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# Catholic Social Teachings and American Health Care

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This social order requires constant improvement. It must be founded on truth, built on justice and animated by love; in freedom it should grow every day toward a more humane balance.

...everyone must consider his every neighbor without exception as another self, taking into account first of all his life and the means necessary to living it with dignity.

—Gaudium et Spes.

There is a crisis in the delivery of health care in the United States. Far too many are excluded from even basic health services. Millions have no health insurance; millions more are under-insured. Many who do manage to obtain health care do so only by assuming a major financial burden.

## Overview

The elderly, with their special needs, often have extra burdens. In 1989, the basic premiums of Medicare, combined with the deductible amount and cost of medications, took almost 25% of the median annual social security payment of \$6,150. Hence, the typical retiree trying to survive on social security had only \$380 a month for all other expenses, including food, shelter and clothing. Financial independence and adequate health care are beyond the reach of far too many, even the middle class.

We spend the highest percentage of the gross national product on health care of any industrialized country, and continue to have an unacceptable level of infant mortality. We have a life expectancy lower than that of countries who spend one half to two thirds of what we do on health care. The financial

burden of disease and disability during the final years of life often exhausts all savings. It is not unusual for the elderly to be faced with the loss of even their homes. They face their final months or years uprooted from familiar surroundings and separated from community and friends. Social Security *did* offer some measure of independence in the past, but with a widening gap in income levels, periods of high inflation, and especially a rapidly diminishing supply of affordable housing, its benefits are now marginal. When illness is superimposed on these other financial demands, the burden is often catastrophic.

Unfortunately, both major political parties have been unwilling to challenge the conventional wisdom. When Senate Majority Leader George Mitchell was asked in the spring of 1989 about a National Health Program proposal, he replied that:

1. We as a nation cannot afford more for health care.
2. The free enterprise system insures better health care.
3. The current system delivers through high tech medicine a superior level of health care.

None of these statements is patently true. Too many are unserved, underserved, or poorly served. Many other countries spend far less and have comparable or better health care.

Regardless of the political rhetoric, solutions must be found. This is what justice and compassion, rooted in respect for the dignity of all persons, require. Catholic social teaching may supply principles which can guide our actions. It is from that perspective that I will examine the problem.

### **Early Papal Pronouncements**

Papal encyclicals are not only guides for action, but a reflection of the concerns present in the broader society and can be important historical markers. Almost 100 years ago, in the encyclical "Rerum Novarum" (1891), Pope Leo XIII put his emphasis on the importance of property rights. He called for the use of the "power and authority of the law", if working conditions did not provide sufficient opportunity for performing religious duties or resulted in harm to human personality, to morals, or to human dignity. He touched on the subject of health if the laborer became impaired because of "immoderate work". His approach was essentially corrective or retributive, applying only where harm was done. If harm had been done, he called on employers to give limited aid which, he suggested, involved removal of the danger or remedy of the evils of the working place.

There is no indication that Leo XIII saw any type of entitlement to any health care either from employers or from the government. Leo XIII did express concern for the common good and called for the worker to be "housed, clothed and secure." The primary emphasis, then, in "Rerum Novarum" was on the humane working conditions. Leo called upon the workers, not the state, to adapt and meet the changing needs. Rather than giving the state the mandate to provide benefits, the encyclical was

concerned with protecting the rights of the workers to form organizations which then could provide the benefits.

### **Changes in Health Care**

A series of important changes have taken place in the 20th century which are critical in evaluating the issue of health care. Prior to the 20th century, people had access to many alternative modes of health care and retained within their own hands the control necessary. When specific resources are virtually universally available, and particularly if their value is relatively low (as grains of sand on the beach), then no questions are asked. Such was the status of health care prior to this century. Everyone was essentially equal in regard to health care. Access to most health care was not considered something dependent on how advantaged one was.

For a few wealthy members of society, home visits, sick room servants and access to certain (often harmful) procedures, such as bleeding, were available. Such care was limited to a small segment of the population, and primarily in urban centers. For the vast majority of people, health care was not something controlled by the government (like liberty had been in the 18th century). It was not like having economic opportunities thwarted by 19th century industrialism. It was not like bread and potatoes essential for survival. It was not a limited resource, whose absence threatened ordinary existence. For almost all individuals, health care was not limited by the government, the profession, or ability to pay. From the 19th century perspective, the basic means necessary to deal with illness were, such as they were, available everywhere to everyone.

