



Caring FOR THE
Whole Person

*A Collaborative Initiative of the California Catholic Conference
and the Alliance of Catholic Health Care*



CALIFORNIA
CATHOLIC
CONFERENCE



Alliance
of Catholic Health Care

*Representing California's Catholic
Health Systems and Hospitals*

Frequently Asked Questions (FAQ)

What is the Caring for the Whole Person Initiative?

The Caring for the Whole Person Initiative is a collaborative project of the California Catholic Conference (CCC), the Alliance of Catholic Health Care and Catholic health care leaders in California. (Appendix I - Dioceses and Health Systems Participating in the Initiative). It is guided by a Leadership Council comprising representatives from the two organizations, including bishops, Catholic health care executives, and thought leaders.

The Initiative is aimed at creating an environment in our parishes, communities, and health care systems in which all persons are loved, wanted, and worthy and will be prepared and supported in health and serious illness through the end of life.

The Caring for the Whole Person Initiative has a twofold purpose:

- Strengthen and improve the availability of whole person care and palliative care services in Catholic health care systems and their hospitals, and
- Develop and implement Caring for the Whole Person programs in dioceses and parishes.

Why did the partners start the Initiative?

The Bishops and Catholic health care leaders in California believe that the need to transform the way in which society cares for the chronically and terminally ill requires urgent and decisive action on the part of the Church. Accordingly, they launched the **Caring for the Whole Person Initiative**, a robust partnership to ensure that parishioners and patients are loved and supported; that they can openly talk with their spiritual leaders, clinicians, and family members about their wishes at the end of life; and that they have access to quality palliative care before they suffer needless medical procedures.

Why did they believe there is a need to transform the way society cares for the sick and dying ?

When California legalized physician-assisted suicide (PAS) in 2015, the state joined Oregon, Washington and Vermont which allowed the practice. In the past few years, PAS legislation has been introduced in more than half the states and it is legal in ten jurisdictions (California, Colorado, District of Columbia, Hawaii, Montana, Maine, New Jersey, Oregon, Vermont, and Washington). Public opinion polls reveal that upwards of 65 percent of U.S. voters support legalizing PAS.

Growing public support is, in large measure, indicative of a deep crisis in the U.S. health care system. For good reasons, many Americans do not trust that they and their loved ones will be appropriately and effectively cared for when they experience a terminal illness. A 2014 Institute of Medicine report revealed that the experience of dying in the United States is often characterized by fragmented care, inadequate treatment of distressing symptoms, frequent transitions among care

settings, and enormous care responsibilities for families. According to this report, the current health care system of rendering more intensive services than are necessary and desired by patients, and the lack of coordination among programs increases risks to patients and creates avoidable burdens on them and their families.¹

How does the partnership intend to transform society?

On October 19, 2016 – at a joint meeting held every three or four years - the Bishops and health care leaders (Appendix I - Dioceses and Health Systems Participating in the Initiative) adopted the following Aspirational Statement regarding the new **Caring for the Whole Person Initiative**:

“As Church and Catholic health care leaders in California, we believe that physician-assisted suicide, while legal, is not yet an entrenched cultural or clinical reality. Recognizing this, we are committed to developing together, and in collaboration with other leaders in the palliative care field, a medical and pastoral approach to care through the end of life that provides a dignified, compassionate, and loving alternative to physician-assisted suicide for seriously ill people and their families. Our intent is to create a Church and Catholic health care collaborative model that serves our California parishioners and patients well, and that can be replicated by Church and Catholic health care leaders in other states.”

The California Bishops and health care leaders believe that by caring well for the frailest and most vulnerable in their dioceses, parishes and health care facilities, they can improve care for many people now and in the years to come; they can make clear that the best care possible includes not only excellent disease treatments, but also concern for a person’s physical comfort, and emotional and spiritual well-being; and they can raise broader cultural expectations about the kind of end-of-life care people need, deserve and should demand. In so doing, they believe we can protect the breadth of our human endowment in ways that will be felt long into the future. And that the healthiest response to death is to love, honor, and celebrate life.²

What is the vision of the Caring for the Whole Person Initiative?

The Initiative’s **Vision**, derived from the health ministry principle of **whole person care**, is:

Persons in our congregations, communities, and hospitals are loved, wanted and worthy, and will be prepared and supported in health and serious illness through the end of life.

The Initiative has a twofold **Purpose**:

- Strengthen and improve the availability of whole person care and palliative care services in Catholic health care systems and their hospitals, and
- Develop and implement Caring for the Whole Person and palliative care programs in dioceses and parishes.

