

Catholic Health Care Asia Singapore and Malaysia A MPJP Case Study

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This paper provides a brief case study of the MPJP, Catholic Health Care Asia (CHCA), which operates hospitals/healthcare in both Singapore and Malaysia. This paper is one of six case studies produced by the ACU Inclusive Governance in a Synodal Church (IGSC) project in 2025.

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Process of establishing MPJP

In 1947 the Order of St Francis for the Home Missions became a Pontifical Congregation taking the name Franciscan Missionaries of the Divine Motherhood. In 1956 they established their current Motherhouse at Ladywell Convent, Godalming, UK. The Sisters arrived in Australia in 1961 and were responsible for a hospital and a school in Sandhurst Diocese in the east coast State of Victoria. In 1995, the last Sister left the school. The Sisters sold the hospital to the Sisters of Mercy in 1995 and in 2002 the hospital was sold to the MPJP, St John of God Australia.

In 2014, the Sisters realised that their members were no longer able to maintain appropriate governance of their Singapore-Malaysia ministries. In 2015, the FMDM Congregation Leadership acknowledged that they were moving towards completion in Europe, Asia and Australia but expansion in three countries in Africa.

In seeking a future for their Singapore-Malaysia ministries, the Sisters sought assistance from Catholic services in Australia. From Singapore, it is a five-hour flight to Perth on the west coast of Australia and an eight-hour flight to Australia's east coast capital cities. FMDM became an associate member of Catholic Health Australia, the peak body for Catholic health and aged care providers in Australia. Catholic Health Australia facilitated for FMDM to connect with Perth-based health MPJP, St John of God Australia who then generously offered advice and assistance to the Sisters.

FMDM Congregational Leadership consulted with all Singapore-Malaysia stakeholders (Sisters, boards, executive teams, local bishops) and the consensus was that the ministries should be maintained as Catholic health care ministries. There were no sustainable religious institutes, diocese or MPJPs providing Catholic health care so transferring the ministries was not an option. In November 2016, the boards of the three ministries agreed to explore with the Sisters the possibility of a new MPJP being established for their governance. While it is the Sister's dearest hope that CHCA will maintain a Franciscan character, they see it as more important

² This project uses the term "Trustees/Sponsors" to refer to individuals appointed as responsible for the MPJP. This term is used in all the project's papers to enable easy identification of the same role in different MPJPs across the seven countries under consideration. CHCA uses the term "Canonical Steward" for the persons who this project refers to as Trustee/Sponsor.

that it continue as a work of the Catholic Church. In 2017, the FMDM Congregation Leadership Team established a working group to progress the MPJP project. The working group comprised representatives from the three ministry boards and two Trustee/Sponsors from St John of God Australia (one of whom was appointed as Chair). This group met every three months for two years with all members present at all meetings.

The working group worked with canonists to develop the MPJP's Canonical Statutes and Civil Constitutions and amendments to existing ministry constitutions, Charters for Appointers, Trustee/Sponsors, Board Members and a Governance Authority Matrix. Throughout the process, the working group maintained frequent communication and consultation with stakeholders. Education on MPJPs was also provided to potential Trustee/Sponsors, Boards and key people.

In 2018, the working group had finalised the new MPJP's name, logo and mission statement. By the end of 2018, the Sisters had presented their petition to the Apostolic See. In June 2020, approval was granted. The working group then became the implementation group and they began work to enable the smooth transition to the MPJP. Much of this work was completed via videoconference due to the COVID-19 pandemic.

The Australian Loreto Sister Mary Wright IBVM (R.I.P.) was the canonist who assisted the Sisters to petition the Congregation (now Dicastery) for Institutes of Consecrated Life and Societies of Apostolic Life for the establishment of the MPJP, CHCA. The Sisters went to the Apostolic See as FMDM was established by the Apostolic See and its permission would be needed to transfer ministries to another PJP. The fact that the MPJP ministries was in more than one country/diocese also made the Apostolic See a logical establishing authority.

MPJP overview

In 2019, the first five CHCA Trustee/Sponsors were appointed and met with the ministry boards and local bishops and travelled to Perth to meet with Trustee/Sponsors of St John of God Australia. One of the first activities of the new Trustee/Sponsors was to join with over 50 Board and Executives for a joint mission formation retreat.

CHCA has three ministries under its care: Mount Miriam Cancer Hospital (MMCH) in Pulau Pinang (Penang Island), West Malaysia and Mount Alvernia Hospital (MAH) and Assisi Hospice (AH) in Singapore. CHCA decided that because it straddles both Singapore and Malaysia that it must have Trustees/Sponsors from both countries.

