Home or Away? A Choice for Catholic Healthcare
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Catholic health and aged care providers seeking new governance structures face a choice of embedding their ministry in either the local Church or the universal Church. This article asks how we view these ministries in the first place: in what sense are they truly ‘ministries of the Church’?

As the Australian Church prepared for the canonisation of St Mary of the Cross MacKillop in 2010, we quite properly reflected on her many virtues and on her achievements in the field of Catholic education. Among other things we discovered that St Mary chose to establish her new religious Order under Pontifical protection rather than succumb to the wishes of several diocesan bishops who would have preferred to exercise more personal and proximate governance of the Sisters’ work in schools.

On delving deeper into her decision, two things become apparent. First, it seems it was not disregard for local ecclesial authority that motivated St Mary to plant her Order in the universal rather than the local Church, but a profound desire to keep her fledgling community intact as demand for its ministry grew across the nation.1 And second, the bishops’ desire to control Catholic schools in their dioceses is probably understandable, given that Catholic education is so closely identified with the core mission of the Church. Indeed, the 1983 Code of Canon Law recognises it as one of the principal ways in which the Church fulfils its teaching office.2

But other areas of ministry such as health and aged care, which are no less important in the mission of the Church, do not seem to enjoy the same clearly defined place.3 All Catholic health and aged care providers in Australia today are having to deal with two major factors impacting their ministry: tighter and more regulated corporate operating environments, and new internal governance structures as their former sponsors, usually religious orders, themselves adapt to new configurations. All providers are asking the same fundamental questions: how do we continue the ministry of our founders? where are the areas of need today? what is our mission in the twenty-first century? There is also the identity question, a subject of much study and discussion today and no doubt into the future: what does ‘being Catholic’ actually mean in practice for a health or aged care organisation in these new environments? And perhaps most difficult of all: how does one measure ‘Catholic identity’?4

These questions are of immediate practical concern to everyone seeking to promote Catholic health and aged care anywhere in the world. It is now just one year since the Bishop of Phoenix, Arizona (USA), removed the right of St Joseph’s Hospital in his diocese to call itself Catholic.5 That case prompted much discussion about clinical ethical dilemmas in health care, but it also drew attention to a core feature of the present and future life of every Catholic health and aged care facility: its relation with the local Church.

Obviously one cannot speculate about any ministry’s ‘Catholic identity’ without referring to the Church itself, but which instance of Church should be our primary reference point: the universal Church or the local Church? Should we differentiate at all? This question has great significance for health and aged care ministries negotiating the transition from religious to lay leadership, and in particular to the new lay-led ‘public juridical persons’ (PJPs) which represent both new challenges and new opportunities for the local Church and bishop.
Religious congregations and the emerging lay-led structures are both PJPs, of course, but the Code of Canon Law has much more to say about the former than the latter. The Code provides a template for religious orders and congregations and for the ministries managed by them, and the Church as a whole is more familiar with the ‘religious order’ model in ministry. One characteristic of the ‘religious order’ model is that the governance, management and conduct of their various ministries may rest in the very same hands. This very flexible arrangement not only allows each congregation continually and quickly to seek the ‘best fit’ between ministry demand and capacity, it also provides a single point of contact with all levels of the governance structure. That accessibility, and the guidance of the Code, gives the local Church and bishop a certain confidence in dealing with ‘religious order’ ministries and their governance.

The new PJPs are not such familiar territory for the local Church. The governance, management and conduct of lay-led PJP ministries can rest in three very different sets of hands reflecting the demands of the contemporary corporate environment in which they operate. These new structures represent a new challenge for the bishop: with which level of governance or management should he deal? Even more fundamentally, what is his role in these ministries and their governance?

Neil Ormerod notes that while ‘lay’ leaders today bring a great deal of corporate wisdom and experience to the governance table, they often lack the established ecclesial formation of religious congregational leadership. It is not surprising therefore that lay leaders often work out of a very different ‘sense of church’ than that of the local bishop who tends to be, by training and definition, a ‘church man’ bound to canonical ways which, among other things, seek to define precisely the role of the bishop in relation to Catholic structures in his diocese. But the Code of Canon Law gives little detail on the bishop’s role in relation to the emerging new corporate structures.

For example, in his ecclesial role the bishop is central to many ministry decisions, including those having major financial implications. In these matters his role approximates that of an executive director. But health and aged care ministries today necessarily operate in a highly regulated civil corporate environment in which the role of an executive director is particularly onerous (as demonstrated in the Federal Court’s recent decision which held individual directors responsible for financial governance of the Centro property group). Given the sheer complexity of this model of corporate governance and the potential to expose a diocese to financial risk, it is not surprising that few bishops today are willing to take on a director’s role (or its equivalent) in health and aged care.

So what is the local Church and bishop’s relationship to the emerging governance models in Catholic health and aged care ministry? An ecclesiological argument grounded in the notion of ‘sacrament’ suggests some intriguing possibilities.

Every particular Church (such as a diocese) shares in the nature and mission of the universal Church. Because the universal Church is sacramental in nature, the mission of the local Church is to make present and active the love of God made visible in Christ. This mission is shared by all parts of the local Church including parishes, schools, health and aged care facilities and welfare providers, each in ways in keeping with their particular ministry, because all share something of the Church’s own character of ‘sacrament’.

In the field of health and aged care, the local Church in the past has fulfilled its mission through ministries established and run by religious congregations. But notice a subtle shift in emphasis today. Older ecclesologies were comfortable with the idea that a hospital was ‘a ministry of the religious order’ from which the local Church drew benefit. In this ‘sacramental ecclesiology,’ the hospital is viewed as ‘a ministry
of the Church’ which may originally have been established and run on the Church’s behalf by the religious order and is now run, still on the Church’s behalf, by a lay-led PJP.