What is “Whole Person Care”?

Whole Person Care attends to people in their basic human needs, strives to optimize health, alleviate suffering, bring comfort, prevent injury and illness, and foster physical, functional, emotional, social, interpersonal, and spiritual well-being.

¹ *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*, Committee on Approaching Death: Addressing Key End-of-Life Issues, Institute of Medicine of the National Academies, Washington, D.C., 2014.

² For an extended treatment of the issues addressed here, see: *The Best Care Possible: A Physician’s Quest to Transform Care Through the End of Life*, Ira Byock, MD, Avery, New York, N.Y., 2013.

Whole Person Care is applicable throughout the course of life and is made available through the collaborative efforts of health care, social services, congregations, and communities in the context of an individual's family and home environment.

What are the core elements of the Initiative?

The Caring for the Whole Person Initiative (CWPI) will create or expand arch/diocesan training systems to develop networks of volunteers in 1,100+ California parishes to provide skilled and compassionate pastoral support to the ill and dying. In conjunction with the pastoral segment, health care systems will significantly improve palliative care services in their 51 Catholic and Catholic-affiliated hospitals as they team with ministries in nearby parishes. These pastoral and clinical initiatives work with each other to provide a holistic system of care for the terminally ill and their families that will provide them with spiritual and emotional supports, help them make decisions to achieve their medical and personal goals, and alleviate their suffering.

In parishes, the initiative will help parishioners understand and apply Catholic end-of-life teaching as they grapple with their own illness or that of a loved one. In the clinical settings, the Initiative will work with health systems to meet standards comparable to the Joint Commission's Palliative Care Advanced Certification requirements – a standard few hospitals in the nation meet. The Initiative will have a short- and long-term positive impact on the quality of palliative care programs within the 51 Catholic and Catholic-affiliated health care facilities.

How will the Initiative look in California parishes?

The Church is no stranger to the needs of the sick and dying, their caregivers, and the bereaved. Much of the pastoral care offered by clergy and lay ministers takes place within the context of health crises, serious illness, death, and grief. Parishes, as learning and caring communities, can nurture spiritual and practical preparation for death and equip their parishioners with the knowledge, tools, personal resources, and support to navigate the complexities of health care while upholding and sustaining the faith.

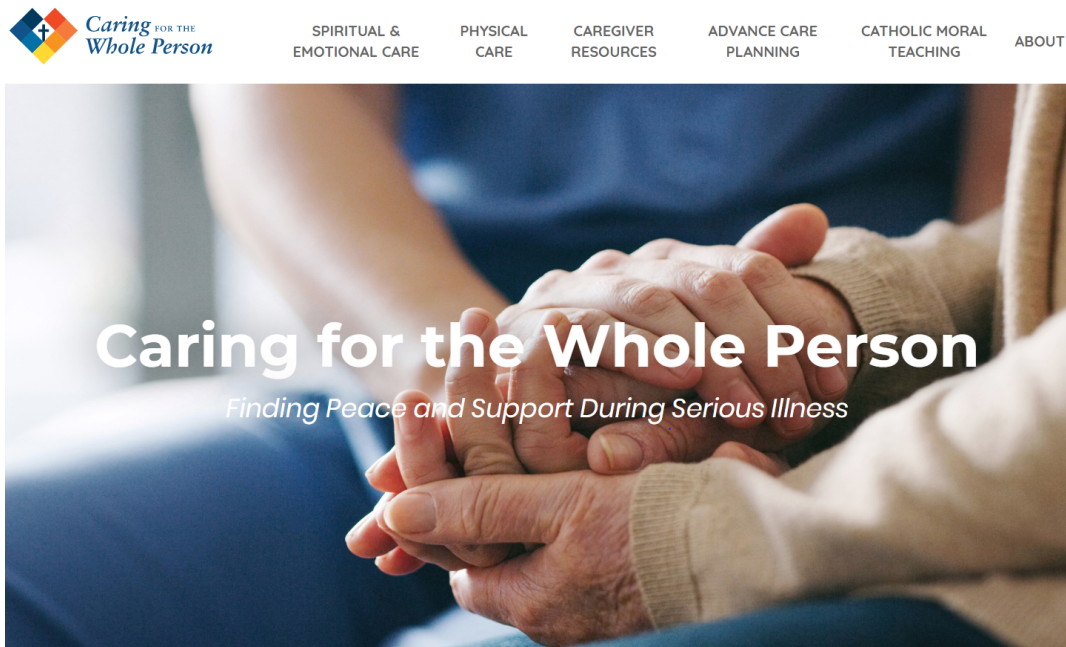
The Caring for the Whole Person education and training curriculum has been developed in consultation with moral theologians, ethicists and experts within Catholic health care. All 12 arch/dioceses in California have been oriented to the goals and educational model of the Initiative. (See also Appendix III for a summary of the education curriculum.) Training is under way in or has already taken place in five dioceses with others planning to transition to on-line education during the pandemic or in-person once class-size gatherings are appropriate.

