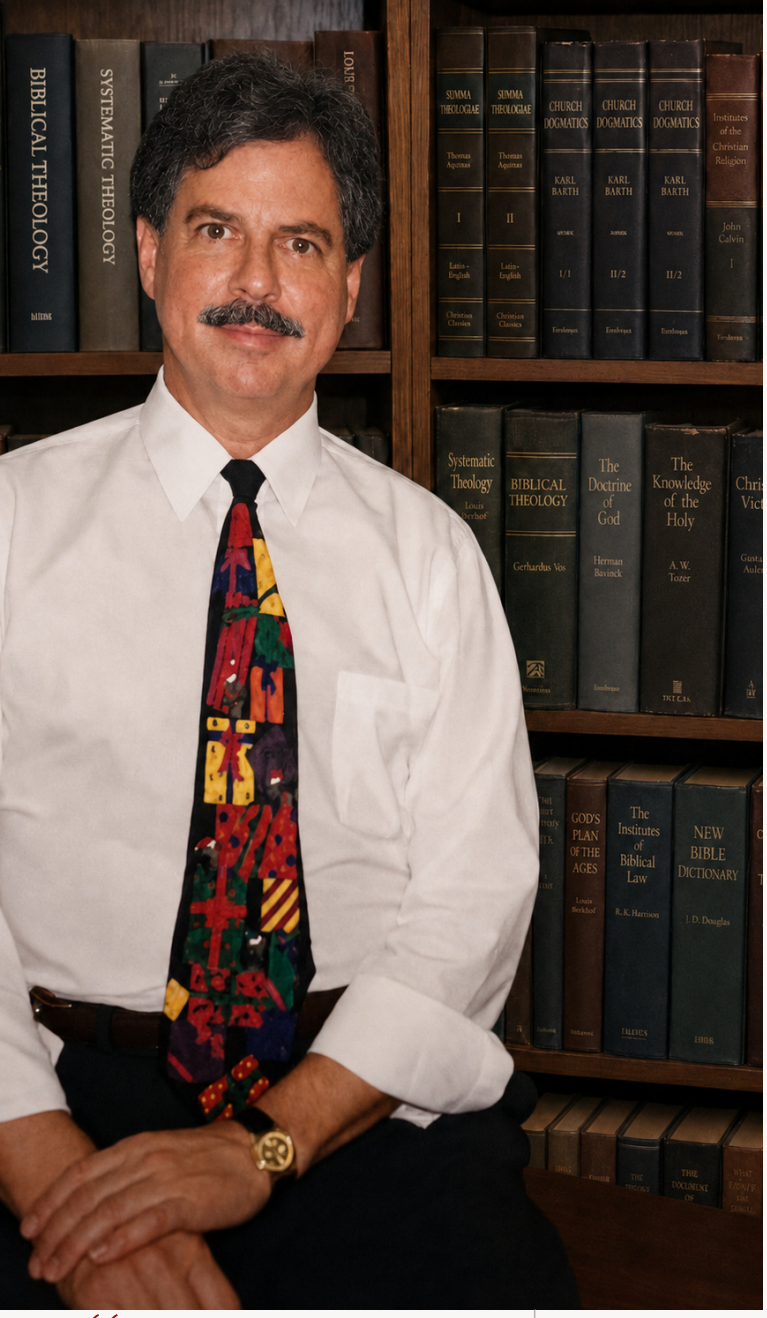

WHITE PAPER

The 'Catholic Identity' of Catholic Health Care

Catholic health care inherited a story before it inherited a balance sheet. As founding congregations recede and market pressure rises, identity survives only where leaders can name it, defend it in secular terms, and build it into the decisions they actually make.

By **Dr Philippe Foubert**

> *Where are we in relation to God and to others?*

About the Author

Dr Philippe Foubert served as Hospital Ethicist to the Mater Hospitals Complex, Brisbane, and taught moral theology, bioethics, and clinical ethics.