CHCA is both a canonical identity and a corporation under Singaporean law. The establishment of a corporation was necessary as Singaporean and Malaysian laws do not recognise canonically established bodies.

The CHCA Statutes called for a board of 'Appointors'. Appointors need to be other PJPs. The Appointors are the Founding Congregation (FMDM), the Archdioceses of Singapore and Kuala Lumpur and the dioceses of Penang and Malacca Johor represented by the Congregational Leader and the bishops or their representatives. Should another religious institute join CHCA, they will also have the option of becoming a member or Appointor of CHCA. The Appointors have an Annual General Meeting and meet at other times as their role includes some reserve powers. The most significant being to appoint the CHCA Trustee/Sponsors. The Appointors are also the owners/members of the civil corporation CHCA (except one who chose just to have a canonical role).

Figure 1. Organisational structure of CHCA³

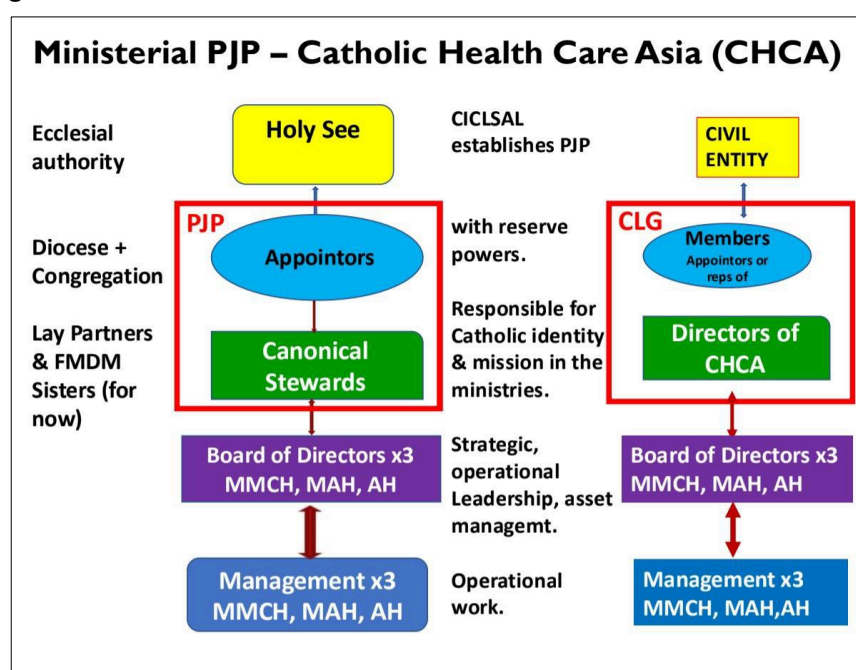


Figure 1 below shows that the Trustee/Sponsors are responsible for the MPJP and are also the Board of Directors of the corporation, CHCA. The Trustee/Sponsors are the representatives of the MPJP and ensure and promote the Catholic identity and mission of the ministries. The role of Trustee/Sponsors also includes approving ministry budgets, changes to ministry strategy and making appointments to their boards. The Trustee/Sponsors nominations committee has a role in their succession planning. When necessary, they seek out new Trustee/Sponsors, vet them, discern with them and finally recommend them to the Appointors for appointment.

Two of the three CHCA ministries are incorporated and have their own board; the third is in a Trust and the Trustee/Sponsors are the Trustees of the Trust who in turn appoint the Board. These boards have responsibility for the strategic and operational governance of the ministry. The MPJP is the sole member of the incorporated ministries.

³ Figure supplied by CHCA

All funds to operate the MPJP CHCA come from the three ministries. Once the CHCA annual budget is finalised, the amount for each ministry to contribute is calculated on the basis of their capacity to pay, the number of beds and their income-generating reality.

MPJP's current successes

The partnership with St John of God Australia has been a great success. There is profound appreciation for the wisdom of their Trustee/Sponsors and their willingness to assist before and after CHCA was established. The CHCA Trustee/Sponsors saw that the Australians never missed a meeting and their commitment reinforced the importance of the CHCA endeavour. The new CHCA Trustee/Sponsors experienced the Australians as role models of prayerful, discerning, committed lay people who are leaders in the Church. There was also practical assistance that enabled CHCA to very quickly develop, such as in writing policies, etc.

