# Sponsorship of Catholic Health Care Organizations

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## Introduction

In 1998, the publication *Governance/Sponsorship Models of Canadian Catholic Health Care Organizations* presented an overview of developing models in the Catholic health care apostolate in the face of radical changes. It was meant as a reference work and snapshot for those working diligently to preserve the church's involvement in an essential apostolate – caring for the sick. Since that time many new entities have been formally established and approved in order to carry on the legacy of founding religious institutes and the values, mission, philosophy and identity of Catholic health care.

At the request of these new sponsorship groups, the current publication attempts to put together in a user-friendly booklet essential information on the notion of sponsorship.

The booklet examines the evolution of the term, the question of who may be sponsors of Catholic health care institutions, the role of canon law in the health care apostolate, the term "juridic person," the various roles involved in the apostolate and some visioning for the future. This booklet is the result of much consultation and collaboration. Administrators, staff, religious, board members, pastoral care personnel, and all those interested and directly involved in carrying out the church's mission to care for the sick will find this work educational, helpful and challenging.

## 1. What is a Sponsored Catholic Health Care Organization?

*Any institution (hospital, hospice, hostel, nursing home, residence, community or similar service), sponsored by a diocese, parish, religious institute, juridic person or an association of Christ's faithful which carries out the ministry of Catholic health care as part of the mission of the Catholic Church, and in conformity with canon law; or any such body which is deemed by the competent authority to be conducting this ministry in accordance with the teaching of the Catholic Church*.[1]

## 2. An Overview of the Church's Mission to Care for the Sick

Since gospel times, the church has remained steadfast in its commitment to carry out the command of Christ to "heal the sick, raise the dead, cleanse the lepers, cast out demons."

Care and concern for those who are sick and suffering is not an option for the church. It is a mandate of the Divine Physician. This mandate comes from Jesus' many encounters with those in need of healing and wellness. He never turned his back or ran away from sickness and suffering. He confronted it, embraced it and redeemed it. Those who came into contact with him experienced the compassion and healing presence of God. The ailments of the time were not much different from those of today. Instead of leprosy, dumbness, blindness, epilepsy or a severed ear, it is cardiac disease, Alzheimer's disease, various forms of cancer, and AIDS. The call and challenge still remain for a listening ear, an understanding heart, a healing touch. History attests that "the Catholic Church is the single largest provider of health care in the world, truly faithful to the mission given by Christ to teach and to heal."[2]

"The call and challenge still remain for a listening ear, an understanding heart, a healing touch."

## 3. Catholic Health Care in Canada

The story of Catholic health care in Canada is a story of faith, adventure, adversity and vision. On the rugged shores of great rivers in a new found land, religious and lay folk dreamed of new and enduring possibilities. They also encountered diverse challenges, least of which was how to provide proper care for those confronted with sickness, disease, suffering, and death.

Those pioneers dreamed dreams and saw visions. They took risks and succeeded. The very foundations of health care in Canada were born of their blood, sweat, tears and prayers. As followers of the Divine Physician we continue to vision a future filled with new possibilities and rewarding challenges. The church's involvement in the Canadian health care system stands on the threshold of transformation and strengthening.

## 4. What is Sponsorship?

What is the first thing that comes to your mind when your hear the term sponsor/sponsorship?

- Usually the term appears to belong to the sporting world or world of big business.
- E.g., Molsons sponsors Hockey Night in Canada; the Royal Bank sponsors Skate Canada.
- What does this mean in practice?
- Basically, the sponsors hand over large amounts of money to see that their logo is prominently displayed and their product is promoted during the televising of the event.
- Usually they get to present the prize or trophy, but rarely do they have influence in

the operation of the organization they sponsor or any actual ownership rights.

**What is Sponsorship of Catholic Health Care Institutions?**

- A relatively new term – entered into ecclesiastical vocabulary about 25 years ago.
- Evolving to meet new needs, new opportunities, new challenges: response to changes in church and society (Vatican II and changes in health care delivery, funding and restructuring, etc).
- Confusing term
- Sponsor and sponsorship, although they lack formal theological, canonical, or legal bases, connotes a responsibility of trust, of attending to something sacred.
- Root meaning of the word "sponsorship" is derived from Latin *spondere*, meaning "making a solemn pledge."[3]

**What Exactly is Meant by the Term Sponsorship?**

The following are several definitions that might help to point out different aspects of the meaning of sponsorship.