It is not by chance that the first question in the Bible is that which God puts to Adam: 'Where are you?' 'What?' cried a great Hasidic master, Rabbi Shneour-Zalmen of Ladi. 'God didn't know where Adam was? No, that's not the way to understand the question. God knew, Adam didn't.' That, I thought, is what one must always seek to know: one's role in society, one's place in history. It is one's duty to ask every day – 'Where am I in relation to God and to others?'[1]

ELIE WIESEL

Why Is the 'Catholic Identity' of Catholic Health Care an Important Issue?

> *The paradox of change is that change is constant.*

The 'Catholic identity' of Catholic health care organisations has become a primary concern because change has challenged the Catholic Church and its ministries, bringing traditional forms of ecclesial and institutional life into transition, even transformation.[2] Yet the paradox of change is that change is constant. The Church is a community constantly seeking pathways, generation after generation, to sustain its mission and ministries in searching fidelity to the God who has called us, through the Gospel story of Jesus' life, death, and resurrection, to collaborate with the Spirit in God's saving work in history, to heal a world wounded by sin, sickness, and death.

To reflect on the 'Catholic identity' of health care is therefore a theological obligation as much as a historical challenge. As Vatican II declared in *The Pastoral Constitution on the Church in the Modern World*: 'At all times the Church carries the responsibility of reading the signs of the times and of interpreting them in the light of the Gospel, if it is to carry out its task.'[3] We in Catholic health care must constantly ask ourselves the piercing question: Where are we in relation to God and to others?

That Catholic health care organisations are obligated to remain 'answerable' to this theological question is the deepest form of our corporate accountability. For our Catholic identity emerges precisely as we locate 'where we are' in the light of the Gospel, and as we plan what we must do to remain faithful in these complicated times as we practise in healing service.

Catholic Christians' original creation of institutions to care for the sick, aged, and dying was rooted in their desire, as witnesses to God's already partly present Kingdom of love and mercy, to participate in Jesus' healing mission. Over many centuries, religious congregations developed 'moral communities' (our later bureaucratic term is 'organisations'), hospitals, nursing homes, and hospices, to re-create Christ's own compassionate work of mercy, healing, and reconciliation. To care for the sick and dying continues Christ's personal work as a ministry, a Spirit-inspired

practical service by the entire Church community, in response to human suffering.

Yet the Church, the 'People of God', has undergone profound upheaval since the Second Vatican Council (1962–1965). The 'updating' of the relationship between the Church and the world, the basic purpose of the Council, caused theological controversy and dissent over traditional authority and individual freedom, in matters doctrinal and moral. Religious and laity alike encountered powerful, unsettling cultural forces: secularism; expansive capitalism; radical individualism; growing bureaucracy; government involvement; militarism and pacifism; anti-authoritarian sentiment; religious tolerance and indifference; multicultural pluralism; conflict over justice in race, gender, and class; feminism; the sexual revolution; technological innovation; mass media; biomedical research; the ageing of the population; increasing mastery, now verging on 'manufacture', of human reproduction itself.

> *"Even the cultured despisers of religion have long recognised the heroic virtue at work here."*

Whatever the precise role of such factors in accounting for current confusion about Catholic identity in the complex post-Vatican II period, everyone perceives the dramatic decline in the number of women and men entering vowed religious life. Lay Catholic attendance at Mass and the Sacraments has also declined significantly during the same period. The diminishing 'visibility' of Catholic religious in the operation of Catholic health care facilities contributes to a growing sense of unease, among both lay Catholic staff and non-Catholic members of the community, over whether the heart and soul of traditional Catholic health care can be preserved. Even the 'cultured despisers' of religion have long intuitively recognised the special spirit and heroic virtue at work in Catholic health care.

Several additional factors contribute to uncertainty over how a distinctive 'Catholic identity' can be preserved in the current context: involvement of Catholic health care in policy debate over allocation of public funds to the health care sector; the dependence of privately owned Catholic facilities on public funds; the development of regional joint ventures between Catholic and non-Catholic facilities; the trend toward large integrated delivery networks combining Catholic facilities owned by different religious congregations with some non-Catholic facilities; and the corporate restructuring of individual Catholic organisations facing increasingly severe shortages of resources to support levels of staff

and services once thought essential to the special character of Catholic health care.

