INTRODUCTION

Healthcare, in general, is in the midst of a chaotic and tumultuous storm of increased regulation, cost pressures and escalating demands from government to do 'more with less'. Faith-based healthcare faces a further challenge; we are ministry as well as business. As a Catholic organization, the challenge is blending market pressures with our call to continue the healing ministry of Jesus. In reflecting upon this challenge, numerous questions arise. How can we remain true to the ministry and mission of the Church and to the founding vision of our sponsors? How does our Catholic identity differentiate us from other healthcare organizations? How does it impact on the care we provide? As a Catholic healthcare provider, I face this challenge daily. As a new Mission Services Director, I continually struggle with these questions both personally and professionally.

Presently, a lack of understanding persists regarding the nature of mission and its integration within our organization. Too few seem to perceive or reflect upon the spiritual nature and sacredness of the work that we do. There exists a sense of ‘disconnect’ between our daily work lives and our inner lives. What we 'do' does not appear to be connected to who we are. Notwithstanding this, I do believe that there are those ‘defining moments’ throughout the day, which not only demonstrate that our mission differentiates us from secular healthcare but also truly drives our actions. Is our care different because of our identity? I would suggest that it is.

As an organization, in order to nourish what the literature has termed ‘institutional integrity’, we need to understand more clearly our purpose and how to carry out that purpose in offering service to our patients and their families. As Catholic health providers and working in an institution founded on the healing mission of Jesus and
gospel values, it is crucial to ask whether ‘who we say we are’ through our mission statement is in harmony with ‘what our actions and activities’ say we truly value.

The purpose of this paper is to examine this issue in as much depth as possible, therefore, it is divided into three sections which are pertinent. Chapter One examines the theology of healthcare ministry because an exploration of our Catholic tradition and theology provides us with a framework for shaping our response to the needs of our ministry today. Chapter Two defines ministry, mission and values, and the impact these have on moving faith to action. Understanding these terms is essential because they provide the direction for meeting the challenges of our day-to-day operations and decision-making. Chapter Three offers a concrete articulation of the theological framework. It explores praxis, the practical application of our understanding of healing ministry, and takes as its starting point the experiences of women and men in healthcare. These stories tell us who we are, and show us what it means to truly ‘live’ the mission. The narratives act as a vehicle for recognizing God’s presence as revealed and active in the care we give and receive. In this process, we come to understand more fully the meaning of our healing ministry.

Methodology

A review of the current literature dealing with theology, ministry, mission and values in theory and practice provides the basis for understanding the challenge faced by faith-based healthcare facilities. Anecdotal evidence through stories provides some insight into the level of understanding of mission in practice within the organization. Finally,
both together should offer a picture of the present mission climate and offer some insights for innovative and creative ways to assist staff in redefining who they are.

It is my hope that this paper will add something of value to the growing reflection on mission and ministry in faith-based healthcare organizations. Additionally, it is my hope that this reflection will give focus and insight to both leaders and employees and provide a useful starting point to re-examine what is truly important in our healing ministry. For it is my belief that through a deeper understanding of the mission and ministry, we will not only survive the proverbial storm but also thrive, becoming centres of excellence.
CHAPTER ONE

THEOLOGY OF HEALTHCARE MINISTRY

The dictionary defines theology as “the rational analysis of a religious faith, the science that studies God and all, which relates to God, including religion and morals.”\(^1\) With its obscure language and its own specialties and disciplines, theology is often viewed as a serious and difficult field of study. The ‘science’ of theology is undoubtedly a crucial aspect but it is not the only aspect of theology. Theology is more than abstract ideas and concepts in tomes written by theologians. The very nature of the discipline must incorporate action. “Theology, famously described in the fourth century by St. Augustine as “faith seeking understanding”, is a discipline that necessarily follows experience.”\(^2\) Theology is the reflection on the belief system, which grounds faith and leads to action.

John Shea, noted author and expert in the area of healthcare and spirituality, sees the challenge for leaders in Catholic healthcare as trying to weave theological vision and practicality into the whole fabric of healthcare ministry. “Because Catholic healthcare is faith-based, one of the challenges we face is seeking to hold a theological vision of organization and person with the practicality of delivering excellent healthcare.”\(^3\) This challenge, he states, does not emerge solely from theological vision or solely from practicality. It comes into view at the place where vision and practicality intersect.


\(^2\) Charles Bouchard, “Toward a Theology of Healthcare Sponsorship: A Work in Progress” (unpublished paper), Hotel-Dieu Grace Hospital Medical Library.

Theological vision and practicality have a reputation of running on separate tracks and having differing ambitions. Shea suggests this is an unfair characterization and believes that both have deep affinity for one another. Theological vision yearns to have a practical import and the practicalities of healthcare delivery yearn to be grounded in theological vision.\(^4\) The actions of Jesus are where his theology and practicality intersect. Shea uses the gospel story of Jesus washing his discipline’s feet to illustrate this point, “Jesus knowing he had come from God and was going to God and knowing his Father had given all things into his hands, he rose from the table, took off his outer garment and began to wash the feet of his disciples and dry them.”\(^5\) Thus, what began as a theological vision ends in a concrete action, the word has become flesh.

As believers, we do theology each time we try to understand the meaning of our experience in light of what we know of God. When we ask questions of faith or try to seek meaning in light of God’s revelation we are ‘doing’ theology.\(^6\) As Juliana Casey states, “when this happens theology is no longer a mere science; it is life. It enriches us, enlivens us and sustains us on the journey.”\(^7\) Theology must be grounded in our lived experience, otherwise, it can never find integration into the minds and hearts of those who work in healthcare ministry or any ministry. Such a theology can only add to the richness of our understanding of mission and will create a deeper sense of ministry.\(^8\) Therefore, it stands to reason that a theological basis for any Christian healthcare ministry must be grounded in the life and actions of Jesus. This chapter addresses the theological

\(^{4}\) Shea  
\(^{5}\) Shea  
\(^{7}\) Casey, 1.  
\(^{8}\) Casey, 1.
grounding of healthcare ministry. The following are the themes to be discussed in each section: i) spirituality and the presence of God in human experience; ii) the person, mission and ministry of Jesus; iii) compassion in healthcare; and, iv) the importance of community.

**Spirituality and Presence**

As a species we yearn to find purpose and meaning in life. One could say that human beings are hardwired to search for the Sacred, for the presence of God, and for Holy Ground. This aspect of human nature can be defined as one dimension of spirituality. One of the most significant elements can be described as “that inner dimension of the person named by certain traditions as ‘the spirit’. This spiritual core is the deepest center of a person where ultimate reality is experienced.”

Sr. Carla Mae Streeter, reflecting on spirituality states simply, “The core of spirituality is human longing. We long for intimacy and communion with the holy. But we also long for intimacy with humans too.” She further explains that spirituality can be most experienced as the tone of someone’s presence when we are in his or her company. Other writers express similar views of spirituality as a “longing”. Shea portrays spirituality as a hunger, an inchoate yearning and a formless reaching out for something that is not explicitly known but sensed as crucial. The search for spirituality, he goes on to explain, “is a desire to find ultimate meaning and purpose in one’s life and

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11 Streeter
to live an integrated life.”¹² Shea believes this longing for holy presence, this search for something more is a human birthright, part of our human condition, which can be ignored but never eradicated.¹³ Rachel Naomi Remen echoes a similar idea of spirituality as being a human birthright when she points out that a crucial element in identifying spirit is the recognition that it is an essential need of human nature.¹⁴

There are as many spiritualities as there are people in the world. Spirituality is a highly individual and an intensely personal experience. There are, however, elements common to most definitions of spirituality. These include a longing for connectedness with a higher power and with one another, a search for the sacred in life, a yearning or need within the heart of all humanity, and a desire to find meaning and purpose in life.

Dick Westley, author and Professor of Philosophy at Loyola University, offers an intriguing view of spirituality in terms of presence and connectedness. He posits that the fundamental nature of spirituality can be found in what he terms the theology of presence.¹⁵ For Westley, presence is both the nature and vocation of spirit and as such is the essence of what we call spirituality. He interprets the heart and essence of Christian spirituality as being summed up in this statement: “I have called you to live out your lives in the presence of one another, and I pledge Myself to live out My life in your presence.”¹⁶

Quoting Catholic philosopher Gabriel Marcel, Westley goes on to describe the impact of presence in one’s life: “Presence refreshes my inner being, reveals me to

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¹³ Shea, 25.
¹⁶ Westley, 10.
myself, makes me more fully myself than I should be if I were not exposed to its impact.” 17 Hence, the nature and work of spirit begins by being open and attuned to the presence within us. Both statements recognize the connectedness of the universe. Both speak of the bond between others and self and the bond between self and God. This recognition of spirit within allows us to live in our ‘ultimate reality’ so to speak. Thus, living in authenticity opens our being to the presence of spirit in others. According to Westley, we are called to be present to one another in much the same way God is present to us. This connectedness to God, self, and others allows us to be witness to God’s presence in the world around us and in one another. Westley concludes that presence is the core of what we call ‘the spiritual life’ or ‘spirituality’.18

**God’s Healing Presence: Take off your shoes, this is Holy Ground**

It is this very connection between God, self and others that is at the centre of not only our spirituality but also our healing ministry as well. God’s healing presence in human experience is at the very heart of the Christian message. Casey defines this presence as one of the theological foundations of Christian health ministry.19 Healthcare, she says, is “holy ground”, “it is a place of healing and of suffering, of risk and of care. It is where the divine is revealed in the events of our lives.”20 Therefore, what happens within our healthcare facilities happens for a reason, namely, to make real the presence of God through our acts of compassion and caring to one another.

The life and presence of Jesus stands as an exemplar of God’s presence in our world. According to Casey, “the birth of Jesus reveals the depth of union God seeks with

17 Westley, 11.
18 Westley, 11.
19 Casey, 15.
humankind. God is no longer to be found atop a flaming mountain or in a pillar of fire.”21 In Jesus, God has taken on a human reality and lives amongst us. His life and his teachings show us that the holy is to be found in the ordinary. Casey emphasizes that, in Jesus, the divine did not merely visit human reality but entered into the fullness of humanity transforming every aspect of it.22 In doing so, God’s presence and saving power can now be found in ordinary life. She continues by saying that just as God chose Jesus to be God’s healing presence amongst us, we are called individually and collectively to be that healing presence to one another.

It is our ability to be responsive to God present in one another particularly in the most vulnerable that identifies us as disciples of Jesus. If we ground ourselves in a ministry of presence we transform not only our own lives but also the lives of those we touch and the community in which we serve.23 Healthcare providers have the unique opportunity to work on the ‘holy ground’ of life. Each moment of every day, we are presented with the option to make real the presence of God in our community and to those we serve. Casey points out that in order to truly continue the essential mission of healing we must be grounded in our ministry. If we are present to one another as God is present to us, then and only then, can we transform hurt to hope.24

Just as God was present in the lives of those who came before us, God’s presence endures in our lives today. God’s presence continues to transform and heal in the ordinary events and encounters of our daily living. Casey believes that this is accomplished through the gift of grace. Grace, she says, is an encounter between God

20 Casey, 16.
21 Casey, 8.
22 Casey, 8.
23 Casey, 16.
and us. God gives of the Godself and we open ourselves to God. By its very nature, grace is about relationship and dialogue. Casey points out that if we are open and aware of the divine working amongst and within us we will understand that all life is holy ground. She writes, “because of the gift of grace, attentive and receptive persons are able to recognize the presence and movement of the divine in the human experience. All life, therefore is ‘holy ground’; all experience has the potential to reveal.” As healthcare professionals, it is through the gift of grace that we are able to recognize the sacred in and around us. It is because of our responsiveness to the divine presence in one another, particularly to the most vulnerable of those we serve, that we are called to carry on the mission and ministry of Jesus. For those of us in the healing ministry this is not a choice, but rather, it is an imperative. As Christians we are impelled to respond to those in need with the same care, compassion and love as did Jesus. The capacity to respond and act is rooted in the fundamental Christian belief that God’s presence is with us in the constant activity of the spirit and in a life of grace.

