The Pastoral Role of the Diocesan Bishop in Catholic Health Care Ministry

Second Edition

UNITED STATES CONFERENCE OF CATHOLIC BISHOPS ADMINISTRATIVE COMMITTEE

The Gospel Context of Health Care

1. The Gospels are filled with examples of Jesus curing many kinds of ailment and illness. In one account, our Lord's mission is described as the fulfillment of the prophecy of Isaiah, "He took away our infirmities and bore our diseases" (Mt. 8:17; see Is. 53:4). Jesus instructed his apostles to heal the sick (Mt 10:8). The care of the sick, therefore, is an important part of the mandate that Christ gave to his disciples.

2. Since the principal work of Christ was our redemption from sin and death, the healing that he brought us went beyond caring only for physical afflictions. His compassion for the poor, the sick, and the needy fit within his larger mission of redemption and salvation. Christ touched people at the deepest level of their being. As the source of physical, mental, and spiritual healing and well-being, he described his work as bringing life in abundance (John 10:10).

3. To understand the significant role of the Catholic Church in health care throughout the centuries, one needs to look at the faith of those who have attempted to imitate the love, compassion, and healing of Jesus. It is nothing less than Christian love that animates health care within the Church. The work of healing and the acts of compassion that envelop it are seen as a continuation of Christ's mission that is enabled by his life-giving grace. It is out of this context of faith, hope, and love that the Catholic health care ministry came into existence.

4. Historically, religious institutes and societies of apostolic life of women have taken the lead in the development of Catholic health care ministry in the United States. While a number of health care initiatives have been established by individual dioceses, religious institutes of men, and associations of the Christian faithful, the vast majority of Catholic health institutions have been sponsored[1] and directed by religious institutes of women for whom this ministry is an integral part of their religious charism and apostolate. Their efforts have resulted in an extraordinary array of health care organizations that reflect and embody the care of the Church and the love of Christ for the sick. Their dedication to work on behalf of the sick has served as a way of announcing the Good News of Christ through their example.

1 "Sponsorship of an apostolate or ministry is a formal relationship between a recognized Catholic organization and a legally formed entity, entered into for the sake of promoting and sustaining the Church's mission in the world." This is the common definition of sponsorship agreed upon by the participants in a Canon Law Society of America symposium on the subject; see Rosemary Smith, S.C., Warren Brown, O.M.I., and Nancy Reynolds, S.P., eds., *Sponsorship in the United States Context: Theory and Praxis* (Washington, D.C.: Canon Law Society of America, 2006), ii.

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5. As the numbers of religious have been decreasing, lay men and women have increasingly been taking leadership and sponsorship roles in many of our Catholic health care institutions, while striving to maintain the charism and spirit of the founding religious institutes and societies of apostolic life.

Challenges and Opportunities

6. Today, Catholic health care ministry in the United States is facing formidable economic, demographic, cultural, and ministerial challenges. These include the following:

- the unsustainable growth in health care spending, which is burdening federal and state budgets, businesses, families, and the poor and vulnerable;
- an aging population, many of whom suffer from multiple chronic conditions that are difficult and expensive to treat; the accelerating shift of risk from public and private insurers to providers through new payment methods;
- the growth of competition from non-traditional providers of health care, such as chain drug and retail stores;
- downward pressure on provider net revenues;
- the pressure on Catholic health care systems to gain economies of scale through mergers and acquisitions, sometimes involving non-Catholic systems and facilities;
- ever fewer women and men religious;
- and cultural pressures that have led some politically influential groups to claim that elements of Catholic teaching are incompatible with emerging standards of medical care.

7. In addition, there is what Pope Francis has called the "spiritual poverty of our time,"[2] and what Pope Benedict XVI labeled as the "dictatorship of relativism."[3] This spiritual poverty can be seen in the numerous moral and ethical issues that place Catholic teaching against popular culture – such as in contraceptive, transgender, and end of life issues. "Service to life," however, "is performed only in *fidelity to the moral law*, which expresses its values and duties."[4] How Catholic health care organizations might effectively respond to these multiple developments is the challenge of the moment. These pressures are driving Catholic health sponsors and other leaders to reassess and restructure their organizations in an effort to remain a viable part of today's health care delivery, and a valuable expression of the Church's mission in the world.