As Father J. Bryan Hehir, Catholic moral theologian and Dean of the Harvard Divinity School, has said: 'If we do not have a religiously grounded, theologically articulated understanding of who we are and what we are, we will lose our way in this complex context. At the same time, if we specify our identity but we cannot meet the standards of a rational, secular, pluralistic world, then our identity will not be effective.'[4]

To articulate the 'Catholic identity' of Catholic health care, and to embody this identity by integrating our fundamental mission into our organisational culture and corporate decision making, is thus a crucial undertaking. Whatever historically conscious image we use to connect with Catholic tradition as we interpret the 'signs of the times', whether we preserve, renew, update, refashion, reclaim, or refound, we must locate a pathway into the future marked by confidence in the theological integrity of our ministry.

From 'Impossible Mission' to Refounding Ministry

A few years ago, Jesuit moral theologian Richard McCormick gave an address at Georgetown University Medical Centre in Washington, D.C. He raised a powerful and pointed question: is the Catholic hospital today facing 'Mission Impossible'?[5]

McCormick notes that the Catholic hospital today is asked to sustain a Catholic culture:

- in a de-personalised atmosphere;
- where medicine is increasingly viewed and lived as a business;
- at a time of powerful market and competitive pressures which discharge patients 'quicker and sicker';
- in a culture that tries to deny mortality, invests extensively in 'sick care', and medicalises more basic human problems;
- at a time of the hospital's diminishing importance and religious influence.

> *Chaos can be positive, breaking the force of habit and freeing the imagination.*

McCormick fears that the heart of Catholic health care culture may have stopped beating, but he does offer some hope for resuscitation in the re-telling of the 'greatest story ever told', namely God's work in Jesus that transforms us and our world. On his account, the Catholic hospital exists to be 'Jesus' love for the other in the health care setting', with the daily vocation of enacting such love by embodying values that motivate and inspire the work of individual health care staff.

Father Gerald A. Arbuckle, Director of the Refounding and Pastoral Development Research Unit in Sydney, has written that while the Catholic health care ministry is desperately needed today, the ministry is in chaos. 'Problems include rising costs, the administrative burden of coping with rapid changes in medical services and funding sources, increasingly complex medical ethical challenges, uncertainty regarding the sponsorship of the ministry by founding congregations, and the closing of many once-flourishing hospitals.'[6]

Father Arbuckle sees Catholic health care ministry under profound pressure because we are now being forced to move:

- from the clear sponsorship of founding religious congregations to uncertain sponsorship, owing to the decline of vocations to religious life;
- from a precise to an uncertain Catholic identity in the post-Vatican II Church;
- from self-contained health care units to collaborative systems involving co-operation with other organisations or health care systems;
- from primary emphasis on responding to the illnesses of people to fostering the wellness of people.

He maintains that 'only a dramatic word like chaos can begin to describe the turmoil and the enormity of the pain that the Catholic health care ministry is now experiencing, and will continue to experience in the future.'[7] The experience of chaos entails the radical breakdown of the personally or culturally predictable. Just as individuals experience chaos in the journey of life at times, so also do organisations and cultures. The symptoms of chaos, according to Arbuckle, are fear, anger, sadness, nostalgia for the return of familiar structures and past successes,

scapegoating, temptations to seek quick-fix solutions to avoid facing the pain of the chaos, and mergers with other groups undertaken merely to maintain the status quo rather than to reform the health care system. These symptoms and sentiments are all recognisably present in the culture of contemporary Catholic health care.

Chaos can be positive, by breaking the force of habit and freeing the imagination to envision creative initiatives. Arbuckle uses the powerful image of refounding to describe the radical transformation necessary for individuals, organisations, and cultures to return to the sacred time of their founding story.