**Jesus and His Healing Ministry in Gospel Narratives**

Our understandings about the person and mission of Jesus are instrumental in living out our healing ministry. For this reason, the following section will examine the person of Jesus as well as his ministry as presented in the gospel healing narratives. It is through the gospels that we come to know Jesus as a person and comprehend his mission. The words, wisdom and witness expressed by Jesus in the gospels shape our very ministry.

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24 Casey, 15.
25 Casey, 9.
The explanation given by Shea highlights this, when he writes:

Through the gospel stories we can watch Jesus as he looks at others, listens as he talks to others, be present to him as he is present to them. And if, through the process of imagination, we can enter into their encounter with Jesus, we will encounter him ourselves. We become disciples to the extent that we enter into the discipleship process in the gospels.  

When reading Shea’s words I could not help being drawn back to earlier years. As a child, like many Catholic children, reading bible stories was a favourite pastime. In those moments, I too, was drawn along with the characters. The Jesus of the gospels was present on a very personal level for me. I encountered him myself in those moments as Shea suggests. The imaginings of a child filled with wonder, created an image unlike those depicted in books or paintings. Unlike conventional drawings of Jesus often found in books for children, the Jesus of my imagination did not physically stand out in a crowd. He was ordinary just like me, perhaps a child’s way of finding companionship and identity. What made him special was his essence. In my imaginings, the timber of his voice and his words could transform hearts. Joy and peace radiated from his being and enveloped all who came near him. My Jesus had an infectious laughter and his touch was warm and welcoming; one always felt safe and cared for in his presence. As an adult, I’ve come to realize that the wonderings of a child’s imagination are not always far from reality. We need only turn to the gospels to reveal the essence of Jesus, to find out who he was and what he was about.

Gospel stories tell us of a man who cared deeply. He was a person filled with joy who loved those he met without reservation or judgment. He listened with his heart, being deeply engaged with the person who stood before him. The gospel narratives also

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26 Casey, 10.
27 Casey, 10.
tell us of a reverent and prayerful man, a man of passion and compassion, a deeply relational man who valued all regardless of their station or circumstances. He treated each person with the utmost care and respect.

In Matthew, Jesus describes himself as ‘gentle and humble of heart’²⁹ and he invites people to come to him. In treating individuals with compassion and respect, he teaches them their own value. When he does speak, it is often to let them know the potency of their own spiritual nature. This is how Jesus lived. He responded to the hungry and the destitute, the sick and the lonely, he befriended the outcast and marginalized, he empowered the weak and the broken.

We are called to follow in his footsteps. To be more like Jesus is to see his responses, live his values and discover his heart. As Shea suggests, it is through the gospels that we can do this, “as he exercises his art with them, drawing them into himself to the source of his power, he will be drawing us along into the same source. He will look, talk and be present to us.”³⁰

The gospels paint a picture of a man who is like us, yet more than us. As we watch him go about his daily life we clearly see his mission and purpose. His work is about healing what is broken and liberating what has been imprisoned. In Luke, he is clear about his task and understanding the mission for which he was sent, when Jesus uses the words of Isaiah and says, “He has anointed me to bring good news to the poor. He has sent me to proclaim release to the captives, and recovery of sight to the blind, to

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³⁰ Shea, 141.
let the oppressed go free, to proclaim the year of the Lord’s favour”. Every act, every touch, every word, that comes from Jesus, speaks to us of God’s deep and abiding love for the world and each of us. He has come to heal what is broken, right what is wrong, restore us to wholeness and set us free. He is unmistakably about revealing the vastness of God’s love for each of us.

Jesus’ ministry consisted of teaching, preaching and healing. The gospels overflow with accounts of these actions. In the gospel of Matthew, we hear how the act of healing is central to his ministry, as he recounts story after story of Christ helping those in need. Matthew sums up Jesus’ mission and ministry in this simple statement. “Jesus went about all the cities and villages, teaching in their synagogues, and preaching the gospel of the kingdom, and healing every disease and every infirmity.”

The gospels make it clear that healing was an essential part of Jesus’ work. These acts of healing are the basis for Catholic healthcare and the healing ministry. It is important to note, that healing was a crucial part of his ministry. However, it was only a part of his greater mission, which was to bring about God’s reign on earth. The following section will examine the gospel healing narratives to see how Jesus’ healing ministry was a vehicle for this greater end because the ministry of healthcare is, in fact, participation in the mission of Jesus Christ.

If we continue this mission, we must reflect on how Jesus carried out this healing ministry. In other words, how did he heal and what characterized his healing activity? In reading gospel passages we come to see whom he healed and how he healed. By exploring this connection we begin to understand the greater purpose of why he healed so

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31 Luke 4:18-19
32 Matthew 9:35
many and so often. The theological basis for any profession in healthcare is found in the actions of Jesus. Casey identifies three aspects of Jesus’ healing ministry as particularly significant: “Jesus touched those he healed; he listened to those who called out to him; and he restored the suffering to their rightful place in community.” It is necessary to take a closer look at these aspects in order to fully understand how they relate to our healing ministry today.

**The Touch That Transforms**

That Jesus was a healer, and a prolific one at that, is evident throughout the gospels. As Morton Kelsey points out, “nearly one fifth of the entire gospels are devoted to Jesus’ healing and discussions occasioned by it. We find that everywhere Jesus went he functioned as a religious healer. Forty-one instances of physical and mental healings are recorded in the four gospels. This by no means represents the total.” Healers were not rare in Jesus’ time. The many who claimed to be healers often limited their acts to physical healings and perhaps magical incantations or rituals. Unlike other healers of the time, each of Jesus’ miracles met a specific physical, material or spiritual necessity. There is no record of Jesus exercising his power merely to satisfy idle curiosity.

The culture in which Jesus lived had strict rules concerning social interactions. Religious and societal rules dictated what and whom one could or could not touch. To touch one of those considered ‘unclean’ such as the lepers, menstruating women or the dead, was to become unclean oneself. Nonetheless, Jesus touched lepers, the dead, the

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33 Casey, 22.
blind and deaf.\textsuperscript{35} Jesus the healer reached out to take away pain. His touch was powerful. People sought to touch him and be touched by him because his touch healed them. Jesus the healer did not stand at a distance from those who needed him; he waded into the crowds, went to people’s homes, drew them near, and allowed himself to be touched. Keeping in mind the time and cultural milieu in which he lived, these behaviours were truly remarkable.\textsuperscript{36}

Using Jesus as an example, the significance of presence and touch in healthcare facilities cannot be overstated. In discussing the value of these, Clark Cochran, writes, “presence and touch communicate the care of one person for another. They speak of God’s presence and the assurance of grace.”\textsuperscript{37} Casey recounts a story that illustrates the importance of this statement:

My mother was in hospital with a broken hip, in a lot of pain and disoriented. X-rays ordered and the porters came to take her. They treated her like a sack of potatoes. She waited in the hallway still in pain and saying she was cold. Finally someone from the lab came over and covered her with a blanket. He covered her with such gentleness and care. It was a simple act, but one done with such reverence that my mother was not only warmed but also comforted. She relaxed and smiled and began to doze off.\textsuperscript{38}

From this contemporary narrative, it is evident that one simple act of kindness and care for people who are suffering has tremendous impact on their whole being. Both the warmth of the blanket and the gentleness of the touch signified that another person was present to her in an empathetic and compassionate way.

Regardless of the advances in technology, scientific understanding, and medicine, healthcare is still about people. Because of the pace, complexity and demands put on

\textsuperscript{35} Casey, 23.
\textsuperscript{36} Casey, 24.
healthcare professionals today; it becomes even more necessary not to lose sight of the importance of the caring, reverential touch. Casey reminds us that a gentle touch is a powerful touch. It carries within itself the possibility for healing and for revelation.39

Our touch is powerful because in it we have the opportunity to reveal the Sacred to one another. Karl Rahner, gifted twentieth-century Jesuit theologian, quoted by Elizabeth A. Johnson says that our human nature is so made that God can speak through us.40 He offers this wonderful image as he reflects on Christ’s humanity and on our own, “because the Word of God is in our midst, it can now be seen that each of us is a little word of God. The humanity of Jesus, the one Word of God uttered in our midst, reveals to us our own beauty.”41 Further, he emphasizes, the value we must place upon others and ourselves by stating that “God has so identified with our humanity that each of us as human beings has been lifted to a dignity beyond compare.”42 That God actually became one of us should lead us to the realization that all human beings are gifted with a tremendous dignity precisely because of our humanity.43

Dick Westley talks about our spirituality and the human condition in light of the incarnation, using the insights of Thomas Aquinas. In his reflection, he reveals the sacredness of our humanity and the importance of our physical presence. Aquinas describes the human being as ‘incarnate’ spirit. As incarnate spirit, the role of the body enables human beings to do the work of spirit. He identifies the ‘work of spirit’ as

38 Casey, 24.
39 Casey, 24.
41 Rahner, 34.
42 Johnson, 32.
43 Johnson, 33.
knowing, understanding, and loving.\textsuperscript{44} On this basis, Westley suggests, that we can do nothing without a physical presence or body.

If we aspire to know and love each other, to be really present to one another, then we must understand that as incarnate spirits we can only do this physically. If we aspire to know and love God, even then we can only do so incarnately, through our bodies.\textsuperscript{45}

According to Aquinas’ view of human beings as ‘incarnate spirits’, humans have only two things at their disposal to accomplish their spiritual work, they have their words and their physical presence. As a result, the human body can be considered an instrument of spirit. Our face, our voice our touch, our very physical presence, are the tools we use to mirror the Divine to others.

It is interesting to consider this statement with reference to Jesus. He, being fully human, had the same ‘tools’ at his disposal as we do. He was incarnate spirit like us. Being like us meant that his only way of accomplishing his mission was by the same means at our disposal, namely, his words and his physical presence.\textsuperscript{46} Vatican II document, expresses beautifully the fullness of Jesus’ humanity and the dignity it bestows upon our humanity. “Human nature as he assumed it was not annulled. He worked with human hands, he thought with a human mind, he acted by human choice and he loved with a human heart. Born of the Virgin Mary, he has truly been made one of us, like us in all things except sin”\textsuperscript{47}

It was through his touch and presence, in the fullness of his humanity, that Jesus was able to accomplish his mission. In his humanity, he brought wholeness to those who

\begin{footnotes}
\item[44] Westley, 12.
\item[45] Westley, 13.
\item[46] Westley, 14.
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were broken. In our healing ministry when we connect through our touch and presence to those in need, God speaks through us, “for we are each little words of God and together we spell out something great.”

