

# Pope Francis & the Significance of His Message for Catholic Health Care & Palliative Care Professionals

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## Objectives

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- **Set the context by describing current trends in U.S. health care**
- Outline the core commitments of Catholic health care, particularly in our care of the seriously ill and dying
- Articulate a broader moral vision informed by Pope Francis
- Discuss the significance of Pope Francis' message for Catholic health care and palliative care professionals to accompany and not abandon the elderly and seriously ill at the end of life

## Pursuing the Triple Aim

- U.S. health care in midst of major transformation

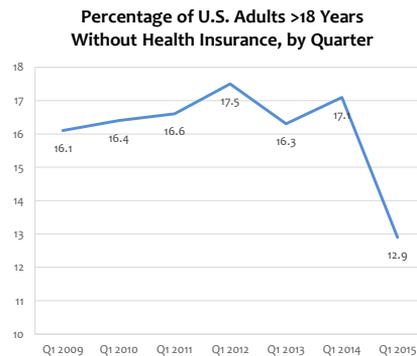
“We are at the beginning of the largest industry transformation in the past century...” Traditional providers and new entrants – spurred by government, employers, and individuals – “are igniting a *volume-to-value revolution*” that will result in a radically different health care system than the one we know today.



Source: Tom Main and Adrian Slywotzky, “The Volume to Value Revolution,” Oliver Wyman, 2013.

## Encouraging Trends

- The shift to population health with a focus on prevention, primary care, care coordination, chronic disease management and, even, palliative care due to its promise for reducing high cost of care at end of life
- The development of new delivery structures and the proper alignment of financial incentives toward value and away from volume
  - Medicare shift to paying for value (30% by 2016 and 50% by 2018)
  - Medicare plan to reimburse doctors for advance care planning



- The significant drop in the number of **uninsured** Americans as a result of the improving economy, Medicaid expansion and health care marketplaces

## Encouraging Trends (cont.)

- This is all good news for U.S. health care generally and Catholic health care particularly
  - As Dr. Ron Hamel states: “The shift to population health and the development of delivery structures to enact this shift actually begin to embody some of the fundamental commitments of Catholic health care. Therefore, they have the potential for strengthening and realizing Catholic identity.”

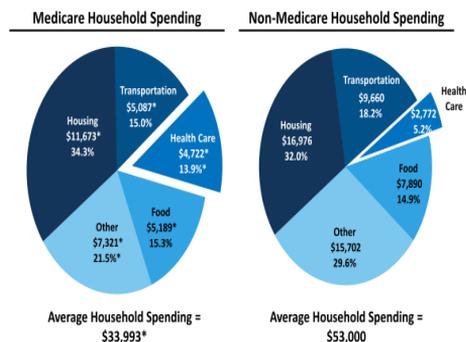
Source: Ron Hamel, “Catholic Identity, Ethics Need Focus in New Era,” *Health Progress*, May-June 2013.

## Concerning Trends

- The number of **underinsured** is increasing as close to 40% of individuals <65 years of age now have a high-deductible health plan ( $\geq \$1,250$  for single coverage and  $\geq \$2,500$  for family coverage)
  - Many report not being able to meet deductible and as a result delay necessary care or go without needed medications
- This problem is stretching beyond the non-elderly population and impacting Medicare beneficiaries as well with reports indicating adults  $\geq 65$  years of age spend on average 14% of household income on health care expenses

Exhibit 1

### Distribution of Average Household Spending by Medicare and Non-Medicare Households, 2012



NOTE: \*Estimate statistically significantly different from the non-Medicare household estimate at the 95 percent confidence level.  
SOURCE: Kaiser Family Foundation analysis of the Bureau of Labor Statistics Consumer Expenditure Survey Interview and Expense Files, 2012.



Source: Kaiser Family Foundation, “Health Care on a Budget: The Financial Burden of Health Spending by Medicare Households,” January 2014.

## Concerning Trends (cont.)

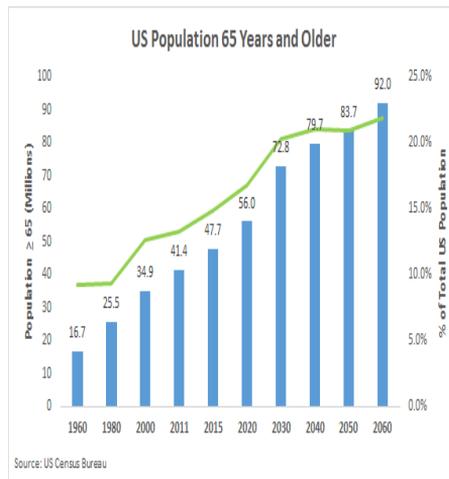
- In a recent Commonwealth Fund study on care for the elderly in 11 industrialized nations, U.S. adults ≥65 years of age were the most likely to report that cost posed a barrier to care despite having Medicare coverage
- In fact, 19% said cost was the reason they did not visit a doctor, skipped a medical test or treatment recommended by a doctor, did not fill a prescription, or skipped doses
- 11% reported having trouble paying their medical bills



Source: Commonwealth Fund, "International Survey of Older Adults Finds Shortcomings in Access, Coordination, and Patient-Centered Care," November 2014.

