INTRODUCTION

This is indeed a real pleasure to speak with you about such a vitally important topic in our day “Transforming Health Care Through the Power of Catholic Nursing.” As a nurse for more than four decades practicing in a variety of clinical settings, within very diverse cultures, in nursing education, administration and research, I come to you with experience from the “bench” of nursing. I trust that what we learn from one another this weekend will allow each of us to bring to the world of the sick and our clinical partners the charism that is inherent in each of us who have been empowered to bring the healing ministry of the Church to the lost, the last and the least among us.

The mission of the National Association of Catholic Nurses – USA, “where nursing, ministry and Catholic mission meet” is timely and prophetically suited for the New Evangelization – bringing the healing ministry of Jesus to those who have heard His word, those who still do not believe, and those far from the faith. The fulfillment of this call of the Church strategically positions all members of the Catholic nursing community, and others of good will, to engage the culture of today and of the future, to help shape a world community that will protect and defend the dignity and freedom of every person, each person a masterpiece of God’s creative act, and to promote human flourishing in an environment of lasting peace and harmony.

During our time together I would like to present a brief overview of the current status of health care in the United States. I will then follow with what I believe are several strategic interventions that we can bring to bear on the challenges to the work of transformation before us. Let me say that the power of organized Catholic Nursing in the world, e.g. in schools of nursing; Catholic health care systems; and other related organizations, not just in the United States, is a sleeping giant – a force that when unleashed in an ordered fashion and with a clear and consistent Mission will transform our culture nationally and globally, our places of employment and the health care delivery systems as we now know them. Finally, at the conclusion of my remarks, I invite you to journey into the lives of very special persons that St. Thomas Aquinas refers to “as the most perfect in all of nature”.

I trust that this experience of listening to these voices, so critically needed today, will be helpful as we implement the mission of NACN in every encounter in our work in bringing hope
and healing to the sick and all those entrusted to our care. But the ultimate telos, the most treasured outcome of our vocation, the very heart of Catholic nursing, is our commitment to transforming lives through the healing encounter.

**Overview**

Today’s health care environment is becoming increasingly overwhelmed by an ethical paradigm of moral relativism fueled by the collapse of the citadel of ethics and the erosion of a moral compass, high technology, financial algorithms, and the governmental encroachment on the free exercise of one’s conscience and even the freedom of expression rather than on the dignity of the human person who is suffering and sick and in need of healing. An informed review of the emerging regulations of the Patient Protection and Affordable Care Act, approved in January 2010, fraught with obligatory rules that violate the freedom of conscience, the exercise of religious liberties, the requirement for faith-based organizations to follow the law regardless of their mission and core values, and the use of an Independent Payment Advisory Board (e.g. the Death Panel) are only a few of the threats to human dignity and the healing relationship now memorialized in this law. Ironically, yet unknown to most Americans, the ACA does not now nor was it ever intended to guarantee a basic level of health care for Americans.

The epidemic and exponential influence of these forces on the current health care delivery system has led to the systemic violation of the dignity of the clinician (and ultimately that of the sick person), created moral distress, alienated persons from receiving needed care, oftentimes resulting in the collapse of the healing relationship. Guided by the teaching of the Catholic Church these violations can be addressed and corrected by applying the Church’s moral tradition in health care and by reaffirming the principle of human dignity and freedom as the moral center of the healing relationship between the person who seeks hope and healing and the clinician who promises to care and to heal. This work, protecting human dignity and freedom of all persons, remains at the critical center of the Church’s health care ministry and the New Evangelization.

Though health services in the United States and the current state of the global economy are experiencing draconian threats to the integrity of our present system of health care, there are critical moral issues that first must be addressed if health care reform is to be achieved, sustained, and fulfill the call for the common good and answer the question “who do we really care about.” Are we willing to actively advocate for positive changes that will ultimately protect our most vulnerable brothers and sisters among us – the unwanted and the unloved in our midst?

**Threats to Human Dignity and Dehumanization**

While systemic changes in health care financing and alternatives to the current formulas for the just and equitable distribution of finite resources from acute care to preventive care have been identified as critical variables in the economic recovery and stabilization in the United States, the intrinsic dignity of the human person who seeks healing and hope in the moment of illness and death, is rarely considered. An even more appalling finding when reviewing mission, vision and value statements of many health care service organizations in the United States is the absence of any obvious reference to human dignity and human freedom as the foundational and guiding principle for the work of these organizations.
In recent years, there has been a growing moral shift from a focus on the person who is sick to a focus on diseases. Within this moral shift, health care services often commodifies the human person through statistical formulas, disease aggregates, and financial algorithms in reducing use of health services and a rapidly growing technological imperative rewarded by sentinel advances in expensive health care technology which fail to serve the most needy persons in the United States.