Each arch/diocese, with the Initiative staff, will train diocesan and parish leaders who will in turn lead the training of parish volunteers in the work of Caring for the Whole Person. This will include participating in a 10-hour training using the CWPI Training curriculum. Parish Leaders/Trainers will also be responsible for recruiting, training, and retaining CWP Ministers within their own parish. This includes screening volunteers, providing the 5-module training, and providing ongoing education and support to CWP Ministers. Leaders/Trainers will also be responsible for collecting documentation and submitting data to CWPI staff. Each diocese will have a liaison who works directly with parish leaders to implement the initiative and who will be supported by CWPI staff.

What additional resources does the Initiative offer?

The Caring for the Whole Person website – www.wholeperson.care – is available for all. It has a dual function. The public front has basic information on caring for patients and caregivers, Catholic moral teaching on end of life, information on how to complete an advance directive and other useful information. Behind the firewall are resources for lesson plans, support material, videos, articles

and other curriculum-related material to support parish volunteers and staff who have been trained via the Initiative's curriculum.



Are there additional programs designed to educate and inform Catholics on end-of-life issues?

The Initiative has also partnered with the Catholic Health Association of the U.S. (CHA) to provide a series of workshops for priests and deacons on best practices for teaching about the end of life. The goals of these sessions are to provide clergy with a review of the pastoral role as leaders, enablers and ministers; a review of the tradition (as articulated in the Ethical and Religious Directives on end-of-life care, using case studies and group discussion); and, to present a participative workshop on crafting and delivering homilies on moral and end of life issues. “Preaching, Pastoral Care and the Church’s End-of-Life Tradition: A Workshop for Priests and Deacons” consists of two parts.

- The morning session will be a review of the Church’s tradition (as articulated in the Ethical and Religious Directives) with some case studies and ample time for discussion.
- The afternoon session will be a participative workshop on preaching on moral issues generally, and on preaching on end of life issues specifically.

Also presented is an overview of the current statewide efforts on the Initiative and the local Catholic health care mission leader(s) are invited to present an overview of pastoral and ethics supports and resources available for the clergy. See also Appendix IV – Clergy Workshop Topics

What is the organizational structure of the Initiative?

The **Caring for the Whole Person** Initiative is a collaborative project organized through the California Catholic Conference (CCC) and the Alliance of Catholic Health Care.³ The Initiative is guided by a Leadership Council (see Appendix II) comprising representatives from the two organizations, including bishops, Catholic health care executives, and diocesan ministries. The Leadership Council meets regularly to guide the progress of the Initiative, which employs a

³ The [California Catholic Conference](#) is the public policy voice of the Roman Catholic bishops in California. The [Alliance of Catholic Health Care](#) represents California’s Catholic health care systems and their 51 Catholic and Catholic-affiliated hospitals.

staff of three who work out of the Institute for Human Caring (<https://www.instituteforhumancaring.org/>), part of the Providence St. Joseph Health system.

Initiative video prepared for the 2018 Global Ethics Assembly of the Pontifical Academy of Life [\[HERE\]](#)



APPENDIX I – Dioceses and Health Systems Participating in the Initiative



APPENDIX II – Caring for the Whole Person Leadership Council

Bishop Representatives

Most Reverend John P. Dolan

Auxiliary Bishop of San Diego
San Diego, CA

Most Reverend David O’Connell

Auxiliary Bishop of Los Angeles
Irwindale, CA

Most Reverend Kevin Vann

Bishop of Orange
Garden Grove, CA

Most Reverend Gerald Wilkerson

Retired Bishop of Los Angeles
Mission Hills, CA

Health System Representatives

Ira Byock, MD

Founder/Chief Medical Officer
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George West

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Alliance, California Catholic Conference and Diocesan Representatives

Bill Cox

President/CEO, Alliance of Catholic Health Care
Sacramento, CA

Ned Dolejsi

Retired Executive Director, California Catholic
Conference
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Lori Dangberg

Vice President, Alliance of Catholic Health Care
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Associate Director for Life & Family Issues
California Catholic Conference
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Director of Life, Justice & Peace
Diocese of Orange
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Catholic Health Association of the U.S.

