

Pastoral Letter
by the Permanent Council
of the Canadian Conference of Catholic Bishops

CATHOLIC HEALTH MINISTRY IN CANADA

A powerful legacy of caring

1. From the early days of this country, the noble roots of Catholic health ministry were planted by countless women and men whose courage and devoted love for the sick and suffering still leave one breathless when that history is revisited. Women religious were at the heart of this ministry, assisted by their lay and clerical associates. The pioneering efforts of Jeanne Mance, Marguerite d'Youville, Catherine Mace, and Marie Maillet come to mind, as do Blessed Francois de Laval, the early Jesuits, and the Sisters of Saint Augustine at Quebec. Their resources were slender, yet their courage and commitment to the healing ministry of Jesus Christ never wavered, even in the face of the harsh conditions and struggles of early Canada. With their commitment to Gospel values and their flexibility to change with the times, they have left a powerful legacy that all Catholics must now preserve, build upon, and keep in trust for future generations. Indeed, the groundwork of the past bodes well for the future of Catholic involvement in health care.

Unlike perhaps in the past, caring for the sick can no longer simply be the work of a dedicated few individuals; it must now become more and more the concern and preoccupation of every Christian and the entire Christian community. As the Permanent Council of the Canadian Conference of Catholic Bishops, we direct our attention first to the general principles of the Church's healing ministry that is incumbent on all the faithful. In the second part of this letter, we address more specifically the concerns of those who, by profession and on a full-time basis, are engaged in the health care services of the Church.

Reason for this message

2. The question may well be asked: Why has the Church, the "People of God", always given so much attention to the health and healing ministry? Why must it now – today more than ever – embrace health ministry and care as a vital and integral part of her mission and life? Does the Catholic presence and involvement in health care make any difference? And if so, what might that difference be?

With this pastoral letter, we wish to make Catholics, and all Christians in general, more aware that the mission of caring for the sick is essential to the life of every Christian and of a just society. We would like all Catholics to understand their baptismal call to be healers and to become more familiar with the vision and guiding

principles of Catholic health ministry. We also wish to encourage those Catholics who are directly involved in the health-care profession – whether at a faith-based or secular facility, or in the community at large – to foster even more assiduously the Gospel values inherent in their professional health care. The Gospel parable of the Good Samaritan captures well the health and healing ministry incumbent on every Christian when confronted with a fellow suffering human being who is in need. “A Good Samaritan,” Pope John Paul II said, “is *anyone* who stops to attend to the needs of those who are suffering.”¹

I. Essential Features of the Health and Healing Ministry of the Church

New hope in Christ

3. In an earlier pastoral letter, *New Hope in Christ*, the Canadian Conference of Catholic Bishops addressed the issue of sickness and healing. That letter bears re-reading even today, as it articulates the heart and soul of the Church’s health-care ministry, namely, the person and compassionate healing ministry of Jesus Christ.

With Jesus, healing of mind and body becomes the clear sign that the Kingdom of God is already present. When Jesus heals a leper or proclaims the parable of the Good Samaritan, it is an obvious sign of his compassion. But even more it points to the new life of the Kingdom: the total and permanent healing of the human person in all its dimensions and relationships. Jesus’ healing word of power reaches the whole person. It heals the body, but even more important it first restores those who suffer to a healthy relationship with God and the community.²

Jesus the “Divine Healer”

4. From this foundational statement, one can note several important points about the health and healing ministry. *First*, as the People of God, the Church walks in the footsteps of Jesus, the Divine Healer, who came “that they may have life, and have it abundantly” (John 10.10). Catholic health-care ministry is thus modeled after the pattern of Jesus’ own healing ministry, his compassion for those who suffer, and how he empowered his followers to heal. The Church has always regarded healing as one of the powers of the Spirit that Jesus left as a legacy. Thus in virtue of their baptism, all Christians are commissioned to embrace this healing ministry as an integral dimension of their life in Christ: “In so far as you did this to the least of these who are members of my family, you did it to me” (Matthew 25.40).

¹ John Paul II, *Message for the 10th World Day of the Sick*, 11 February 2002.

² Canadian Conference of Catholic Bishops, *New Hope in Christ: A pastoral message on sickness and healing*, 1 September 1983, p. 10.

Healing the whole person

5. *Secondly*, the healing ministry of Jesus is total and comprehensive in scope; it is directed to the health and well-being of the *whole* person – in all its dimensions (physical, spiritual, mental, emotional and social). The healing ministry of Jesus leaves nothing “untouched” and therefore “unhealed” in a person. Like Jesus, the Church is solicitous of the well-being of the whole person. Like the “Divine Healer”, she recognizes there are many different types of human suffering that can afflict humanity: sickness of the soul caused by personal sin; sickness of the emotions and the psyche caused by psychological hurts and traumas of the past; sickness of the body caused by physical disease or accidents; and even sickness in the social fabric of a people. Thus, the healing and health ministry of the Church encompasses the entire range of possible human afflictions; her ministry seeks nothing less than the total liberation and well-being of the human person.