## Concerning Trends (cont.)

- To make matters worse, the U.S. population is aging – fast
  - According to the U.S. Census Bureau, there were 40+ million people ≥65 years of age in 2010, and by 2050 that number will be over 80 million given about 10,000 Americans turn 65 every day
- And, the 65+ population in the U.S. tends to be sicker than elderly adults in other industrialized nations
  - The U.S. stands out for having the highest rates of chronic health conditions: approximately 92% of older adults have at least one chronic disease, and 77% have at least two with heart disease, cancer, stroke, and diabetes the most prevalent



## Concerning Trends (cont.)

- This is all the more concerning given the fact that the U.S. health care system is not structured adequately to meet the needs of this aging and chronically ill population
- Despite the projected increase in the number of older Americans, few medical students are choosing geriatrics or other related fields, putting the future supply of physicians capable of addressing the needs of the elderly in jeopardy
  - In 2010, only 75 residents in internal medicine or family medicine entered geriatric medicine fellowship programs
- There are more than 7,500 certified geriatricians in the U.S. but the nation needs an estimated 17,000 to care for the growing elderly population, according to American Geriatrics Society projections

“We are not prepared as a nation. We are facing a crisis. Our current health care system is ill equipped to provide the optimal care experience for patients with multiple chronic conditions or with functional limitations and disabilities.”

*Dr. Heather Whitson, associate professor of medicine at the Duke University School of Medicine in Durham, North Carolina.*

## Concerning Trends (cont.)

- Another problem is that palliative care services are not evenly distributed across the country and significant disparities exist with regard to access to palliative care for racial/ethnic minority patients
- While the availability of inpatient palliative care has increased tremendously over the last decade – 63% among all hospitals nationwide – only half of public safety net hospitals have a palliative care team and the percentage is even less in rural areas
- Moreover, minority patients do not have equal access to pain care in the U.S. and this spans across all health care settings, including emergency rooms, inpatient services, outpatient clinics, and nursing homes
  - Even when socioeconomic status is the same, minority patients remain at risk for disparities in treatment for pain due to decreased availability of analgesic medications, especially among pharmacies located in minority neighborhoods
- Disparities also exist in receipt of appropriate patient-physician communication
  - Physicians appear to deliver less information and communicate less support to African-American and Hispanic patients compared to white patients, even in the same care settings
  - Furthermore, minority patients often do not receive treatment consistent with their wishes even when their wishes are known

Source: Cardinale Smith and Otis Brawley, “Disparities In Access To Palliative Care,” *Health Affairs*, July 30, 2014.

## Implications for Catholic Health Care

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- Transformation not occurring perfectly
- Trends are particularly concerning for us within Catholic health care
  - Affront to our core commitments and who we are called to be as ministry
- Need to be a force for good and challenge the status quo by leading the transformation, especially as this relates to care of the seriously ill and dying

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## Mission & Core Commitments

- Catholic health care is motivated, first and foremost, out of its faith in the redemptive act of Jesus Christ, which, as Henry Sigerist describes, causes us to see things in a different light:
  - In Jesus “the Christian faith introduced the most revolutionary and decisive change in the attitude of society toward the sick. Christianity came into the world as the religion of healing, as the joyful Gospel of the redeemer and of redemption. It addressed itself to the disinherited, to the sick and the afflicted, and promised them healing, a restoration both spiritual and physical” (*Civilization & Disease*, 1943, pp. 69-70).
- Viewed through this lens, Catholic health care’s mission is and will always be to reveal God’s healing and reconciling presence to the sick and suffering of the community

## Mission & Core Commitments (cont.)

- This mission commits us to certain values and corresponding behaviors

Care for and advocacy on behalf of poor and vulnerable	CHC is called to show special concern for and actively minister to the poor as well as advocate on behalf of those who are vulnerable and at the margins of society
Respect life and promote human dignity	CHC is called to respect life at all stages and promote the inherent dignity of every person
Provide compassionate, holistic care	CHC is called to provide high-quality, compassionate care focused on the whole person (physical, psychological, intellectual and spiritual)
Promote justice in the workplace	CHC is called to promote the rights and well-being of employees and other associates, which includes, creating a safe work environment, providing fair wages and benefits, and nurturing family and spiritual life
Exercise a preferential option for poor	CHC is called to consider and factor into its decisions, especially those with wide-ranging consequences, how the poor and vulnerable will be affected
Contribute to the common good	CHC is called to be a driver of social change that leads to a greater respect for fundamental human rights and for the economic, social, political, and spiritual health of the entire community
Steward resources responsibly	CHC is called to care for the environment and responsibly use/manage resources (financial, human, and natural)