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Initiative Staff

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Institute for Human Caring at Providence
Gardena, CA

Tue Nguyen, Manager, Integration

Institute for Human Caring at Providence
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Emily Williams, Regional Program Manager

Caring for the Whole Person Initiative
Sacramento, CA

APPENDIX III – Core Curriculum

MODULE 1	Introduction to Caring for the Whole Person Care Initiative (CWPI) and Introduction to Palliative Care and Hospice Contents: <ul style="list-style-type: none"> • General overview of the initiative • What is Palliative Care and how can I receive that type of care • What is the difference between Palliative Care and Hospice
MODULE 2	Catholic Moral Teaching Around End of Life Care Contents: <ul style="list-style-type: none"> • Ethical and Religious Directives related to end of life • Common Misunderstandings of Catholic Teaching on Ethical Decisions about Treatment
MODULE 3	Caring for Parishioners along the Continuum of Care Contents: <ul style="list-style-type: none"> • How clergy can support parishioners and families towards the end of life • Resources from our faith tradition • How to support parishioners and families towards the end of life • Physical, emotional, spiritual changes and how to address them • Physician Assisted Suicide guidelines and how to respond • Communication and Listening Skills • Boundaries and confidentiality • Volunteer Guidelines
MODULE 4	Advance Care Planning, Communication and Taking Care of Business Contents: <ul style="list-style-type: none"> • Overview of Advance Care Planning • Advance Directive • POLST • Misunderstandings about POLST • Advance Directive vs. POLST
MODULE 5	Parish as a loving community, Caring for one another Contents: <ul style="list-style-type: none"> • A Day in the Life of a Caregiver • Burdens of caregiving • Family dynamics around caregiving • How to provide emotional support to caregivers • What is grief and mourning • Stages and types of grief • Signs of grief • Spiritual care for the bereaved • How to manage and maintain a CWP Ministry • Recruiting and screening • Identifying speakers for presenting • Identifying parishioners in need and assigning CWP ministers • Documenting and reporting visits • Keeping volunteers engaged

APPENDIX IV – Clergy Workshop Agenda & Schedule



AGENDA

Preaching, Pastoral Care and the Church's End-of-Life Tradition A Workshop for Priests and Deacons

Offered by the Catholic Health Association

Opening Prayer

Introductions and Orientation

Session I: Introduction to the “ars moriendi” and the Church’s tradition on the end of life. - What is a “happy death” in today’s world of high-tech medicine?

- Our supernatural destiny: why God created us
- Dying as though we believed in the Resurrection
- The “Ars Moriendi” an old tradition that holds our understanding of death as a spiritual event.
- The “Birth of the Clinic” and the rise of scientific approaches to death
- Medicine and the mystical
- Dying today: how the modern era is different
- What are the obstacles to a happy death?

Session II: The Church’s tradition on end-of-life care

- The Ministry of Health Care
- Theological Tradition
- What are the *Ethical and Religious Directives for Catholic Health Care Services*?
- Human Dignity and Relationships
 - Palliative Care and Hospice
 - Informed Consent
 - Advance Directives
- Body and Soul
 - DNR Orders
 - Ordinary/Extraordinary Treatments, burden and benefit calculation
 - Nutrition and Hydration (see #58)
 - Tips for pastoral guidance, especially in family conferences and “starting the conversation.”

Session III: (Afternoon) Preaching and pastoral care at the end of life

- How do Catholics understand “preaching” in general?
- See Pope Francis’ *Evangelii Gaudium*, especially Chapter 3, “The Proclamation of the Gospel.” Nos. 111-175 contain an extended teaching on the homily and its preparation.
- What is the purpose of preaching on moral issues?
- Why do preachers often fail to preach on these issues?

- Introduction of a method for “preaching in a moral context” that uses the Scriptures of a particular Sunday to address an important issue. (see Fr. Bouchard’s article on preaching on moral Issues, “Text or Topic, Doing or Being: The Challenge of Preaching on Morality.” In *The Grace and Task of Preaching*, M. Monshau, ed., (Dublin: Dominican Publications, 2006): 270-294.
- Using the Sunday readings, how would you preach in a way that would persuade your congregation to “have the conversation” about end of life care?

Conclusion and Evaluation

Closing Prayer