Responsibility of the Diocesan Bishop

8. Catholic health care, as an expression of the healing ministry of Jesus Christ, participates in the apostolic mission of the Church in the same way that other ministries do. The varied and complex structures that are required to deliver health care are the particular responsibility of the sponsoring entity, boards, and other leaders who conduct this corporate ministry. At the same time, this ministry also necessarily involves the diocesan bishop. The bishop has the responsibility and right to exercise his authority over all apostolates in his diocese, including that of health care, in accordance with the *Code of Canon Law*, c. 678, and any other universal or particular law that may be enacted. The diocesan bishop should also seek the aid of legal consultants in understanding any applicable local and state secular laws. Sponsors of apos-

2 Francis, *Address to the Diplomatic Corps to the Holy See*, 22 March 2013.
3 Joseph Cardinal Ratzinger, *Homily for the Mass "Pro Eligendo Romano Pontifice,"* 18 April 2005.
4 Pontifical Council for Pastoral Assistance to Health Care Workers, *New Charter for Health Care Workers*, no. 5.

tolates, including health care facilities, must give due recognition to the lawful authority and role of the bishop. This is the teaching of the Second Vatican Council and the universal law of the Church.[5]

9. There are a variety of ways in which the role of the diocesan bishop can be expressed in health care ministry. The bishop, as principal teacher, invites openness and receptivity to the splendor of truth by proclaiming the Church's teaching and by safeguarding the moral and doctrinal integrity of Catholic health care.[6] As sanctifier, the bishop exercises his ministry by ensuring the celebration of the sacraments and by providing for the overall pastoral care for the sick, their families, and the medical professionals in health care settings throughout the diocese, for example, through his appointment and supervision of priests as chaplains.[7] The bishop, as pastor, governs the particular church in ways that seek appropriately to coordinate the healing ministries in the interest of the common good.[8]

10. In the area of pastoral governance, the bishop's authority and responsibilities vary according to the canonical status of the health care organization, the canonical status of the sponsor, and the canonical issues involved. It is the bishop's obligation to ensure doctrinal and moral integrity in the witness and practice of all Catholic institutions within the diocese. It is therefore the responsibility of the diocesan bishop, in cooperation with religious institutes and other sponsors, along with all those involved in the ministry of health care, to ensure that the Catholic identity of all health care organizations is maintained and strengthened. To aid in this responsibility, the bishop may find it useful to promulgate the current edition of the *Ethical and Religious Directives for Catholic Health Care Services* as particular law in his diocese. While the *Ethical and Religious Directives for Catholic Health Care Services* contain essential moral truths that are always binding upon the Catholic faithful, the *Directives*' adoption as particular law can further assist in their implementation as legislative directives within the local church.[9]

11. The bishop may also find it helpful to appoint an ethicist as health care vicar or delegate, and/or to appoint a diocesan medical ethics board. The bishop and his delegate or ethics board can and should work in collaboration with the ethicists of the Health Care systems. It is also the diocesan bishop's responsibility to coordinate all apostolic activity within the diocese,[10] while respecting always the particular character of each apostolate,[11] thereby fostering and promoting that unity in diversity which characterizes true ecclesial communion.

12. Recent developments in health care delivery, particularly those that involve substantial modifications in the canonical or corporate status of a Catholic health care organization, often give rise to questions concerning the applicability of Church laws governing the acquisition and administration of temporal goods; the alienation of Church property; the fulfillment of the intentions of founders, benefactors, and donors; and effective control of a Catholic health care organization. The diocesan bishop, along with the leaders of Catholic health care institutions, must assess the applicability of such laws and evaluate proposed arrangements in the light of Catholic identity and the Church's doctrinal, moral, and canonical requirements. They are guided in this assessment by the directives found in Part VI of the *Ethical and Religious Directives for Catholic Health Care Services.* As noted there, the ultimate responsibility for the interpretation and application of the *Ethical and Religious Directives for Catholic Health Care Services* rests with the diocesan bishop.[12] Dialogue in such matters is essential and should occur on a regular basis, especially in the early stages of considering any venture, affiliation, or relationship that has the potential to affect substantially the mission, Catholic identity, or canonical status of a Catholic health care organization.