- In the broad sense of the word, it means the relationship that exists between a public juridic person that has founded and/or sustained an incorporated apostolate.[4]

- In a 1994 statement in *Catholic Health Ministry in Transition: A Handbook for Responsible Leadership*, sponsorship is defined as "the ability to ensure that a particular church apostolate remains true to Catholic values and the sponsor's charism; sponsorship includes an obligation to care for, nurture, and advance the apostolate in order that it may continue Christ's mission."

- J. Hite in his publication entitled, *A Primer on Public and Private Juridic Persons: Applications to the Health Care Ministry*, defines sponsorship as a reservation of canonical control by the juridic person that founded and/or sustains an incorporated apostolate that remains canonically a part of the church entity. This retention of control need not be such as to create civil law liability on the part of the sponsor for corporate acts of omission, but should be enough for the canonical stewards of the sponsoring organizations to meet their canonical obligations of faith and administration regarding the activities of the incorporated apostolate.

In the United States the following definition of sponsorship is operative: *sponsorship of a health care ministry is a formal relationship, guaranteed by civil and canon law, between an authorized Catholic organization and a legally formed hospital, clinic, nursing home (or other such institution), entered into for the sake of sustaining and promoting the church's healing ministry to people in need, especially the poor.* [5]

The author goes on to example the above-mentioned terminology:

*health care ministry*: a corporate work as distinguished from the work of individuals;

*authorized*: approved by the diocesan bishop or an office of the Holy See;

*organization*: a religious institute, a group of institutes (co-sponsors), a diocese, or some new canonical entity. It is characterized by perpetuity and formal rights and responsibilities.[6]

"Sponsorship... the witness, affirmation, support, and vehicle whereby the gospel call to care for the sick, the poor, the disadvantaged and the vulnerable is protected, promoted, and enhanced."

In Canada, I would define sponsorship as the witness, affirmation, support, and vehicle whereby the gospel call to care for the sick, the poor, the disadvantaged and the vulnerable is protected, promoted, and enhanced. In addition, sponsorship ensures that the health care apostolate remains true to Catholic values and identity, and the sponsor's charism.

- In relation to Catholic health care, sponsor/sponsorship is the means whereby influence and guarantees, in terms of values, ministry and mission are preserved, extended, and exerted.

- The term already exists in ecclesial language – baptism/confirmation. Those called upon to act as sponsors guarantee that the candidate is prepared. The sponsors take responsibility to guide and influence the candidate in the journey of faith; the sponsors (in some cases) will stand in for the parents should anything happen to ensure that the child learns and grows in the ways of faith.

## 5. Who may be Sponsors?

- Religious Institutes
  Examples:
  Grey Nuns
  Religious Hospitallers of Saint Joseph
  Ursuline Sisters
  Sisters of Providence
  Sisters of Charity of the Immaculate Conception

- Dioceses
  Examples:
  Archdiocese of Edmonton
  Diocese of London
  Diocese of Victoria

- Associations
  Examples:
  Catholic health associations
  Knights of Columbus
  Knights of Malta
  Catholic Women's League

- Individuals

Note: Sponsors exercise sponsorship over a church apostolate.

**Sponsoring Bodies in Catholic Health Care in Canada as of 2004**

Archdiocese of Winnipeg
Alberta Catholic Health Corporation
Catholic Health Corporation of Manitoba
Catholic Health Partners Inc., NB
Catholic Health Corporation of Ontario
Diocese of Victoria
Fontbonne Health Care Society (Peterborough, ON)
Missionary Sisters of the Precious Blood (Willowdale, ON)
Providence Health Care Society (Vancouver, BC)
Religious Hospitallers of Saint Joseph (Kingston, ON)
Religieuses Hospitalières de Saint-Joseph (Montréal, QC)
Saskatchewan Catholic Health Corporation
Sisters of Charity (Halifax, NS)
Sisters of Mercy (St. John's, NL)
Sisters of Providence (Edmonton, AB)
Sisters of Providence of St. Vincent de Paul (Kingston, ON)
Sisters of Saint Ann (Victoria, BC)
Sisters of St. Elizabeth (Macklin, SK)
Sisters of St. Joseph (Ukranian Rite, Saskatoon, SK)
Sisters of St. Joseph (Hamilton, ON)
Sisters of St. Martha (Antigonish, NS)
Sister Servants of Mary Immaculate (Winnipeg, MB)
Soeurs Charité de N.D. d'Évron (Bonnyville, AB)
Soeurs de la Providence (Montréal, QC)
St. Joseph's Health Care Society (London, ON)