The principle of subsidiarity is successfully employed both in subcommittees of the Trustee/Sponsors and also between the Trustee/Sponsors and the ministry boards. The Trustee/Sponsors have assigned some of their number to CHCA subcommittees, who work within the scope of a Terms of Reference and with delegated responsibility for compliance/detail such as finances. There is a high degree of trust and confidence that subcommittees and boards will complete their work diligently.

Formation of the group of Trustee/Sponsors as a faith community is noted as a success. There has been a significant investment of time (usually 45-60 minutes at each meeting) to develop the trust and understanding that enables the Trustee/Sponsors to share personally and deeply as they reflect on Scripture and other theological/spiritual texts. There is a sense that they look forward to being together and have a group identity as a faith community.

The inaugural and current Chair of CHCA is well-known and respected by local bishops. From 2009 to 2018, she was Executive Secretary of the Federation of Asian Bishops' Conferences, Office of Laity and Family and Women's desk. She is also an active member within the Archdiocese of Singapore. Her profile and relationships with bishop and other Church leaders has been a benefit to CHCA.

CHCA is a fairly new MPJP and has engaged in a gradual process of earning credibility, getting governance matters sorted out using mutual consultation and agreement. CHCA also ensured that the ministries valued the service of governance and Catholic identity and the transition from being a "family run firm", when the Sisters were around, to a more systematic style of governance hence the need for policies to be spelled out.⁴ In the early days, with the Sisters working in nearly every

⁴ See: Appendix 2. CHCA's Catholic Identity Statement

department of the hospitals and hospice, a great deal of 'mission integration' and 'standard operating procedures' were communicated in-person, in the corridor and with their presence. The situation is very different now; the size of the ministries has increased as well as the expectations of staff and the absence of Sisters. It is only with hindsight that many appreciated how much was being done behind the scenes by the Sisters to sustain good governance and mission.

Having the Appointers only meeting once a year helps everyone appreciate that they have a specific role in the MPJP with the Trustee/Sponsors holding most responsibility. The Chair of the Trustee/Sponsors has regular contact with the bishops who are Appointers outside the annual meeting to inform them of relevant issues.

The role of the Trustee/Sponsors in promoting the mission and helping ministries reflect on new possibilities is noted as a success. The Trustee/Sponsors spent considerable time supporting the Board of Mount Miriam Cancer Hospital in Malaysia as they moved towards discerning that hospice services should be part of their future services. Another recognition of the Trustee/Sponsors role is that they are always invited to significant events at the ministries. This is both a recognition that the ministry is part of a bigger organisation and a recognition that the Trustees/Trustee/Sponsors are the leaders of this organisation. These invitations no longer only come to the Sisters. The Trustee/Sponsors are the recognised leaders of this mission.

The ministries paying the costs of CHCA is working well. When the Sisters were the responsible party, they did not charge the ministries for governance services. The need for ministries to contribute was carefully explained and it is now an accepted practice. CHCA develops a modest annual budget which ministries willingly pay. Every year, CHCA returns to the ministries any unspent money. The returning of unspent funds sends a message of mutual accountability and respect. The ministries also receive a copy of the annual audited accounts; this has aided building trust and confidence in the work of CHCA.

Since September 2023, CHCA has employed a Mission Formation Director whose task includes supporting the formation of Trustee/Sponsors and coordinating with the Mission teams in the Ministries and providing support for their work especially in areas of induction of board members and mission integration.⁵ The CHCA ministries all willingly agreed to increase their financial contribution to employ this position

Successful ministry developments are:

- The CHCA Assisi Hospice has been influential in advocating for a greater subsidy from the government for hospice services across the community. As a result, Assisi had an increased subsidy from the government which will be

⁵ See: Appendix 1. CHCA's Four Aspects of Formation for Mission

implemented in 2025, this has enabled it to expand its home care teams. With 85 beds, it is one of the largest hospices in Southeast Asia.

- The CHCA Mount Alvernia Hospital is growing its acute services having just added a specialist Mother and Child Centre in 2023. In 2025, the CHCA hospital is starting a Mental Wellness department with a focus on the care of young people. Refurbishment is underway to accommodate this huge need in Singapore.
- The CHCA Mount Miriam Cancer Hospital in Malaysia will grow and evolve from mainly cancer treatment towards the urgent need for palliative hospice inpatient care. This is being rolled out over 2025-2028 in order to be sustainable.

