

**Catholic Health  
Alliance of Canada**



**Alliance catholique  
canadienne de la santé**

The CHAC Ethics Network has developed this compendium document as a further articulation and support of the positions laid out in the Health Ethics Guide.

The Health Ethics Guide is, by definition, a guide for health organizations with Catholic identity. Organizations have asked for additional support to interpret and apply the Health Ethics Guide in today's world.

While it reflects a consensus of opinion of relevant principles and moral approaches to issues addressed in the Guide, this document is meant to be adapted to each sponsored organization's unique context and circumstances. For more information, please contact Dr. Hazel Markwell, Theology, Policy, and Ethics Advisor at: [hazel.markwell@chac.ca](mailto:hazel.markwell@chac.ca)

Preamble:

This discernment document is an invitation to engage in dialogue on issues related to the Health Ethics Guide. This is in keeping with our commitment to hospitality and to ensuring that everyone who comes in contact with a health organization with Catholic identity feels welcomed and safe. It is crucial to ensure that we create and sustain a culture in keeping with our tradition of hospitality. This commitment to hospitality which is deeply embedded in the healing Ministry of Jesus has roots in both Hebrew and Christian scripture. Lessons from Scripture speak not only of the importance of hospitality but also the ensuing obligations to welcome the stranger whoever they are.

Title: Catholic Identity and its Relationship to Governance.

Purpose

This compendium document provides a principle-based approach to assist in discerning how to advance what the Health Ethics Guide (2012) calls Catholic identity. While the 2012 Health Ethics Guide (HEG) speaks of the complex role of Catholic healthcare organizations - as both Catholic communities of service and recipients of public funds, it is important to discern what this means in today's healthcare environment with increasing technological developments, pluralistic society, and the requirements of healthcare.

The compendium has three parts: Part one explores Catholic identity and what it means to say that Catholic healthcare and social services are a ministry of the Church; Part two explains the important roles and accountabilities that are part of the governance structures in these ministries, including the roles of senior administrators and CEOs, sponsors, and bishops; and Part three proposes the practice of dialogue for leaders in health and social service ministries of the Church.

The authors recognize that this document will need to be adapted to each sponsored organization's unique context and circumstances.

## 1. Source and Expression of Catholic identity

Catholic health and social service organizations trace their origin to the healing ministry of Jesus Christ. This ministry “is first and foremost a work of the Church that is rooted in the health mission of Jesus. Its purpose is first of all to proclaim the Gospel on behalf of the Church” (C. E. Bouchard, "Health Care as 'Ministry': Common Usage, Confused Theology. What Does It Mean to the Future of Catholic Health Care?" *Health Progress* 89, no. 3 (2008): 28).

The story of the Good Samaritan, which frames the Health Ethics Guide, is probably the most well-known example of Jesus’ universal approach to helping and healing everyone – without exception – because that is what Jesus taught it means to be someone’s neighbor (Luke 10: 25-37). Early Christians responded to Christ’s call to welcome the stranger by opening their homes to travelers. In these early days, the basic needs of travelers were met by providing shelter, food, and fellowship to anyone who knocked on their doors. As travelers presented with more needs, Christian communities, inspired by the Holy Spirit, developed resources to meet these needs.

The animating force behind these kinds of health and healing innovations is often referred to as a charism or spiritual gift. Religious communities carried these charisms into Canada long before the establishment of universal health care. Over time, these religious congregations created new models of governance for their vision of health and social services, and these are now called sponsors. The work of the sponsor safeguards and advances the charisms of these congregations to invigorate Catholic health and social services organizations to this day.

Our identity is expressed by Catholic organizations in a variety of symbolic, practical, and structural ways. Some of the more obvious symbolic ways include signs and symbols and their importance is captured in another compendium document published by CHAC (“The Prominence of Religious Art, Signs and Symbols in Catholic Health Organizations: An Approach for Discernment”, 2023).