## 6. What is Catholic Identity?

A health care organization bearing the name "Catholic" has a special responsibility to witness to the presence of Christ and to Catholic teachings.

## 7. What are the Tangible Signs of Catholic Identity?

According to the Canadian Health Association of Canada there exists ten "tangible signs" that should identify Catholic health organizations in this country:

1. Catholic sponsorship and management;
2. quality care;
3. proper stewardship of resources for the community served;
4. a culture that supports Christian ethical values and spiritual beliefs;
5. recognition by the bishop of the diocese as an integral part of the apostolate;
6. promotion of spiritual/religious care;
7. mission and values integration;
8. just working conditions;
9. the availability of the sacraments,
10. the prominence of various Christian symbols.[7]

## 8. What is Canon Law?

Church law has a long and detailed history. For many centuries church law was a collection of legislative acts and decisions coming from the writings of popes, local, provincial and general councils, and decisions of learned jurists. Custom also played an important role in the legal history of the church. These would become the rule (canon) for the administration of justice in the community.

As the church continued to grow out of the Roman Empire, more detailed collections were gathered and made use of, culminating in the classic age of canon law (middle of the 12th century). The practitioners of law associated with major universities developed a systematic approach to law resulting in the *Corpus iuris canonici* – the main source of church law until 1917.

Over the course of the centuries, more decrees and writings were added, especially the *Decrees of the Council of Trent*. However, it was not until 1904 and the pontificate of Pius X that the idea of a codification of church law (in one volume) was decided upon. Under the scholarly direction of Cardinal Pietro Gasparri, the *Codex iuris canonici* was promulgated by Pope Benedict XV in 1917. This was to be the official church law until 1983.

On January 25, 1959, Pope John XXIII announced the convocation of a Synod for the Diocese of Rome and the convening of an Ecumenical Council (Vatican II). He also called for a revision of the 1917 *Code of Canon Law*. This was the last of the Council documents to be officially proclaimed. A committee of cardinals, bishops, canonists and others diligently undertook the daunting task of revision.

Finally on January 25, 1983, Pope John Paul II promulgated the new *Code of Canon Law* for the Latin Church. In contrast to the 1917 Code which had some 2414 canons, the 1983 Code consists of 1752 canons. The Code is divided into seven books and deals with a variety of themes: Book I – the general norms; Book II – People of God; Book III – The Teaching Office; Book IV – The Sanctifying Office in the Church (Sacraments); Book V – Temporal Goods of the Church; Book VI – Sanctions in the Church (Penal Law) and Book VII – Processes (Procedural Law).[8]

## 9. What does Canon Law have to do with Catholic Health Care?

According to Rev. Jordan Hite in his publication, *A Primer on Public and Private Juridic Persons: Applications to the Healthcare Ministry*,

- Church law developed out of the life and ministry of the church and is at the service of ministry.
- Church law also provides a means by which ministries can both fulfill their own specific mission in the church and also take their place as organizations in the church.
- The law provides structures that help each organization relate to other parts of the church whether at a higher level, on the same level, or subject to another organization.
- The *Code of Canon Law* of 1983 is the primary legislation for the universal church, however, the church has additional laws that implement and supplement the Code, such as the norms for celebrating the sacraments. Dioceses, religious institutes, and other church organizations have laws – known as particular or proper law – that specifically provide for their organization and ministry.
- The rapidly changing health care ministry challenges the creativity and adaptability of both the Code and those drafting statutes that govern health care organizations.[9]

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## 10. Models of Sponsorship in Canon Law

**Models in Canon Law**

With the constant changes occurring in health care throughout the country at all levels, new forms of sponsorship and governance have evolved in order to ensure a Catholic presence in the delivery of health care services. With the promulgation of the 1983 *Code of Canon Law*, great emphasis is placed on the active participation of all persons within the church – clergy, laity and religious – in the varied works of the apostolate, including the health care apostolate. Among the three possibilities provided in canon law, we will deal with one in some detail – the public juridic person.