With scientific development and the increased effectiveness of medicine, significant changes in health care occurred. With this has come a perception, accompanied by the institutionalization of health services and the medicalization of many aspects of our life, that more sophisticated health care was something necessary for our general well-being. Modern media and marketing have gone further and have fostered not only this perception, but often false needs and false expectations. Without this entitlement, we often see ourselves impotent and deprived. We perceive that we cannot find in our community, nor by ourselves, nor even by the mutual associations that Leo XIII suggested, adequate or even basic health care. That perception has often become the basis of the reality.

### **Modern Catholic Social Teaching**

In the early years of the 20th century other social concerns, especially women's rights, came to the forefront, but there was not a recognition of a claim of entitlement to health care. The comprehensive *Program of Social Reconstruction* issued by the National Catholic War Council (Feb. 12, 1919) set the social agenda for the post-war years. There was broad input from British and American labor, the British Quaker Employees and Women War Workers. Issues related to health included "such working

conditions as will safeguard health”, occupations for women which were not “harmful to health or morals”, and a “minimum wage” that included “savings necessary to protect the worker and his family against sickness, accidents, invalidity, and old age.”<sup>1</sup> The presumption was that health care was a personal responsibility, and that just working conditions would provide the necessary resources.

In the 40 years following “*Rerum Novarum*,” major changes had taken place, both in social conditions and in health care. *Quadragesimo Anno*<sup>3</sup> (1931) is an important next marker in our historical narrative. This papal document on social conditions still made no mention of a specific right to health care. The document is, in fact, less explicit on health than was “*Rerum Novarum*.” It does, however, recognize social changes and an increased role for the state. It identifies new laws “wholly unknown to the earlier time” which are directed to “protect vigorously the sacred rights of the workers that flow from their dignity as men and as Christians. These laws undertake the protection of life, health, strength, family, homes, workshops, wages and labor hazards...”

*Quadragesimo Anno*, which updated social concerns, still did not speak explicitly of the need to include, in the framework of the social structure, entitlement to health care.

A 1940 American Bishops’ Statement on social problems was no more explicit on health care, but did continue the earlier thrusts. There was at least some recognition that government must begin to play some role, but it was through a subsidy to industry. (The war, of course, interrupted an attempt to influence the implementation of this and other major social programs for another 15 or 20 years.)

Workingmen should be made secure against unemployment, sickness, accident, old age, and death. The first line of defense against these hazards should be the possession of sufficient private property to provide reasonable security. Industry, therefore, should provide not merely a living wage for the moment but also a saving wage for the future against sickness, old age, death, and unemployment. Individual industries alone, however, cannot in each single case achieve this objective without invoking the principle of social insurance. Some form of government subsidy granted by the entire citizenship through legislative provision seems to be a necessary part of such a program.<sup>4</sup>

Thirty years after “*Rerum Novarum*” (1963), Pope John XIII issued the Encyclical *Pacem in Terris*. Contained in it was the first forthright papal statement on the right to health care:

Beginning our discussion on the rights of man, we see that every man has the right to life, to bodily integrity, and to the means which are suitable for the proper development of life; these are primarily food, clothing, shelter, rest, medical care, and finally the necessary social services. Therefore a human being also has the right to security in cases of sickness, inability to work, widowhood, old age, unemployment, or in any other case in which he is deprived of the means of subsistence through no fault of his own.<sup>5</sup>

John Paul II in *Laborem Exercens* continued in the same tradition, insisting on the “primary right of every individual to what is necessary for

the care of his health and therefore to adequate health services.”<sup>6</sup> He has subsequently become more specific, but also has given us a mandate to recognize the broader injustices and to speak out against them:

...a word of hope is awaited to combat illnesses particularly widespread in our age, ...certainly not through the fault of well-prepared men, but because the necessary financing is diverted to ways of destruction, war and death.

Nor is the problem different with regard to some other very grave phenomena of our age. Allow me to point out in particular the problem of malnutrition and underdevelopment. Vast areas and entire populations suffering from poverty and hunger emerge today on the demographic map. While rich nations suffer from metabolic illnesses due to overfeeding, hunger still cuts down its victims, especially among the weak, children, and the aged.

