

Theological Foundation in Support of Covenant Health's Seniors Strategy

August 24, 2010

*"The righteous flourish like the palm tree, and grow like a cedar in Lebanon.
They are planted in the house of the LORD; they flourish in the courts of our God.
In old age they still produce fruit; they are always green and full of sap,
showing that the LORD is upright"*

Psalm 92; 12-15

Covenant Health is committed through its vision statement to positively influence the health of Albertans. Given the growing number of baby boomers having reached or are nearing retirement, this vision therefore must encompass comprehensive senior's housing and quality service programming to meet the unique physical, emotional, spiritual, social and psychological needs of our aging population. We are in fact facing a "silver tsunami" ¹ – a demographic trend that we must prepare for and commit resources today. This requires imaginative leadership focused on the needs of the elderly that truly honours their respectful place as contributing members of society, who bring their own unique gifts, experience, wisdom and living history to touch the lives of others. Far from an ego-centric attitude of what "we" can do for "them," Covenant Health is called to participate *with* the elderly to create the conditions that will allow the entire community to flourish.

To this end, Covenant Health has embarked on a *Seniors Strategy* that will result in quality service programming and housing to support human flourishing in the community. As well as developing new models of care in designated assisted living and enhancing our capacity in continuing care, the *Senior Strategy* must also positively respond to the needs of the elderly patients within our acute care programs, outpatient clinics and rehabilitation units. The changing societal demographics are reflected across all our sites and programs, underscoring the need to for one overarching strategy.

But more than establishing creative models of services and housing, what is it about care for seniors that we must be fundamentally grounded? What is the theological vision that ultimately guides, sustains and informs our work?

¹ Scott McConaha, "Leading by Example," *Health Progress*, 89, no. 1 (January-February, 2008), 2. While terms like "tsunami" or "avalanche" or "besieged" have been used in a pejorative manner by some to characterize the demographic impact of an aging society upon an already strained health care system with limited resources (see also, the Canadian Medical Association's August 23, 2010 release on the *10th Annual National Report Card on Health Care* at: <http://www.cma.ca/advocacy/silver-tsunami>), the intent of quoting such references here is simply to underscore the magnitude of this shift. Rather than fearing "the elderly" this demographic trend provides Covenant Health the opportunity to witness its values writ large, responding to the needs of our revered "elders" and the common good, with proportionately positive impact.

Covenant Health's *Seniors Strategy*, and indeed all the work we do, is rooted in a uniquely Christian anthropology that attests to being created in the image and likeness of God. All persons, irrespective of age, physical infirmity, cognitive impairment, or failure to thrive, nevertheless possess an intrinsic dignity and incalculable worth. All human life is an immeasurable treasure that must be celebrated and nurtured. Despite the undeniable burdens and losses associated with the aging process, or the reality of caring for the elderly, no person themselves *is* a burden. Promoting and defending this non-negotiable, bedrock moral vision of the human person defines the ultimate measure of success for every strategic initiative of Covenant Health. If we depart even incrementally from this vision, despite our success in growing the number of beds, our staff, or presence in the community as the largest faith-based provider in Canada, we fail the Lord Himself who reminds us, "just as you did not do it to one of the least of these, you did not do it to me" (Matthew 25:45).

The so-called "warehousing" of the aged with substandard and unimaginative housing, under-resourced programming, and institutional practices which perpetuate conditions of isolation, indignity and dependency constitutes a grave injustice. Such models breed fear around the aged and dying as an unsightly affront to public sensibility that must be kept apart, or worse, disposed of entirely. Allowing this fear to go unchecked only fuels ongoing interest in euthanasia and assisted suicide as a viable addition to seniors care or hospice and palliative care in a society that is increasingly scandalized by any human condition that is not powerful, beautiful and ruggedly independent.

But even more insidious than concerns over legalized euthanasia, is the more likely scenario that our institutional practices will, in effect, "kill people with love." In the name of protecting the elderly from living at risk - from falls, or use of substances, or even dating, we impose limits on what the elderly can do. Well furnished and beautifully decorated seniors housing may actually betray a model of care that incarcerates the human spirit. This too is a grave injustice that we must not perpetuate. While fall management policies are important, for some individuals the loss of freedom of movement is an even greater burden to bear. Our responsibility instead is to help individuals make informed decisions to live at risk, for to be fully alive involves taking risks. While no one wants to see an elderly person fall, we certainly do not want to impose barriers that will prevent the elderly from falling in love, either.

