Catholic Healthcare Identity Revisited

The 1988 national elections have come and gone. There was a lot of talk about "identities" and a lot of fuzziness concerning the fluctuating images of the presidential candidates and their political parties. Identity is a complex concept. The dictionary tells us that it is the "collective aspect of the set of characteristics by which a person or thing is recognized" (American Heritage Dictionary, 1981).

Each of us, as a human person, has a unique identity. Humanness, formed in the image and likeness of the Creator (Gen. 1:26), corpore et anima unum (Gaudium et Spes #14), is of the essence of this identity. Some other identifying characteristics can and do change by chance or by choice, but humanness is of the essence. To know and to understand the identity of a particular person is an on-going and vital process, a process that by its very nature identifies the individual as being human.

An identity that millions of individuals and thousands of organizations and institutions claim is that of Catholic. This identity does not come automatically; it demands a vigilant overseeing. Catholic healthcare institutions, in the midst of a culture that is theologically and philosophically pluralistic, need to refine and preserve their Catholic identity. Herein lies one of the challenges of the century.

When the concept of Catholic is associated with that of healthcare, its parameters, in one sense, are narrowed, but this certainly does not make it any less difficult to articulate. We still need to ask: What is the identity of Catholic healthcare [CHI]? What are its essential characteristics? Is it the same today as it was centuries ago? Will it necessarily be the same in the 1990’s?

USCC’s Contribution to the Discussion

In 1971 the United States Catholic Conference updated its former statement on the question of CHI. The document was entitled Ethical and Religious Directives for Catholic Health Facilities (rev. 1975). Although the obvious emphasis of the title is on the word "Directives," the Preamble points out the essence of CHI is much more than a list of ethical norms. It is a living, evolving identity.

Catholic healthcare facilities witness to the saving presence of Christ and His Church in a variety of ways: by testifying to transcendental spiritual beliefs concerning life, suffering, and death; by humble service to humanity and especially to the poor; by medical competence and leadership; and by fidelity to the Church’s teaching while ministering to the good of the whole person.

The total good of the patient, which includes his higher spiritual as well as his bodily welfare, is the primary concern of those entrusted with the management of a Catholic health facility. So important is this, in fact, that if an institution could not fulfill its basic mission in this regard, it would have no justification for continuing its existence as a Catholic health facility. . . (Preamble to the USCC Directives, 1975, pars. 1 and 2)

The Preamble also acknowledges the potential for development in certain aspects of the CHI "...as scientific investigation and theological development open up new problems or cast new light on old ones." (Directives, par. 6)

Further Contributions

Among the more recent articles and studies specifically directed to the subject of CHI are two 1987 publications that significantly add to the discussion on the topic. The first is a 532-page publication by Msgr. Orville Griese entitled Catholic Identity in Health Care: Principles and Practice (Braintree, MA: the Pope John Center). This book, an in-depth commentary on the full range of subjects covered in the USCC Directives, appeals to nine basic medical-moral principles.

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Association to formulate a clear understanding of the programs in CHI for all who participate in Catholic mental community (i.e., parishes, charities, etc.) to broadly as possible: the collaboration of Catholic mulgation and dissemination of the CHI statement as fundamental to the Catholic tradition... Catholic grounded upon the sacramental perspective which is this volume is only the initial Dynamics, publishers of which provides a companion piece to the USCC Directives and Griese's book. According to the publishers of Dynamics, this volume is only the initial step in a continuing effort by the Catholic Health Association to formulate a clear understanding of the theological and practical implications of CHI. Their underlying assumption is that "the essence of Catholic identity remains constant," but it finds "various forms of expression throughout history and in different cultures" (Dynamics, p. 18).

Approaching the study by using theological reflection, the task force arrived at the conclusion that "...grounded upon the sacramental perspective which is fundamental to the Catholic tradition... Catholic healthcare is identifiable insofar as it strives to be sacrament-an effective sign of God's care" (ibid., p. 2).

It follows, then, that our institutions must be witnesses of "sacramental intention." This witness is accomplished in the practical order through the promulgation and dissemination of the CHI statement as broadly as possible: the collaboration of Catholic healthcare facilities with other members of the sacramental community (i.e., parishes, charities, etc.) to attain strength in solidarity; sponsoring of formation programs in CHI for all who participate in Catholic health ministry; integration of theology and ministry concerns into healthcare policies and decisions; and renewal of commitment to the theological principle of justice by striving to overcome injustices that exist in the field of healthcare.

A section on the pastoral adaptation of the theology of the CHI presents recorded experiences of healthcare workers as examples of the living out of a sacramentally-oriented CHI as developed in the document. The concluding section serves as a bridge between that of the theological framework and the pastoral adaptation and notes that neither of these should be "viewed as definitive" for "Catholic healthcare must and always will be the object of ongoing theological reflection" (ibid. p. 52).

One Identity, Two Images

Both the Pope John Center and the Catholic Health Association documents have the same purpose: to elucidate the identity of Catholic healthcare today. The authors and publishers embrace the same ideals, acknowledge the same traditions, and rely on the same primary sources. Neither of these two publications claim to say all that could be said about our Catholic identity in healthcare.

American healthcare facilities, operating exclusively out of either of these two descriptions, would project different but complementary images. Those operating out of the first model would reflect a focus on respect for the dignity of the human person through adherence to a national Catholic code developed from a principal-based, stewardship of life ethic. Those operating out of the second model would reflect a focus on "sacramental identity in divine call" through a pastoral approach to the moral imperatives of a consistent ethic of life. Together they provide a set of characteristics by which the "ancient but ever new" Catholic healthcare identity will have Christian witness as its essence.

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