**Associations of the Faithful**

Associations of the faithful are defined as groupings of Christ's faithful, clerics or laity, or clerics and laity together, who strive with a common effort to foster a more perfect life, or to promote public worship or Christian teaching. They may also devote themselves to other works of the apostolate, such as initiatives for evangelization, works of piety or charity, and those which animate the temporal order with the Christian spirit.[10]

**Kinds of Persons in the Church**

- Physical
- Moral persons (Catholic Church and the Holy See) – no outside intervention needed for those to come into existence
- Juridic persons

## Juridic Person

A juridic person can be defined as an aggregate of persons or things having rights and obligations in accord with canon law, e.g., a diocese, parish, religious institute. It may be public or private/pontifical or diocesan.

Some of the rights and obligations associated with juridic persons:

Rights
- the right to sue and be sued
- the right to acquire and retain property
- the right to direct their own affairs according to the norms of law

Obligations
- accountability – e.g., bishop reports to Rome every 5 years; religious institutes required to send report to Chapter; juridic persons of diocesan right to give account to diocesan bishop.

## Characteristics of a Private Juridic Person

- established by decree of the competent ecclesiastical authority
- operates in own name and not in the name of the church
- subject to fewer church laws on administration
- assets are not usually considered church property

Examples: none in Canada currently.

Advantages and Disadvantages:
- private juridic persons have greater freedom to operate
- permission from Holy See not needed for financial matters
- work not carried out in the name of the church and no official resources behind it
- works of Catholics as opposed to Catholic works

## Public Juridic Person

The model which has been used both in the United States and Canada in terms of evolving models of sponsorship and governance is the public juridic person. In Canada, many examples are currently available, including: Providence Health Care Society, Vancouver; the Catholic Health Corporation of Ontario; St. Joseph's Health System, Hamilton; St. Joseph's Health Care Society, London; Fontbonne Health Care Society, Peterborough; Catholic Health Partners Inc., New Brunswick. These have, in recent years, been established by a formal decree of the competent ecclesiastical authority as public juridic persons of pontifical or diocesan right.

This model has gained support and acceptance as the principle model in the sponsorship of Catholic health care, thus preserving and promoting the church's continued presence in the health care area.

Canon 116 provides a definition of the public juridic person by stating that public juridic persons are aggregates of persons or things which are established by the competent ecclesiastical authority so that, within the limits allotted to them, they might in the name of the church and in accordance with the provisions of law, fulfill the specific task entrusted to them in view of the public good. Other juridical persons are private.

Public juridic persons are given this personality either by the law itself or by a special decree of the competent authority, e.g., Holy See, conference of bishops, diocesan bishops.[11]

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**What does Being a Public Juridic Person Mean?**

- a juridic person by its nature is perpetual
- a juridic person exists until suppressed
- a juridic person is represented by physical persons
- a juridic person should have specific purpose(s): piety, apostolate of charity

There are certainly advantages to establishing a public juridic person. To name but a few:

- the model is structured in such a way as to build into its governance a continuity not dependent on the presence of religious;

- it is future oriented and promotes lay involvement within the health care system;

- it frees individual religious to pursue other forms of health care activities and roles.

Issues surrounding mission and Catholic identity continue to surface as does the necessity of finding truly qualified lay persons knowledgeable about the public juridic person and mission effectiveness associated with this model of health care.[12]

**Characteristics of a Public Juridic Person**

- Established by the law itself (examples: Archdiocese of Halifax; The Sisters of Charity of Halifax; St. Patrick's Parish;) or by a decree of the competent ecclesiastical authority (examples: Catholic Health Partners Inc.; Catholic Health Corporation of Ontario; St. Joseph's Health Care Society; Alberta Catholic Health Corporation.

- Purpose: to participate in activities in the name of the church with the full authority of the church.

