RESEARCH GROUPS

HEALTH CARE ISSUES IN THE U.S. AND CANADA

Topic:	The Mission of Catholic Health Care
Convener:	Thomas J. Poundstone, St. Mary's College of California, Moraga
Presenters:	Regina Wolfe, St. John's University, Collegeville, Minnesota
	Mark C. Miller, Redemptorist Bioethics Consultancy, Edmonton,
	Alberta, Canada

Mark Miller presented "Core Values in Catholic Health Care: Mission, Ethics, Stewardship" as an introduction to the topic of the Catholic presence in modern health care. He noted how the present-day financial crises in health care have forced Catholic facilities to explore their history in order to understand what role they ought to play in an increasingly business-oriented atmosphere. The historic call to fulfill the healing ministry of Jesus Christ in looking after the poor, the disenfranchised and the marginalized presents challenges analogous to those faced by the pioneers.

Second, a particular focus on ethics in health care ought to be part of the Catholic mission. Ethics, although it means many things in a pluralistic society, is becoming the common language around values and choices in health care. Catholic ethicists need to be part of the conversation—which is pluralist in nature and not secular, as some philosophically based bioethicists would suggest—and to make ethics a regular part of the conversation and choices within our facilities and programs. Ethical aspects of treatment decisions need to be complemented by ethical reflection by boards and administration, in resource allocation, treatment of employees, etc.

Finally, as health care is a huge business today, the financial implications of Catholic health care require a very serious examination of the use of our resources (financial, personnel, time, etc.) in a system that is often pushed by technological and drug costs to the detriment of "basic" health care (a concept that is notoriously hard to define). Stewardship primarily implies responsibility to the mission.

Regina Wolfe, in "The Mission of Catholic Health Care: Facing the Challenges," then continued by presenting a broad picture of the enormous numbers of ethical issues that we are currently facing in health care: Initial and ongoing education in mission at all levels of our facilities and involvement; hiring staff committed to the mission; responding to the market forces presently changing the face of health care; and coming to terms with the movement from religious orders' sponsorship to new forms of lay and diocesan sponsorship. Tensions at the root of these and other challenges were outlined: Individual patient rights vs. common good; individual responsibility/accountability for personal health and wellness vs. the community's responsibility for all members; health care as a ministry or a business; physician as healer or manager; narrow understanding of healing as physical vs. holistic view which includes spiritual and emotional dimensions of human wellness; the patient as human person or as commodity; profit or not-for-profit care; managed care as necessary or flawed; quality care vs. cost-effective care; economic or noneconomic ends/purposes; and institution as deliverer or financier of health care services.

Wolfe went on to raise numerous questions for Catholic health care today, questions concerning a sustainable commitment to the poor (in an inequitable system), to financial considerations, to market pressures and mission realism. She finished with a brief challenge to theologians, from systematicians and liturgists to bioethicists and social ethicists, to assist with the needed reflection for the ministry of Catholic health care. Such reflection, she noted, is required for issues on the individual human, the micro (institutional) and the macro (systemic) levels.

A lively discussion followed. Richard McCormick raised the difficult issue of perhaps admitting that some (market) considerations may make the living of the mission impossible, so that resources ought to be pulled out and used more wisely elsewhere. Thomas Shannon questioned the meaning of "secular" ethics and whether or not there is a common language around health care values. David Kelly raised a number of issues about the difficulties of constructing Catholic systems within a tough market-driven system. How does a faith-based system remain true to itself in the face of the enormous pressures of mergers, profitdriven corporations and the burgeoning numbers of uninsured or underinsured? Several others intervened on the myriad issues raised by Regina Wolfe.

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