'By refounding,' he writes, 'we mean the collaborative process of returning to the original founding experience of the group in order to identify and re-own its primary purpose or vision (e.g. the carrying out of the healing ministry of Jesus) and practically adapting this purpose in radical ways to current problems (e.g. the health care needs of the poor).'[8]

The theological foundation for the refounding process is active contemplation of Christ's journey and mission. Father Arbuckle's argument is that refounding the health care ministry is a Gospel imperative. This imperative requires 'ruthless honesty' in evaluating our existing health care institutions, structures, and services in the light of Christ's healing mission. To attain such honesty requires that each of us first be willing to experience the deeply personal inner chaos of sinfulness, helplessness, and fear. Only through such an exacting interior journey can each person discover an authentic personal role in promoting the refounding process.

Theological Foundations of Catholic Identity

The need to reclaim our Catholic identity by passing through personal and organisational chaos into refounding our mission and ministry requires that we consider the theological foundations of Catholic Christianity. Perhaps some reflection on the original meaning of 'catholicity' will help us to

> *God has written an invitation into every human heart.*

appreciate the heart of the tradition we are called to reclaim and refound.

The catholicity of the Church is often said to be its universality, its inclusive scope of common belief and practice among all Christians everywhere. Ultimately, the catholicity of the Church rests on the theological reality that God is Creator and Redeemer of the entire human family. 'The Catholicity of the Church consists of a reconciled diversity, a unity amongst individuals and groups who retain their distinctive characteristics, who enjoy different spiritual gifts, and are by that diversity better equipped to serve one another and thus, to advance the common good.'[9]

Clearly the problem of religious pluralism is central to discussion of Catholic identity. How can Christians proclaim that God has acted uniquely in Christ without offending other great religious traditions, such as Judaism, Islam, Hinduism, and Buddhism? The answer to this question is that true catholicity consists in the confidence that God's power can work through Christ to overcome distrust and differences among Christians, and between Christians and non-Christians.

That God entered history as a member of a particular people does not mean that knowledge of God's way is in principle unavailable to others. The particularity of the Christian story requires that faithful followers of God's way in Jesus embody in their own individual and organisational lives the vulnerable service which Jesus modelled as God's own. The Church itself is Catholic only when it tells and embodies the story of what God has done in Christ in a way that overcomes difference, diversity, and conflict in a dynamic unity of collaboration.

This means that Christians should not pretend that they exclusively possess the truth; but neither should Christians be embarrassed by claims that God is effectively present in the healing ministry of Christ. The religions of the world are in dialogue with each other, and the divisions within Christendom remain the subject of theological and ecumenical exploration. But for Christians, Jesus will always remain the primary and distinctive agent of God's compassionate healing of humanity's wounds.

Thus, catholicity requires collaboration based on the theological conviction that God has written an invitation into every human heart that individual disciples, gathered as Church, are meant to deliver to every jurisdiction in the City of Man, especially into the 'houses of care' for those now suffering the

piercing wounds of their finitude: their frailty, illness, injury, and dying.

The conviction that the story of what God has done in Christ is true forms the basis of the willingness to tell the story through words, but just as compellingly, through caring and compassionate actions, and authentic personal presence, in the clinical setting.

Theologian Edward Schillebeeckx has termed Christ in the Church 'the sacrament of the encounter with God'.[10] The sacramental presence of the Church is focused in the Eucharist. Catholic health care facilities are called to become Eucharistic communities where the foundational story of Christ, and the congregational founders' stories of discipleship, are re-told and re-enacted. The lived awareness of Jesus' death and resurrection is made truly and effectively present once more in the liturgy of the Eucharist, which proclaims and provides the motive and meaning of Catholic health care ministry.

In this respect, the Mass should be understood as the symbolic centre-piece of the ministerial enterprise of health care, in fact the essential ritual of organisational politics. A leading implication is that the architectural space and public awareness of the Catholic health care facility should accord priority to this central sacrament. Participation in the liturgy of the Mass permits us to enter a 'sacred time and space' in which we literally become contemporaries with Christ in his suffering, death, and resurrection.

