In a paper entitled “What is a Faith Based Institution?” Jack Gallagher sought to focus the reflection of those involved in Catholic health care on the theological underpinnings of the Church’s institutional commitments. He posed the question: “What do faith based health care organizations bring to patients, communities, and the marketplace?” Recognizing that the Church is “institutional by nature,” Gallagher led the participants through the Church’s tradition which has established health care institutions as an extension of the fundamental ministry of the Church. Using Bernard Lonergan’s “Structure of the Human Good,” he outlined the Good of Order (Lonergan’s more flexible notion, including perfectibility and plasticity, for “The Common Good”) as found in health care institutions. The enormous change in hospitals, American and otherwise, from places where people went (more or less hopelessly) to die and to be isolated from still-healthy society to modern icons of science and social welfare, is mirrored in the faith based institutions. The assumed Catholic identity accompanying the religious women who founded and ran these institutions is being replaced by corporations with “trained bureaucrats” who need a much more conscious or reflexive awareness of mission, values, and faith resources. Theologically, then, these institutions, which witness to Christ in a manner far beyond that of an individual, become an incarnate, essential ministry of the Church—the Body of Christ in his healing ministry. Using Dulles’s models, Gallagher noted that these institutions serve the Church or, better, serve as Church in being both herald and servant. A theology of public discourse can be developed out of this ministry to deal with many of the most serious questions facing individual human beings or society, including questions of social justice, moral discourse, and even ultimate meaning. The opportunity to be a voice and witness in a pluralistic society is enormous. And, as a final thought, Gallagher asked a question that may also be pertinent for the CTSA, “What is the role of the theologian in an institutional ministry as opposed to the traditional academy?”

A lively discussion raised a number of issues, perhaps the most interesting of which was the question of the need for a “conscience clause” for Catholic institutions and health care workers. Pressures in modern society—to conform to
the law, to provide “somebody’s” definition of “good health care,” for example—leave Catholic and other faith-based organizations in a precarious position. Nonetheless, to argue for a conscience clause gives the impression that Catholic ethical positions are based upon a faith foundation, akin to the issue of blood transfusions for Jehovah’s Witnesses. Perhaps we can offer something greater to society through the Church’s traditional effort to ground moral positions on genuine foundations which may, in turn, challenge prevailing moral positions claiming to be “the” rational positions.

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