- Its temporal goods are subject to the provisions of canon law.

- Assets are considered church property.

Public juridic person of pontifical right: established by the Holy See and accountable to the Holy See (examples: Providence Health Care Society; Catholic Health Corporation of Ontario; Catholic Health Partners Inc., New Brunswick).

Public juridic person of diocesan right: established by a diocesan bishop and accountable to him (examples: St. Joseph's Health Care Society, London; Fontbonne Health Care Society, Peterborough; Alberta Catholic Health Corporation).

"Issues surrounding mission and Catholic identity continue to surface as does the necessity of finding truly qualified lay persons knowledgeable about the public juridic person and mission effectiveness associated with this model of health care."

**Opportunities**

1. preserves and enhances Catholic presence
2. provides a united front
3. provides a vehicle which allows founding religious institutes to remain involved
4. enhances participation of laity
5. protects Catholic identity
6. provides bridge between "religious" health care and Catholic health care
7. establishes collaboration among institutions
8. provides local autonomy
9. provides instrument for maintenance of Catholic health care
10. providing and coordinating educational opportunities
11. holding and owning temporal goods – church property

**Challenges**

1. often large geographical areas to cover
2. reluctance to embrace a new structure
3. concern that non-religious represent owners
4. fear of a lack of understanding of local needs and issues
5. little flexibility in terms of temporal goods
6. develop stable financial base for long term
7. need to ensure accountability for mission and values
8. some loss of autonomy of individual institution
9. less flexibility in determining policies

## 11. Roles

The Catholic health care apostolate, if it is to survive and flourish, needs new structures and new possibilities. Within these new models, various groups and individuals play key roles. Three categories of persons are essential to the health care apostolate: the diocesan bishop, religious institutes and their members, and the laity. All three groups need to come together as partners and collaborators in promoting the church's essential work of charity in caring for the sick.

Each category will have its own duties and responsibilities, but together they will seek to preserve and promote the legacy and witness of the church in caring for the sick.

**Role of the Diocesan Bishop**

According to the documents of the Second Vatican Council and the 1983 *Code of Canon Law*, it is the diocesan bishop who recognizes varied ministries in the particular church entrusted to him. He is the coordinator of these apostolic works, whether engaged in by clergy, religious or the laity. As such, the diocesan bishops should have knowledge and pastoral oversight of these works.

In the past, many of the apostolic activities undertaken in a diocese, especially in regard to education and health care, were the sole domain of religious institutes. Invited and encouraged by the diocesan bishop to establish a religious house, the religious lived out their particular charism and apostolic work with little or no interference from the diocesan bishop. Except for those areas calling for his vigilance and supervision, the religious institutes and its members were free to determine what was in the best interest of their particular apostolate. However, with the decline in religious vocations, aging members and massive changes occurring in health care, the diocesan bishop is being called upon today to act in a more direct manner in order to safeguard and promote the Catholicity of the health care apostolate in the particular church. No discussion concerning the future of the Catholic health care apostolate would be complete today without the involvement of the diocesan bishop.

> "The local bishop is at the center of promoting and maintaining the Catholic identity of the health care organization."

With new models of sponsorship and governance evolving, the local bishop is at the center of promoting and maintaining the Catholic identity of the health care organization. Especially in terms of the evolving model based on the public juridic person, the role of the diocesan bishop is particularly important. It is usually he who grants juridical personality to the health care system or group in his diocese, keeps vigilance over it and receives the annual report of the juridic person. It is the diocesan bishop who approves the Catholicity of a work or institution, watches that temporal goods are being used for intended purposes, and supervises the execution of wills and bequests made to the public juridic person. He may even sit on the board of directors of a health care organization or institution.

Today, the diocesan bishop has the responsibility of ensuring that the health care apostolate becomes an integral part of the diocesan mission. If he does not do it himself, his duty would be to delegate a qualified person to represent him in health care matters pertaining to this apostolate. The diocesan bishop also has the responsibility to monitor the effectiveness of the *Health Ethics Guide*.[13] As changes continue to occur in health care throughout the country, his role in the preservation of the character, mission, values and philosophy of the Catholic health care apostolate will remain vital to its survival.