Catholic identity is also expressed in practical ways through the innovative health and social services we provide, in partnership with and in service to patients. They aim to be of the highest quality in care, research, and education. This commitment to quality has led Catholic organizations in Canada to champion the development of programs that help our communities to flourish. These programs include palliative care, mental health and addictions care, and cultural and spiritual care, to name a few. Health and social service are at the core of who we are and provide us with our spiritual purpose.

The structural ways that Catholic identity is expressed can often go unnoticed, but they are key supports for what we do. Examples include organizational structures such as dedicated resources for Mission, Ethics and Spiritual Care; how the core values of respecting human dignity, fostering trust in care and promoting justice for the common good are pursued as priorities; and the existence of governance oversight structures that operate through Executive leadership, Boards, Bishops, and the Holy See.

These structures are key to how Sponsorship works. The sponsor is canonically an entity of the Church as well as a civil entity. This organizational structure of Catholic health and social services weaves our services into the ministry of the Catholic Church; this link makes it a Catholic sponsored work (Bouchard, Charles, “Evolution of Sponsorship Models: A Progress Report”, *Health Progress*, 2023).

When sponsorship works well, it advances an active culture that is both animated and sustained by the charisms gifted to our organizations. These charisms are not a relic of the past contained to the lives of the organizations' founders. Rather, they continue to animate the health and social services work of all members of Catholic organizations. Our culture expresses itself through the passion and creativity of our workforce, excellence in clinical care and research and our engagement with local partners for the health of all. Sponsorship motivates and holds Catholic organizations accountable to meet the unmet needs of our communities. In continuing the work started by religious congregations, sponsored works continue their commitment to the healing ministry of Jesus. This is what gives Catholic healthcare more than a religious history but also a religious purpose, tied to both the structures of the Church and the community of the faithful.

## 2. Roles and Accountabilities in Governance of Catholic Healthcare and Social Services

Catholic healthcare and social service organizations as sponsored works have accountability to the Church and its bishops through the sponsors. This foundational insight is captured in Section 141 of the 2012 Health Ethics Guide which speaks about governance.

“The governance structure for any organization designated as Catholic should state how the organization is related to the bishop and to the Holy See through its sponsor. This relationship should consider issues of oversight, endorsement, and the role of certain reserved powers so that the organization will exercise appropriate responsibility for advancing itself as a visible expression of the ministry of Christ within the Church.”

This citation points to the importance for sponsored works to demonstrate the sponsors' accountability to the Church. Sponsored works must provide a clear line of sight to sponsors regarding how the day-to-day work contributes to the fulfillment of canonical requirements by providing assurance that the mission is driving all aspects of their ministry.

Sponsors themselves must practice oversight, endorsement, and management of their reserve powers. For example, they ultimately approve directors on the boards of their agencies and institutions, needing to be confident that the people recommended by the member agencies and institutions understand their mission fidelity responsibility and will make decisions aligned with that responsibility. Sponsors also approve CEO appointments for the same reason. CEO's, in turn, are responsible for ensuring that the mission of the organization is understood and lived out at all levels of the organization. One of the key ways that this is accomplished is through leadership and spiritual formation, which shape leaders, physicians, and staff into the culture of the Catholic work.

These and other accountabilities for sponsored works are outlined in the “Sponsorship Roles, Relationships and Accountabilities (SRRA)” and “Elements of Mission Fidelity” documents (attached), which provide concrete examples of how ministry is lived out in Catholic organizations.

Sponsors and sponsored works also have relationships with their local bishops who have the mandate to provide leadership to ministries that support the work of the Church in their diocese. Bishops play a vital role in the health and social ministries' success through dialogue, collaboration, and by providing spiritual guidance to sponsors and sponsored works. Through this collaborative process and integration within the diocese, they help to shepherd and shape the mission over generations as the needs of those

most vulnerable change and complex ethical issues arise. The bishops are the final authority on Catholic social and moral teachings and have the authority to determine if a sponsored work is considered “Catholic.”

