

Can Catholic hospitals continue to serve the poor?

by [Lilly Fowler](#)

March 19, 2015

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ST. LOUIS (RNS) In 1836, several French nuns established hospitals and schools here and in California. Today, an effort is afoot to keep the mission of the Sisters of St. Joseph of Orange alive.

At the Aquinas Institute of Theology, a small Roman Catholic graduate school next to St. Louis University, doctors, administrators, and health care leaders take courses on Bible interpretation; Jesus, church and the healing ministry; and the foundations of morality.

As the number of nuns and priests who established Catholic hospitals slowly dwindles, lay leaders across the country are increasingly taking their place.

The master's program in health care mission at Aquinas aims to help lay leaders honor Catholic traditions, training them in the history and ethics behind Catholic-based healing.

That includes taking on controversial topics, such as birth control, abortion, and euthanasia. But much of the emphasis is on outreach to the poor—an area some criticize, arguing Catholic hospitals do less than they claim.

“Even though people in our organizations aren’t Catholic, they need to understand what part of our identity is not compromised,” said Sister MaryAnne King, a manager with the Holy Redeemer Health System in Huntingdon Valley, Pennsylvania, who is enrolled in the program.

She belongs to the Sisters of the Holy Redeemer, a congregation with only 18 nuns left in the United States.

Mark A. Jablonski, a vice president at St. Jude Medical Center in Fullerton, California, said sisters like King embody the essence of Catholic health care.

“They didn’t get involved in health care to form hospitals,” he said. “They got into health care because they were responding to the needs of the poor and the needs of the sick.”

Sister Jean DeBlois heads the program at Aquinas. She said an emphasis on compassion, as well as a preference for those at the margins of society, sums up the theology of Catholic medical care.

### **Ethical decisions**

The Roman Catholic church has a long tradition of service to the sick in the United States, dating to 18th-century New Orleans, when the first Catholic nuns in the New World, the French Ursuline sisters, arrived in the city and established a school, orphanage and hospital.

Today, 645 Catholic hospitals exist, according to 2013 statistics from the American Hospital Association Annual Survey. One in six patients is admitted into a Catholic hospital, or 5.2 million annually.

Despite its noble intentions, Catholic medical care receives its fair share of criticism. Much of the disapproval stems from a set of health care guidelines established by the U.S. Conference of Catholic Bishops. Some of those guidelines are well known: bans on abortion and contraception, for example.

The bishops’ guidelines, however, also forbid tubal ligations and vasectomies, as well as a number of infertility treatments.

“Reproductive technologies that substitute for the marriage act are not consistent with human dignity,” the guidelines state.

Catholic institutions may also deny patients’ requests to be removed from feeding tubes or life support, even when those wishes are expressed in living wills.

Some have increasingly become concerned with these kinds of prohibitions, as a greater number of Catholic hospitals have merged with non-Catholic hospitals, forcing them to abide by the same rules.

Lois Uttley, director of MergerWatch, a patients' rights advocacy group, also worries about local bishops intervening in tricky medical situations, based on their interpretation of the rules.

"Medical and ethical care decisions are in essence second guessed by the bishop," Uttley said.

The main focus of the Aquinas program isn't to hammer home more conservative Catholic positions on health care. But it does want students—including those who are not Catholic—to have a command of the issues and thinking behind the church's various positions.

"We believe those who lead a ministry of the church have to have a sound understanding," said Sister Colleen Mary Mallon, a professor in the Aquinas program.

DeBlois said they are not proselytizing.

"We're not trying to turn them into Catholics," DeBlois said. "The study of theology is in itself a transformative experience."

### **Charitable care**

Experts say Catholic institutions often aren't any better at serving the poor than for-profit health care systems.

According to a 2013 study by MergerWatch and the American Civil Liberties Union, overall, public hospitals do a better job of providing charity care than Catholic systems, dedicating 5.6 percent and 2.8 percent respectively of total gross patient revenue, to the poor.

Here in St. Louis, SSM Health Care, one of the largest Catholic health systems in the nation, boasts a slightly larger number, using approximately 3.7 percent of its operating revenue for charity care, according to a 2014 overview by the St. Louis Area Business Health Coalition.

Jablonski maintains Catholic facilities have a stronger tradition of serving the needy, though he acknowledges that the commitment varies from institution to institution.

"I think there's always been a higher degree of awareness. Now whether we're doing it any better, I guess that depends on the local area and the leadership of that local

community.”

King, the nun who leads Holy Redeemer, said leaders of the institution refused to abandon maternity care despite it not being a moneymaker for the health system. Soon after, four hospitals in the area closed their maternity units.

“Suddenly our numbers went through the ceiling,” King said. “We’re still not making money, but we’re certainly breaking even because now we have all these other people.”

### **A deeper story**

When Fred Rottnek finished his residency at St. Louis University, he thought long and hard about how he was going to stay focused on what really mattered to him as a doctor: caring for the most vulnerable in society.

Rottnek doesn’t work in Catholic health care administration. But because of his desire to remain rooted in the principles of Catholic health care, he was among the first to enroll in Aquinas’ program. He is currently medical director for corrections in St. Louis County and the chief physician at the jail and juvenile detention facilities.

“Sometimes I think a lot of the business aspects in today’s world can kind of eclipse the mission and ministry side of things,” Rottnek said. He thinks St. Louis doesn’t always serve as the best example of charity care because the region boasts a particularly competitive playing field.

Aquinas, he said, “really encourages leaders in Catholic health care to connect with a deeper story. I think it keeps us going.”

There are also indications that Pope Francis—with his love for the marginalized—might help the Catholic health care mission refocus.

Mallon, of Aquinas, hopes the Catholic hierarchy and bishops are listening to the pastoral direction Pope Francis is attempting to chart for the “quiet, unsung work day in and day out in the care of lives, and the creation of institutions for people who would otherwise not find health care.”