When we make real God’s presence, we are making visible the invisible love of God. This means that the care we give to others is not just our own. It is supported by and grounded in Divine care. Francis Sullivan states that it is through our actions that we make tangible that which is intangible. What we do in our healing ministry is create the kingdom of God, in real and tangible ways. Sullivan states that, “Through the actions and ministry in Catholic hospitals, we want people to experience the ‘touch’ of the divine, a sense of the ‘beyond’. In this sense the kingdom is alive and real in peoples lives.”

**Listening to those Who Suffered.**

The second aspect of Jesus’ healing ministry that is of particular significance was his capacity to listen to those who suffered with an open heart and an open mind. He listened to the two blind men who asked him to restore their sight. He listened to the children’s needs. He listened to the mother pleading for her daughter’s health. He listened even though others tried to silence the voices of those who suffered.

Those involved in healing ministry and healthcare must listen closely to the voices of those who suffer. We must pay particular attention to the sobbing voices of sick children and to the anxious voices of patients awaiting news. We must listen to the

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48 Rahner, 33.


praying voices in the hospital chapel and to the apprehensive voices of the families we serve. Not only must we listen to what is audible, we must listen also to the silence. Paradoxically volumes are “spoken” in the silence of waiting rooms. We must listen carefully to another’s pain, or fear or anxiety, spoken or unspoken. We must always recall that listening was an integral part of Jesus’ healing ministry and must be part of our ministry. “When we listen carefully, we set free God’s healing mercy.”

Catholic faith tells us that when we listen we are responding to the call of God. When we attend and respond to that call we become a part of God’s healing presence. We are a people whose attitudes and actions reveal the abiding presence and concern of God. In order to be true to this identity, we live in the never-ending struggle to listen attentively and to act creatively.

This is what Jesus did. He heard the cry of the hungry and broke bread with them. He heard the cry of the rich and called them to generosity. He heard the cry of the sick and healed them. In doing this, the love of God entered human life. “God’s power in Jesus pays attention to the suffering and listens for its voice.” In order to continue his ministry and mission, we must always be listening with our hearts as Jesus did.

**Jesus Restored**

The third aspect that Casey highlights as crucial to Jesus’ healing ministry deals with restoring relationships. Jesus restored relationship to God, to self and to community.

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51 Sullivan.
52 Casey, 25.
53 Casey, 26.
55 Casey, 25.
Anyone in trouble could approach Jesus and be totally accepted. There was no fear of shame or ostracism or of being rejected. His presence was welcoming to all, even to those who might be considered ‘bad company’. Jesus’ healing power touched hearts as well as bodies. It restored relationships broken by pain and illness. His compassionate healing extended to those who suffered with others, as well as those who were isolated in their own agony. Jesus’ word not only healed the person and returned him or her to a proper place in society but he restored the person to a proper place before God. That was the good news and that was the reason for his ministry. As a result of his healing he made people right, right with God, right with each other, and right with themselves. Jesus healed as a way of announcing the kingdom of God.

Jesus healed the poor, the outcast, the marginalized and forgotten. Luke reports that Jesus healed all those in the crowd that needed to be cured “all those who came to hear Jesus were healed from their diseases; and even those who were tormented by unclean spirits were cured.” Jesus healed anyone who asked for healing, sometimes through his words, sometimes through his touch and sometimes through his presence. His very presence was such that it could restore to the wounded person a sense of their worth and dignity. Jesus healed the sick, reaching out to touch them, disputing the belief that sickness was a punishment for sin. He healed as an opportunity for faith and as a sign of the reign to come. Johnson writes,

By the power of God working through Jesus he restored shalom to their bodies and to their spirits. Over and over again he searched for and reached out to the marginal lives of his society, people suffering physically, spiritually, socially, and mentally. Giving them a taste of the joy of the kingdom’s arrival.  

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56 Luke 6:18
57 Johnson, 54.
Jesus healed as a sign of compassion and forgiveness and as a sign of restoring right relationship to community. Restoring right relationship meant to make whole on all levels, the physical, the psychological, the social and the spiritual inclusively. The kingdom of God, which is inaugurated by God’s presence in Jesus, reached into all these aspects. Jesus’ teachings and his works of healing are signs of God’s desire for our wholeness. Johnson states, Jesus brought shalom to all he met. Shalom extends to all creation. Zach Thomas, in writing about the importance of touch in healing, describes shalom in the following way, “all creation being one, every creature in community with every other, living in harmony and security toward the joy and well-being of every other creature.” Jesus’ mission was to bring shalom to the world. His healing ministry was part of the vision to make real the kingdom of God, where we live as one human family, in relationship and balance with all of creation. In this reality, humanity and all creation are created in the image of God and that dignity gives us the right to life.

Our healing ministry is the continuation of this mission. At its very foundation our healthcare ministry is “an outward sign, a sacramental type expression that makes the triumph of God’s continuing reign present in this world today.” For this reason Pope John Paul II described “the continuing expression of Jesus’ healing ministry as an essential ministry of the Church.”

In Biblical times, sickness was thought to be God’s punishment or brought about by evil spirits. Thus, all sickness had religious and social consequences. The sick were

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ostracized, isolated or abandoned. The blind, the barren, the lepers were made misfits and outcasts in their communities. Without a meaningful role in the community life itself had no meaning. As a consequence, for the ancients, healing meant more than a physical improvement, healing meant being restored to a rightful place within community.62 In our day, we understand illness to be a result of a disease process, nevertheless, we often continue to isolate and marginalize people in their illness just as the ancients did. Attentiveness to relationships and efforts to restore people to community are crucial aspects of healing both in Jesus’ society and just as importantly in our own. Christ came to show us the way to wholeness. He came to heal our bodies, our hearts and our spirits. He healed in many different ways, but his healing always served a greater purpose. Quite simply, he healed as a way to announce the kingdom of God.

The essential mission of Catholic healing ministry is captured in the following statement.

Because we believe in the dignity of the person we must embrace every chance to help and to liberate, to heal the wounded world as Jesus taught us. Our hands must be the strong but gentle hands of Christ, reaching out in mercy and justice, touching individual persons, but also touching the social condition that hinders wholeness, which is God’s desire for humanity.63

The compassionate touch, the gentle caring voice, the eyes that connect with another’s soul, the unconditional profound acceptance of others, this is the way Jesus connected with others, this is the way he healed. True healing came from the soul-to-soul

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connection Jesus established with all who needed him. Jesus healed individuals but also communities.

All who come through the doors of a Catholic healthcare facility whether they are patients, families or colleagues should feel that same connection. Healing is more than just physical; true healing comes from a soul-to-soul connection and a sense of belonging to community. In summary then, if we are to continue the mission of Jesus, we must be engaged in the world in the same ways as Jesus was. This means that we must not only respond to the needs of people but also seek to transform our present reality so that the reign of God can grow.

**Jesus the Compassion of God**

Our biblical tradition presents God as a God of compassion. God is recognized as one who is near to the broken hearted and ready to reach out to those whose spirit has been crushed. This biblical view encompasses more than just pity or sympathy. It requires truly feeling with and for another, sharing in his or her experience.

Citing the great Jewish scholar Abraham Joshua Heschel, Casey describes God’s compassion for us in this way, “God is a God who is present, who weeps when we weep, and who does not stand outside the range of human suffering and sorrow.” Compassion means entering deeply into and involving oneself in human suffering and struggle.

The word compassion is a noun. A noun denotes or names a person, place, thing, quality, or act. Certainly compassion falls into this definition. But the idea of compassion as a verb is an intriguing concept. A verb is a word of action which indicates movement, activity, direction and purpose. There is a dynamic quality to a verb that

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64 Casey, 50.
suggests something is happening. Italian, and other languages derived from Latin, have a verb to express compassion. In Italian it is *compatire*. The prefix *com* means with and *patire* means to suffer or struggle, thus *compatire* means to feel for the person who is suffering, to suffer alongside them in their journey. The word is dynamic; it suggests movement, response, purpose and action. The gospels express it as ‘being moved by compassion’. Gifted Catholic theologian and author, Bernard Haring, concurs with this idea of compassion as an action word. He says compassion implies the most intimate sympathy with people who are suffering. In the face of this suffering, the compassionate person is moved by sympathy and enlists to do something for those who are suffering. True sympathy and compassion urges us to action.66

Wilkie Au and Noreen Cannon, using an Ignatian Exercise, paint a simple yet vivid picture of God’s compassion for us.67 We are asked to imagine the Trinity hovering over the globe, perceiving the wounds of the world with sensitivity and care. At the sight of people of all colours, creeds, ages and backgrounds struggling and lost, the persons of the Trinity are moved with compassion. So moved are they by our plight, that true sympathy urges them to action. They decide one of them should become human to enable us to experience God’s empathetic concern concretely.68 In a supreme act of compassion, God sends us Jesus. So the Word becomes flesh or as John’s Gospel puts it “pitched his tent among us.”69 This image invites us to appreciate how God, not being

65 Casey, 50.
69 John 1:14
satisfied to love us from afar, drew near in the person of Jesus.\textsuperscript{70} Through Jesus the compassion of God becomes incarnate and in doing so transforms our humanity. Jesus is the manifestation of God’s compassionate love for us. He did not stand outside human suffering. He knew the pain of isolation and the agony of betrayal. Casey also finds an interpretation of the meaning of Jesus’ suffering in the Pauline epistles, “He embraced the worst that life can offer so that all life might be held in God’s saving love.”\textsuperscript{71} God comes to us for many reasons, but most of all because of God’s love for us.

In the gospel stories we discover that compassion was the fire of Jesus’ ministry. Time and again Jesus was moved with compassion and responded. In Matthew’s gospel, Jesus took in the reality of the leper and then moved with compassion, reached out and touched him.\textsuperscript{72} This response not only to the leper but also to all ostracized by society, was typical of Jesus. Other outcasts of his day, women, foreigners, tax collectors and prostitutes also received his healing and reconciliation. In Matthew, we see Jesus respond to need in a concrete way, ”And Jesus went forth, and saw a great multitude, and was moved with compassion toward them, and he healed their sick.”\textsuperscript{73} When two blind men cried out so loudly that the multitude told them to hold their peace, Jesus had compassion on them as well.\textsuperscript{74} There is a common theme in describing the healing miracles of Jesus. Like a golden thread that surfaces time and time again, we hear the word compassion. Compassion characterizes Jesus both in his personhood as well as his

\textsuperscript{70} Au and Cannon, 136.
\textsuperscript{71} Casey, 51.
\textsuperscript{72} Matthew 1:40-45
\textsuperscript{73} Matthew 14:14
\textsuperscript{74} Matthew 20:29-34
mission. Jesus’ therapeutic touch issued forth from a compassionate heart. He was not afraid to restore to wholeness to those considered of little value.

**A Call To Embody The Compassion Of Jesus**

Compassionate love is the core of our healing ministry. Those who followed Jesus did so because of the compelling power of his presence among them. Before he departed he commissioned his disciples, and the community he founded, to continue his work. After his death and resurrection, their belief that Jesus was the Christ gave them a new identity. When they were sent forth into the world to do as Jesus had done, they went to work on behalf of God’s reign. Ministry, then, is a necessary response of the community of faith to the transforming presence of God in its midst. That presence moves the members to go out and bring healing and reconciliation to all creation.