### 3. Catholic identity and emerging issues: “Reading the signs of the times” and the importance of dialogue

One helpful way for sponsors and their works to understand this work is captured by an evocative and powerful image from Vatican II, the last ecumenical council of the Church (1962-1965). Vatican II articulated the importance of “reading the signs of the times”, an approach which invited the Church to be open to the questions and even challenges posed by an increasingly secular world. The approach led to important dialogue with the world and helped the church and its ministries stand in solidarity with the human person in new ways. The approach also helped to provide the church with the opportunity to rethink and rearticulate what it means to the Church in the contemporary world.

Today, sponsored work takes place in an increasingly diverse environment and integrated system. In the years since the sisters entrusted their mission to nonreligious lay people, our institutional structures, culture, and services have undergone changes. Similarly, shifts in the culture outside of our organizations have occurred, such as greater diversity in religious and spiritual beliefs, the decriminalization of euthanasia and physician assisted suicide under certain conditions (legislatively referred to as MAiD) and significant changes related to sexuality, gender identity, equity, diversity, and inclusion. There have also been shifts in perceptions of the Catholic Church following the revelations of clergy abuse. Additionally, the Church’s commitment to Truth and Reconciliation has resounded throughout Catholic health and social services, drawing attention to the damaging transgenerational effects of colonization and the Church’s responsibility to actively participate in healing the wounds caused by the residential school system.

As part of the healing ministry of Jesus, the sponsor and their works must listen deeply, and enter into dialogue. This dialogue requires a deep and clear understanding of who the Church is and a commitment to respect different positions, both inside and outside the Church, as well as a sincere intention for collaboration when possible. Building these relationships requires that we be transparent about who we are. While it may be tempting to conceal our identity in an effort to mitigate negative reactions and foster dialogue, such concealment would make it impossible to form genuine, lasting relationships. These foundations form part of our identity as a ministry of the church.

Pope Francis has provided three fundamental guidelines to help with this dialogue,

*“the duty to respect one’s own identity and that of others, the courage to accept differences, and sincerity of intentions. The duty to respect one’s own identity and that of others, because true dialogue cannot be built on ambiguity or a willingness to sacrifice some good for the sake of pleasing others. The courage to accept differences, because those who are different, either culturally or religiously, should not be seen or treated as enemies, but rather welcomed as fellow-travelers, in the genuine conviction that the good of each resides in the good of all. Sincerity of intentions, because dialogue, as an authentic expression of our humanity, is not a strategy for achieving specific goals, but rather a path to truth, one that deserves to be undertaken patiently, in order to transform competition into cooperation” (Pope*

Francis, *Address to the Participants in the International Peace Conference*, Al-Azhar Conference Centre, Cairo, 28 April 2017. [emphasis in original]).

Sponsors and their works will always need to recognize that sometimes there are limits. As stated above, careful discernment requires the courage to accept differences and not compromise our identity to avoid negative criticism. This would result in a reduction of Catholic health and social services' own identity. Sponsors and their works must also be mindful of the sincerity of intentions of their neighbors in every dialogue and build on every opportunity for partnerships.

All of this requires that we develop and sustain opportunities to articulate and develop Catholic identity. Some concrete examples of what these might include are: (1) relevant mission leadership training of health care leaders; (2) formation of Ethics Committees in our organizations; (3) supporting the presence of Spiritual Care professionals in our health care organizations; (4) designation of Mission staff; (5) creation of Codes of Ethics; (6) education on the Health Ethics Guide; (7) encouraging input from bishops within the community and (8) fostering meaningful activities.

There are many other initiatives that will be determined by input from the local environment and context. Catholic identity while theologically grounded always necessitates local interpretation and dialogue that is culturally sensitive. This requires oversight and input from the sponsor, the bishop, and local operational boards to ensure that Catholic identity is alive and well in Catholic sponsored organizations.