**Role of the Religious Institute and its Members**

No discussion on the changing face of health care in this country would be complete without the recognition and inclusion of the vital contribution the various religious institutes in the health care apostolate continue to make. Indeed, their contribution must not be underestimated or devalued. For years they faced countless difficulties and hardships and endured tremendous sacrifices in order to build a solid health care delivery system founded on gospel principles and the fundamental dignity and respect of the human person.

Faced now with declining numbers in North America and rapidly aging communities, many religious institutes are re-evaluating their involvement and association with the health care apostolate. Many of the key positions in administration and nursing once reserved to religious are now being turned over to dedicated and experienced lay people. What is now evolving in the health care apostolate is the whole notion of a shared apostolate, a collaborative ministry between religious and laity in the hope of continuing the legacy of health care founded generations ago. Religious institutes are faced with difficult questions and challenges: do they continue to hold on to what they now have, despite what public legislation is sometimes doing to these institutions, do they adopt new structures and new models or do they change existing ones, and can they or should they engage in other health care roles and activities? The Catholic Health Association of the United States makes the following observation, an observation applicable to this country as well as to the United States:

*A religious community's strength in the governance of its ministries comes more from who it is and the values that it promotes than from the strictly legal control that it may have regarding a particular institution. This does not deny the existence of or even the need for legal controls. What is more significant than legal control or governance is the success of religious through the years in sponsoring their institutions and in promoting and defending values.*[14]

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**Role of the Laity in the Health Care Apostolate**

With the advent of the Second Vatican Council, a renewed ecclesiology became operative as well as a broader understanding of ministry. Vatican II proclaimed that the whole church, the entire People of God – clergy, religious and laity – were responsible for the proclamation of the gospel. Evangelization and the apostolate were no longer the exclusive domain of a few in the church. The Council called for a greater participation and collaboration in all facets of church life. This resulted in the laity being empowered to live out in a more direct way their baptismal vocation.

In the health care apostolate today the laity are emerging into areas of greater participation in administration, sponsorship, governance, and in some cases, even ownership of Catholic health care institutions. Their expertise and experience combined with their dedication are allowing the laity to assume a partnership role in the advancement of health care. Though highly qualified in their fields of expertise, if this is to continue to be a truly Catholic work, lay persons need to become educated and qualified in the whole area of health care ethics and justice.

## 12. The Future of the Catholic Health Care Apostolate in Canada

Today, Catholic involvement in health care in Canada faces an unknown and uncertain future. The apostolate is being challenged to reassess its role and presence in society. There are significant moves today from health to healing, and from institutions to persons.

### The Present Situation of Catholic Health Care in Canada

Traditionally, Catholic health care has been identified with ownership and administration of facilities governed by a board of directors. This certainly has been the case in Canada for decades. Religious institutes have played a prominent role in the development of the nation's health care network. This is rapidly changing. Today, health care is no longer just the domain of religious institutes and its members. Throughout the country, Catholic health care is looking for new models whereby its presence and involvement will be maintained and enhanced. Furthermore, acute care institutions such as hospitals are no longer viewed as the only form of involvement of church groups in the delivery of health care. A shift has been occurring away from active, acute care institutions to new areas covering community health, long term care, and even home health care. New areas of concern are developing and new frontiers await to be explored as the Catholic health care apostolate stands at the threshold of a new period in its history. In the last century Catholic health care witnessed religious institutes responding to a unique situation. The same holds true in this time of transition and transformation.

"Throughout the country, Catholic health care is looking for new models whereby its presence and involvement will be maintained and enhanced."

With all the rapid and dramatic changes taking place in health care in Canada, there appear to be two alternatives for the Catholic health care apostolate. First, formal involvement in the delivery of health care can be forfeited, thus ending a long association of leadership and witness in the country. This should not be allowed to happen if at all possible. The call and mandate of the gospel to heal the sick remain as strong today as ever in the church and in society. Catholic health care must stay attuned to the needs and challenges waiting to be addressed and acted upon, using all the tools and resources at its disposal to continue an active association and presence in health care.

Second, attempts to resist change of any kind can be taken – thereby denying the necessity of much needed change and reform of the health care system in the country. Catholic health care has always been in the forefront of developing new methods and responding to new challenges in caring for the sick. The time has come once again to be pioneers in order to develop new approaches in health care where Catholic mission, values, philosophy and ethics are upheld in a world of depersonalization, technological advances and economic greed.

