CATHOLIC COURIER

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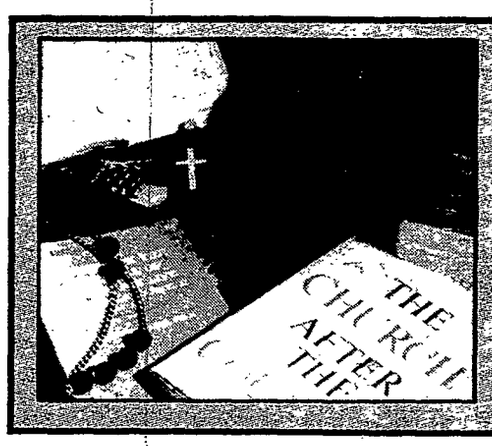


Vantage on vocations

July's Insight section calls women of the Diocese of Rochester to consider the meaning of vocation and the possibility of a call to life in community. Pages 12 and 13.

Hospitals face difficult decisions

by Lee Strong
Staff writer

One need only scan newspaper headlines in recent months to know that health-care institutions in this country are facing a variety of problems that hamper, and even threaten, the work they do.

Nursing shortages, the growing number of people with AIDS, soaring costs of medical malpractice insurance, and insufficient and often slow reimbursement from state and federal governments plague health care institutions across the country.

Catholic hospital administrators must wrestle with these problems, plus some questions that arise out of their Catholic identity — among them how to deal with euthanasia, genetic engineering and counseling, and new technologies that extend life.

But for many Catholic hospitals, an even more important issue these days is often the conflict between mission and margin.

How can a Catholic hospital maintain its identity as a Catholic institution — serving the poor, the indigent, the elderly, and adhering to Catholic moral teachings — yet remain financially healthy?

The struggle has forced Catholic hospitals to look anew at their mission, how they can best fulfill that mission, and what they can do to survive financially while trying to further that mission.

"Mission comes first," acknowledged Richard McDevitt, executive secretary of the New York State Catholic Healthcare Council. McDevitt quickly added, however, that Catholic hospitals must be aware that "if there is no margin, there is no mission. They have to complement one another."

The mission of Catholic hospitals, according to John Renz, vice president for planning and marketing at St. Joseph's Hospital, Elmira, is simply an extension of the ministry of Jesus Christ.

"I think that the ministry of Jesus Christ is the difference between a Catholic hospital and a community hospital," Renz said. "When you look at Jesus' teachings — the love for our neighbor, the love for the poor — there appears to be a special effort on the part of Catholic hospitals to extend their mission to the people that Jesus had a compassion for."

Today those people are likely to be the uninsured, the underinsured, patients on Medicare and Medicaid, and individuals whose immediate health problems are compounded by additional social, physical and emotional circumstances. In New York state, for example, Catholic hospitals represent 17 percent of the state hospital system, but account for approximately one-fourth of all Medicaid admissions, McDevitt said.

"Persons served by Catholic hospitals often need more services," observed Dan Krapf, associate vice president of the membership division of the Catholic Health Association. Catholic hospitals tend to be in inner-cities, he said, and the patients who come in frequently haven't seen a doctor on a regular basis. Thus, when these patients come in for one problem, hospital personnel frequently discover other untreated medical needs such as drug and alcohol addiction, dental problems and poor nutrition.

"I think our particular population, because we take care of the poor and indigent, by the time they hit our doors, they are sicker than the general population, and so they put a burden on our hospitals," noted Patrick Madden, president of St. Mary's Hospital in Rochester. Because of their sense of mission to the poor, he continued, Catholic hospitals attempt to carry that burden, which causes these hospitals to "cannibalize their physical plants and balance sheets in order to break even."

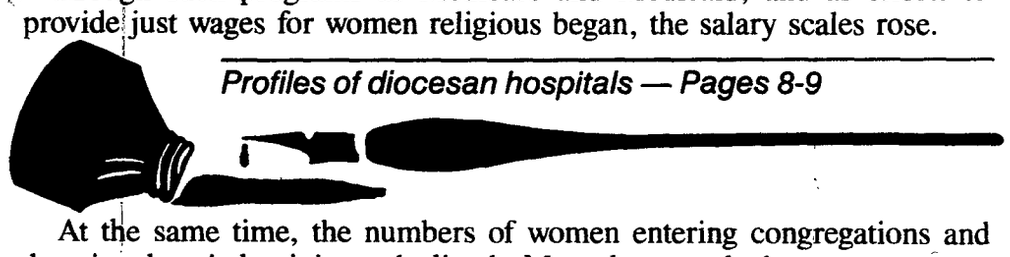
In addition, because of their religious identity — and the limitations church teachings impose on the kinds of services they can offer — Catholic hospitals are, at times, handicapped in the increasingly competitive healthcare market.

"We pay a penalty for our beliefs," McDevitt observed. In obstetrical and gynecological services, for example, Catholic hospitals do not offer abortion, sterilization or birth control. Catholic hospitals have also been hesitant to enter one of the newest fields, genetic counseling, because such counseling might require discussing various options — including abortion — with couples who are are at risk of having a child with a genetic disease.

McDevitt pointed out that such a limitation on services hurts. Some patients, for example, shy away from Catholic hospitals because they do not offer a full range of health services. The limitations also interfere with the recruitment of doctors, who may object to having their practices restricted by Catholic teaching.

Catholic hospitals also suffering from changes in the church itself. When they began, the hospitals were staffed largely by women religious who worked long hours for low pay. In the 1960s, however, as the hospitals began accepting more state and federal aid through such programs as Medicare and Medicaid, and as efforts to provide just wages for women religious began, the salary scales rose.

Profiles of diocesan hospitals — Pages 8-9



At the same time, the numbers of women entering congregations and choosing hospital ministry declined. More lay people began to assume positions of authority in Catholic hospitals, further reducing the obvious Catholic identity of the institutions. In the Archdiocese of New York, for example, the Alliance for Catholic Health and Human Services — a voluntary association of Catholic hospitals, nursing homes and child-care agencies — now offers programs to educate staff members about member institutions' Catholic identity.

"We promote Christian values," explained Donna Murphy O'Brien, director of planning and development for the alliance. "We focus on Christ's healing ministry, reverence for life from beginning to end, respect for the dignity of human beings, justice for patients and staff, and the preferential option for the poor."

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