As we know, the present US health system is currently driven by an economic ethic, rather than a moral ethic. Commonly referred to as managed care, but more accurately described as managed cost, this system selectively influences and governs choices of who will receive care and treatment. This system has more to do with establishing profitable cost-benefit ratios rather than assuring moral choices that promote and protect vulnerable human life regarding care and treatment of both the person who is sick and the clinicians who provide care. As a result, the dignity of both the patient seeking healing and hope and the clinician who has promised to help and to heal is compromised leaving both dehumanized. The special charism that links the patient with the clinician in a covenant of trust is compromised.

I have written elsewhere that the phenomenon of dehumanization is fueled by an ethical paradigm of moral relativism that espouses a set of personal and subjective standards that are applied independently, and at times arbitrarily, in each situation resulting in the complete absence of a universal set of standards, moral norms or principles that are consistently good or evil regardless of circumstances. This prevailing ethical paradigm abolishes the intrinsic dignity of the human person, vitiates the person’s autonomy and freedom to exercise the conclusions of a properly formed conscience and the right to make informed choices grounded in the natural law and Church teaching. Moral relativism categorically dismisses any moral codes that identify moral absolutes that are unchangeable and ought to be binding upon all persons.¹

Concomitantly, the dehumanization of the nurse occurs when the promise made to the person who is sick through a covenant of trust, the moral center of the healing relationship, has also been vitiated, resulting in the collapse of this relationship. The patient and nurse become strangers to one another. The relationship becomes an encounter between a disease and a technician.

Dehumanization in health care is the result of multiple causes, for example:

- the relentless pursuit of technological competencies and the diminution of interpersonal communications;
- indifference to or abandonment of the virtues of human caring and the promotion of human flourishing of the sick person;
- education programs for health professions that focus largely on the science and treatment of illness and disease and minimizes the importance of re-establishing and re-affirming the integrity of the person and families devastated by a terminal illness;

• unbridled economic competition to produce quantifiable rather than qualitative outcomes at less cost;
• clinical outcomes that reward the commodification of health care;
• treating the sick as data in actuarial algorithms;
• behaviors in clinical practice that compromise human flourishing through unsafe and inappropriate health care services;
• allocation of health care resources and treatment decisions which discriminate on the basis of illness, age, color, station in life, ability to pay for services;
• moral distress, moral malaise and the disappearance of relationships among patient and clinicians;
• dubious informed consents in questionable research protocols, unreported clinical errors, accidents and deaths; and
• questionable truth telling, deception, risk of loss of employment as a result of reporting unethical practices, and civil litigation and threats to the free exercise of an informed conscience.2

We are confronted with threats to human dignity through euthanasia, physician-assisted suicide, malnutrition and under-nutrition, assisted nutrition and hydration, persistent vegetative states and post coma unresponsiveness, in the terminally ill, the mentally and physically challenged, those stigmatized by cancer, AIDS, substance use, those who have had abortions, women, children and the elderly, persons of color, the homeless, minorities, single parents, and the list goes on and on. At some point in our own history you and I may be on a similar list of the marginalized, victims of an ethic of indifference - persons who are invisible and who no longer matter in life.

Regardless of the reason for illness or the absence of decisional capacity, a living person is never less than fully human. If the doctrine of human dignity is only casually applied in caring and treating persons who are seriously ill, how are we then to care for those who are victims of discrimination, stigmatized and marginalized because of life style, color, ethnicity, age and reason for their illness who have the capacity to speak but whose voices remain unheard. Those who ask us for hope and healing number in the hundreds of millions. Their human dignity is at risk every day. They live a lifetime in a culture of vulnerability.

The just and moral allocation of health care services built on the respect for the dignity of the human person in the current culture is a daunting challenge. The influence and insidious power of the technological imperative in health care, profitability in health services, the creep of utilitarian and impersonal ethical paradigms which influence health care decisions, escalating costs of health care, remains an ever present threat to human dignity. The appropriate development of a moral conscience both in those who are sick and clinicians who have promised to help and to heal them is also compromised in this culture. Such a culture selectively and exclusively affirms some persons while it discriminates against others because of their socio-economic status, their age, color, ethnicity, gender, diagnoses or station in life. Health inequities in the distribution of health services (e.g. cardiac care for black women and men and white women, persons with AIDS, unexpected deaths of African Americans) unemployment, poor housing, and gender, color and class discrimination all contribute to the violation of human

2 Ibid. 481.
dignity. Are not these weapons of mass destruction? We do not need to look to other cultures for such instruments and systems that annihilate human life across the continuum of human life.