This is precisely the content of the 'refounding experience' which Father Arbuckle has identified as so crucial for Catholic ministry. And it is an appropriate form of experience, for the Eucharist is the story of a body broken for a broken people. Christ's broken body, raised and glorified by God (1 Corinthians 15), extends God's power in communion with all those who likewise suffer the brokenness of illness, injury, and dying. Yet we also know that the healing Christ brings is not just bodily restoration but spiritual transformation of hearts broken by sin and pain, depression, loneliness, fear, grief, despondency, and despair. Health care 'delivery' in the Catholic setting is meant to bring such holistic 'deliverance' to wounded spirits.

> *The Eucharist is the story of a body broken for a broken people.*

Health care ministry needs the Eucharistic celebration as the core of its ministerial renewal. For the Church, as Stanley Hauerwas has written, 'is a group of people called out by God whom we believe is always present to us, both in our sin and our faithfulness. Because of God's faithfulness, we are supposed to be a people who have learned how to be faithful to one another by our willingness to be present, with all our vulnerabilities, to one another. For what does our God require of us, other than our unfailing presence in the midst of the world's sin and pain? Our willingness to be present with the ill is a form of the Christian obligation to be present to one another in and out of pain.'[11]

Catholic identity begins with the unapologetic acknowledgment that Christians are obligated to serve the sick as a form of fidelity modelled on God's own fidelity. Catholic identity is displayed in Gospel narratives re-embodied in every genuinely healing act, realised in conversation about how we have yet to become all whom we are called to be, and enacted through deeds of service from the minute to the magnificent.

To be sure, non-Catholic health care professionals and organisations can and do exhibit care, compassion, and quality in the service they give to the ill. Our Catholic identity does not mean that we have a religious patent on such actions, only that our character and conduct rest on the distinctive person and work of Christ. The requirements of our fidelity to our mission entail that we collaborate with others who are engaged in such spiritual and corporal works of mercy.

> *Health care is a service and never simply a commodity exchanged for profit.*

Putting Theological Convictions into Corporate Practice: Mission and Ministry

Catholic identity requires re-telling the story of our theological origins and participating in the Eucharistic community as a way of reuniting ourselves with Christ and his mission to the sick. But these theological dimensions of refounding require operational values and institutional commitments.

There are diverse accounts of the values that should drive organisational embodiment of our theological mission. For example, Catholic Health Australia in its *Directions Statement 1999–2000*[12] identifies the following guiding values:

- Respect for the dignity of each person
- Community
- Enrichment of life
- Diversity
- Equity
- Courage
- Service to the poor

The foundational principles envisioned to enact these values are:

Dignity

Each person has an intrinsic value and inalienable right to life. Everyone has a right to essential, comprehensive health care.

Service

Health care is a social good. It is a service, not a commodity for maximising profit.

Common good

The broader interests of society and the needs of the community are best served by a just, effective health system. Expanding access

to care, developing research and training, and conducting professional inquiry into the social, ethical, and cultural aspects of health build better communities.

Preference for poor people

Priority must be given to the needs and opportunities of the poor and disadvantaged.

Stewardship

Health resources should be prudently developed, maintained, and shared in the interests of all. Resources for health must be balanced alongside those needed for other essential human services.

Subsidiarity

The needs of individuals and communities are best understood and satisfied by those closest to them.

The U.S. Catholic Health Association, in *How to Approach Catholic Identity in Changing Times*,[13] a working process document designed to raise questions for dialogue and self-assessment, identifies five foundational values to bridge theological origins with organisational mission:

- Health care is a service and never simply a commodity exchanged for profit.
- Every person is the subject of human dignity, with intrinsic spiritual worth, at every stage of human development. Every person has the right to health care.
- People are inherently social; their dignity is fully realised only in association with others. Our social nature demands that the common good be served; the self-interest of a few must not compromise the well-being of all.
- Preferential option for the poor calls for particular commitment to the health care disenfranchised.
- Stewardship requires that we use natural and social resources prudently and in service to all.