Signs of the coming of God’s Reign

6. *Thirdly*, the ministry of healing signals an unprecedented “in-breaking” or “coming” of the Reign of God in the very midst of humanity. Whenever Jesus cured the blind, the lame, the leper, the paralytic, it was always a tangible sign that the Reign of God was near. This explains why his ministry of healing was so central in proclaiming the Reign of God. Like Jesus, every Christian is called upon to become a healer and thus, for one’s neighbour, a sign that God’s reign is close at hand. The healing ministry is an attempt to remove every form of suffering and alienation that may still prevent a person from surrendering more completely to God, and an expression of the loving initiative that he is forever taking on behalf of humanity.

The mystery of suffering

7. There is yet another faith dimension in the mystery of suffering that should not be overlooked. While pain and suffering are to be relieved at all cost, when accepted in faith suffering does have redemptive value. When suffering is seen in light of the Gospel, “one is able to grasp something of its salvific meaning.”³ Suffering is always a trial –sometimes a very severe trial – yet Catholics believe that united in solidarity to the sufferings of Christ, one’s sorrows and wounds enable one to share in the saving mission of Jesus Christ.⁴ In his Apostolic Letter *Salvifici Doloris*, Pope John Paul II puts it clearly: “In bringing about the Redemption through suffering, Christ has also raised human suffering to the level of the Redemption. Thus each person, in his or her suffering, can also become a sharer in the redemptive suffering of Christ.”⁵ There is support for this belief in Saint Paul: “I rejoice in my suffering for your sake,

³ John Paul II, *Message at the 12th World Day for the Sick*, 11 February 2004.

⁴ Cf. *Catechism of the Catholic Church*, no. 1521.

⁵ John Paul II, Apostolic Letter *Salvifici Doloris*, no. 19.

and in my flesh I complete what is lacking in Christ's affliction for the sake of his body, the Church" (Colossians 1.24).

This does not mean that God takes pleasure in human pain and suffering. Nor does it mean that Christians are to be passive in accepting suffering and not to strive to alleviate or eradicate it at its source. Indeed, "part of the plan laid out in God's providence is that we should fight strenuously against all sickness and carefully seek the blessings of good health."⁶ God took no delight whatsoever in Jesus' affliction, nor does he derive any pleasure in any human suffering. It was not the suffering of Jesus on the cross that pleased God; it was the love that Jesus had for humanity when he suffered and died that pleased his heavenly Father. Wherever this is the case, as it was with Jesus, there is an "active endurance" of suffering, not passive acceptance.

Praying for those who are sick or suffering

8. Christian prayer has always been closely associated with human suffering – and rightly so! There seems always to be a spontaneous spiritual affinity between the two. The sick person's desire for healing is both deeply human and good, especially when it takes the form of a trusting prayer addressed to God. The Book of Sirach is explicit: "My son, when you are ill, delay not, but pray to God, who will heal you" (Sirach 38.9). During his own ministry, large numbers approached Jesus – either directly or through friends and relatives – seeking the restoration of their health. Jesus was always deeply "moved" by their petition, often commenting on their faith, as when he says: "Your faith has made you whole" (Mark 10.52). On other occasions, by contrast, disbelief and a lack of faith prevented healing from taking place (cf. Mark 6.5-6). This relationship between prayer and healing remains a mystery. The lack of physical or emotional healing is not a sign that one's prayer is in vain or that one's faith is insufficient. It is simply a way of putting one's ultimate hope in the Lord. This is why the Christian community has never ceased to ask the Lord for the health of the sick. In her ministry, liturgy and the Anointing of the Sick especially, the prayer of the Church is both trusting and emphatic: "Heal them, O Lord, in body, in soul, and in spirit, and deliver them from every affliction."⁷

Respect for human life and dignity

9. One of the hallmarks of the healing and caring ministry of the Church is a deep respect for human life and dignity. Human life – from its very conception to its natural death – is a gift beyond all measure. Each human being, created in the image of God, has incalculable worth and inherent dignity. As such, Christians are to treat life as a most precious gift. This gift must be respected, safeguarded, and cared for,

⁶ *Rituale Romanum, Ordo Unctionis Infirmorum eorumque Pastoralis Curae*, no. 3.