Fostering Collaboration

13. The diocesan bishop collaborates with the leaders of Catholic health care institutions and systems, who have

5 See, for example, *Lumen Gentium*, no. 20; *Christus Dominus*, no. 11; *Code of Canon Law* (CIC), cc. 394 §1; 216; 223 §2; 375; 381 §1; 391 §1; 392; 678; 680.
6 See *Lumen Gentium*, no. 23; CIC, cc. 753, 756; see also *Veritatis Splendor*, no. 4.
7 See *Sacrosanctum Concilium*, no. 22; CIC, cc. 835, 564, 566.
8 CIC, cc. 394 §1; 223 §2.
9 Appendix A offers a sample decree establishing the *Ethical and Religious Directives for Catholic Health Care Services* particular law that a bishop can adopt for use in his diocese.
10 CIC, c. 678.
11 CIC, c. 394 §1.
12 See *Ethical and Religious Directives for Catholic Health Care Services* (ERDs), Part VI.

devoted their energies to the health care ministry with exemplary consistency and vigor and who, together with the bishop, seek to foster the continuance of this vital ministry in a rapidly changing environment.

14. The bishop also promotes collaboration among all the various actors involved in the Catholic health care ministry, from sponsors to hospital administrators to Catholic hospices to Catholic social agencies, such as Catholic Charities. Collaboration between Catholic health care institutions and Catholic social service agencies is especially important in an era in which health care systems are beginning to reach beyond their acute care settings to address the social determinants of health, such as adequate nutrition, housing, and employment.

15. Such collaboration is essential because these actors all approach the ministry from complementary perspectives, which result from their differing levels of involvement in the ministry and their differing responsibilities for the apostolates in the local Church. The diocesan bishop is in a unique position to foster this collaboration and has a duty to do so.[13] In exercising their pastoral role in the Catholic health care ministry, diocesan bishops are encouraged to invite those who govern and manage these ministries to join in the effort to support and stimulate initiatives that will preserve and extend the health care ministry and ensure its Catholic identity.

16. One particularly helpful initiative has been the development of programs for in-depth doctrinal and pastoral formation grounded in Catholic identity and in the tradition of the founders of the health care system. These programs are designed to form faithful individuals and to create a community of leaders within each health care system, facility, and service area who articulate and integrate a Catholic understanding of the ministry of healing.

17. This marks an area of potential collaboration with the diocesan bishop, who has an interest in helping to ensure that the staff, particularly those in leadership positions, have a formation sufficient for them to do their part to sustain the mission of the Catholic health care service. The bishop may collaborate in various ways, perhaps by offering diocesan assistance or by facilitating cooperation among Catholic health care providers and Catholic educational institutions.

18. The diocesan bishop should also foster other initiatives that encourage Catholic health care institutions in their outreach to the local communities. In fact, one of the major changes occurring in health care today is the fact that health care systems are no longer comprised of only hospitals, but also include clinics, community care centers, physician care sites, and offices. In considering how the diocesan bishop and a Catholic health care system collaborate, this expanded notion of health care must be kept in mind.

19. Another area of critical importance is the urgent need to address the growing number of people who die with serious health-related suffering associated with life-limiting and life-threatening conditions. Palliative care and hospice care help relieve serious health-related suffering by providing physical, psychosocial, and spiritual care to patients and their families. The diocesan bishop could foster dialogue with Catholic health care institutions about how they can develop effective palliative care programs. This dialogue could center around a document developed by the Pontifical Academy of Life that contains forty-three recommendations for improving global palliative care.[14]

Practical Issues Affecting Catholic Health Care Systems

20. Given the complexity of the new developments in the health care field that need to be addressed and the intersecting competencies that need to be respected, the effective exercise of the diocesan bishop's pastoral responsibility in the health care ministry presupposes communication and dialogue among all those involved in the ministry. Such an approach will both strengthen the Catholic presence in health care and contribute to the ecclesial communion of the local church.

13 See Congregation for the Doctrine of the Faith, "Some Principles for Collaboration with Non-Catholic Entities in the Provision of Health Care Services" (27 February 2014), no. 17.

14 *White Book for Global Palliative Care Advocacy: Recommendations from a PAL-LIFE Expert Advisory Group of the Pontifical Academy for Life, Vatican City* (http://www.academyforlife.va/content/dam/pav/documenti%20pdf/2019/White%20Book/WHITE%20BOOK%20English02%2025Apr19.pdf).