The application of the doctrine of human dignity requires clinicians and all others who participate in health care decisions to continually re-examine the direction of their moral compass and focus on the question “who do we really care about?” How this challenge is embraced and applied in light of caring for persons diminished in any way by reason of illness, will speak loudly about how we are willing to care for one another and, indeed, ourselves.

Reclaiming the Dignity of the Human Person in Health Care

In response to these growing threats three integrated strategies are offered, namely: (a) the moral formation of the nurse; (b) the development of intentional communities of support among nurses; and (c) the implementation of the healing relationship model in clinical practice. While time does not permit a more thorough explication of these strategies, I have written about them in detail in the *National Catholic Bioethics Quarterly* (Vol. 8(3), August, 2008, 479-490).

These strategies by no means are meant to be the exclusive responses to address the challenges facing clinicians and our healthcare delivery system. These strategies however, grounded in the natural law, are linked with the centuries-old moral tradition of the Catholic Church, and offer the best hope to respond to the culture of moral relativism that, unless removed from our world’s current practice and ethical frameworks, will see the continuing erosion of the doctrine of human dignity and the exercise of freedom of conscience which belongs to every person who has ever been born.

Explicating the Church’s moral tradition and the principles that guide ethical decision-making in health care for clinicians is essential. However, in the absence of a solid grounding in the philosophical, theological and anthropological understanding of what it means to be a human person and in the formation of conscience, the presentation of the Church’s moral tradition in health care alone is not likely to provide an enduring foundation for clinicians to respond to the ever growing array of ethical issues which will continue to confront us in clinical practice.

The doctrine of human dignity and the centuries-old moral tradition of the Catholic Church remain the consistent foundation and benchmark for the moral re-construction of health care. The writings of Pope Benedict XVI indicate that much foundational work remains to be accomplished in providing the infrastructure for human dignity and human freedom to flourish in the current cultures of our global world. Such work is vitally important in the early educational formation of students, but especially in programs for the healing professions such as for physicians and nurses.

Catholic Nursing: Preferential Option for the Human Person

Effecting global and systemic change to re-affirm the dignity and freedom of the human person and those who care for the sick necessitates a radical paradigm shift. The three strategies presented in this paper are offered from the optic of a clinician who has for many years worked at the bedside of the sick, the dying, and the unloved and those who care for them.

As nurses committed to the Catholic health care ministry, we are the privileged inheritors of a centuries-old moral tradition which has proclaimed its historic commitment to the dignity
and freedom of every person since the time Christ walked among lepers and the despised of his own time. The work of the initial and continuing formation of our colleagues in caring aimed at reaffirming their own human dignity and freedom, and that of those entrusted to their care, enhancing a healing relationship with the sick while working for positive change in health care systems, must engage a new propaedeutic if these efforts are to bear fruit and be sustained. This work is centered in the Church’s teaching mission and the New Evangelization, not simply to teach but to proclaim Jesus Christ by one’s words and actions, that is, to make oneself an instrument of his presence and action in the world. We as Catholic nurses and others of good will who collaborate in the Church’s healing ministry are authentic ministers of the Gospel.

The Catholic health care ministry is often the only one, but the authentic voice speaking on behalf of the unborn, the sick, the dying, the abandoned, and those who care for them. It is a privileged ministry that is perpetually joined with the Church especially as it accomplishes its Christian vocation and its mission in responding to all persons who are unwanted and unloved, those brothers and sisters of ours who live in families, in communities and in societies and under oppressive situations that crucify humanity, in its flesh and in its unity.

As a model of Christ’s life and messenger of his words, we as nurses have been gifted and commissioned to embrace the promise to care that is an authentic encounter with Jesus Christ. The care of the sick, the highest form of the Imitatio Dei, when viewed in partnership with Jesus, the author of all life, is a very special privilege in the stewardship of creation because it cares for the human person, the summit of God’s creative act: nurturing the life that is in them, easing the pain that diminishes them, and accompanying them in their ultimate journey.