⁷ *Rituale Romanum, Ordo Unctionis Infirmorum eorumque Pastoralis Curae*, no. 75.

especially when life is weakest and most vulnerable. The dignity of the human person also requires Christians to respect and honour good health and well-being, and to reverence their bodies, minds, and relationships. In a profound sense, therefore, those engaged in the ministry of health and healing are called *ministers of life*.

This service to life requires fidelity to the Gospel and to the moral teachings of the Church. While the biomedical sciences offer glimpses of promising developments for the cure of serious and distressing diseases, they not infrequently present serious problems in relation to respect for human life and the dignity of the person. Not all that is technologically feasible is morally admissible. In society today, there is a strong temptation to treat life as but another commodity, something that can be used for other purposes. Commodities are valued only for the price they can command or the uses to which they can be put. Not so where human life and health are concerned. These carry an inherent dignity that is God-given and cannot simply be reduced to a utilitarian assessment. They are ordained to a person's true dignity and integral good, in conformity with God's plan and will. Illness may seem to rob people of dignity, but a patient's intrinsic dignity is never diminished.

Health-care justice

10. The healing and health concerns of the Christian community are not limited to, and much less exhausted by its focus on the health of individuals as such; it extends also to the physical and social environment in which the community lives and works. Here too, there is what might be called "collective" or "societal" suffering and pain. What this means is that every Christian must become an advocate of justice and help redress those unjust social structures that cause undue suffering to some groups of the general population. Working to promote health and well-being is not only about curing symptoms; it also means confronting the social and political causes of suffering and injustice. Today, for example, the causal relationship between poverty and poor health is increasingly recognized. The creeping privatization of health care in Canada is also fraught with dangers, as when health care is viewed more as a profit-making business than a compassionate response to human suffering and illness.

Specifically, health-care justice obliges a society to provide all its citizens with an appropriate level of health care. Maintaining both universality and the accessibility of comprehensive health care remains a prime objective of health-care justice. The grounds for deciding who gets health care cannot be based on merit, social worth, or the ability to pay. Everyone has the right to health care. Good health for all, understood as physical, emotional, spiritual and social well-being, is an essential core value. If the legitimate needs of all citizens are not met, the whole fabric of society suffers. A basic moral test of any society is how the weak and poor in its midst are treated. There are several groups in Canada who still have significant difficulty in finding suitable access to health care, not only the economically poor, but also those

persons living in the more rural areas of the country. There is also a disparity in the way some of these groups have no readily available professional doctors and nurses, sometimes no clean water, let alone easy access to advanced diagnostics and specialized care. They often must be taken to medical centres far from home. We believe those who suffer must never be left alone. We also believe that health ministry is best conducted and satisfied by those closest to those who suffer.

Global solidarity and communion

11. In addition to the above, the faithful are called to a global solidarity in their health and healing ministry. If this ministry, like charity, begins “at home” here in Canada, it does not stop there. Christian compassion must extend – and extend effectively – to the suffering community around the world and to the plight of those millions in other countries and other continents who suffer from the ravages of war, hunger, drought, malnutrition, HIV/AIDS, and the scourge of poverty brought on in part by unjust trade agreements. Together, Christians must find ways to assist and bring relief to those who suffer around the world. Without this sense of global solidarity, Catholic health and healing ministry will be found wanting. Love and compassion for the sick and the afflicted here in Canada must reach unto the ends of the world.

II. Catholic Health Care Services

We would now like to address the concerns of those who are professionally engaged in Catholic health-care services. There are those in the Christian community who have taken up health care as a vocation and a profession: physicians, nurses, physiotherapists, radiologists, pharmacists, chaplains, and countless other professionals and volunteers. To all these, we wish to extend our deepest heartfelt gratitude and appreciation for their dedicated and untiring service. We also wish to express our deep gratitude for the work being done on the national level by the Catholic Health Association of Canada (CHAC) and by its regional and provincial counterparts, as well as by the many Catholic health care institutions across the country.

A crucial juncture

12. Today, Canadian Catholics stand at a critical turning point in their health-care services. During the past few decades, significant changes have occurred in society, the Church, and health care. These changes, which have a direct bearing on the future delivery of Catholic health services and programs, represent both challenges and opportunities. We believe this is an opportune time to reflect on the response of the Church to these new challenges. Canadian Catholics face the increasing departure of women religious from the sponsorship and operation of hospitals and long-term care institutions which they founded, nourished and directed, first in Quebec and then across the country. As well, issues of the sustainability, identity and leadership of

Catholic health care in a pluralistic society must be addressed. With growing financial constraints, government health-care reforms, increasing accountability demands, new technologies, and bioethical issues at stake, Catholics must be creative to ensure that the Church's distinct voice, presence and mission are maintained in this important field of health care.

