preamble and introduction, and six parts that focus on social responsibility, pastoral and spiritual responsibility, professional-patient responsibility, issues in care for the beginning of life, issues in care for the dying, and the forming of partnerships with health care organizations and providers.

Over the years, I have found that many people have reduced this thoughtful document into a discussion of only the directives that prohibit abortion, euthanasia, in vitro fertilization and sterilization. While these directives provide clear teaching on these topics, the ERDs are similarly extensive in their communication about the breadth of issues and teachings on which the Church has high expectations.

As an example, let us review the teaching regarding the workplace that is promulgated in ERD 7. “7. A Catholic health care institution must treat its employees respectfully and justly. This responsibility includes: equal employment opportunities for anyone qualified for the task, irrespective of a person's race, sex, age, national origin, or disability; a workplace that promotes employee participation; a work environment that ensures employee safety and well-being; just compensation and benefits; and recognition of the rights of employees to organize and bargain collectively without prejudice to the common good.” This teaching raises high ideals. The institution must “treat its employees respectfully.” The workplace must provide “equal employment opportunities for anyone qualified ... promote employee participation ... ensure employee safety and well-being and provide just compensation and benefits.” These are difficult ideals for any company to live up to in the challenging marketplace economy in which companies operate. Nevertheless, it is the expectation of the Bishops that Catholic health care entities will comply with these ideals.

In conclusion, the Bishops state, “Catholic health care is a response to the challenge of Jesus to go and do likewise. Catholic health care services rejoice in the challenge to be Christ's healing compassion in the world and see their ministry not only as an effort to restore and preserve health but also as a spiritual service and a sign of that final healing that will one day bring about the new creation that is the ultimate fruit of Jesus' ministry and God's love for us.” For these reasons, so many enjoy the privilege of being associated with Catholic health care entities.

Catholic Health Care Imperatives

It is difficult, if not impossible, to serve two masters. Perhaps it is more difficult to attempt to fulfill two imperatives: Catholic health care entities face the challenge of fulfilling ministry and business imperatives.

Catholic health care's ministry imperatives dictate that there must be a preferential option for the poor. Often, this can be in direct opposition to sound business principles. In following the example of Jesus' ministry as depicted in the Gospels, Catholic health care entities and providers should extend their outreach to the poor. So too, while so much of American health care is focused on the inpatient setting, Catholic health care entities are called by the ministry imperative to develop care models that focus on non-acute settings and patient needs. In doing so, given the commitment in the Church to the pastoral and social service needs of patients, the Catholic health care ministry is urged by its ministry imperative to become integrally involved with other ministries of the Church, such as the parish and Catholic Charities agencies. In addition, even given the budget pressures and the prevalence of cost increases in health care, Catholic health care entities, in their ministry imperative, are called to assure that pastoral care offerings are sufficient and include Catholic and non-Catholic personnel in training.

In addition to ministry imperatives, all Catholic health care entities face the business imperatives that confront large health care providers. All Americans recognize the challenges posed by the rising costs of health care. Catholic health care entities are not immune from the pressures or the business imperative to address them in a forthright manner. Whose responsibility is it to care for the poor? Must Catholic health care entities absorb a disproportionate share of the care of the poor to maintain fidelity to the ministry imperative? How does this conflict with the business imperative to develop fiscally sound budgets and business plans? Escalation of health care costs makes it difficult to provide adequate wages and benefits, particularly to low-skilled workers. In the business world, market forces dominate. In Catholic health care, principles of justice compel entities to provide a living wage and just benefits despite market pressures to the contrary. As stated earlier, a multi-billion dollar industry was never contemplated by Church teachings!

The Challenges

In a complex health care environment, a competitive business marketplace, and a pluralistic world and economy in which the Catholic Church exists, Catholic health care entities face multiple challenges. To raise such challenges for discussion is the purpose of the conclusion of my talk. I would like to propose a series of questions for consideration about the future challenges facing Catholic health care:

In a changing world, what will Catholic health care entities be able to do about the declining number of religious and priests? How will Catholic health care entities respond

to requests from same sex married couples for spousal benefits? Will Catholic health care entities be able to continue to provide comprehensive benefit packages for Catholic and non-Catholic employees? There are constant challenges to conscience clause protection throughout the states, how will Catholic health care entities fare when such protections are repealed? Will Catholic health care entities willingly invest their funds under socially responsible investment guidelines and programs?

Into the future, what will communities do when they attempt to “rationalize” health care services and resources to preserve important community assets, and recognize that a Catholic health care entity may not be willing or able to participate in the plan of rationalization? Will it be possible to construct arrangements to deal with increasingly complex situations regarding obstetrical, gynecological and urologic care? Must Catholic health care entities offer self-insured benefits in order to avoid paying for care that is not consistent with the ERDs?

Will the laity continue to be attracted to leadership positions within Catholic health care? Are there adequate numbers of committed and trained leaders to continue the ministry into the future? Will such leaders be well equipped to understand, articulate and act on Catholic identity issues? Will continued commercialization of health care, the increasing prevalence of investor-owned facilities and the increasing number of uninsured, present unique challenges in light of the Catholic identity of Catholic health care facilities? Will the examples of religious women and men be sufficient to maintain the extraordinary commitment of care to the poor that is a hallmark of Catholic health care?

Will the Bishops be interested in maintaining large, corporate health care entities within their dioceses? What sponsorship models will continue or evolve to allow entities to faithfully maintain their Catholic identity? Given its size, financial assets and major impact on American life, will there be increased attention to American Catholic health care from the Vatican? Will it be possible to realize the level of collaboration among Church entities that could significantly enhance patient care and better serve communities? Will it be possible for non-Catholic entities to partner with Catholic health care entities in local communities? Will Catholic health care entities choose to find or develop new structures to relate to the institutional Church?

As one can see, there are a myriad of issues that face Catholic health care in the modern day. No question has an easy answer. Yet, if the Church is to be authentic to the example of Jesus as portrayed in the Gospels, then, the Church must see health care as an integral aspect of its ministry. Without continuing to attempt to heal the sick and comfort the afflicted, how else can the Church fulfill the exhortation to be present to those most in need, especially those who are ill? To promote the human dignity of each individual is an important calling fulfilled each day by Catholic health care entities and providers.

11/19/04