Our call to follow in the healing ministry of Jesus is highlighted in this touching story: A statue of Jesus, wrecked by shelling during the war, stood in a village just outside Normandy. The villagers gathered around the statue to decide its fate. After much arguing and debate someone came up with a proposal that satisfied all. The statue was cleaned up, but remained handless and a plaque was placed at its base with the inscription “I have no hands but yours.” This story illustrates how ministry calls us to stand in place of Jesus for those who need us, to be the presence of God in the world. Whatever forms our lives take, we are called as Christians to give flesh and blood reality to the ongoing compassion of God. Today, God depends on us to be the hands and hearts of loving compassion just as Jesus was. We have hands to touch and hold, eyes to absorb

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75 Au and Cannon, 134-136.
distress and convey concern. We have a voice to acknowledge fear and sorrow. We have hearts to provide an environment that is safe and secure. We have silence to convey respect and awe for the predicament faced by our patients and families.\(^\text{78}\)

Regardless of our walk in life we are conduits of God’s love. Healthcare providers in particular have a unique opportunity to reveal the compassion of God in the events of our daily lives. “Each time a healthcare worker acts with compassion and dares to enter into another’s pain, God’s pathos is again present in the world.”\(^\text{79}\) Bishop Michael Putney reflecting on the ethos of Catholic healthcare facility writes,

I would hope that you could find a way of doing your work that somehow conveys to all who enter your facilities God’s concern for them. God’s attitude toward them; so they will leave not only physically better off but also more deeply aware of how precious they are personally and, at the same time, how they belong to a human family which is in solidarity with them, especially if they are poor or marginalized.\(^\text{80}\)

Three simple values form the essence of our healing ministry, quality relationships, caring and compassion. These values provide us with a deep sense of meaning and purpose. Compassion and caring motivate us to see and act beyond the limits of what is possible. A relationship grounded in trust and empathy allows us to be truly present to those we journey alongside. When we address those for whom we care in a compassionate way, we are continuing Jesus’ healing ministry. The following experience illustrates the power of attentive listening and urge to act out of a compassionate heart. In my first year at the hospital, I was privileged to be a part of something extraordinary. One of our patients was engaged to be married later in the year.

\(^{77}\) Au and Cannon, 136-137.

\(^{78}\) Jimmie Holland, “Dealing with Loss, Death and Grief in Clinical Practice: Spiritual Meaning in Oncology”, American Society of Clinical Oncology 2002, 204.

\(^{79}\) Casey, 52.
The reality, however, was that she was only days away from death. The thing she longed for most was to be married to the man she loved. In hearing her words the Chaplain was moved to tears. She called and asked if I thought we could pull a wedding off in the next few hours. Through the providence of God and some creative networking we had a wedding underway in a matter of hours. We found her a wedding dress, did her hair and makeup, had a beautiful bouquet made up at the local florist, the bakery down the street made us a wedding cake and all was set. Our priest performed the ceremony and the chaplains took photographs. All staff from the unit participated in the wedding. It was one of the most moving ceremonies I have ever witnessed. The Chaplain was truly present to this young woman in her journey. The values of caring and compassion moved us to see and act beyond what seemed possible. With an attentive heart and a creative response we were able to bring hope to what appeared to be a hopeless situation.

Our attentiveness and response to her longing, not only made life better for our patient and her family, it also made life more meaningful for us. That young woman touched us in a way that changed us. On that day we stood a little taller, we walked a little softer and we radiated love with a lot more compassion. On that day we were transformed. The amazing thing about compassion is that when one acts compassionately, peace comes to both, the giver and the one who receives.

Compassion humanizes our tasks and makes us true disciples of Christ. We are at our best when we listen carefully and respond with compassion and attentiveness. One of my mentors taught me that caring is a two way street; you cannot touch another without being touched yourself. If we are committed to continuing Christ’s healing ministry and

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living our mission, we open ourselves to being changed by our patient-caregiver relationships.

**Community Makes Compassion Possible**

None of us walk alone on this journey that we call life. We come to know *who we are* and *what we are* by being with others, by being in community. The story of the wedding clearly illustrates the importance and power of community. On that day, we were a community in the truest sense of the word. In a faith-based hospital community, people support each other in the search to bring healing in whatever form it may take. This one experience clearly exemplified the meaning of the word community referring to a way of being together that gives each person involved a sense of belonging.\(^{81}\)

Alone we may feel overwhelmed and helpless, even discouraged and depressed, when faced with the magnitude of human suffering. Left to ourselves as individuals, there is no way we can continue the compassionate response of Christ for the wounds of humanity. Community is the reality that makes it possible for us to see the enormity of the pain in our world and still be moved to compassion.\(^{82}\) Writing about compassion as a reflection of Christian life, Donald McNeil states that, “We witness to God’s compassionate presence in the world by the way we live and work together. Compassion always reveals itself in community, in a new way of being together.”\(^{83}\)

Within community we can witness the pain of the human family without turning

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\(^{82}\) Au and Cannon, 137.
away or becoming angered by our impotence. In community we can experience the strength and power that come from pooling our resources.\textsuperscript{84} Parker Palmer describes the transforming power of community in this manner,

\begin{quote}
In the faceless crowd we experience scarcity – a scarcity of contact, of concern, of affirmation, of love. But as the crowd is replaced by community, an invisible sense of abundance arises long before the community produces any visible goods or services. True abundance resides in the simple experience of people being present to one another and for one another.\textsuperscript{85}
\end{quote}

This was the lesson Jesus taught his disciples through the miracle of the multiplication of loaves. Out of scarcity, abundance was created. Out of a faceless crowd, community was created because people were sensitive to the needs of one another.

**Summary**

Jesus’ compassion showed itself in a touch that healed, a heart that listened, and healing that restored relationships. When people involved in healthcare are attentive to relationships they also manifest God’s power.\textsuperscript{86} As followers of Jesus, our care and compassion should move people from isolation to restoration, from mistrust to trust, from separation to reunion just as he did. This is the care found in the gospels. It is a care filled with compassion, one that reaches out and restores belonging. This type of care shows us what happens when God reigns.\textsuperscript{87} While each of us is a unique individual, no one exists for long or fulfills his or her potential apart from others; it is only together in community that we can hope to do so. “Community is manifest in the touch of human

\textsuperscript{84} D.P. McNeill, D.A. Morrison, and H.J.M. Nouwen, 57.  
\textsuperscript{86} Casey, 28.  
\textsuperscript{87} Casey, 28.
warmth." Community in whatever form it is lived is a place of healing and growth. It provides security and love but also challenges us to reach our fullest potential.

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The terms ministry, mission, and values are words that are commonly used in the boardrooms and hallways of healthcare institutions, both secular and faith-based. We hear them, we speak them, they are found in our documents and on our walls, but do we truly understand their meaning and the impact they have on our day-to-day living? Do we understand how we, as a Catholic Healthcare Centre, take part in the greater mission of the Church? While doing research for this paper, it was necessary to bring clarity to my own concept of ministry, mission and values, and mission integration and to clearly articulate for myself their meaning in relation to healthcare. I will begin by exploring the meaning of healthcare ministry and its relation to the larger ministry of the Church.

Catholic Health Ministry and the Church

In simplest terms, ministry can be defined as a special service rendered by people to those in need. In reference to Catholic health ministry, the word can be used in two ways:

i.) to refer to services rendered to others in Christ and because of Christ.

ii.) to refer to services rendered to others in Christ and because of Christ in the name of the Church and for the sake of helping the Church fulfill its mission.90

Generally speaking, Catholic healthcare facilities are providing the latter form of ministry. Our ministry is to fulfill the mission of the Church, but before we can
understand healthcare in light of ministry, we must explore the mission and ministry of the Catholic Church because it is from this that the ministry of healthcare springs.

According to the Second Vatican Council, the mission of the Church is “to proclaim and establish among all peoples the Reign of Christ and of God…to be both sign and instrument to all people”\(^{91}\) by which this mission can be achieved. It is within the greater context of Church ministry that healthcare ministry plays a key role.

Australian Bishop Michael Putney, in his reflection upon healthcare ministry’s role in the larger work of the church mission, offers us this definition of mission:

> The church is a communion, but as such it is a sign and servant of what God is doing on a larger scale, reconciling, the whole cosmos in Christ, the coming of the Kingdom of God. The church is always a fragile, ambiguous sign of the kingdom, but also always its servant.\(^{92}\)

Or it can be said that the mission for which Christ was sent was to draw everything that has been created into the deepest possible relationship with the Creator, the source from whom it comes. Christ’s mission of re-establishing a profound relationship with the Creator is the larger mission of God in the world.

As a community of believers, we are called to live as Jesus lived. We are called to participate as both sign and servant drawing everything deeper into divine, universal communion with God. Healthcare ministry is called in a special way to fulfill this mission. We are called to be witnesses to and instruments of God’s healing presence.

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The importance of Christian healthcare ministry as an integral component of the Church’s mission is echoed in the words of Pope John Paul II:

Your health care ministry…is one of the most vital apostolates of the ecclesial and one of the most significant services which the Catholic Church offers to society in the name of Jesus Christ…the love with which Catholic healthcare is performed and its excellence have the value of a sign testifying to the Christian view of the human person.93

Healthcare ministry then can be viewed as the extension and realization of the mission and ministry of the Church. Our capacity to sustain Catholic healthcare as a ministry of the church depends on our realization that all we do must flow from the core of our spirituality. This spiritual core is examined in the following section, which explores who we are and what we are in Catholic health ministry.

**Rooted in Tradition**

Throughout the Church’s history, healing the sick and caring for the weak have always been concrete ways in which Christians have lived out the Gospel. This vital apostolate is firmly grounded in the early communities and traditions of the Christian Church. The tradition of ministering to the sick, suffering and dying began in the homes and meeting places of early Christians. Juliana Casey, noted expert in ministry, mission and healthcare, uses the wonderful image of Church as home, as a vehicle to understanding healthcare ministry and its relationship to the Church.94 Early Christian communities gathered in the homes of the believers. These ‘house churches’ were the first places of worship. It was in these homes that believers came to be nourished by the Word of God and by the Lord’s Supper. It was here that they came to know one another,

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to find fellowship and to obtain a sense of identity. From these homes, they ventured forth in service and returned when in need of sustenance, guidance and wisdom. “We might say that the Catholic Church is the ‘home’ of the Catholic health ministry and everyone needs a home.”

As the numbers of believers increased, Casey explains, growing pains soon led to difficulties in the community. Such difficulties are alluded to in the Acts of the Apostles: “Now in these days when the disciples were increasing in number, the Hellenists murmured against the Hebrews because their widows were neglected in daily distribution.” In order to address this problem community leaders, known as deacons and deaconesses, were appointed to ensure the needs of all the community were met. They were to provide ‘hospitalitas’, or ministering to those in need.

The concept of hospitality in the early church differs from our understanding of hospitality today. John Padberg explains, “For the always minority and often persecuted Christians of the first centuries it meant help of every kind for the needs of their sisters and brothers in faith.” He goes on to say that this help took place in four ways: the establishment of inns for travelers, infirmaries, foundling homes, and homes for the aged. The most important function of the inns was to shelter the sick and those in need, however, all involved some concern for health and well-being. The inns and infirmaries, therefore, were the forerunners of systematic healthcare. Thus began the ministry of healthcare. In response to the needs of the community, the deaconesses and deacons of the first century established the tradition of ‘hospitalitas’ - ministering to those in need.

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94 Casey, 33.
95 Casey, 33-34.
96 Acts 6:1-6
Tradition helps us understand who we are and what we are called to do. In general, tradition expresses what is cherished, believed and passed down from generation to generation. Casey describes tradition in this way: “All people have traditions, ways to act, values, and taboos, and treasured stories, which are handed down from generation to generation. All who serve in the Catholic healthcare ministry are inheritors of the Church’s tradition; all are enriched by it and find their identity in it.”