Institutions Sponsored by Religious Institutes or Societies of Apostolic Life

21. The apostolic activity of religious institutes or societies of apostolic life, whether they be of diocesan or pontifical right, reflects an important element of collaboration with the diocesan bishop.[15] The *Code of Canon Law* provides direction for the relation between the diocesan bishop and religious superiors in the coordination of such apostolic activity.[16] At the same time, "[i]n exercising an external apostolate, religious are also subject to their proper superiors and must remain faithful to the discipline of the institute. The bishops themselves are not to fail to urge this obligation if the case warrants it."[17] For this reason, "[in] organizing the works of the apostolate of religious, diocesan bishops and religious superiors must proceed through mutual consultation."[18]

Health Care Institutions of Pontifical Right

22. As noted, more and more Catholic health care institutions are being administered by lay professionals. Often this occurs through the establishment, by the concession of a competent authority, of a juridic person. A juridic person is a group of persons or things "ordered for a purpose which is in keeping with the mission of the Church and which transcends the purpose of the individuals."[19] Those institutions established as public juridic persons provide health care in the name of the Church, usually by carrying on the charisms of the religious institutes or societies of apostolic life that originally founded the institutions.

23. Although many of the juridic persons established for health care are, like many religious institutes, under the direct jurisdiction of the Holy See, they do exist in communion with the local church and its bishop. The diocesan bishop aids the juridic person in helping to safeguard its rights and overseeing the fulfillment of its obligations. The obligations of a juridic person in health care include adherence to Catholic teaching in all aspects of the institution's life and ministry, the disciplinary requirements of correct usage of financial and temporal goods, as well as other specified laws, and, where applicable, the maintenance of the original charism of the institution.

24. The diocesan bishop should foster the kind of collaboration among these apostolates that will strengthen the health care ministry overall and ensure that they are conducted in accord with the teaching and discipline of the Church. In this way the diocesan bishop will fulfill his responsibility to be vigilant about the Catholic identity of any individual or group operating within his diocese.

25. In order to provide a common basis for collaboration and dialogue, the diocesan bishop and his staff should strive to become informed about the complexities of the current health care environment. At the same time, sponsors, administrators, and board members need to develop a fundamental grasp of the doctrinal, pastoral, and canonical principles that have a bearing on Catholic health care delivery.

Collaborative Arrangements

26. The diocesan bishop, sponsors, and other leaders of Catholic health care should give careful attention to proposed and existing ventures, alliances, mergers, or other associations among Catholic health ministry organizations within the diocese or in conjunction with other dioceses. Such collaboration could serve to protect and strengthen the individual and collective well-being of the ministry as well as contribute to the fuller realization of ecclesial communion. When collaboration with other than Catholic providers is considered necessary or opportune for sustaining and enhancing the ministry, the bishop is to be consulted, and the appropriate approval is to be obtained.

27. The *Ethical and Religious Directives for Catholic Health Care Services* state: "When there is a possibility that a prospective collaborative arrangement may lead to serious adverse consequences for the identity or reputation of Catholic health care services or entail a high risk of scandal, the diocesan bishop is to be consulted in a timely manner."[20] Sponsors and other leaders make an important contribution to the diocesan bishop's exercise

15 See *Lumen Gentium*, no. 44; *Christus Dominus*, no. 35; CIC, cc. 675, 681 §1; see also *Vita Consecrata*, nos. 48-49.
16 CIC, c. 678 §1. For societies of apostolic life, see c. 738 §2.
17 CIC, c. 678 §2.
18 CIC, c. 678 §3.
19 CIC, c. 114 §1.
20 Directive no. 68.

of this responsibility by providing adequate and timely information about developing partnerships.

28. The nature of a bishop's authorization of a collaborative arrangement varies. The *Ethical and Religious Directives for Catholic Health Care Services* go on to explain, "the diocesan bishop's approval is required for collaborative arrangements involving institutions subject to his governing authority; when they involve institutions not subject to his governing authority but operating in his diocese, such as those involving a juridic person erected by the Holy See, the diocesan bishop's *nihil obstat* is to be obtained."[21]

Interdiocesan Cooperation and Coordination

29. In today's health care environment, where regional and national collaboration is often seen as essential to vitality and survival, collaborative arrangements often span multiple dioceses. In such cases, there will need to be a dialogue that brings together bishops, sponsors, and other leaders from across diocesan and state boundaries. The *Ethical and Religious Directives for Catholic Health Care Services* stipulate that in evaluating prospective collaborative arrangements involving Catholic health care services, "the bishop should consider not only the circumstances in his local diocese but also the regional and national implications of his decision (no. 67)." To assist the local bishop and Catholic health care systems, Directive 69 states:

> In cases involving health care systems that extend across multiple diocesan jurisdictions, it remains the responsibility of the diocesan bishop of each diocese in which the system's affiliated institutions are located to approve locally the prospective collaborative arrangement or to grant the requisite *nihil obstat*, as the situation may require. At the same time, with such a proposed arrangement, it is the duty of the diocesan bishop of the diocese in which the system's headquarters is located to initiate a collaboration with the diocesan bishops of the dioceses affected by the collaborative arrangement. The bishops involved in this collaboration should make every effort to reach a consensus.

