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Care for the Sick and Dying

As we begin this year 2001 of the new millennium, I want to share some reflections on one of the important ministries of the church, namely, our ministry of care for the sick and dying. Next Sunday, February 11 happens to be the Feast of Our Lady of Lourdes, a commemoration that reminds us of the many curing miracles that Jesus has extended to us through the intercession of his mother Mary.

Here in the diocese, we are blessed in having a large number of health care facilities under Catholic auspices. These facilities carry out our apostolic presence to those in need of our care. They include eight hospitals and 15 other facilities that provide assisted living, nursing care and special care for Alzheimer's patients. There are also homes for the elderly, a further sign that we, as followers of the healing Christ, must imitate Jesus' outreach to the infirm and to those less able to care for themselves.

On various occasions, we lift up in praise and thanksgiving the thousands of healthcare providers who serve among us: doctors, nurses, administrators, chaplain staffs, the variety of employees with specialized expertise and, of course, the many healthcare volunteers. All these people, along with the many components in healthcare ministry, work together to heal, to comfort, to mend and to console us in the traumatic moments that enter each of our lives. Those who are active in healthcare have a ministry of hope as they come to us in our pain and suffering with relief and healing. Theirs is a true vocation in helping others experience God's enduring love for them. Healthcare is but another living example of our commitment to the sacredness of life as God's unrepeatable gift to the human family. Respect for life certainly includes our concern for the unborn, but it must surely extend to all who are living and experiencing one kind of deprivation or another.

St. Mary's Hospital in Richmond was founded in 1965. For the 35 years since then, I have had an active interest in all aspects of healthcare. I am keenly aware of the growing impersonalization of healthcare that arises from reducing the patient to a commodity. The profit motive has infected the healthcare environment with commercialization. This has led to excessive competition that results in callous decisions and outright destructive actions, all of which work to the detriment of patients, putting them in the background when they should instead be the focus of interest, attention and concern. Today, anytime we approach a doctor's office or make a call for an appointment, we are immediately asked for the name of our insurance carrier, (which I seldom know). I wonder what happens to the 40 million-plus uninsured Americans who need medical attention. I know that many of the uninsured are simply sent away, or referred to outpatient clinics steeped in insurmountable debt.

The environment of profiteering and competition puts a great strain on our Catholic health care systems and institutions. Yet, all the more crucial becomes their ongoing dedication to put the patient first. I am proud of the vision and mission that is maintained by all the Catholic hospitals and other health care facilities in our diocese. Each one provides an atmosphere of loving concern where patients are cared for with attentiveness to their spiritual as well as their physical needs, where they find true comfort and are treated with genuine compassion.

We hear much political rhetoric today about "compassionate conservatism." One of the great needs of our society is healthcare reform. Such reform would be a genuine sign of compassion for those who lack access to medical care. It would be a true conservatism, a way to conserve or preserve those institutions that are committed to accepting the poor and needy.

Prescription drugs are another popular topic for politicians. The already outrageous and steadily climbing costs of medicine makes this a burning issue that deserves more than just lip service. I cannot begin to imagine how the elderly can afford the medicine that they need for their health and well being. Let me share a simple example. During a recent retreat with the bishops in West Palm Beach, I felt myself getting chills and a fever. The doctor prescribed 10 tablets of an antibiotic as a precaution. I went to the local drug store and was told that the bill came to \$112.00. After I got over the shock, I spent the next several minutes fumbling around for my medical insurance card. Thankfully, the cost was substantially

reduced, but the bill was still excessively high for anyone on a fixed income.

Another great issue today, which many individuals and families must face, is what we refer to as medical dilemmas, or medical situations which call for moral decision making. People today are living longer. There are new medical procedures, such as heart bypass, that have become modern-day miracles and have certainly extended the life expectancy of thousands of people. At times, especially with more methods for keeping a person artificially alive, loved ones are faced with heart-wrenching decisions simply to let death occur for a parent or a spouse. Our Catholic teaching tells us that in our desire to extend life at all costs, whether in terms of treatment or the expense of treatment, we are required to use only proportionate means to preserve life. For example, we are not obliged to keep a person alive artificially, especially on a respirator, if the person is in a persistent vegetative state or is actually brain dead.

There is a vast difference between the withdrawing of medical treatment (when the treatment is extraordinary or disproportionately burdensome) and euthanasia (which is an imposed death). Euthanasia, which is commonly called "mercy killing," has been unequivocally condemned by our church because no one has the right to take the life of another through murder or so-called "assisted suicide." There is a growing movement in our country to allow assisted suicide on the grounds of a person's right to privacy or right to die. Often, the justification is given that suicide is the only alternative to the pain brought on by a terminal illness. I certainly do not believe that a terminally ill person should have to endure excruciating pain. I just as certainly believe in the use of pain medication, or what today is called palliative care, which lessens the severity of the pain or alleviates it when the ailment is beyond cure.

Because of advanced scientific research in the field of medicine, ethical issues arise which were never considered in the past. Stem cell research, cloning, use of embryonic tissue and so on, all need to be questioned on moral grounds. That fact that something is possible doesn't make something morally correct. Since we are always the followers of the healing Christ, those who reflect God's love and concern for the infirm, we must constantly uphold the dignity and sacredness of life.

Let us always be mindful and grateful to those in the healthcare ministry. The vast majority of them dedicate their lives to the

vocation of healing. They are the ones who give kindly care, *bon secours*, to the sick. Their lives of service give meaning to the suffering of others and even to death itself.

+ Walter F. Sullivan
Bishop of Richmond