The Documents of Vatican II also speak of tradition as the handing down of beliefs and values. According to The Dogmatic Constitution on Divine Revelation, tradition is:

“What was handed on by the apostles includes everything which contributes to the holiness of life, and the increase of faith of the People of God; and so the Church in her teaching, life and worship, perpetuates and hands on to all generations all that she herself believes.”

The common thread in both statements is that tradition holds values and beliefs that are important to us and that those cherished beliefs are passed on to those who come after. Tradition tells us who we are as a family, as a people and as a Church. Simply stated, tradition gives us purpose as well as a sense of identity. From a faith perspective, it reminds us of what is important and of the mission with which we have been entrusted as the people of God. By doing so, it helps us to understand who we are and what God is calling us to be, heralds of the truth and servants of compassion.

The ways in which our tradition and Catholic identity are expressed in culture and society may change since it is a ‘living reality’. The “heart”, however, remains constant. The Dogmatic Constitution on Divine Revelation considers that Catholic identity remains

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98 Casey, 38.
constant while finding various forms of expression throughout history and in different cultures, or in Casey’s words: “New experiences may shape the expression of these traditions but the core remains the same.”

This tradition continues to inspire us in our work, guiding our minds and hearts in the continuation of the healing ministry begun by Christ. Tradition, like threads on a loom, weaves the tapestry of our being. With each new thread, the images evolve and grow. Casey describes it as a “living reality always moving toward greater fullness.”

What is being asked of us in the healthcare ministry then is fidelity to the tradition. Casey points out “such fidelity implies knowledge of that tradition, reflection on its meaning, and attention to how it is expressed in our time.” Fueled by tradition and grace, Catholic health ministry is a vehicle by which the Church responds to the call to do as Jesus did and to bring God’s healing and reconciling presence to the world. Just as Jesus was sent by God as prophet, healer and redeemer to initiate the Reign and bring us into communion with God, we too are invited to carry on this mission and tradition. Led by the example of Christ, we are called to serve the sick, minister to the suffering and console the dying both in word as herald and in action as servant.

The following section explores how our ministry within healthcare is a reflection of the greater mission and ministry of the Church.

**Catholic Health Ministry and Models of Church – Herald and Servant**

John A. Gallagher, at a presentation for Catholic Health Association Sponsorship Forum, describes health ministry as it relates to the mission of the Catholic Church as a
whole. According to Gallagher, two of Father Avery Dulles’ five models of Church, namely, Church as herald and as servant, are most pertinent in describing ministry as it relates to Church mission.\footnote{104}

As herald, healthcare ministry is defined by its faithfulness to the Word of God. Gallagher suggests that “healthcare ministry proclaims its mission as one of witness, it draws its identity from the conviction that the life, death and resurrection of the Lord have abiding significance for the world.”\footnote{105} He adds that healthcare ministry “strives to witness to the world that the Gospel narratives provide a religious and theological framework which offer a sense of meaning and direction to human existence in the world.”\footnote{106} Thus, drawing from the Gospels and the theology based on these narratives, the primary goal of the healthcare ministry is to proclaim the Word of God through witness by caring, nurturing, and healing those to whom we minister. In its role as herald, Catholic healthcare must also “be able to communicate an awareness of the meaning and purpose of life, to communicate that amidst the threats and anxieties of contemporary life there is a voice, someone who can be recognized and trusted.”\footnote{107}

Catholic health ministry, like the Church itself, must not only proclaim the gospel but also commit to transform social order according to gospel norms, thus, it also acts as servant. Sister Jean deBlois, noted writer and Vice President of Mission Services for the Catholic Health Association of the United States, speaking on the essential nature of health ministry to the Church, states that the “proclamation of the gospel cannot be

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\begin{enumerate}
\item Casey, 37.
\item Casey, 39.
\item Gallagher, 30.
\item Gallagher, 31.
\item Gallagher, 32.
\end{enumerate}
pursued authentically unless it is accompanied by action on behalf of justice, by a commitment to transform social order.” 108 As an integral part of the greater mission of the Church, healthcare ministry must not only proclaim the Good News, but also animate it through concrete action. She goes on to say that we “must be a visible and vital force within…society providing a witness to the healing and reconciling love of God and a prophetic voice on behalf of the demands of that love.” 109 Our ministry and mandate, as servants to all of creation, is to bring to life through word and action our belief in the Reign of God.

As servant, we must also engage in a pluralistic world. Its servant-hood is what Gallagher terms ‘dialogical’ in nature. That is to say, the Church strives to bring wisdom and to convey a sense of ordering, preserving and nurturing the activity of God to the world and at the same time it must be open to the world and learn from it. 110 From tradition, healthcare ministry brings to the dialogue the fundamental values of social justice, human life and human dignity.

Using two of Dulles’ five models, Church as servant and herald, Gallagher offers a clear linkage between the mission of the Church and the ministry of Catholic healthcare.

As herald, Catholic healthcare institutions are to mediate the narrative of the scriptures as a source of meaning for human life in the contemporary world. As servant, Catholic healthcare enters more deeply into the events and processes of the world and strives to create and sustain ways of being in the world consistent with the Word of God. 111

109 deBlois, Resource 5.
110 Gallagher, 33.
111 Gallagher, 34.
Through healthcare ministry, the Church often challenges the views of modern society as it proclaims the God-given worth of every human being. Through its role as both servant and herald in the world, the mission and ministry of Catholic healthcare creates bridges between Catholic Church beliefs and individuals who enter our facilities for care or as providers of care.

The essence of Catholic Health Ministry is strongly affirmed and eloquently stated in the American Bishops’ *Pastoral Letter on Health and Healthcare*:

> We believe in the dignity of the person, we must embrace every chance to help and to liberate, to heal the wounded world as Jesus taught us. Our hands must be the strong but gentle hands of Christ, reaching out in mercy and justice, touching individual persons, but also touching the social conditions that hinder the wholeness, which is God’s desire for humanity.\(^{112}\)

The nature and mission of the Church is twofold, to bring healing and reconciliation to all people and to act as agents of change and advocates for those with no voice, in restoring wholeness to the world. Healthcare ministry, appropriately understood, is an essential component of that mission. “We are a people of hospitality. Hospitality is always a sharp ear and fast feet. It entails being attentive and being inventive. Welcoming is important to us. The graciousness of God encourages the graciousness of people.”\(^{113}\)

**We are Driven by Mission**

We have seen how healthcare ministry, firmly rooted in a living tradition, is an extension and realization of the greater ministry of the Church. Ministry is the foundation of our work in healthcare. Mission, then, can be described as the driving

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force that fuels our work. If mission is the driving force that fuels that work, then its strength and vitality are of utmost importance to our healthcare ministry. It is necessary, therefore, to explore the meaning of mission, its connection to values and mission statements.

The term ‘mission’ can have many meanings and is almost always connected to some form of service or activity that serves a greater good. In both the Webster and the Oxford dictionaries, “mission” has been defined in these ways: “an activity divinely inspired by God”; a ministry commissioned by a religious organization to propagate its faith or carry on humanitarian work; a set of services, religious or charitable work being done for the community. Although these definitions make reference to the religious or spiritual nature of the word, they do not sufficiently express the fundamental essence of our mission in Catholic healthcare.

Catholic healthcare is ultimately rooted in the ministry and mission of Jesus. His mission was to be a healing presence in the world on behalf of the kingdom of God. Like all ministries of the Church, the Catholic health ministry exists because of this mission. Sister deBlois says, “MISSION, in capital letters, represents that ontological reality which gives meaning to all the ministry’s activities. Mission means being sent as Jesus was sent to be a presence of radical healing in the world on behalf of the kingdom of God.” This larger mission must always be the driving force behind any organization, which declares itself as part of the Catholic healing ministry. She goes on to say, “If the

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113 Bill Huebesch, The Dogmatic Constitution on Divine Revelation, 28.
Catholic health ministry is to survive as an effective and relevant expression of the Church’s ministry, MISSION must be the lens through which we see and understand all we do and are about.”

The mission of a Catholic healthcare facility generally reflects a ministry of commitment to patient and community needs with a special emphasis on the poor and vulnerable. In this sense, ‘mission’ links to our original idea of ministry since it supports a set of services and activities given in a community in and for Christ and in fulfillment of the mission of the Church. DeBlois says that, when we say to those we serve, "We are about building up God's kingdom on earth, they should be able to see reflected in our work and our lives together just what that kingdom will look like when it finally breaks forth in all its fullness at the end of time.” According to deBlois, the Catholic health ministry is both a response to and a vehicle for mission. In order to be a worthy vehicle for mission, we must do more than simply provide healthcare service. She says we must be that radical healing presence just as Jesus was.

We are sent to bring a healing that addresses the brokenness of the human condition. Like Jesus, we also seek to heal those things, which divide the human community in order to create the conditions necessary for true health for all persons. MISSION is the imperative for all Christians and brings with it certain attitudes and behaviors. No matter where you minister, you are called to reach out to all persons in need, regardless of who they are. MISSION requires you to be immersed in the world of today as Jesus was immersed in his, to see the world as a place of grace, even though much healing remains to be done before the kingdom can break forth in its fullness. MISSION calls you to be prophetic wherever you minister; to call all persons and institutions to fidelity, to those things, which the kingdom of God requires.

Mission is more than service and witness, it is also an ever-evolving process. Reflective of this understanding of mission as process is The Catholic Health...
Association’s statement which says that, “mission is the dynamic process of people working together to invigorate a common conviction. It is the energy and spirit of all the individuals who give it life and shape, and continue to guide it through its history.”

Others using a different lens echo this understanding of mission as process. Charles Dougherty, noted member of the Catholic Health Association Board of Trustees, suggests that what drives our ministry forward is mission. Dougherty notes, “Mission is the forward thrust of a tradition. It is the drive to realize a vision of tomorrow based on images of the past. It is planning based on history, hope based on memory.” Both Dougherty’s and the Catholic Health Association’s definitions of mission are descriptions which share elements of synergy, vitality, movement and growth. Mission, then, is a dynamic process of growth, change and adaptation in response to the needs of the people it serves and “finds unique expression in all times and through a variety of people and institutional structures.”

Although the process is dynamic, the heart and essence of our mission stays true. It is the expression, which must change with the “signs of the time.” In order to best serve the needs of those for whom we care, all of our activities within our ministry must flow from the core of who we are and what we are about, namely, building the reign of God. The Catholic Health Association of the United States succinctly reflects this unique

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119 deBlois
identity for Catholic healthcare in the document *A Shared Statement of Identity for the Catholic Health Ministry*. It reads as follows,

We are the people of Catholic health care, a ministry of the church, continuing Jesus’ mission of love and healing today. As provider, employer, citizen and advocate - bringing together people of diverse faiths and backgrounds - our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind and spirit.

We work to bring alive the Gospel vision of justice and peace. We answer God’s call to foster healing, act with compassion and promote wellness for all persons and communities, with special attention go our neighbours who are poor, underserved and most vulnerable. By our service, we strive to transform hurt to hope.