**Areas Needing to be Addressed**

In terms of the future of the Catholic health care apostolate in Canada, a number of areas need to be addressed. Those involved in Catholic health care have to come to terms with the changes and realignment taking place in health care, both nationally and provincially. The escalating costs and distribution of health care call for dramatic changes. The changes that came about in the 1990s most likely cannot be undone. The time has come to move on and continue in faith-filled ways to care for the sick and suffering. Catholic health care in Canada needs to examine closely its active participation in acute health care and determine whether or not this is the way of the future.

**New Dimensions for Catholic Health Care in Canada**

What lies ahead for the Catholic health care apostolate in Canada? Opportunities abound for an active Catholic health care apostolate in the country – an apostolate based on gospel values and long established moral principles. With debate raging over ethical issues such as abortion, genetic engineering, cloning, and assisted suicide, a golden opportunity awaits for the continuing leadership and witness of Catholic health care values and philosophy. The Catholic health care apostolate is in an ideal position to influence government policy regarding an increase in the number of beds allotted for the elderly and continued quality care for these vulnerable seniors.

Two other important and significant areas calling out for Catholic health care involvement would be the care of Alzheimer's patients and the terminally ill. Those afflicted with the dreaded and debilitating disease of Alzheimer's cry out for compassionate and quality care. Again, the Catholic health care apostolate, both nationally and provincially, could influence government and health authorities in establishing centres specifically designed for this purpose. Furthermore, palliative care centres for those facing terminal illness need to be established. In the face of proposals to allow assisted suicide, Catholic health care can make an important contribution by continuing to proclaim that life is not expendable. One of the values of the Catholic health care apostolate is its respect for human life at all stages. What better way to proclaim that message than acting as advocates in seeing that holistic care, support and compassion are made available to the terminally ill and their families.

In addition to what already has been discussed, health care reform today involves a new venture – the whole idea of home health care. This offers the Catholic health care apostolate another opportunity to provide its expertise and assistance. It could take the initiative in further developing the potential of this new health care program in the years ahead. As care of the sick moves from the hospital institution back into the home, the Catholic health care apostolate could exercise a leadership role in this original type of health care. Likewise, the possibility exists for sponsoring centres specializing in promoting wellness and preventive medicine. The ongoing promotion of parish nurses could be an excellent initiative. These persons could provide assistance to those who have recently been released from hospital, etc.

From ownership and administration in acute health care, the Catholic health apostolate stands at the threshold of new horizons and possibilities. With its resources, experience and expertise, in terms of influence, advocacy and sponsorship in health care, there lie riches waiting to be explored. In shifting the focus from the traditional involvement in caring for sick, the Catholic health care apostolate can be a stable force in proclaiming the sacredness of life and respect for human dignity; in this way the basic right to quality health care of all citizens is upheld. The Catholic health apostolate in this

country is in a position to exert more influence on government and health care authorities to guarantee the kind of quality care its citizens deserve.

### Canonical Models for the Catholic Health Care Apostolate in Canada

To preserve and enhance the Catholic health care apostolate in Canada, two areas need further study and discernment. First, how best to carry on the mandate of the gospel in regard to healing the sick? The time has come in Canada where those involved in Catholic health care must see themselves as partners and collaborators, not as competitors. In order to maintain a Catholic presence in the health care system in the future, consideration could be given to the establishment of Catholic health care societies, similar to those found in Alberta, New Brunswick, and Ontario.

All Catholic health care institutions such as hospitals, nursing homes, clinics, hospices, long-term care centres, etc., could come together under the umbrella of these societies. In order to strengthen and enhance its presence as an official apostolate of the church, this society could be canonically established as a public juridic person. Establishment of Catholic health care societies as public juridic persons would allow the legacy of the religious institutes involved in health care to continue for years to come. Consideration could also be given to the possibility of appointing an episcopal commission for health care as part of the Canadian Conference of Catholic Bishops. This would bring to the forefront the importance of the health care apostolate in both the national and particular church, and the involvement to which all are called in caring for the sick.