The shift is not in actual legal or canonical ownership, of course, but in what might be called ‘psychological ownership’: a sense of being responsible for and taking pride in a particular ministry. ‘Psychological ownership’ of a ministry can extend to individuals who are able to play no active role in that ministry other than to support it indirectly, for example through prayer or by financial contribution. Examples already exist in every parish: Catholic people routinely provide financial support for the work of Catholic organisations such as the St Vincent de Paul Society and Caritas, and such support enables parishioners - including those who are unable to play any direct role in these ministries - to take a sense of pride in and ‘ownership’ of their work.

In health and aged care ministries in the past, ‘psychological ownership’ naturally rested with the religious order which was also the actual canonical ‘owner’ and operator of those ministries, and it is not difficult to imagine the new lay-led PJPs inheriting both kinds of ownership. But in a sacramental ecclesiology which conceives of ministries in relation to the nature of the Church as sacrament (rather than in relation to the charism of a particular religious order), a sense of ‘psychological ownership’ could quite properly be engendered not only in individual Catholics but also in the whole particular Church.

This opens up an intriguing opportunity which strengthens the argument for embedding a PJP in the local rather than the universal Church. It is entirely possible for the canonical ownership of a ministry to rest in one place while psychological ownership rests in another. But how much more meaningful would it be if the ministry is fully grounded in the very same ecclesial community whose members can say, “This health care facility is our Church, our Catholic community, fulfilling our mission in the world.”

Every Catholic health or aged care provider today must answer the question, ‘why are we in this business in the first place’? Utilitarian answers (such as ‘to care for the poor’) are helpful but insufficient if they locate the rationale of Catholic health care in outcomes alone; and in any event, if Catholic hospitals were once necessary to provide health care for the poor, Australia’s excellent system of universal health cover now meets most of this need. But in addition to outcomes, and indeed prior to them, Catholic health care finds its rationale in the identity of the ecclesial community that provides it. To put it simply: we are engaged in providing health and aged care because it is the very nature of our Catholic Christian community to care for the sick and the ageing. So in Deus caritas est Pope Benedict XVI identifies practical love (caritas, the service of charity) as “a responsibility for each individual member of the faithful, but it is also a responsibility for the entire ecclesial community at every level: from the local community to the particular Church and to the Church universal. . . . For the Church, charity is not a kind of welfare activity which could equally well be left to others, but is a part of her nature, an indispensable expression of her very being.”

The dynamism of health and aged care ministries comes only partly from the needs of those who are sick and ageing. It comes in larger part from our own identity as Church: it is our mission, it is of our very nature and identity, to make the love of God in Christ visible and active in the world. It is not surprising that many Catholic health and aged care providers take as their own the words of St Paul, ‘the love of Christ urges us’. It is Christ’s love for the sick that we the Church extend to the present day; it is our care for the sick and ageing that makes Christ’s love visible and effective.
Where in the Church should we embed health and aged care ministries and the PJPs that govern them? This is more than a question of canonical ownership - it is a fundamental question of authenticity. When Catholics say ‘this is a ministry of the Church’, do we want them to mean ‘this is our ministry’? If so, how should we arrange things to promote this sense of ownership?

Part of the answer lies in simply helping Catholic people become more aware of the extraordinary work done in our health and aged care facilities, and of the ways in which every Catholic person can support these ministries. A strategic program of informing parishes and individual Catholics will not only uncover new resources and dynamism for these ministries but also promote a greater sense of pride in them. And both psychologically and ecclesiologically, I suggest, embedding the governance structures of these ministries in the local Catholic community will help to engender a sense of local ownership of them.

What might be required to bring this about? Good will from all parties, health care providers and bishops alike; the patience to create appropriate PJPs; intentional building of trust between ecclesial and corporate leadership; and measures to help the local Church realise that it is, indeed, fulfilling Christ’s command to care for the sick through its health and aged care ministries.

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1 For an account of the life and work of St Mary MacKillop, see http://www.marymackillop.org.au/index.cfm
3 I am indebted to Mons. Brian Lucas, General Secretary of the Australian Catholic Bishops Conference, for drawing my attention to this point.
7 Ormerod, 430.
9 See Canon 369, Code of Canon Law.
10 See Vatican Council II, Gaudium et Spes (Pastoral Constitution on the Church in the Modern World), #21: “[It] is the function of the Church, led by the Holy Spirit who renews and purifies her ceaselessly, to make God the Father and His incarnate Son present and in a sense visible”; and the Catechism of the Catholic Church, #738: “Thus the Church’s mission is not an addition to that of Christ and the Holy Spirit, but is its sacrament: in her whole being and in all her members, the Church is sent to announce, bear witness, make present and spread the mystery of the communion of the Holy Trinity.” For these documents, see Gaudium et Spes, Holy See, http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19651207_gaudium-et-spes_en.html; and Catechism of the Catholic Church, Holy See, http://www.vatican.va/archive/ENG0015/_INDEX.HTM
Benedict recognises that the ministry of charity is as essential to the Church as are proclaiming the Word of God and celebrating the sacraments: “The Church’s deepest nature is expressed in her three-fold responsibility: of proclaiming the word of God (kerygma-martyria), celebrating the sacraments (leitourgia), and exercising the ministry of charity (diakonia). These duties presuppose each other and are inseparable.” *Deus caritas est*, 25.

12 [2 Corinthians 5:14](https://www.biblegateway.com/passage/?search=2%20Corinthians%205:14&version=NIV). The phrase ‘the love of Christ’ (ἀγάπη του Χριστοῦ, *agapē tou Christou*) is often taken to mean ‘the love we have for Christ,’ but an alternative reading possibly sits more comfortably with its context: it is Christ’s love for us that drives us on.