

"Curatio": Medical Personnel Who Are Restoring the Sacred Dimension of Healthcare

by Patrick Shannon

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When I was a lowly graduate student in the Classics Department, one job I had was that of teaching assistant in the course on Greek and Latin terminology for students mainly in medicine, nursing, and mortuary science (those last guys never laughed at my jokes). It's much easier to deal with biological technical writing if you know where all those strange terms come from. One thing these students learned early on was that a great amount of information and extended meaning can be communicated by mixing and matching prefixes, suffixes, and the wealth of other word variations possible in these highly inflected ancient languages. You can say a lot about the well-being or pathology of a physical condition in just one word.

A new group for health professionals has been formed in the Twin Cities called "Curatio." This Latin word is loaded with meaning, from simple "care" or "healing" to an implication of the entire process--physical, emotional, and spiritual--required in dealing with the sick patient. "The Catholic Servant" spoke recently with three representatives from this group: Dianne Johnson, RN; Deborah Savage, Ph.D. candidate; and Curatio chaplain Fr. Rolf Tollefson. Indeed, they see a great need for all involved in what we call "healthcare delivery" to come to a greater appreciation of the spiritual significance of their work.

"I think a major turn took place in patient care," observed Dianne Johnson, "when the business of medicine saw patients as customers. That means that a different mentality emerged for healthcare professionals, a shift from addressing patient needs to customer wants. The patient somehow becomes a stake-holder, as in a commercial transaction."

"Yes, and as healthcare seeks efficiency through quality management," added Deborah Savage, "such a business model, common in other industries, reinforces the patient as a customer target, reducing the human relation to a transaction."

The problem is that the patient, especially in the hospital setting, is sick and frequently suffering. This is not a buyer and seller relationship, and the service of healthcare delivery is not like having your carpet cleaned.

"When patients are incapacitated, they don't have the same customer posture as in a business transaction," said Johnson. "The healthcare provider often treats the patient without negotiating the needed medical procedures. It's patient needs as opposed to customer wants."

Another complicating factor is the role which suffering plays in the caregiver/patient relationship. "The real interaction," observed Fr. Tollefson, "is a love relationship, seeing Christ in every patient. At the same time, the caregiver also has a Christ-like mission to assist the poor and suffering. There is great personal value in the suffering which accompanies injury or illness. The malady is objectively treated, while the suffering is empathetically managed with love. So here again, we see the uniqueness of the healthcare profession because of the closeness of the relationship with the suffering patient."

"I was feeling a disconnect between nursing and its spiritual base," said Johnson. "My Catholic Studies work at the University of St. Thomas began the process of reintegration. That's when I started working with Deborah, who is on the faculty at St. Thomas with Dr. Michael Naughton, who is particularly interested in workplace spirituality. Mary Anne Frank, nursing supervisor at Hennepin County Medical Center and parish nurse at St. Charles Borromeo parish, joined us to form Curatio as a professional association. Fr. Joseph Johnson has been succeeded by Fr. Tollefson as chaplain, and Bishop Frederick Campbell is our ecclesial moderator. Our task is one of evangelization for our colleagues."

Savage has had a long career on the topic of the ethical workplace, both as a consultant to corporations and now as a faculty member of the University of St. Thomas John A. Ryan Institute for Catholic Social Thought. "Over the past 25 years we've seen the appearance of 'human resources' in the modern corporate world," she said. "The old personnel department, which dealt with people, has evolved into viewing workers in the same category as other resources: mechanical, electronic, etc. This depersonalization has led to widespread burn-out, particularly in the medical field."

"We have a real work-horse mentality today in nursing," added Johnson. "We have these yellow alerts, where ambulances have to search from hospital to hospital to find care for their emergency patients. Medical technology is speeding up diagnoses and therapies so fast that patient interaction is getting lost. The DRG (diagnosis related group) insurance reimbursement system is monitoring nursing on a minute by minute basis. The time for important patient interaction through things like a simple backrub are disappearing. Patients spend far more time with nurses than doctors. We have a

great opportunity to listen to them, to hear their fears and anxiety, especially the suffering patient."

"Not only that," added Fr. Tollefson, "but the nurse spends way more time with the patient than does the priest in hospital ministry. By reintegrating the spiritual back into healthcare, it doesn't have to be just the chaplain who can address these patient needs. Healthcare professionals can work on the faith component, first in their own lives, and then with their patients in the ordinary course of their work. When the priest comes sacramentally, the patient will be able to gain more benefit because some continuity has already been created between spiritual care and physical care. Also, the priest won't be viewed as the harbinger of death." Some people indeed think receiving the sacrament of Anointing of the Sick is the last action before a person dies.

This holistic view of healthcare envisioned by Curatio, besides being of immense benefit to patients, will also help guide the medical profession out of the culture of death, which it is heavily responsible for creating. "Fr. Joseph Johnson advised us early on," said Savage, "that Catholic healthcare workers need a prayerful and Eucharist-centered softening of hearts to be more sensitive to our many ethical dilemmas. This precedes the pro-life mission by preparing medical professionals to understand the sacredness of every human life--the unborn, the suffering, the elderly."

"Curatio seeks to restore the sacred dimension of healthcare," said Johnson. "We can wrestle with the prospect of human cloning, for example, but Curatio seeks to bring the ethical debates right to the day-to-day healthcare delivery. The full mission of Curatio is developing, but we seek to influence the whole system, from surgeons to station assistants. We must profess life loudly, but foundationally. Because the nurse spends the most time with the patient, our main focus now is on that profession."

Sometimes it seems like the downward plunge of medical ethics and the resulting hardness of heart of the healthcare profession is beyond redemption. The salvation won by Christ provides hope and the assurance that the truth, no matter how dimly flickering, can and will set us free. Curatio holds out the prospect of re-creating the spiritual basis of the healthcare profession to shine brightly and dispel the moral darkness which surrounds us.

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