## Challenge of Pope Francis

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- As we pursue population health strategies and develop new delivery mechanisms, we have to remain vigilant and deliberate about our core commitments so we don't allow the elderly, seriously ill and dying to be seen as a public policy or economic problem and think of population health only as a way to cut costs at the end of life
- While we know this well, we are being challenged to an even deepened living out of these commitments by Pope Francis
- Although he may not be explicitly addressing Catholic health care, the pope has taken up certain themes that reorient us to key aspects of our core commitments, aspects that must be taken into account if we are to realize our mission of revealing God's healing and reconciling presence to the sick and suffering of the community

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## Themes

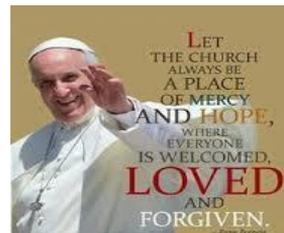
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- At least three themes of special concern to Pope Francis challenge us within Catholic health care and cultivate a deeper understanding of our core commitments, especially as related to the care of the seriously ill and dying
  - What we must be... a sign of mercy and hope
  - Who we must care for... the poor and vulnerable
  - What we must also focus on... social justice

## Mercy and Hope

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- From the beginning of his papacy, Pope Francis has preached that the church mediates God's love of humanity by being a sign of mercy and hope, especially to people who are suffering, lost, and in need of help"



- “[B]eing the Church, to be the People of God, in accordance with the Father’s great design of love, means to be the leaven of God in this humanity of ours. It means to proclaim and to bring God’s salvation to this world of ours, so often led astray, in need of answers that give courage, hope and new vigor for the journey. May the Church be a place of God’s mercy and hope, where all feel welcomed, loved, forgiven and encouraged to live according to the good life of the Gospel. And to make others feel welcomed, loved, forgiven and encouraged, the Church must be with doors wide open so that all may enter. And we must go out through these doors and proclaim the Gospel!” (Pope Francis, “General Audience,” St. Peter’s Square, June 2, 2013).

## Mercy and Hope (cont.)

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- This is reminiscent of the memorable words of Cardinal Joseph Bernardin who stated Catholic-Christian health care is called to be a sign of hope to the suffering:
  - “As Christians, we are called, indeed empowered, to comfort others in the midst of their suffering by giving them a reason to hope. We are called to help them experience God’s enduring love for them. **This** is what makes Christian healthcare truly distinctive. . . . The **ultimate goal** of our care **is to give** to those who are ill, through our care, **a reason to hope**. . . . Although illness brings chaos and undermines hope in life, we seek to comfort those who are ill, whether or not they can be physically cured. We do so by being a sign of hope so that others might live and die in hope. In this we find the Christian vocation that makes our healthcare truly distinctive” (Cardinal Joseph Bernardin, “A Sign of Hope: A Pastoral Letter on Healthcare,” October 18, 1995).
- To do this – be a sign of mercy and hope – Catholic health care needs to be where the suffering is and ministering to those who are suffering:
  - “I see clearly that the thing the church needs most today is the ability to heal wounds and to warm the hearts of the faithful; it needs nearness, proximity. I see the church as a field hospital after battle. It is useless to ask a seriously injured person if he has high cholesterol and about the level of his blood sugars! You have to heal his wounds. Then we can talk about everything else” (“A Big Heart Open to God: The Exclusive Interview with Pope Francis, *America* 209, September 30, 2013).

## Mercy and Hope (cont.)

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- The pope has applied this theme of mercy and hope to palliative care and its ability to witness to the value of human life even in sickness...
  - “Palliative care is an expression of the properly human attitude of taking care of one another, especially of those who suffer. It bears witness that the human person is always precious, even if marked by age and sickness. The human person, in fact, in whatever circumstance, is a good in and of himself [or herself] and for others, and is loved by God. For this reason, when life becomes very fragile and the end of earthly existence approaches, we feel the responsibility to assist and accompany the person in the best way” (Pope Francis, “Assisting the Elderly and Palliative Care,” 21<sup>st</sup> General Assembly of the Pontifical Academy of Life, March 7, 2015).