As the church’s ministry of health care, we commit to:
- Attend to the whole person
- Care for the poor and vulnerable
- Promote the common good
- Act on behalf of justice
- Steward resources
- Act in communion with the Church.
- Promote and defend human dignity

This statement was penned in response to urgings made by the members of the Catholic Health Association to clearly articulate those characteristics that distinguish Catholic healthcare organizations. In 1998, the Catholic Health Association convened to draft the document. Over the course of three meetings that fall, a “Statement of Identity for Catholic Health Ministry” emerged. This statement clearly expresses the actions, attitudes and behaviours that ensure our fidelity to the mission of caring for those in need. By understanding the core of our identity we can create a strong and unified vision for the future – a vision of who we are and what we want to accomplish.
Shaped by Values

The provision of healthcare is always a value-driven enterprise, the goal of which is to promote health and care for the sick and vulnerable. “Values are defined as beliefs, standards or principles upon which action is based.” Catholic healthcare takes its direction from values rooted in the gospel. Gospel values such as compassion, stewardship and social justice provide focus and direction in guiding the care we offer. Our call to mission in health ministry is a call to make real the presence and practice of gospel values. In order to accomplish this in concrete ways, we need to know what those values are and how they become reflected in healthcare behaviours.

One of the difficulties confronting faith-based organizations is what Kenneth Pargament calls the ‘dilemma of religion’. John Shea, senior advocate and healthcare scholar-in-residence at the Park Ridge Center for the Study of Health, Faith and Ethics, Chicago, quoting Pargament, says: “if made too concrete, it will lose much of its flexibility, mystery and vitality. Yet if left too abstract it will have little to say to the person confronted with immediate and very real problems.” In other words, how does the divine become particular without losing its mystery? Shea reflects that, although this may appear to be a philosophical pondering, “to master its ways is to learn how to put

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together stability and change, rootedness and risk-taking.” In Catholic healthcare, the first step in the movement from faith to practicality from abstract to concrete, is through our values.

Values occupy a middle ground between faith conviction narratives and concrete actions. Faith convictions and narratives are expressed in religious language of the Catholic tradition, for example, God, Christ, salvation, reign of God, Church, sin, and so on. The values flow from this language but are stated in more neutral language. For example respect, excellence, compassion, stewardship, integrity. These values, in turn, are meant to be implemented, turned into policies and behaviours.

According to Shea, such value language is an asset in the pluralistic world in which we live and work. Those who enter through our doors may be drawn toward Catholic healthcare because they value compassion. However, at a faith conviction level, the value of compassion may be grounded in the teachings of Buddha or the Holy Koran rather than in the teachings of Christ. “Shared values provide a basis for shared work in an ecumenical and interfaith world. Values, stated in neutral terms become the bridge between faith and action”. In other words, not all who enter our Catholic facilities, whether for work or for treatment are Catholic, therefore, value language allows both the community at large and the employees of an organization to buy into the organization’s identity at a ‘values level’ without having to accept it at a faith conviction level.

The values professed within the institution are of little importance if they are not behaviourally based and integrated at all levels of the organization. Shea, in describing the challenge of integrating our faith identity throughout an organization or system, identifies the need to have leaders with theological and spiritual competencies. He points

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128 Shea
toward the leadership model developed by the Catholic Health Association to meet the challenge.

The model outlines the need to have two types of competencies or clusters as they’ve been termed. The first is the “Value Cluster”. It is characterized as a theological ability that encompasses the integration of ministry values and care for the poor and vulnerable. For example, a leader who is competent in this area would know and articulate ministry values such as compassion, stewardship, common good and care of the poor.\textsuperscript{129} The other is labeled the “Vocational Cluster” and is characterized as a spiritual ability. This cluster includes competencies relating to spiritual grounding and integrity. A leader competent in this area would be able to articulate his or her own values and act consistent with those values even if there is significant cost or risk, as well as create an environment that nurtures such integrity in others.\textsuperscript{130} Shea points out that Catholic healthcare must learn to work with these values, that is to say, “leaders must have a working knowledge of faith convictions that ground the values and the ability to connect the values to the life of the organization. Starting from the values, they must be able to go backward to faith and forward to implementation.”\textsuperscript{131} A competency with values, notes Shea, makes the faith identity and mission tangible and influential.\textsuperscript{132} The ability to connect values to the lived experience in our healthcare setting should inevitably lead to institutional integrity.

\textsuperscript{129} Shea
\textsuperscript{130} Shea
\textsuperscript{131} Shea
\textsuperscript{132} Shea
Following is a brief exploration of values and their connection to institutional integrity, mission statements and their components, as well as their significance to our ministry in healthcare.

Institutional Integrity and Mission Statements

Diane Bisson, former director of Mission and Values for Providence Centre Toronto, defines institutional integrity as “values in action”. Institutional integrity, like personal integrity, must demonstrate a consistency between what is said and what is done. In other words, institutional integrity is consistency between what an institution says it is, its mission statement and core values, and how its behaviours demonstrate those values, both individually and corporately.

The values of an institution are reflected in attitudes and behaviours. Behaviours are often assessed on a personal level, for example, how staff relate to patients, families and to one another or how managers treat their staff. An institution can be viewed as a ‘corporate citizen’. Similar to values being assessed on a personal level, an institution as a ‘corporate citizen’ must reflect the behaviours and attitudes that support the values in its decision-making, direction setting and strategic planning in order to have integrity.

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134 Bisson
Bisson affirms this point when she suggests “the basic assumption is that health care facilities nourish institutional integrity by putting their values into action.” She indicates that if we define ‘integrity’ as wholeness or consistency, there must be two steps in living with integrity. The first is to have a clear sense of our identity; the second is to ensure that, both corporately and individually, we behave in ways that reflect this identity. Values are our core beliefs in action. A value statement answers the question, in what do we believe? Mission statements help us answer the question, why we believe. One of the key elements for ensuring institutional integrity is to have a relevant and current mission statement.

Most Catholic health organizations state their values in mission and value statements. These statements mandate programs and practices that integrate the values into the practical daily aspects of life within the organization. Fitzpatrick and Gaylor in examining the importance and meaning of mission statements and values, delineate the components of a mission statement in the following manner.

A mission statement for a Catholic organization should:

1. Describe the group’s identity – its purpose, beliefs, values and direction.
2. Articulate those values that make it distinct from other organizations that provide similar services.
3. Include the philosophical and theological tenets on which the institution was built.

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135 Bisson
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They conclude that a well-written mission statement should always contain a clear reference to the spirituality that provides the transcendental meaning behind the act of caring for the sick. This grounding in a spiritual tradition identifies the institution as having both a medical and spiritual mission and thus separates a church sponsored facility from a purely humanistic endeavour.\textsuperscript{139}

Both Catholic and non-catholic healthcare providers share many common values in relation to the care of the sick. Beyond the standards, legislation and regulations set by government for all healthcare facilities, what makes Catholic health ministry different? Fitzpatrick and Gaylor, suggest that certain values are only held by Catholic institutions, and those values, they believe, should be reflected within the following four philosophical and ideological levels:\textsuperscript{140}

- Core values
- Professional values
- Humanistic-ethical values
- Religious transcendental values

Each level builds on the other. Thus, professional values incorporate core values and both are encompassed by humanistic-ethical values. Fitzpatrick and Gaylor define these levels, in the following way:

**Core Values**

Core values are those, which we share with other healthcare institutions, for example serving all those in need regardless of race, colour, or creed; alleviating suffering; or striving for patient satisfaction and comfort.

**Professional values**

Professional values are those, which demonstrate our commitment to the professional dimension of our ministry – delivering high quality care; striving for excellence; being responsible administrators of our resources.

\textsuperscript{139} Fitzpatrick and Gaylor
\textsuperscript{140} Fitzpatrick and Gaylor
**Humanistic-Ethical Values**

Humanistic-Ethical values are those, which reflect our humanity and the institution’s belief that care of the sick is not an industry concerned only with the bottom line. Thus the statement refers to the institution’s commitment to helping those who are poor, alienated, aged or vulnerable. This value level also incorporates a concern with questions of justice, such as the allocation of resources and treatment of staff.

**Religious-Transcendental Values**

Religious-transcendental values are those, which ground us in our identity and give purpose to our care of the sick. (E.g. Christ-like compassion, commitment to gospel values, special reverence for the dying and the unborn, commitment to patient’s spiritual needs, sacramental presence). Articulation of these values is essential, for they publicly proclaim the care of the sick is not merely a work of charity.\(^\text{141}\)

Fitzpatrick and Gaylor further state that, the components from each of the four strata should be reflected in the organization’s mission statement. If the values of the organization reflect only the first three, then we would be no different from any other healthcare institution providing high quality care.\(^\text{142}\) The mission statement should drive the organization to actualize its core values. It is also the benchmark to evaluate the authenticity and effectiveness of how well the mission has been integrated into the organization. Mission should always be the driving force by which decisions are made, structures developed and values lived out.

What makes a hospital Catholic and how is Catholic health care any different from other providers are questions that have been the basis of much reflection. Writings about Catholic health ministry have, in part, been aimed at clarifying and communicating these distinctions. Fitzpatrick and Gaylor offer this bit of wisdom:

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\(^{141}\) Fitzpatrick and Gaylor

\(^{142}\) Fitzpatrick and Gaylor
One can only point to the vision from which all mission statements must flow – the vision of Jesus, which challenges individuals and institutions to adopt values that are counter-cultural and which if lived, will give rise to a clear sense of identity and purpose. Being politically correct is vogue these days, but being counter-cultural is the essence of the Gospel call.  

Since its inception, the Catholic Health Association has worked as a corporate body to gather and disseminate information on this very crucial matter. The core values or commitments of Catholic healthcare are summarized in its work. These values centre around ten key themes agreed upon by all its members. These values make Catholic healthcare distinct.

- **Serving as instruments of God’s work and healing ministry.** Catholic institutions are committed to transforming themselves as needed so that they can always serve their communities, acting as embodiment of the healing mission of Jesus Christ.

- **Adhering to Gospel values and Catholic social teaching.** With the Church’s traditions as guideposts, Catholic healthcare organizations reflect continuously on what they do and how they do it.

- **Bringing spirituality to healing.** Catholic identity means ministering to the body, mind and spirit in a holistic approach that recognizes the human person as more than a physical being.

- **Demonstrating respect for the person.** The prime motivation for ministry is the belief that each person is made in the image of God and possesses innate goodness and dignity. The Catholic health ministry thus serves people with compassion, provides hope, and insists on high quality care.

- **Focusing on the common good.** Catholic organizations seek to contribute to the well being of all persons in society.

- **Providing for the most needy.** As Jesus did, Catholic healthcare organizations serve the poor especially. To do this, they engage their communities in identifying service they should offer, and they advocate for policies that help those with the greatest need.

- **Co-ministering with employees.** This commitment encompasses helping employees to realize their full potential; ensuring that all employees, Catholic and

143 Fitzpatrick and Gaylor
non-Catholic understand and live out the values flowing from the Catholic tradition; and treating employees justly.

- **Challenging and transforming.** Catholic identity compels organizations, by their example and their willingness to take risks, to act as an agent of change in society and within the ministry.

- **Collaborating.** Recognizing that they cannot effectively accomplish all they want without others, Catholic organizations seek partners who share their values. In new relationships, they challenge others to take on new responsibilities.

- **Serving as stewards.** Catholic institutions acknowledge they are accountable to others for how they use their resources and they make ethical decisions regarding how resources are deployed.\(^\text{144}\)

In his reflection on these themes and the work done by the group, Father Michael Place, states: “It seems to me that Catholic health ministry has a unique opportunity to bring about transformation in society and the delivery of healthcare so that people’s needs are better served.”\(^\text{145}\) It would seem that this unique opportunity requires that all who work with and within a Catholic healthcare organization must not only understand these values but also must exhibit them constantly and continuously in their daily work with all stakeholders.