MPJP's current challenges

All Trustee/Sponsors complete their roles as volunteers with reimbursement of approved expenses. Most of the Trustee/Sponsors have external employment and attend to their CHCA role in their own time. The amount of time required for the role can fluctuate. During inevitable crisis or strategic review, Trustee/Sponsors have additional meetings, some of which require lengthy discernment processes. Most Trustee/Sponsors took holiday leave from their employment to participate in the week-long CHCA Mission Formation Programme at the FMDM Motherhouse in England. The Chair of the Trustee/Sponsors is recently retired and has the time to attend additional meetings and other work on behalf of CHCA. Singaporean law does not allow charities to pay their board members. At some stage, CHCA may find that relying on volunteers as Trustee/Sponsors limits the range of people who can accept the role to those who are retired or those with the means to not need to work.

The CHCA Statutes require that a majority of Trustee/Sponsors are Catholic. CHCA recognises that given the multi faith and multi-cultural nature of Singapore and Malaysia they needed the freedom to appoint a non-Catholic who understands and is committed to supporting Catholic health care ministry and who brings particular professional skills needed. The allowance for non-Catholics was mainly due to the relatively small number of Catholics in Singapore and Malaysia. For example, CHCA has a Methodist as one of its Trustee/Sponsors. This person had been engaged with FMDM ministries for 20 years and is an active member of their Church. The option of appointing suitable non-Catholics mitigates the challenge of a small Catholic population.

MPJP's current expression of synodality

In recent years, Pope Francis has led the adoption of the term “synodality” to describe a way that the Church can better live out the vision of Vatican II. Synodality can be understood as comprised of expressions of theology, culture, structures and behaviours.⁶

Synodality is not a chapter in an ecclesiology textbook, much less a fad or a slogan to be bandied about in our meetings. Synodality is an expression of the church's nature, her form, style and mission.⁷

The IGSC paper MPJPs in Singapore-Malaysia includes a list of the CHCA's synodal practices. That list includes: intentional listening, relationship building, valuing diversity; a Trustee/Sponsors group and ministries that is comprised of people from two different countries; subsidiarity with the boards of their ministries; and spiritual formation for Trustee/Sponsors.

Another practice of listening and walking together is the invitation of the Ministry board chairs to Trustee/Sponsors quarterly meetings to share their concerns and joys and to share a meal with the Trustee/Sponsors. This has worked very well to build trust and openness. Each year there is a Joint Boards and Trustee/Sponsors mission formation day long retreat with the theme in 2024 being ‘Fraternity’. The morning portion included pairs, then threes, then small groups being facilitated to listen deeply to each other.

CHCA Trustee/Sponsors meet four times a year. All meetings begin with at least 45 minutes of reflection when they listen to each other respond to a text or Scripture or a current reality. In addition, the Mission Formation Director has provided sessions for understanding the discernment process, Franciscan Leadership and to practice deep listening. These sessions, as well as a week of living and working together in the Motherhouse of the FMDM in October 2024, has brought about a genuine community of faith among the Trustee/Sponsors and a better quality of listening and discussion in a true Synodal spirit.

The Trustee/Sponsors have a culture of not rushing decisions. They spend time in prayer and discernment as they grapple with complex issues and major decisions. Another meeting is arranged if any of the Trustee/Sponsors has concerns. The group will keep working through an issue rather than force a quick decision that not all can support. The Trustee/Sponsors take the same respectful and consensus-driven approach with the ministry boards.

⁶ Francis, and XVI Ordinary General Assembly of the Synod of Bishops. *Final Document: For a Synodal Church: Communion, Participation, Mission*. (Vatican: Apostolic See, 2024).

https://www.synod.va/content/dam/synod/news/2024-10-26_final-document/ENG—Documento-finale.pdf.

⁷ Francis, *Address in Commemoration of the 50th Anniversary of the Institution of the Synod of Bishops* (Apostolic See, 2015),

https://www.vatican.va/content/francesco/en/speeches/2015/october/documents/papa-francesco_20151017_50-anniversario-sinodo.htm

MPJP's relationship with other Church bodies

As indicated earlier, the CHCA governance structure of Appointors includes the local Church leaders. As part of the growth and setting up of CHCA, the Bishop's Conference of Malaysia, Singapore and Brunei receive an annual presentation on the status and developments in CHCA. As most of the Trustee/Sponsors have other full-time jobs, these updates are usually provided by the Chair of CHCA and the Sisters. There is much interest in this new form of governance even from bishops who are not directly involved in any health care ministry.

CHCA is not directly working with any other Catholic organisations in Singapore or Malaysia. However, through the ministries and their activities there is contact with the charity and welfare bodies such as Caritas Singapore with whom there are some collaborative activities with the hospital.