## Poor & Vulnerable

- Perhaps more than any pope in recent history, Pope Francis is intimately familiar with and committed to the plight of the poor and vulnerable and has stated he wants a “Church which is poor and for the poor,” for all Christians are “called to find Christ in them, to lend our voice to their causes, but also to be their friends, to listen to them, to speak for them and to embrace the mysterious wisdom which God wishes to share with us through them” (*The Joy of the Gospel*, n. 198).
- Caring for the poor and vulnerable is an essential component of living the Gospel and this extends especially to the elderly who are at risk of being seen as a burden because of their perceived lack of social utility
- As such, the pope has insisted that we cannot put the elderly to the side or leave them to die because they may be a nuisance due to their physical or social condition... “a society that does not take care for and respect the elderly does not have a future...” (Pope Francis, Mass in the Santa Marta, November 2013).

## Poor & Vulnerable (cont.)

- In witness to the Gospel, we must honor and show reverence for the elderly... and medicine has no higher calling than to promote their well-being as well as that of all human persons



- “‘To honor’ today might well be translated as the duty to have extreme respect and to take care of those who, because of their physical or social condition, could be left to die, or ‘made to die.’ All medicine has a special role within society as a witness of the honor that is due to elderly persons, and to every human being. Neither the medical evidence and efficiency, nor the rules of health care systems and economic profit, can be the only criteria governing the actions of doctors. A State cannot think of making a profit with medicine. On the contrary, there is no more important duty for a society than safeguarding the human person” (Pope Francis, “Assisting the Elderly and Palliative Care,” 21<sup>st</sup> General Assembly of the Pontifical Academy of Life, March 7, 2015).

## Social Justice

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- Pope Francis has raised our awareness of the profound social justice issues that we must also concern ourselves with and focus on in the moral life. Issues such as poverty, racial inequality, income disparity, climate change, trafficking, migrants/refugees, **and** care of the elderly have all been subject to the pope's analysis and advocacy.
- In so doing, Pope Francis is broadening our moral scope and bringing into better focus issues that are too often pushed aside or overlooked. For the pope this is necessary so we can bring the Gospel to bear on the whole range of moral issues:
  - “The dogmatic and moral teachings of the church are not all equivalent. The church's pastoral ministry cannot be obsessed with the transmission of a disjointed multitude of doctrines to be imposed insistently... We have to find a new balance; ... The message of the Gospel, therefore, is not to be reduced to some aspects that, although relevant, on their own do not show the heart of the message of Jesus Christ” (A Big Heart Open to God: The Exclusive Interview with Pope Francis, *America* 209, September 30, 2013).

## Social Justice (cont.)

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- An important social justice issue for the pope is non-abandonment of the elderly and he sees a special role for palliative care in ensuring seriously ill and dying patients receive compassion and comfort in their time of need:
  - “Palliative care has to objective of alleviating suffering in the last stages of illness and at the same time of assuring the patient of adequate human accompaniment (cf. *Evang. Vitae*, 65). It deals with the important support for the elderly, who, for reasons of age, often receive less attention from curative medicine, and are often abandoned. Abandonment is the most serious ‘illness’ of the elderly, and also the greatest injustice they can suffer: those who helped us to grow must not be abandoned when they need our help, our love, and our tenderness” (Pope Francis, “Assisting the Elderly and Palliative Care,” 21<sup>st</sup> General Assembly of the Pontifical Academy of Life, March 7, 2015).

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## A Note to Palliative Care Professionals

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- “I therefore welcome your scientific and culture efforts to ensure that palliative care can reach all those who need it. I encourage professionals and students to specialize in this type of assistance, which has no less value on account of the fact that it ‘does not save lives.’ Palliative care recognizes something equally important: recognizing the value of the person. I urge all those who, under whatever title, are involved in the field of palliative care, to practice this duty of conserving the spirit of service in its fullness and recalling that all medical knowledge is truly science, in its most noble sense, only if it finds its place as a help in view of the good of humanity, a good that is never achieved by going ‘against’ his life and dignity. It is this capacity for service to the life and dignity of the sick, even when they are old, that is the measure of the true progress of medicine, and of all society. I repeat the appeal of Saint John Paul II: ‘Respect, protect, love and serve life, every human life! Only in this direction will you find justice, development, true freedom, peace and happiness!’” (Pope Francis, “Assisting the Elderly and Palliative Care,” 21<sup>st</sup> General Assembly of the Pontifical Academy of Life, March 7, 2015).

## Questions for Discussion

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- Are we as Catholic health care embracing these themes of Pope Francis and living out our core commitments in our approach to palliative care, especially as we transform our delivery systems in response to the shift to population health and value-based payments?
- Do our palliative care programs adequately respond to the challenge of Pope Francis and promote the mission of Catholic health care when it comes to caring for the seriously ill and dying?
- What more can and should we do as Catholic health care to ensure we are a sign of mercy and hope, care for the vulnerable elderly, and promote justice through our work in palliative care?