The Mater Hospitals' Mission Statement, based on the philosophy of the Sisters of Mercy, declares that

> *We offer compassionate service to the sick and needy, promote an holistic approach to health care in response to changing*

> *community needs, and foster high standards in health-related education and research. Following the example of Christ the Healer, we commit ourselves to offering these services to all without discrimination.*

The Mater Hospitals' core values are mercy, dignity, quality, care, and commitment.

Catholic health care leadership, including board members, executives, and senior managers, are responsible for transforming the corporations that constitute Catholic health care into genuine moral communities where these values are integrated into practice at all levels of the organisation. The starting point for meeting this responsibility is explicit conversation about the theological foundations and operational values that are necessary to preserve Catholic identity and to assure the effectiveness of the ministry.

All too often, something as simple as such conversation fails to occur, but integrating mission into organisational practice 'requires continuous grappling with the meaning of our Catholicity and its import for the ministry today. The whole organization must make a substantial commitment to fostering an understanding of Catholic identity which will only emerge through discussion of our religious heritage, personal experience and current reality.'[14]

> *Catholic identity is a process, always on the pathway to fuller achievement.*

Such conversations at leadership levels are necessary for executives to discern, on the basis of Catholic theological tradition, why and how changes must be made, which organisations will make appropriate partners, what affiliations will best strengthen the ministry, what market strategies will best serve the community, and what their role should be in influencing public policy.

Although Catholic identity is commonly recognised as crucial in leadership circles, the business ethic of health care often takes priority over such essential elements. 'Expert as some executives are in business and finance, they may be uncomfortable with a mode of discourse that ponders religious convictions and values, reflects on personal experience and current reality, and attempts to discern practical mission implications for what they have always considered purely business matters.'[15]

Father Gerald Arbuckle, writing on the tension between mission and business in the September 1999 issue of *Health Progress*, also warns of the danger of the 'splitting process' by which individuals and groups 'in an effort to cope with the

doubts, anxieties and conflicting feelings caused by difficult or anxiety-provoking work, isolate different elements of experience often to protect the perceived good from the bad.'[16] A leading example of this tendency is to split mission from business in either of two possible ways. The business can be considered primary, as if economic rationalism were the basic standard by which to conduct the business of Catholic health care, and mission politically correct, edifying, soft, unworldly, cosmetically desirable, harmless, and finally functionally irrelevant to the actual decision making process. The other side of this split is to use the mission of healing as an escape from harsh economic and institutional realities, as business is seen as a morally questionable realm of the secular world.

This approach fails sufficiently to integrate mission into the actual business practice of the organisation. The challenge is to overcome such splitting by doing the hard work of defining how mission can realistically drive business decision-making using principles and models developed from within the organisation itself. The need to allocate scarce resources is the focal point of such potential splitting and poses perhaps the most serious challenge for institutional leaders who are serious about the integrity of their organisation's Catholic identity.

Mission integration requires a programmatic approach. The conversation necessary to reclaim the theological origins of Catholic identity and to integrate the mission into the practice of individual staff and departmental operational plans should take place from the bottom up as well as the top down. This approach calls for dialogue between leadership, staff, and community to identify the exacting requirements of fidelity to mission.

Discussion of Catholic identity often neglects the reality that many if not most staff of Catholic facilities are not Catholics. Mission integration programs must therefore offer opportunities for such staff to connect with the theological and moral foundations of Catholic ministry. Programs that engage staff should also offer opportunities to address the emotional aspects of their work, and encourage candid engagement with the grief, loss, and anger that are part of the chaos experience necessary for refounding ministry in a collaborative manner. The very term 'non-Catholic' is already implicitly triumphalist, although intended only to designate the variety of religious convictions at work in Catholic health care staff. Members of other faith

traditions and denominations must have an authentic opportunity for dialogue within the Catholic facility about how to resolve differences in an inclusive practice, which then qualifies precisely as catholic.