Empowering and respecting well-informed decision-making is a basic ethical tenet afforded to every person. And yet so often the elder person may capitulate to the pressure of family, giving up property, possessions and independence out of obligation and a fear of being a burden. These pressures are real, especially as we understand the corresponding needs of an increasingly sandwich generation of family care providers who struggle to manage both their children and parents' needs, let alone their careers. Health care systems are no less subtle in exerting similar pressures on the elderly in the name of efficiency. Discharge plans and questionable capacity assessments may be more about the needs of the organization, clinicians, and administration, than they are the rights and dignity of the person receiving care.

In keeping with our mission and values that affirms a holistic vision of health in caring for body, mind *and* spirit through respect and compassion, Covenant Health's *Seniors Strategy* actively works to promote a model of care that will allow the human person to flourish, in a home-like setting, together in community with the aged and perhaps many others. At the heart of this model is a theological vision of the inherent gift of the aged,

who despite infirmity and dementia, have something important to offer others. As sons and daughters of God, the elderly, are nevertheless a *presence* to others, offering a prophetic word to the community.

We see this in scripture, through the examples of elderly men and women who reveal God's presence through their witness of faith. In his old age, Abraham is blessed with the promise of a great nation through his offspring as numerous as the stars, and Sarah, despite barren, is also found with favour to bear this promise with a son. Elizabeth and Zechariah are also promised a son in their old age, John the Baptist, who is the one to prepare the way for the Lord. We see in both elderly parents a spirituality of generativity or fecundity, in being able to beget new life through their words of experience and faith. Many of us have been equally blessed with elderly parents and grandparents who too are life-giving presences in our families, long after their child-bearing years have passed.

Deepened through the years of life experience and patient waiting, the elderly are also wisdom figures for the community, begetting a prophetic word. Elizabeth, filled with the Holy Spirit upon greeting her cousin Mary, "exclaimed with a loud cry, 'Blessed are you among women, and blessed is the fruit of your womb'" (Luke 1:42). Simeon, who had long awaited the Messiah, takes the child Jesus in his arms and blesses God, his life now complete having seen with his eyes the salvation of the Lord, before prophesizing to Mary of the sword that will pierce her soul (Luke 2: 25-35).

Next to Simeon, the prophet Anna, herself "of a great age" and widow at eighty-four, also begins "to praise God and to speak about the child to all who were looking for the redemption of Jerusalem" (Luke 2:36-38).

The elderly also teach us about being faithful to our life experience, no matter where God leads, even unto suffering and death. Peter is told by Jesus that when he was younger he could go wherever he wished, but warns, "when you grow old, you will stretch out your hands, and someone else will fasten a belt around you and take you where you do not wish to go" (John 21:18). In our death-denying society, where we would rather look away in revulsion from any reminder of our mortality, helplessness or vulnerability as evident by society's preoccupation with power and control and the cult of the youthful body, such prophetic witness by our elderly remind us about the reality of the finitudes of human existence.

Himself personally touched by these very words to Peter in a 1999 letter to the elderly², Pope John Paul II acknowledged "as an older person himself" (1), how he felt "strongly the need to reach out and grasp the hands of Christ" (7). Rather than a morbid stance, such reminders can free us to live our lives more abundantly, and to savour and treasure each moment as gift in its own right. The elderly can teach us about the apostolic dimension of healthy aging, as Fr. Myles Sheehan writes,³ also affirming that the elderly are our teachers to be honoured and respected, and not to put away, and out of sight. Dr. Sheehan envisions campus of care models where students and parishioners can

² Letter of His Holiness Pope John Paul II to the Elderly, 1999. See: http://www.vatican.va/holy_father/john_paul_ii/letters/documents/hf_jp-ii_let_01101999_elderly_en.html

³ Fr. Myles N. Sheehan, SJ, MD, "A New Vision for an Aging Population," *Health Progress*, 89, no. 1 (January-February, 2008), 18-21.

interact in close proximity to the elderly, to promote the flourishing of the entire community of faith.

As Covenant Health lays the groundwork for new designated assisted living facilities throughout the province, we need to remember the ultimate foundation this ministry of service is built. The healing ministry of Jesus calls us to service of the entire *person*, as well as the entire *community*. No one is a burden to be merely discarded. As we respond to the needs of our aging society, Covenant Health's *Seniors Strategy* also serves as a prophetic statement as to the kind of just and compassionate society in which we are called to live, grow old in, and die. Given the foothold euthanasia and assisted suicide continue to have in some segments of our society, we need more than ever to lend our voice through our *Seniors Strategy* about the gift of the elderly, and their enduring contribution to society.

Insofar as Covenant Health has a privileged role to play in providing quality care for the elderly, we too have a privileged role as a prophetic voice for the community. This voice is yet another way we "positively influence the health of Albertans."