New challenges and opportunities

13. Health care today has taken on new orientations and services. While hospitals remain an important reference in any health-care system, long-term care needs and facilities are increasingly in demand. Today, health care reaches out beyond the walls of publicly funded hospitals and is becoming increasingly community-based. It entails care for those who suffer from prolonged illness and those who die at home. It includes care for family members and the homeless; care for the needs of the elderly, the lonely and shut-ins; for those who are handicapped, addicted or who suffer from dementia. Nor must Catholics forget the caregivers who need pastoral assistance, faith formation and support. Good stewardship recognizes that caring for the caregivers has a direct impact on those receiving care.

More than ever, all hospitals and long-term care institutions must be experienced as beacons of hope, centres of warm welcome and excellence, where compassion, holistic care, ethical reflection, and faith-driven leadership are palpably and conspicuously in evidence. This is precisely where Catholic care-givers can and must make a difference. This is where their voice, their presence and their advocacy role on behalf of the sick can make a distinct and altogether indispensable contribution to the existing Canadian health care system. Like the "inn" in the parable of the Good Samaritan, health-care institutions must be havens where even the marginalized and disadvantaged are admitted and find care.

The increasing role of the laity

14. Over the years, the responsibility for Catholic health-care services has increasingly shifted to the laity. This is a source of real hope since many lay persons have a sincere desire to serve, and possess the necessary skills, enthusiasm and dedication to take a leadership role in these new directions of Catholic health care. The laity at large, including youth, must be encouraged to become better informed and interested in all these new aspects and challenges of Catholic health care. The commitment to develop faith-based leadership programs in this area is of vital importance. Lay leadership in health care must be diligently recruited, fostered and strengthened. Only when Christians are so empowered can they hope to preserve and promote the sacred legacy they have received from the past.

Every Christian member of the community must therefore become better informed about the expanding areas of “outreach” in the health-care system. Where possible, depending on one’s gifts and talent, members of the community must be encouraged to embrace health care as a vocation and to assume greater responsibility in this field. It is at the local community level that this call to greater involvement in health care can best be heard and encouraged. In every parish and diocese, greater awareness of the health and healing needs should be fostered. Those already in the health-care profession must be given greater support, encouragement, pastoral assistance, and faith formation.

A faith-driven mission...

15. Catholic health care, today as in the past, has a distinct mission and contribution to make in the nation’s health and health-care services. The basis for this is the healing ministry and compassion of Jesus. When this faith conviction is sufficiently reflected upon, is thoroughly lived out, and is granted sufficient public exposure, then the identity and mission of Catholic health care can never be in doubt. Commitment to health care will continue to make a “difference” in the general scheme of things. This difference stems from the fact that faith permeates and imbues the “special quality” of Catholic health care services and the manner in which these are professionally managed, conducted, and delivered. The hallmark of Catholic health care is conspicuous in several respects: a deep respect for the dignity of every person; just and appropriate treatment afforded to everyone without distinction; spiritual and religious care; ongoing reflection on the ethical questions of the day; compassionate end-of-life care; and a readiness to reach out to the vulnerable and sick in society, who are frequently left behind and are least able to fend for themselves. The Church brings her religious faith to bear on all these aspects of her health and healing care.

...In close partnership with others

16. Catholic health care does not operate alone or in isolation. It seeks ways to collaborate closely with other faith-based institutions and other health-care organizations where Catholics share common values and goals. United with fellow Christians and believers from other faith groups, Catholics can address the flaws that mark the public health care system and bring about meaningful policy changes at the local, provincial and national levels. A good example of this is the collaboration that has been involved with the Ecumenical Health Care Network (EHCN) and its introduction of the notion of “covenant” in the final report of the Romanow Commission, in order to provide a clear statement of the values and objectives of Canada’s publicly funded health care system, as well as a set of guiding principles for policy makers, health-care managers, and health providers.

Conclusion

Taken together, the above dynamic principles and constitutive elements are a “living” testament of the ongoing commitment of the Church to health care and ministry. “Let us go forward in hope,” Pope John Paul II urged at the onset of the new millennium. We do have reason to hope. Yet the credibility of Christian hope – and therefore of the Church’s health and healing mission – comprises two elements: word and action. Words must be supported by action. Matthew 25.36 captures this dynamic well: “*I was sick and you took care of me.*” The credibility of Catholic health ministry and care ultimately stems from the dedication of all those caregivers who risk and give their lives to this service. This is what makes them so *believable*. They are not content merely to utter nice words. They *keep their word* by caring effectively for the sick, the afflicted and the poor.

Permanent Council
Canadian Conference of Catholic Bishops
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