

Catholic health leaders discuss ethics

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CHICAGO (CNS) — Catholic health leaders looked at ethical concerns ranging from the most complex biomedical advances to the most basic question of justice for the uninsured during the Catholic Health Association's 89th annual assembly June 6-9 in Chicago.

"Ethics is about how we meet our mission, with what virtue do we live our mission as we provide health care," said Father Michael Place, CHA president and CEO, in an interview with *The Catholic New World*, Chicago archdiocesan newspaper, during the assembly.

More than 1,100 leaders in Catholic health care attended the 2004 meeting. The theme was "Ethics: Faith in Action for Service."

Speakers included Jesuit Father William Byron, interim president of Loyola University in New Orleans; health-care policy specialist Rick Carlson, an attorney and president of the Health Strategies Group; and Peter Steinfels, religion and ethics columnist for *The New York Times*.

Father Byron, who spoke about the source of ethics, cited 10 old-fashioned principles, from integrity to social responsibility, that lead to ethical behavior.

His last principle was love, which, he said, is "an internalized conviction that prompts a willingness to sacrifice one's time, convenience and a share of one's material goods for others."

Father Byron drew strong parallels between the corporate scandals at Enron and Arthur Andersen and the clerical sexual-abuse scandal when he spoke June 7. He told assembly members that they must take responsibility for evaluating how well their organizations put ethical principles into action.

"It is important for you to articulate your own opinion on these matters and to assess how widely shared, in your own organization, are the understandings you have of these classic principles," he said. "Remember, a culture is a set of shared meanings and values."

Carlson said ongoing work in genetic advancements will change not only the way medicine is practiced, but the way health care is delivered and paid for.

The question is not whether things will change, but how, and how to manage the consequences of decisions made now that will affect generations to come, he said.

As more and more information becomes available about individual genetic risks, practitioners will be able to tailor the interventions they provide, Carlson said. But that same information will make it impossible for



Karen Callaway/CNS

Deacon Terrance McGuire and Auxiliary Bishop Edwin M. Conway, vicar general for the Archdiocese of Chicago, pray during the opening liturgy for the 89th Catholic Health Assembly of the Catholic Health Association in Chicago June 6. This year's assembly focused on health-care ethics.

health insurance companies to operate the way they do now, by charging the same premiums for customers with widely different risk factors.

"That would be like a car-insurance company charging the same for a 16-year-old who just got his license yesterday and a 44-year-old who's never had an accident," he said. "We all know the risks aren't the same."

Ronald F. Pollack, executive director of Families USA, a nonpartisan, not-for-profit organization that is working toward universal health coverage, called it a scandal that nearly 44 million people, including 8.5 million children and nearly 20 million full-time workers, are without health insurance.

"What many Americans don't understand is that the safety net is more hole than webbing," he said.

The issue directly affects Catholic health-care providers both for practical reasons — more than 11 percent of American hospitals are Catholic — and spiritual ones, said Sulpician Father Philip Keane, who was on a June 8 panel with Pollack.

"The just delivery of health care is a religious and moral issue," said Father Keane, focusing on Jesus' humanity and healing ministry. "We need to focus on social justice in the delivery of health care. How can we be a people who profess faith in Jesus Christ, and not be committed to the just delivery of health care?"

In the convention's closing address June 9, Steinfels said the state of health care, the church and American society, as a whole would be diminished if Catholic hospitals and other health organizations were to

lose their religious identity.

The Catholic Church has historically made itself known in American society through health care, social services and educational institutions, Steinfels said. While such institutions were originally formed by members of the immigrant Catholic population to serve that population, they now serve diverse groups with diverse staffs.

Health-care institutions provide a way to make concrete the healing mission of the church, and give the church credibility when it discusses medical ethics, life issues and the new questions raised by genetic technologies, he said.

"Catholic health care has been in the very eye of the storm," Steinfels said. "What would be lost if suddenly every Catholic hospital and medical center suddenly ceased to be Catholic? ... It is of the utmost importance that you do not allow that to happen."

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