To summarize, a mission statement is a clear, succinct, public statement of the unique contribution, which a group strives to make to the world. It situates the group in the richness of the past and gives meaning to its history by stating that this is where we are going with what we have been given. It answers the questions about why we exist, and what our purpose is. Finally, it is a living document, which moves theory to practice and ensures that both the services provided and the attitudes of care providers reflect the philosophy, goals and mission of the founding sponsors.

Mission and values challenge us to make a difference. They profoundly shape how we care for the sick, injured and vulnerable and how we conduct the business of healthcare. Our values define who we are and how we bring ministry to life each and every day. They guide the way we do things. Our culture and our daily activities are the living expression of mission based on gospel values.

The threads of our mission and values weave the fabric of our governance, policies and strategies. They are woven into our daily decision making at every level, from patient care practices, to mission oriented performance reviews. The mission is the driver and it encompasses the total facility environment, from patients to staff to community. It is the responsibility of all of us within our organization not only to own the mission statement but also to share in order to ensure we are true to our beliefs.

Catholic healthcare can only be distinguished from secular healthcare by its firm foundation in gospel values and its strong commitment to continue the compassionate healing ministry of Jesus Christ. What distinguishes us further are the values of the women and men who founded our institutions and our commitment to continue in the tradition of those founders and sponsors.
CHAPTER THREE

PRAXIS: FROM THEORY TO PRACTICE

Integrating mission into our daily consciousness is crucial to the future vitality of our healing ministry. Mission must be the foundation for our programs, policies, practices, and the framework of our accountability. As discussed earlier, the mission of a Catholic healthcare centre, or any organization for that matter, should form the common purpose around which everyone in the organization collaborates, setting aside their individual differences in favour of their shared quest.\textsuperscript{146} We also examined the importance of values in Catholic healthcare and concluded that our mission and values shape our identity and profoundly affect how we conduct our business and care for our patients. If this is truly the case, then, Robert Porter poses a challenging question for our reflection when he writes, “if Catholic healthcare is truly different by virtue of our identity, how are those differences lived out within our organization?”\textsuperscript{147} The following section explores the \textit{difference} of Catholic healthcare and provides examples of how our values and beliefs move from praxis to practice.

The term “praxis” is defined as “the practical application or exercise of a branch of learning,”\textsuperscript{148} or in other words, the practicing of an art or skill. Praxis is the integration of theory into our lived experience. The stories of the gospels clearly demonstrate that praxis was central to who Jesus was and how he lived. The praxis of Catholic healthcare


\textsuperscript{148} Webster, s.v. “Praxis”
is based on the example of Jesus. Theologian, Edward Schillebeeckx provides a shining example of this in the following passage,

> Jesus' message is passed on only where his life-praxis is followed. Jesus made what he spoke about a direct and practical reality in the way he turned toward others. He did not, for example, say to Zacchaeus, 'God loves you', on the contrary, he went home with him and by praxis made God's love for Zacchaeus a living reality.  

Jesus made tangible the sacred in his service and action toward others. Catholic healthcare is called to do the same. “Holiness is made real when we remember to connect our daily work with the fact that, in doing it, we are God’s presence for one another.”  

> It is through action that we bring to life our ministry and mission.

In order to integrate mission and bring it to life, we must be able to define it, recognize it, and name it. The first step in integration then, is to explain its meaning in simple terms and define what “mission” means to our facility. This was explored in the previous chapter. Much effort has gone into defining the role of mission, and although we can define it, the problem is that most of us are uncertain about ‘doing’ mission. It is the living out of mission in real and practical ways that is, at times, perplexing. Srs. Jean Lambert and Catherine Laboure capture this struggle in describing their own experience in mission work at a Catholic healthcare facility. Their struggle led them on a search for a definition that would provide direction as well as preserve and enhance the legacy of their founders. While researching the history of their founders for an orientation video, they found their answer. What they discovered was a basic truth. The women

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151 Jean M. Lambert and M. Catherine Laboure
who founded their institution did so *out of love for God*. Out of love for God, they cared for the sick, the poor and the orphaned. For them, the definition of mission became clear, to be God’s presence in the world. They write, “whenever anyone enters through our doors and experiences God’s love because of us, we are continuing the mission of Jesus and assuring that legacy of our founders will continue.” The simple phrase ‘experiencing God’s love because of us’ helped them to realize clearly that mission begins in the heart of each individual and is everyone’s responsibility. That is where it began for their founders, and that is where it must start for those who carry on the work. Sharing in the healing ministry of Jesus demands only one thing, to be the sign of his loving presence in the world.

Thus, the first step in integrating mission is to understand that it begins in the heart of each individual. Having understood this, the second aspect of mission integration, according to Lambert and Laboure, is being aware that mission is really a process of recognition. This awareness is crucial in bridging praxis to practice. Part of the process is to ensure that all employees make the link between what they do in their daily tasks and what they believe the values of the organization to be. In a faith-based healthcare facility, the tasks performed may not differ from a secular healthcare facility, what does differ is how employees engage in those tasks. In a faith-based facility, actions and behaviours should be guided by the values and beliefs professed in mission and value statements. It is the *how* that distinguishes faith-based facilities from all others.

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152 Jean M. Lambert and M. Catherine Laboure
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157 Jean M. Lambert and M. Catherine Laboure
employees do not know the mission then they do not know the values. Therefore, they will not know how to translate those values into their daily actions and behaviours. Lambert and Laboure caution that, “the future of Catholic healthcare depends on our ability to connect the language of mission to the delivery of healthcare. For the term Catholic healthcare to have any meaning in the future, we will have to learn to name our daily experiences as holy.”

The language we use to describe mission is often abstract. Many Catholic healthcare providers would find it difficult to explain concepts such as stewardship, justice, respect, and healing presence in the context of their daily tasks. Many would assume that this aspect is the realm of pastoral care. But mission touches every level of the organization from housekeeper to physicians. Because it does so, it is the task of all who are in Catholic healthcare to assume responsibility for its integration. In order to assume responsibility for mission, we must be able to recognize and name it as “mission in action”. For example, recently I noticed one of the engineers who stopped his work to help an elderly patient find her way back to the Admitting Department. His behaviour highlighted the fundamental values of compassion and respect. As I passed him in the hallway, I acknowledged and thanked him for the compassion and respect he had shown to the patient. He was surprised to hear those words used and expressed that he “felt sorry for her and was just being nice”. He had not connected his action to mission. Making that connection for him was crucial in linking the mission to his behaviour. We witness such actions each and every day and it is important to use mission language to name those deeds. By so doing, we connect the practical application, praxis, to our

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158 Jean M. Lambert and M. Catherine Laboure
159 Porter
mission and theological foundation. Lambert and Laboure write, “mission is the motivator for naming. It does not ask anything unusual of us, only that we occasionally remember why we do what we do.”160 Therefore, defining mission clearly, recognizing and naming it appropriately, helps it to become part of our daily consciousness and living.

Charles Dougherty asserts that our mode, “the how we do things”, and our motive, “the why we do things”, not only make a difference, they makes all the difference. He states,

If for example, we all provided the same services, if the care of patients in any hospital in the country, Catholic or not, were wholly indistinguishable, even then, Catholic healthcare would be profoundly different because the motive that drives us is profoundly different. We aid others for their sake. We respond to their needs. We care for people because of our religious interpretation of the mission of healthcare in the context of a redemptive plan. This makes what we do profoundly different. Even if this were the only difference, it would make all the difference.161

Sr. Patricia Talone interprets the difference by proposing that Catholic healthcare providers do not necessarily do things differently than others, rather, they see things differently. She explains, “We profess to see Christ in each patient. We declare in idealistic mission statements that we serve with compassion, respecting the dignity of each person. Those carefully crafted statements can and must inspire us to action.”162

Whatever the reasons, it can be argued that, Catholic healthcare is provided in a way that is different from that given in non-faith based situations. Having worked in both secular

160  Jean M. Lambert and M. Catherine Laboure
and faith-based healthcare institutions, I can unequivocally attest to this difference. There is an intangible element that gives quality to the difference, an energy or presence that surrounds one like a warm blanket on a chilly night. The quality of concern that brings comfort and safety, warmth and tranquility goes beyond the expected but “the more” is difficult to articulate. In the words of one of our new employees who recently came to us from a secular healthcare facility, “there is something in the air here. People are real, much more transparent and open, there doesn’t seem to be this great need for power over others.”

The next section illustrates this quality through story. Stories are particularly appropriate in articulating mission and values because they “are the juncture where facts and feelings meet.”163 It is in these stories that we find the truest expression of who we are. The values and characteristics such as respect for the sanctity of life, compassion, community, healing and hope,164 have been used as a framework for these narratives. The accounts demonstrate a few of the elements that distinguish Catholic healthcare as unique.

**Characteristics of Catholic Healthcare**

Often the characteristics that distinguish faith-based healthcare from secular healthcare are difficult to express because they deal with the transcendent, the spiritual and the abstract. It is important to bring those characteristics to life in concrete and tangible ways. In my early years as an educator, I quickly learned that students were able to understand an abstract concept more readily if I used stories to illustrate the point.

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Explaining mission and the essence of who we are, is similar to teaching an abstract concept. It is understood at a deeper level when it can be connected to the ‘stories’ of our daily life.

The first characteristic, respecting the sanctity of life at all stages, is based on our belief that all persons are created in the image of God. Every person has an inalienable right to life, to health and to dignity. Most often, we think of this in terms of what we will and will not do, especially in relation to reproductive rights and end of life issues. This element is more about what we do to reflect our appreciation for the sacred gift of life, as the following account illustrates.

One of our young mothers went into premature labour. No one had expected this on the night shift. Her pregnancy appeared to be going along well and all seemed normal. After a few hours the baby was stillborn. The parents were devastated to say the least. It was their first child and they had waited so long for her. A chaplain was called in to help the anguished parents. They were new to the area and had no family to call upon for comfort or help. What happened in the next few hours speaks to the value and sacredness of life.

Initially the parents were afraid to see the baby, fearing that seeing her would break their hearts all the more. Intuition or divine grace on the part of the chaplain and nurses prepared the way for the healing of their hearts to begin. The baby was cleaned, and then dressed in a little suit provided by a group of volunteers who knit for our preemies. The little one was then wrapped in a blanket. She was so tiny she fit in the palm of a hand. At first, the mother did not want to see her. The team created a bassinet

made from a basket and filled it with a tiny pillow and a little stuffed animal. They took ‘baby pictures’ for the parents, and made handprints and footprints. They also made a certificate and signed it putting ‘auntie’ or ‘uncle’ before their names. Since they knew the young couple had no family nearby, they became family for them at that moment.

They returned to the room with the infant. Gently and with great reverence, the chaplain placed the baby on the bed near the mother. Sensing the parents were alright, the chaplain left them for a while so that they could have some private time. Later, she returned and asked the parents if they would like to have a naming ceremony for their baby. In this manner, the baby was named and blessed, surrounded by her ‘new’ family.

Everything the team did that night proved to those parents that this child was valued and loved, that this child touched lives in her short time on earth. Legally, babies who are born under 20 weeks or 500 grams are considered fetuses and do not need to be buried. No one in that room referred to the child as a fetus. Everyone knew the worth of that precious little life.