It is not admissible to remain silent and passive in the face of this tragedy, especially when the possible solution can be seen in a wiser utilization of available resources. May your voices join those of all persons of good will in calling upon those responsible in the public area for a more determined commitment to place in the forefront of the immediate and concrete resolution of this tremendous and dramatic problem.<sup>7</sup>

The American Catholic bishops, in a pastoral letter of November, 1981, reaffirmed the basic principles and expanded on them stating:

Everyone has a right to adequate health care. This right flows from the sanctity of human life and the dignity that belongs to all human persons . . . . It implies that access to that health care which is necessary and suitable for the proper development and maintenance of life must be provided for all people, regardless of economic, social or legal status. Special attention should be given to meeting the basic health needs of the poor. With increasing limited resources in the economy, it is the basic rights of the poor that are frequently threatened first . . . . Any comprehensive health system that is developed . . . should use the cooperative resources of both the public and private sectors.

The benefits provided in national health care policy should be sufficient to maintain and promote good health as well as to treat disease and disability. Emphasis should be placed on the promotion of health, the prevention of disease, and the adequate protection against environmental and other hazards to physical and mental health. If health is viewed in an integrated and comprehensive manner, the social and economic context of illness and health care must be an important focus of concern and action . . . . Public policy should provide incentives for preventive care, early intervention and alternative delivery systems.<sup>8</sup>

The American bishops emphasized that these and other principles developed in this pastoral letter were based on their belief in health care as a basic human right, and called for a national health insurance program, which was seen to be a responsibility of the federal government. It called for the provision of a basic level of health care for all Americans. In some 90 years, the papal encyclicals, pastoral letters and papal statements on health care have moved from a policy which recognized a need to avoid harm to the health of the worker, and a retributive approach to the damages done, to a very broad policy involving entitlement for everyone. This includes a mandate that the federal government undertake such a program as its moral responsibility. The pastoral letter emphasized the provision of entitlement for those least advantaged in society.

In an October, 1982 address, Pope John Paul II insisted on the right of every individual to have what is necessary for the care of their health and continued the emphasis of his earlier encyclicals (*Redemptor Hominis* and *Dives in Misericordia*) on the dignity of man:

Your commitment . . . cannot be limited to only professional correctness, but must be sustained by that interior attitude which is fittingly called "spirit of service." In fact, the patient to whom you dedicate your care and your studies is not a nameless individual to whom the fruit of your knowledge is applied, but a responsible person who must be called upon to participate in the improvement of his health and the achievement of his cure. He must be put in the position of being able to make personal choices and not have to submit to the decisions and choices of others.

The appeal to "humanize" the doctor's work and the places where it is practiced is placed in these terms. Such humanization means the proclamation of the dignity of the human person, respect for his corporeality, for his spirit, for his culture. It is your task to seek to discover ever more deeply the biological mechanisms which control life so as to be able to intervene in them, on the strength of a power over things, which the Lord has willed to give man. But in so doing, it is also your commitment to constantly keeping within the perspective of the human person and of the requirements which spring from his dignity. In more concrete terms: no one of you can limit yourself to being a doctor of an organ or apparatus, but must treat the whole person, and what is more, the interpersonal relationships which contribute to his well-being.<sup>9</sup>

### The Current Dilemma

We have moved from a time (the 19th and early 20th centuries) when a right to health care was not even a consideration, to a time (the 1950s and 1960s) when it was assumed by many to be a right. Now in the 1990s, for millions, especially the young and the elderly, the dreams that they would be secure about their needs for health care have faded. Promises, at least perceived promises, have not been kept.

Access to basic health services in contemporary American society is a fundamental human need. Although there is no constitutional or clear legal right, there is, in my judgment, a *derivative* moral right of access to these services. The high cost of health care and associated limited access has resulted in the exclusion of many, often the least advantaged. This creates a major moral dilemma. Societal expectations, entrepreneurial forces, emphasis on high tech medicine and specialization rather than primary health care are some of the major factors that have brought about this dilemma. The health care profession, among others, has defined the needs, and expectations have resulted that exceed resources available for health services. Priorities based on marginal, material and economic values have displaced priorities based on more fundamental human values.

More is asked for us than simply "do no harm". More is asked of us than a faithful, formalistic performance of religious and moral duties. It is clear that from the beginning of Christianity, there has been a call for a preferential option for the poor, the powerless and the least advantaged.

Pope John Paul II emphasized this in his 1979 homily at Yankee Stadium.

Social thinking and social practice inspired by the gospel must always be marked by a special sensitivity towards those who are most in distress, those who are extremely poor, those suffering from all the physical, mental and moral ills that afflict humanity including hunger, neglect, unemployment and despair. . . .