30. In pursuit of the common good, it is desirable for diocesan bishops, in consultation with sponsors and other leaders, especially where local health care organizations belong to systems that cross diocesan boundaries, to strive to cooperate with each other in fostering consistent diocesan policies in their supervision of the health care apostolates of their dioceses, insofar as this is possible. Consultation and collaboration among the diocesan bishops in whose dioceses the health care system operates will improve the chances for success among new ventures in the apostolate and help promote their Catholic identity. Contrary or contradictory policies among bishops can mislead people and do a disservice to the ministry of the whole Church. On the other hand, when two or more particular churches unite in a common effort, they witness to the catholicity of the whole Church.[22]

Diocesan Guidelines and Procedures

31. Particular diocesan guidelines or procedures, often called diocesan protocols, developed in dialogue with sponsors, other health care leaders, and consultants possessing the requisite legal, canonical, and theological expertise, can be helpful for evaluating new forms of health ministry. Procedures should be in place to ensure that there will be a consistent approach to the challenges and opportunities posed by the current health care environment. The form such procedures or guidelines take will vary depending on several factors, among them the size of the diocese, the diversity of sponsoring bodies, the level of the Church's involvement in health care delivery in the local area, and the extent to which multistate and multi-diocesan interests converge in the provision of this health care. Normally, such procedures would provide guidance for a generally consistent approach to the variety of circumstances that might arise as new collaborative arrangements affecting the Catholic identity of the providers in question are pursued and developed.

32. Such guidelines or procedures - designed to meet local circumstances and respect legitimate local competencies and interests - may be seen as further specifying the general direction provided by Part VI of the *Ethical and Religious Directives for Catholic Health Care Services* in this area. In this way bishops, sponsors, and other

21 Directive no. 68.

22 See *Lumen Gentium*, no. 23; *Christus Dominus*, no. 37.

leaders can pursue together their common objective of promoting the integrity of the Catholic health care ministry by fostering the thorough review of affiliations, partnerships, mergers, ventures, and any other relationships that affect the Catholic identity of the health care provider as well as the Catholic presence in the health care field.

Conclusion

33. This call for the exercise of the bishop's pastoral office in overseeing health care ministry is issued to create an atmosphere of mutual understanding, fruitful collaboration, and ecclesial communion. Out of such collaboration, and with the pastoral direction of the diocesan bishop, Catholic health care organizations will continue to manifest the teaching and love of Christ through their caring ministry. In performing such a ministry, they are imitating Christ who, when he "saw the vast crowd, his heart was moved with pity for them, and he cured their sick" (Matt 14:14).

Appendix

[SAMPLE]

General Decree Establishing the _____edition of the *Ethical and Religious Directives for Catholic Health Care Services* as Particular Law in the (Arch)Diocese of _____

Mindful of the significant contribution Catholic Health Care Services offers as well as my responsibility as diocesan bishop to safeguard the integrity and unity of the works of the apostolate pertaining to health care in the (Arch) Diocese of _____ (cf. canons 392, 394, 678, and 747);

I, Most Reverend _____, by the grace of God and the Apostolic See (Arch)Bishop of _____, hereby issue this General Decree in accord with canon 29 establishing the _____ edition of the United States Conference of Catholic Bishops' *Ethical and Religious Directives for Catholic Health Care Services* as particular law in the (Arch)Diocese of _____.

The ___ edition of the *Ethical and Religious Directives for Catholic Health Care Services* is to be promulgated in accord with canon 8, §2 by publication of the text on the Internet Website for the (Arch)Diocese of _____ (www.nameofdiocese.org) and by delivering a copy of same and a copy of this decree to the chief executive officer and the sponsors of all Catholic health care institutions located in the (Arch) Diocese of _____. The provisions of the ___ edition of the *Ethical and Religious Directives for Catholic Health Care Services* shall become effective and binding within the (Arch)Diocese of _____ on (month, day, year), any particular legislation, directives, or instructions to the contrary notwithstanding.

Dated this ___(day)_ of __(month)____, in the Year of Our Lord _____.

_____

(Arch)Bishop of _____