Health care professionals aspire to meaning and significance in their work. The higher dimensions of work are realised when individuals feel themselves to be participants in a morally worthy project, something larger than their own individual purposes, which serves the needs of others in a way which prompts loyalty and dedication and promises the reward of personal enrichment.

Catholic health care bears the Gospel story through which Christ's self-sacrificial healing service was validated by God's raising him from the dead. Catholic health care offers paradigm stories of heroic virtue by Christian disciples, of women like Catherine McAuley whose innovative response to poor women and children formed others by power of example. Staff in Catholic health care facilities who identify themselves as outside the Catholic Church can and do participate in Catholic ministry, with genuine love and appreciation for the healing works of contemporary colleagues, whose discipleship faithfully embodies the divine compassion so exquisitely displayed by Christ and Catherine.

Catholic identity is a process, always on the pathway to fuller achievement. Yet even the priority organisations place on dialogue about their Catholic identity signals something distinctively Catholic. The ongoing challenge is to reform habits of thought and practice in the process of passing from chaos to refounding the character of individuals, organisations, and communities.

Catholic Ethics as Enactment of Mission

While the subject matter of Catholic ethics is often perceived primarily as a matter of principles and prohibitions, particularly about sexuality and reproduction, in reality Catholic ethics is moral theology, that is, disciplined reflection on how to act as a community in a manner befitting our theological nature as creatures redeemed by a gracious

> *Catholic ethics enacts mission by translating vision into virtue.*

God. The principles and rules meant to form our individual and corporate conduct have their foundation in the Gospel, the constitution of Catholic moral communities. The sanctity of human life as a gift of God grounds our prohibition of abortion. Christ's compassion for the disabled founds our refusal to abandon the weak because they are not perfect.

Secular antipathy to Catholic moral teachings should be placed in theological perspective. Catholics are a community with real differences from the wider society, even as we are obligated to witness to that society and to transform it through our embodiment of the Gospel in our healing work. *The Ethical and Religious Directives for Catholic Health Care Services*,[17] approved by the US Catholic bishops in 1995, offer a policy framework for health care practice in Catholic facilities.

Catholic ethics enacts mission by translating vision into virtue. The vision is the Catholic vision of our faithful participation in God's transforming work: to heal and to console, to offer hope, rooted in God's promise that God will finally gather in communion those who are God's own people. The proof of God's promise is God's raising Jesus from the dead. The Resurrection made possible a new form of community marked by the spiritual gifts and power to sustain our care for one another in the midst of sin, illness, and pain. The Eucharist makes this power available on a daily basis in the heart of Catholic health care organisations. As the late Cardinal Bernardin said, Catholic health care is called to be a sign of hope that life is ultimately worth living, despite suffering, because we can care through professional action.

Catholic social ethics reflects this mission of the Church to transform the world. Pope Paul VI described the Church as the leaven of society, the agent that uplifts, modifies, and lightens. Indeed the message of Vatican II was that the Church's involvement in society should bring soul based on renewal by Christ.

Father Kevin D. O'Rourke has identified five tasks for Catholic health care in enacting this role:[18]

- **Immerse itself in civil society.** Catholic health care professionals and organisations should participate in efforts to improve public health, even when they are not in full agreement with those efforts.

- **Provide high quality care.** Such care is not always easy to define, but Catholic health care can and should set high objective standards for the well-being of patients.
- **Minister to the suffering and dying.** The Catholic view of suffering and death as necessary for human fulfilment is a counter-cultural idea in our society. Catholic health care should, while eliminating physical pain when possible, help people to die in a holy atmosphere.
- **Be a responsible, just employer.** Catholic health care should treat employees as individuals worthy of respect, not as economic units.
- **Be advocates for the poor.** Catholic health care should not only provide charity care for the poor; it should work for care based on need rather than on ability to pay.

