

# THE NATIONAL CATHOLIC BIOETHICS CENTER



## INSTITUTIONAL COLLABORATION

PREPARED BY THE ETHICISTS OF THE NCBC  
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“A Catholic health care organization should be a responsible steward of the health care resources available to it. Collaboration with other health care providers, in ways that do not compromise Catholic social and moral teaching, can be an effective means of such stewardship.”—USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed., n. 6.

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### ❖ SUMMARY ❖

- The noble call to bring the charitable and healing ministry of Christ to those in need, together with the imperative of responsible stewardship of ecclesial works and goods, currently compels many Catholic health care institutions toward collaborative initiatives in the increasingly complex health care system of the United States. Cost-cutting, regulation, insurance changes, technological advances, market dynamics, overhead costs, and other realities are turning hospital employment models and economies of scale into virtual necessities over traditional private practices and localized delivery of care.
- The need to join forces to cover larger territories, share resources, and provide a broader range of services presents opportunities but also serious threats to the integrity of Catholic institutional identity, mission, and moral values, as it increases the likely instances of cooperation with evil actions that are harmful rather than healing, conflicting with the Church’s understanding of true care based on the dignity of the human person.

#### **Catholic versus Non-Catholic Institutional Collaboration**

- Catholic institutions should seek out collaborative initiatives with other Catholic institutions rather than with non-Catholic institutions wherever this is possible, so that the mission and scope of Catholic health care services—and the ecclesiastical ministry as whole—will grow stronger. • Collaborative initiatives with non-Catholic institutions are permissible where necessary for good stewardship, but may not compromise the moral teachings of the Church or create insurmountable scandal. If the non-Catholic institution conducts actions contrary to Church teaching, the moral principles governing cooperation with evil must be applied to determine a morally admissible collaborative structure, if any.

#### **Collaborative Arrangements and Cooperation with Evil**

- Catholic institutions may never engage in formal cooperation with intrinsic evils such as abortion, euthanasia, physician-assisted suicide, direct sterilization, artificial fertilization, and contraception. Formal cooperation is sometimes implicit even if the stated end or aim is good. • Catholic institutions may never engage in immediate material cooperation with intrinsic evils. They cannot invoke duress as a justifying reason. • A Catholic institution may not integrate its governance, management, finances, assets, or liabilities with those of a collaborating institution that conducts morally objectionable procedures. • Catholic institutions may not be involved in the creation of new structures or the approval of organizational documents designed to allow immoral actions, even if the Catholic institution will maintain no direct connections with it once established. • Catholic institutions may never engage in any form of cooperation, even if only material, with abortion. • Collaborative arrangements that fulfill the moral requirements for licit mediate material cooperation with evil may nonetheless be immoral for reasons of theological scandal, as determined by the local ordinary.

❖ FAQ ❖

**Question 1.** Are all types of institutional collaboration morally equivalent?

*Reply:* No. There are many different ways to structure an institutional collaborative arrangement, and contractual details are important. Arrangements involving high levels of integration of governance, management, and finances (such as mergers and joint operating agreements) are of much greater moral concern than arrangements with specific, limited areas of integration (such as master services agreements and joint ventures). Note that there are no cooperation concerns if neither institution is involved in practices that contradict the natural moral law, regardless of Catholic identity.

**Question 2.** Do non-Catholic institutions have to become explicitly Catholic if they become part of a Catholic health care system?

*Reply:* No. A non-Catholic institution may maintain its secular name and need not adopt explicit displays of Catholic religious identity. However, it may not continue any practices that are in conflict with the teachings of the Catholic Church. The cessation of illicit practices will not, of itself, constitute the adoption of a Catholic religious identity; it will, however, ensure that the institution's practices are in accordance with the natural moral law and therefore are compatible with the apostolic work of the overarching Catholic organization. Typically, the non-Catholic institution will need to adopt a statement of common values to ensure that its practices will not be in conflict with the natural moral law.

**Question 3.** May a public juridic person relinquish its sponsorship and the Catholic identity of a health care system while continuing to sponsor and maintain the Catholic identity of the system's Catholic affiliates and sub-entities, in order to benefit Catholic health care ministry?

*Reply:* No, it may not, unless there is no type of formal cooperation, scandal can be averted, and a grave and proportionate reason can be demonstrated. The loss of Catholic identity is a very serious harm for an institution whose aims include the Gospel mission of witness. It strikes at the very heart of the healing ministry of Jesus Christ, which encompasses not just bodily healing but first and foremost spiritual healing and salvation. Even if all the explicitly Catholic member hospitals of a system remain Catholic and limit material cooperation to acceptable levels with the non-Catholic system and with the other hospitals, the loss of the Catholic identity of the system would entail the loss of control and the loss of canonically reserved rights with respect to the system corporation itself and any non-Catholic sub-corporations. Such a grave impact on Catholic identity and apostolic ministry requires a significant proportionate good to be achieved or evil to be avoided, evokes serious concerns about the alienation of the stable

❖ RESOURCES ❖

Peter J. Cataldo, "Models of Health Care Collaboration," in *Catholic Health Care Ethics: A Manual for Practitioners*, 2nd ed., ed. Edward J. Furton (Philadelphia: NCBC, 2009), 271–273. Reproduced by permission.

Peter J. Cataldo and John M. Haas, "Institutional Cooperation: The ERDs," *Health Progress* 83.6 (November–December 2002): 49–60, <http://www.chausa.org/workarea/DownloadAsset.aspx?id=5900>. Reproduced by permission.