What we hear time and time again from patients and families is that they would like more supportive care, particularly at the end of life. They want us to respect their dignity. What patients and families tell us is that they want more support and more compassion. The staff in this story understood those needs and responded in a powerful way. The parents and infant in this story were treated with dignity and compassion. Even though staff experience this situation over and over again, it does not lessen the impact on them. In situations where we, as healthcare providers, feel helpless, we can still make a difference by reaching out to patients and their families, crying with them, and helping them say their goodbyes.

It is in our moments of crisis and suffering that we experience most profoundly our human vulnerability and our deeply felt need for connection to each other and God. Catholic healthcare should offer its services to the sick and suffering in a way that draws them to perceive the compassion of God in that experience. Beth Perry’s poignant haiku entitled, *Little Moments*, sums it up perfectly, “A simple gesture. Compassion offered. Peace received.”165 The next narrative is a simple illustration of the power of compassion.

A forty-year-old, palliative care patient was diagnosed with advanced lung cancer. In his final days he expressed to us the importance and impact of sensitive acts of compassion. In a simple sentence, he eloquently captured the essence and purpose of our healing ministry. He said, “I’ve been touched by the smallest gestures, a squeeze of a hand, a gentle touch, a reassuring word. In some ways those quiet acts of humanity have felt more healing than the high-dose radiation and chemotherapy that hold the hope of a cure.”

Catholic health ministry should enable the sick, dying and vulnerable to experience care in the way that God would wish it delivered. This means that even if they are incapable of articulating it, people get a sense of having experienced something of the divine compassion. Our ‘quiet acts of humanity’ transform our care from clinical, mechanical tasks to acts of love and compassion.

A third characteristic that distinguishes Catholic healthcare as unique is the awareness that we serve as instruments of God’s work in the healing ministry. The

presence of God is in the moment of serving and being served, of comforting one another as we experience the pain that is part of the human condition. Patients come to us for their needs but as we care for them we, too, experience God’s loving presence.

As I sat with another patient who was awaiting a procedure, an elderly female patient and her husband approached one of our x-ray technicians. He apparently had assisted with a procedure the woman had just received. This patient was quite agitated and it appeared that both she and her husband had unanswered questions. It was a very busy day in the Special Procedures room, but he stopped and smiled. He noticed that she was resting on the gurney uncovered and that the room was drafty and he immediately went to retrieve a warm blanket to cover her. He then asked, “How can I help you?” His tone was warm and comforting. The couple appeared frightened and unsure about what was to happen next. He calmly explained the next steps and gave them reassurance while he continued to hold her hand in his. It was apparent that he spoke to them as he would to his own parents. What he didn’t hear after he left the room was the conversation between the couple about how relieved they were and how much better they felt about the procedure. The woman turned to her husband and said, “See, everything will be alright, sometimes God does send you angels”. As a witness to the encounter, I could not help but be aware that what had transpired was truly sacred. In that instance, the x-ray technician acted as an instrument of God, he was ‘walking on holy ground’ and he knew it. He truly made a difference in their lives. He served with genuine care and concern for this woman as if she were his own mother. On that day he was as much a healer as any nurse, physician, or treatment.
The next element that distinguishes us is a strong sense of community. Catholic healthcare is built on the belief that we are a community of caring persons who witness Christ’s love to those whom we serve. The expression of Christ’s tender loving compassion is not the work of one person but the work of many, and it springs forth in its fullest expression through community. The following story demonstrates the power of community and how together we transform hurt to hope and healing.

A thirty-three year old was admitted to hospital with a bad headache. In short time, they found he had an inoperable brain tumour and his prognosis was extremely poor. His situation was heart wrenching because he had a three-year-old child and a wife who was pregnant. The likelihood of him seeing his child born was non-existent. The chaplain went to see him knowing she might be the target of his anger. She introduced herself and tried to discern his emotional state. The young man was filled with anger, resentment, fear, and despair. He asked her, “What kind of God lets this happen?” She sat with him through his desperation and they both cried. It was some time after that encounter that the young man trusted her enough to truly talk about his beliefs, his fears and his regrets. On one particular day he blurted out that he would never see his baby and began to sob. Chaplains, like most caregivers, want to “fix it”. In a creative moment, she thought of how she could make this child’s presence real for the father. She approached the charge nurse and asked if they had a Doppler machine handy so that he could hear the baby’s heart beat. The nurse offered a better suggestion and called nuclear medicine and explained the situation to the technicians. In the middle of an extremely busy morning, the staff dropped everything and made time to have an ultrasound done on the man’s wife. They whisked him down to the area and let him hear the sound of the
baby’s heart beat as he watched the image of his child on the screen. The radiologist read the ultrasound and was able to discern it was a baby girl. The team printed the images and handed the father the first pictures of his baby.

In the afternoon, the chaplain went into the patient’s room. There he sat with the images in his hand, beaming as if he had won the lottery. He looked at the chaplain and said, “Look she’s got my nose!” They had named the baby that morning. She was called Hope. That day was the turning point for this young man. He began to reaffirm his faith in God and in the belief that there was meaning to all of his suffering. He died before she was born.

These staff members responded out of compassion. They came together as a community of caring persons whose resources and talents gave witness to God’s love. This kind of grace-filled, emotionally supportive behaviour should be part of everyone's job, and in everybody's job description. It is what makes us uniquely different. As a community when we minister to others, we minister to our mothers, our fathers, our brothers and sisters. We are connected to one another through God as part of the same human family. The young man was transformed because of that act of community. Our task as caregivers is to listen with compassion even when the situation appears hopeless. We can offer hope and healing to people even if we cannot offer a cure.

Catholic healthcare facilities must be places in which a spiritual, prayerful, and sacramental environment promotes feelings of joy at birth and at healing, of grief at suffering and death, and of solidarity through all of life's anxieties. We must be places where feelings of connectedness and community are part of the ambience, are inhaled as
the air we breathe. "Each one of us is merely a small instrument," wrote Mother Teresa but in community, those small instruments joined together can be a powerful force in making real God’s reign on earth. The following narrative distinctly demonstrates this.

The season most aligned with the joy of community and connectedness to others, is Christmas. At that time, many of our patients are suffering and awaiting death. Often, the halls on an oncology ward are more silent than usual as patients who are ambulant go home and staff is reduced. I recall a patient in isolation who lay in bed drained from the disease and tired from the many procedures that had filled his week. Any knock on the door seemed to convey bad news. Late in the evening, a staff member entered and asked that he put on his dressing gown so that he could be wheeled from the room. He seemed filled with resignation and defeat. He had been a world traveler who had never been confined to any one place for very long. But now he could no longer summon the energy or desire to venture even a few meters. The staff member wheeled him to a little alcove opposite his room. There he saw his wife awaiting him at a candlelit table set with a homemade supper for two. In his weakened state, he managed to sit upright and dignified in his wheelchair as copious tears fell from his eyes. In a hoarse voice he whispered, “My God, what kindness, what did I ever do to receive such kindness from virtual strangers?” He was a confirmed agnostic, a very ‘private’ individual, all staff knew this from the months he had spent on the floor. Yet, though he was too weak to enjoy food, the scene filled his being with a ‘connectedness’ that remained with him until his death. This gesture of ‘community’ was made possible because one staff member

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went to great lengths to enlist the help of all staff on duty in creating this vision of paradise.

What then is the answer to Porter’s question “how does Catholic healthcare live out the differences? According to Perry, the answer rests in the stories that we live each day. These stories give our core values and mission a concrete form that can be shared. They “capture the simple gestures that exemplify our values. They remind us that it is often the simple gestures, the smallest acts that make the biggest differences for those who come into our care.”169
Epilogue: The Meanderings of a Neophyte Mission Director

Christian healthcare is a ministry deeply rooted in the mission of Jesus Christ. Jesus was sent by God to be God’s healing reconciling presence to the world. He worked tirelessly to bring about the reign of God. In Catholic healthcare when we reach out to others in compassion, we act as his disciples and reveal the healing compassion of God to those most in need. Catholic healthcare is a ministry within the Catholic Church. The Church is the vehicle that allows for its continuation, it is the “house in which we dwell, receive nourishment and from which we are sent forth to serve”.¹⁷⁰ If we are a community rooted in the theological vision of the Church, then we must act in ways that resonate with that vision.

For all of us, the call to mission is a call to make real the presence of God and practise gospel values. We are called to *live* the mission. *Living* the mission helps people understand what compassion, community and respect are all about. People who live these values every day have no need for definitions but they do need to know their behaviour is mission driven. They need to be able to name their actions in mission terms and they need to understand that they are God’s presence in the world. Thomas Aquinas said ‘action follows being’. It is a question of intention. If our intention is to be a people who give witness to God’s loving presence, then we must create an atmosphere where God’s presence can be concretely felt and recognized. It is our intention that sets us apart.

Our Christian tradition recognizes that we are more than just a physical being. Catholic healthcare ministers to the whole person, body, mind and spirit. Robert Porter

¹⁷⁰ Casey, 111
reminds us that, “in Catholic healthcare we need not search to find the transcendent meaning in our work, it is there, right in front of us, every day. It is work that is rooted in the ministry of Jesus. We are called to relieve suffering and to be God’s healing and loving presence to one another.”

We recognize a spiritual dimension in what we do, and are cognizant that healing must include spirituality.

It is important to note that spirituality does not mean Catholicity, Christianity, or religiosity for that matter. Spirituality transcends any particular faith tradition. It is powerful and meaningful not only to those for whom we care but also for ourselves, the caregivers as well. It allows us the opportunity to experience the powerful presence of God in our own lives as we minister to those in need. It is in these moments when we experience a deep empathy with those we serve that we are transformed by the encounter.

“Mission is the message”, it is a dynamic living, growing process. It must to be communicated and lived out by all involved in health ministry if it is to be real. Our leaders in healthcare must ensure that the message is remembered, for if we cannot name it, we cannot live it. Mission can only impact our daily lives if it becomes part of the collective consciousness of the institution. We need tangible evidence of our values and mission in our day-to-day living, we need to walk our talk, so to speak. At the end of the day, the tangible expression of our mission occurs only through the behaviours and actions of each and every one of us.

Catholic healthcare, the continuation of God’s healing presence in the world, takes place in community. We recognize it is always about persons in community. As a community, we are called to act justly and to make decisions that are rooted in our gospel

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values. Catholic healthcare has always been rooted in the tradition of community and service. In the past, religious congregations assumed responsibility for the health needs of the community. Today, this sense of service in community is seen to be the responsibility of the entire Catholic community.

The mission of Jesus, the vision of the founders and the values of the organization must live in the hearts and minds of our staff. Mission integration takes time, patience and strong commitment. It is not something that happens at orientation or at a workshop; it is an ongoing process of integration, of maturation, of hope and of growth. It is a way of life.

As healthcare professionals, we are privileged to walk alongside those who are sick and vulnerable, frightened and anxious. We must never lose sight of the fact that we walk on holy ground when we companion others on their journey. To provide healthcare is a gift. “It ennobles those who pursue it. And it provides one other benefit too often overlooked: It gives our lives purpose” 172

It is hoped that these pages will encourage us to fully live the mission of healing, knowing that we are the “face of God” to one another and to remind us that each day we walk on “holy ground”. May we pause along our journey “to listen once again to the voice of the One who calls us the Beloved, the God who hears our cries and who through the Spirit, will bring us to wholeness and fullness of life.” 173

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173 Catholic Health Association of Canada, Spirituality and Health. 66.