Pope Francis’ “Culture of Encounter” as a Model for the Transformed Delivery of Catholic Healthcare

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“We cannot be starched Christians, those overeducated Christians who speak of theological matters as they calmly as their tea…”
“...No! We must become courageous Christians and go in search of the people who are the very flesh of Christ!”

Pope Francis
Address to the Lay Movements on Pentecost Vigil
19 May 2013

Objectives

+ To explore the concept of a "culture of encounter" as described by Pope Francis.
+ To consider some challenges to promoting a "culture of encounter" in Catholic healthcare.
+ To identify some ways of promoting a "culture of encounter" in Catholic healthcare.
Part I: What does Pope Francis mean by “culture of encounter”?

- A. Encounter with Christ
- B. Encounter with Others

Part II: Opportunities and challenges for fostering a “culture of encounter” in and through Catholic Health Care

Part III: Some practical suggestions
Attributes of a “culture of encounter”

+ 1. Flows from encounter with Christ
+ 2. Imitates and goes out with Jesus
+ 3. Calls us out beyond the doors of our institutions
+ 4. Proactively
   - To health wounds and preserve health
   - To restore hope
   - To evangelize
   - To be evangelized
+ 5. Humbly
+ 6. Has personal and organizational implications
+ 7. In a radically countercultural way

Challenges and Opportunities
In Today’s Healthcare Landscape

+ Population health management
Part II: Opportunities and challenges for fostering a “culture of encounter” in/through Catholic Health Care

+ Population health management
  - Triple Aim: Better outcomes, reduced cost, improved patient experience
  - Financial incentives to keep people healthy and out of hospital
  - Collaboration essential for care delivery
    • Physicians, payers, other healthcare providers
+ High tech, low touch
The "iPatient"
Part II: Opportunities and challenges for fostering a “culture of encounter” in/through Catholic Health Care

+ Population health management
  - Triple Aim: Better outcomes, reduced cost, improved patient experience
  - Financial incentives to keep people healthy and out of hospital
  - Collaboration essential for care delivery
    • Physicians, payers, other healthcare providers
+ High tech, low touch
+ Time constraints
+ Increased pressure for efficiency and productivity
+ Cultural pluralism
+ Medical student and resident education

Part III: A few practical suggestions

+ Build structures that foster a “culture of encounter”
  - Externally: advocacy
  - Internally:
    • Mission due diligence process
    • Organizational discernment process

+ Encourage a “culture of encounter” at a personal level
  - Example of leaders
  - Formation programs for physicians, leaders
  - Resurrect human-focused rounding

+ Renew focus on our Founder, on our mission
What else can be done to build a “culture of encounter” in and through Catholic Health Care?

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