> *Like politics, all social ethics is local.*

Recent efforts sponsored by Catholic Health Australia to establish social accountability standards are a promising sign that the Catholic social justice tradition, and its preferential option for the poor, represent an urgent ethical imperative. But such institutional measures cannot replace the responsibility of each Catholic facility to identify the poor and underserved among its near neighbours, and to reach out with new initiatives to include the marginalised in the common goods of the health care organisation at hand as well as in the system or sector. Like politics, all social ethics is local. Accomplishing this ethical task requires that Catholic organisations develop explicit policies and internal mechanisms to determine and assure that they are actually, not merely rhetorically, meeting their obligation to care for the poor and the weak in their immediate health district.

Clinical ethics in the Catholic context begins with strong focus on respect for the sanctity of life through the entire spectrum of the life span, from newly conceived to terminally ill. Catholic identity is realised in the clinical setting when clinical staff recognise, accept, and enact the special character of Catholic ministry. Although the special atmosphere that marked traditional Catholic health care was nourished substantially by the exemplary service of men and women religious, that same culture of compassion can flourish wherever lay Catholics and their colleagues display the virtues consistent with God's mercy.

In practical terms, the conditions of professional practice are now challenged, in ever more demanding ways, by the system of health care delivery: less time, fewer resources, more patients. Perhaps our obligation to be faithful to our mission can prompt the artful use of clinical time. Clinicians should attempt to overcome the dominance of technology and technique in health care in order to connect with patients who may need nothing more than to know that their suffering is understood.

Corporate ethics in Catholic health care means that leaders, those who possess power over resources, whether human, financial, or technological, exercise special responsibility for the ethical identity of an organisation. Corporate moral responsibilities are heightened in Catholic health care because our mission and ministry commit us to transform our institutions into moral communities of compassionate care.

The Catholic character of an organisation is created in good measure by the virtues, or vices, with which people in authority enact the mission and values of the organisation. This is a matter of personal modelling in their professional practice of the very qualities they demand of everyone in the organisation: mercy, dignity, care, quality, and commitment. We often hear about organisational culture in terms of leadership, decision making, communication, values, teamwork, and staff morale. But these key ingredients of corporate ethics often come down to how executives and managers use their positions of power, either to strengthen their individual empire of importance, or to serve the community by building on staff strengths, by instilling confidence and hope, and by co-ordinating the variety of gifts at work in the organisation.

In a climate of increasing pressure to produce outcomes or to make cuts based on resource constraints, Catholic health care organisations will face crucial tests of their corporate Catholic identity. We must take care to minimise the risk of crucifying staff to achieve financial rather than patient care outcomes.

The Catholic Identity of Health Care Ministry: Relationships and Future

The refounding of Catholic health care ministry requires that we re-experience the founding story of Christ's compassion as the work of the Church, and that we retell and renew our congregational history of Mercy. The collaborative character of this enterprise requires that Catholic health care organisations strengthen their relationships with professional staff and employees, with bishops, with the church community, and with the wider society.[19]

Catholic health care can improve its record in caring for those who deliver the basic services of care to suffering patients. Catholic facilities' relationships with bishops must be marked by mutual education and continuing dialogue over how best to preserve the Catholic character of such complex organisations.

Catholic health care can cultivate clearer and stronger linkages between its institutions and local Catholic communities, who, in addition to their role as potential patients, are members of the Church community which owns the ministry of health care. More integrated programs consisting of partnerships between the local parishes and health care facilities could deepen Church awareness that health care ministry is about Christ's healing compassion.

Finally, Catholic health care as a corporate social ministry must become even more confident and visible in its teaching responsibility to the wider secular society. Our mission of mercy to the sick and dying, and our commitments to the protection and healing of life, must be presented in a manner that displays our confidence in the saving power of Christ, which underwrites all that we are and do.

> *We must take care to minimise the risk of crucifying staff to achieve financial rather than patient care outcomes.*

CATHOLIC IDENTITY IS A PROCESS,
ALWAYS ON THE PATHWAY TO FULLER ACHIEVEMENT.

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Catholic Health Australia	cha.org.au
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