Through the powers entrusted to each of us, let this noble work of reforming America’s health care system begin. The question “who do we really care about” must include:

- individuals, broken families, all social and ethnic communities
- the woman who is homeless, unwanted and unloved;
- the student who is dying from AIDS
- young parents who must decide whether to carry their unborn child to full term or have an abortion;
- the children of our streets;
- immigrants and the undocumented
- exploited persons and victims of human trafficking;
- health care administrators and legislators who fail to be responsive to the poor;
- the prisoner filled with rage who is difficult to love
- the family caring for a parent with Alzheimer’s dementia who seek relief from a mind entombed, and

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3 Congregation for the Doctrine of the Faith. *Doctrinal Note on Some Aspects of Evangelization* (December 3, 2007)


our clinical colleagues who have lost the gifts of the healer;

As privileged caregivers let us continue this ministry of healing and hope so together we can engage our society and its diverse cultures and evangelize them. In the words of Pope Benedict XVI let us work together with all persons of good will to become “prophets of this new age, messengers of His love, drawing all people to the Father and building a future of hope for all humanity” where human dignity, freedom and human flourishing will be assured, affirmed and protected.

Our mission of compassion, and caring is clear: caring for one another is an obligation to be embraced, never a problem to be endured. Through our caring with compassion in the context of the Christian community we bring the healing ministry of Jesus Christ to one another. The ministry of healing is a prophetic witness and an authenticating sign of what we proclaim by word of mouth.

As Catholic nurses and as members of the Christian community, we as healers have the power to embrace and overcome any obstacles to the fulfillment of this most noble Promise. The late Joseph Cardinal Bernardin, in his pastoral letter on health care, A Sign of Hope, wrote:

We are called, indeed empowered, to comfort others in the midst of their suffering by giving them reason to hope. We are called to help them experience God's enduring love for them. This is what makes Christian healthcare truly distinctive. We are to do for one another what Jesus did: comfort others by inspiring in them hope and confidence in life. As God’s ongoing, creative activity in the world and the love of Christ make it possible for us to continue to life despite the chaos of illness, so too our work in the world must also give hope to those for whom we care. Our distinctive vocation in Christian healthcare is not so much to heal better or more efficiently that anyone else; it is to bring comfort to people by giving them an experience that will strengthen their confidence in life. The ultimate goal of our care is to give to those who are ill, through our care, a reason to hope.

The care of the sick and those who care for them, entering the heart of Jesus’ special that is in our patients, easing the pain that diminishes them, and accompanying them on in their ultimate journey.

May God protect each of us in every caring moment as we embrace His sick and fulfill our promise to preach God’s love, to care for the sick with compassion, and to bring hope and healing to those we love and those whom we have promised to care. Lets us embrace a new paradigm of nursing care that consists of human dignity, compassion, vulnerability, presence and human flourishing and apply it in transforming health care through the power of Catholic Nursing.

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In this privileged experience of human caring entrusted to us, remember:

- in the quiet time of your life contemplate what God wants for you, your colleagues and your patients;
- take time to listen to the sick – only they can tell you of their experience of being ill, of their hopes and dreams forgone;
- take time to care for one another with the same passion you care for the sick;
- share your narratives of care with other clinicians;
- do not assume that you can or must respond alone to the complex needs of others – on one expects this of you;
- have the moral courage and fortitude to bear the sufferings of others and to accept their stigmata in their journey toward Calvary;
- above all things remain faithful to your promise to care and to heal even in spite of the forces that would have you do otherwise;
- establish supportive partnerships with other clinicians;
- even if you are along do not be afraid to defend your position in defense of human dignity and the freedom of conscience and your commitment to professional practice;
- advocate for yourself, your colleagues and your patients;
- remain vigilant in protecting the moral center of the healing relationship;
- create care environments that promote human dignity and flourishing;

As you view this presentation, Listen To Me \(^{10}\) reflect on your many encounters with colleagues, patients and families. Recall these caring moments:\(^{11}\)

- I will hold your hand;
- I will dry your tears;
- I will stay with you until your fears subside;
- Never will you be alone against the night;
- Gently, ever so carefully, I will walk the sacred journey with you;

Through your experiences of pain, of hope and of healing I will be with you, to bear your burdens, to ease your troubled heart.

Thank you for inviting me to share this moment with you.

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\(^{10}\) Perkins, I (2009). *Listen To Me An Invitation To Care and To Heal (PowerPoint Presentation)*