A sign of the respect and integration of CHCA within the local Church can be seen in the 2024 Papal Visit to Singapore. The organisers invited every Trustee/Sponsors to participate in the Papal Mass solely on the basis that they were a Trustee/Sponsors of CHCA MPJP.

When the maternity unit at the hospital was considering pre-natal testing, they collaborated with the diocesan canonists and ethicists to develop a policy. This collaborative process was driven by the ministry not by the Trustee/Sponsors and is evidence of a deep and widely held attitude of communication and cooperation between the ministries and the local Church.

CHCA has been most fortunate to have the accompaniment of two Trustees from the St John of God Health Care, Australia. One consultant from Australian continues to attend CHCA quarterly meetings and works with a committee. This is a relationship of international MPJP cooperation.

MPJP's plans/hopes for future

The IGSC paper MPJPs in Singapore-Malaysia includes a list of the CHCA plans/hopes for the future such as promoting CHCA in the local Church; continuing to build relationships with bishops and others in the local Church; providing more formation for the Trustee/Sponsors and progressing succession of Trustee/Sponsors.

As noted in the Country paper, CHCA holds the sponsorship of the only Catholic General Hospital in Singapore. Whilst being a private hospital it is a charity with strong outreach and mission orientated pricing. The Hospice is also a charity and is the only Catholic Hospice in Singapore. In Malaysia, CHCA's cancer treatment hospital is one of three Catholic Hospitals in Malaysia. In both Singapore and Malaysia there are Catholic providers of aged care facilities.

Now that CHCA has largely completed its establishment phase, the Trustee/Sponsors are open to considering request from Catholic health ministry organisations who wish CHCA to sponsor their ministry.

The Trustee/Sponsors value their community of faith as a source of strength and stability. Therefore, formation, relationships, prayer and discernment will remain a major priority.

The Appointor governance structure allows for a smooth transition when the Sisters have completed their mission in Asia and they withdraw. At that time, the remaining Appointors will continue to exercise their role without any need for Statute or structural change. The local Churches and other Religious Institutes will continue to have the role of appointing new Trustee/Sponsors and in the disbursement of assets should any of the ministries have to wind up.

The Sisters who are Trustee/Sponsors reflect that they are not at the centre of CHCA decision-making. They contribute as needed but often find that they do not need to as other Trustee/Sponsors raise points first. The Sisters have great confidence in the long-term future of CHCA.

Conclusion

CHCA is still in its infancy. The major work of ensuring civil and canonical alignment legally with the ministries and gaining the approval of the relevant authorities was completed in 2024 meaning the exercise of its governance role has now begun officially and fully.

For CHCA to keep its eyes on the vision and mission of Christ and express the healing ministry of Jesus, there will be a need for strong, faithful leadership and sound formation for discernment.

There is much in the past performance and current hopes of Trustee/Sponsors to give the Sisters and the wider Church confidence that CHCA will continue to be open to the Holy Spirit and faithful to Christ's mission.

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Appendix 1. CHCA's Four Aspects of Formation for Mission

- SOURCE** refers to the theology of the healing ministry of Jesus. It includes understanding the healthcare system in the different country that the ministry operates in.
- MEMORY** refers to the story of the founding Congregation, the Franciscan's story, the genesis of CHCA as a ministerial PJP.
- VALUES** refers to the Gospel values, the values that shaped the Franciscans and FMDM Sisters, the principles of the Catholic Social Teaching, the moral and ethical thoughts of the Church.
- BECOMING** refers to the ongoing reflection and discernment using a model of right relationship with God, with creation and with each human person - the synodal way.

*Designed by Daphne Leong
CHCA Mission Formation Director
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Appendix 2. CHCA's Catholic Identity Statement



CATHOLIC IDENTITY STATEMENT

"Founded on love & built on love" (Ephesians 3:17-19)

Catholic Health Care Asia (CHCA) is a canonically established ministry of the Catholic Church.

Shaped by the FMDM tradition to conceive, birth and nurture the life of Christ, we live the Gospel by:

- making present the healing ministry of Jesus through compassionate healthcare - journeying with the sick, suffering and dying;
- respecting the dignity of every person, each person and the whole person in the provision of care;
- ensuring we take time for deep listening, prayer and reflection based on love, keeping right relationship with God, people and the whole of creation;
- modelling stewardship and discerning leadership characterised by faith and courage;
- being rooted in Catholic ethical, social and moral teachings;
- being in solidarity with the poor and marginalised;
- enabling Ministry leaders to reflect the mercy and compassion of Jesus in support of our mission; and
- collaborating with partners and stakeholders to build the Kingdom of God.

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