But neither will you recoil before the reforms — profound ones — of altitudes and structures that may prove necessary in order to recreate over and over again the conditions needed by the disadvantaged if they are to have a fresh chance in the hard struggle of life. The poor of the United States and of the world are your brothers and sisters in Christ. You must never be content to leave them just the crumbs from the feast. You must take of your substance, and not just of your abundance in order to help them. And you must treat them like guests at your family table.<sup>10</sup>

Society and especially those involved in health care have a mandate to do everything possible to bring about a reordering of priorities to insure that basic fundamental needs of all members of society are met.

### **A Challenge to Physicians**

Michael Walzer has pointed out in *Spheres of Justice*:

So long as communal funds are spent, as they currently are, to finance research, build hospitals and pay the fees of doctors in private practice, the services that these expenditures underwrite must be equally available to all citizens.<sup>11</sup>

David Smith, in his book, *Health Care in the Anglican Tradition*, continues with the same theme:

. . . within their own frame of reference our medieval forefathers did a better job of communal provision than we do, for they acknowledge in principle a social duty to meet the most fundamental need of everyone.

Then, as now, these needs cannot be met without cost, and one cost, central to the American tradition, will be liberty — notably, in this case, the market of liberty of physicians. Just as the medieval church could not begin to deliver on its social responsibilities if clergy were completely free to function as unchecked entrepreneurs, so some kinds of constraints will be necessary to assure that less-attractive specialties, populations and geographical areas receive adequate medical care. For the sake of need, some trade-offs against liberty are justified.<sup>12</sup>

Those trade-offs may well involve less income and less power for physicians. Critical to the changes will be a reappraisal of professional roles, motives and values. Physicians will hopefully return to a tradition that acknowledges their limits, and that in caring for patients there is a time at which physicians are no longer “healers” but should be “hand-holders”.

### **Foundational Principles**

I am convinced that the principles on which we must base our solutions do not involve abandonment, “not caring” or no progress. They do recognize that a “never say die” attitude may mean entrapment. They do



recognize that with the acceptance of limits there may be more freedom, more opportunity for real community, and less technical enslavement.

The answers arise out of principles rooted in Catholic social teachings which:

1. Recognize that every human being is created in the image of God and because of that has an inalienable dignity and is owed respect.
2. Accept the gospel message implicit in the parable of the Good Samaritan that we are each person's "neighbor". To be "neighbor" is to express love, solidarity and service.
3. Acknowledge the right of universal access, especially for the "least among us", to basic health care, and that it involves entitlement, not charity or the granting of a welfare benefit.
4. Recognize limits that respect the right of equal access for all to the available resources.
5. Remove financial considerations as the basis of decision-making and recognize that in setting employee benefits, compensation should not be set at a minimum allowable level but provide a "living" or "family" wage sufficient to properly maintain a family and include adequate security against both disability and illness.
6. Recognize the importance of community-based identification of needs as the best way to insure fundamental human dignity.
7. Strive for the rejection of entrapment by technical mystique with its abdication of personal control and replace it with the humanization of aging and dying.

Our efforts should be directed at providing adequate housing, suitable clothing, sufficient food and access to basic health care. We should act not only as individuals but, if we truly believe and understand the meaning of Christian social justice, we should become involved in the political process as a healing, caring community to bring about the necessary change.

### **Conclusion**

A major dilemma is that under current patterns of care there is inadequate access to basic health services for too many members of American society. These individuals are typically the least advantaged, and often, because of their standing in society, the most needy. That access to basic health care is, in our contemporary society, a fundamental need which must be recognized. Solutions, which may involve major changes in health care and its delivery, may be necessary. Justice and compassion and respect for the dignity of each person require that we take action.

Such a change will require some modification of the expectations of those who seek entitlement, as well as restructuring of benefits so that more accrue to the least advantaged and less to the entrepreneur.

In our society basic health care is necessary for human fulfillment. Health care resources are finite. Science and technology cannot be presumed to be

capable of totally resolving all human problems. More sophisticated and more advanced technology does not necessarily mean either better medicine or better health.

A just distribution of health care resources is possible only if the reality of limits is recognized by these individuals who seek, those who provide, and those involved in social planning. Those limits, however, should not be ones which exclude anyone from access to basic health care.

A society which recognizes duties and limits, embodies justice and compassion and has a value system which reflects those of the gospel, offers the greatest hope for an answer to the current dilemma.

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