Secondly, there exists a necessity to educate and inform the laity about their baptismal responsibility and the role they can play in Catholic health care. Many lay persons have the sincere desire to serve in this apostolate and they possess the skills, enthusiasm and dedication to be part of a new approach in living out this work of charity. Already lay people serve in many capacities – as administrators, nurses, pastoral care workers, members of regional hospital corporation boards – they need to be empowered to do more, especially in the field of medical ethics. This is their opportunity to animate the temporal order with the message of the gospel. This vital resource needs to be encouraged if the Catholic health care apostolate is to continue to be a thriving part of the provincial health care scene in the years ahead. This is an area where co-operation between Catholic health associations, the religious institutes, the public juridic persons, and the bishops could take place so that a greater lay participation in this essential and integral work of the church could continue. Bursaries should be provided for lay people to study ethics and other related subjects if our health care is to remain a Catholic work based on informed moral decisions.

## Conclusion

We have examined the evolving models that have developed and continue to be developed in Catholic health care throughout the country at the present time. With the dramatic changes occurring in the way health care is perceived and delivered, these models can certainly help to achieve and guarantee a Catholic presence in the future of this essential work of charity in the church.

Moreover, we have examined the canonical possibilities that can assist in the preservation of Catholic health care – the association of the Christian faithful, the private juridic person and the public juridic person. Within the parameters of canon law, there lies enough flexibility to adopt a variety of models in order to maintain the character, mission, values and philosophy

found in this apostolate. Likewise, canon law provides directives regarding the various roles necessary in preserving church involvement in the future.

Finally, we have provided thoughts on the future of the Catholic health care apostolate in Canada. The areas discussed have dealt with the present situation in light of government legislation; areas still needing to be addressed and dealt with; new areas for Catholic health care in the future; and, one of the canonical models available to retain an active presence in the health care system in this country.

Although the Catholic health care apostolate in Canada has been evolving, nevertheless, there remains a definite place in providing care for the sick in new forms as well as the more traditional ones. Theology and canon law are at the service of the church and provide enough flexibility and creativity so as to protect and preserve this essential work which touches the very mission of the church itself – a mission that cannot be usurped, denied or forfeited.

Canon law speaks of the right to exercise the mission of the church by involvement in works of the apostolate and works of charity and by permeating the temporal order with the message of the gospel.[15] Certainly one of those works of the apostolate and charity is care of the sick. Held in such high esteem, care for and healing of the sick can be considered an integral and essential part of the church's mission. In response to a command of the Lord himself, the church has for centuries remained faithful and steadfast, through institutions imbued with gospel principles, in providing compassion and care to those afflicted with illness of one kind or another.

## Endnotes


1. Adapted from the Rules of Catholic Health Australia Inc., clause 2.

2. 6,000 hospitals; 17,200 dispensaries, clinics and other primary care institutions; 800 leprosariums; 12,200 centres for the aged, chronically ill and handicapped; 25,300 other centres for the health care ministry; and many other institutions which fall under this category. In all, there are some 111,000 Catholic health care institutions throughout the world. Figures are based on information provided by Archbishop Lozano, President of the Pontifical Council for Health Care Workers at the 17th International Conference held in Nov. 2002.

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6. Catholic Health Association of the United States. *Toward A Theology of Health Care Sponsorship*. February 20, 2004, page 16.

7. Catholic Health Association of Canada. *Health Ethics Guide*. Ottawa: Catholic Health Association of Canada, 2000, p. 8.

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10. *Code of Canon Law 1983*. Canon 298.

11. *Code of Canon Law 1983*. Canon 312.

12. Catholic Health Association of the United States. *In Their Own Words: An Assessment of Evolving Healthcare Arrangements by the Sponsors Who Use Them*. St. Louis: The Catholic Health Association of the United States, 1996, p. 16.

13. Morrisey, F. "New Skins For New Wine," in *CHAC Review*, 21 (1993) 1, p. 12.

14. Catholic Health Association of the United States. *The Search for Identity: Canonical Sponsorship of Catholic Health Care*. St. Louis: The Catholic Health Association of the United States, 1993, p. 74.

15. *Code of Canon Law 1983*. Canon 298, §1.