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Catholic Viewpoints: With Reference to a National Health Program and the Wagner-Murray Bill

Alphonse S. Schwitalla

CATHOLIC VIEWPOINTS

With Reference to a National Health Program and the Wagner-Murray Bill *

By ALPHONSE S. SCHWITALLA, S.J., *President, Catholic Hospital Association*

I. A Partial Background

The Catholic hospital of the United States is today faced with many of the problems which confronted the Catholic parochial school during the seven decades of the school controversy if pending legislation issues successfully in new laws. The Catholic hospital is in even greater danger today than was the parochial school in certain stages of the school controversy, since the arguments which are being urged in favor of governmental control of health care and the hospitals have greater weight superficially than the arguments advanced in support of governmental rights and obligations in education. History as well as present legislative trends warn the Catholic at the present moment that courageous and far-sighted vigilance alone can guarantee the continuance of our present Catholic hospital system.

At first sight, it seems that the attempts which have been made during the past twelve years to formulate a national health program have little, if any, direct bearing upon Catholic thinking. The recommendations of the Committee on the Costs of Medical Care, the proposals of the National Health Conference conducted under the Inter-Departmental Committee, the Elliott Bill, and most recently, the Wagner-Murray Bill, are as a matter of fact welcomed by some Catholics as efforts to implement the teachings of some of the great papal encyclicals, in which the duty of government is emphasized, to protect and care for the needy, the infirm, and, especially, the indigent. Catholic advocates, therefore, of social legislation have expressed their surprise when other Catholics express opposition to the legislation that has been developed in various agencies for the alleged promotion of social welfare.

Both in Great Britain and in Canada, differences of opinion among Catholics have been developed through the study of pending welfare legislation. It is, therefore, not a unique occurrence if in the United States similar differences of opinion should be developed among our Catholic people. Whether or not an attempt should be made to define a possible Catholic position must rest finally upon a thoughtful and prayerful study of the elements composing legislative enactments and of the synthesis of these elements in the particular form which social legislation takes. Not only

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conclusions but the premises of an argument must be most carefully studied. The mere fact that social legislation meets social needs and responds to social demands is of itself not a strong enough reason to merit the support of a Catholic. *How* national demands and needs are met and *what means* are employed in meeting them are equally as important to the Catholic, and for that matter to the American citizen, as the fact of the alleged social success of legislation. All of this as applied to and in a national health program, which it is proposed to develop through legislation, becomes more emphatically controversial since it is more difficult by reason of the technical nature of the problems to secure general popular understanding in the health areas than in other social and welfare areas.

II. The Elements in a Catholic Viewpoint

Five elements may be thought of as entering into an attempted formulation of a Catholic attitude on a national health program:

1. The attitude of the Church toward the patient;
2. The attitude of the Church toward disease;
3. The attitude of the Church toward the responsibilities of the physician;
4. The attitude of the Church toward the hospital and hospital service; and
5. The attitude of the Church toward government.

1. *The Church's Attitude Toward the Patient*

It would seem to be consonant with Catholic thinking that in the development of the national health program, the dignity of the individual must be preserved, the spiritual dignity of man as a rational being. This means essentially that a national health program must not deprive the individual of his inalienable responsibility since in the last analysis the degree of his competence to bear responsibility is the final criterion of the level of the individual's development. This principle can scarcely be controverted.

The patient, however, is not only a human being but a sick human being. As such, he may demand and has a right to the sympathy, the professional care, and the charity—in the highest sense of that word—which those in his immediate environment have the ability and capacity to confer upon him. In this dependence upon others, the sick human being must not lose his inherent dignity. Rather, through the ministrations which he receives at the hands of others in the moment of his need, his dignity must be enhanced. For this reason, the care of the sick cannot become impersonal, formal, or routinized lest through impersonal, formal, and routinized care, the dignity of the sufferer should be impaired.

Spiritually speaking, the motives of charity given us by Christ Himself have emphasized the nec-

essity of identifying the patient with Christ Himself, the highest dignity that can be conferred upon man. Ministrations, therefore, to the patient must be such that the physician or nurse or attendant may, on the one hand, see Christ more and more in the patient and, on the other hand, make that patient more fit to be the bearer of Christlike characteristics which he in turn reflects to those who minister to him and in him to Christ Himself. This attitude cannot be regarded merely as an ascetic principle or as a counsel of perfection but according to the demands of Christ Himself must become the dominant and dynamic principle in the life of every Christian.

2. *The Church's Attitude Toward Disease*

Sickness can never be regarded by the Catholic as an unmixed evil. It is for him not merely an incident in the organic history of the individual nor merely the occasion of familial and social inconveniences nor merely an economic crisis. It is or may be all of these, but, for the Catholic, it is an opportunity for supernatural grace derivable from the individual's attitude toward his suffering. This does not mean that the Catholic, merely because he is a Catholic, will welcome sickness or that he is, therefore, opposed to scientific progress in combating disease, but it does mean that the Catholic, if he is thinking in terms of his Faith, cannot view illness as an occurrence which must be combated *at all costs*. Least of all, can the Catholic view illness merely as an economic evil. The Catholic will recognize that, even if the economic inconveniences of illness are removed, there will still remain much in illness which will demand not only legislative interference or social amelioration but also a vast measure of personal responsibility to profit by the opportunities for spiritual development which only sickness can afford.

3. *The Church's Attitude Toward the Physician*

For a Catholic, the important element in the life of a physician is his responsibility. The physician has a responsibility to make himself competent and to maintain that competency; to humbly admit his incompetence in the presence of illness for the treatment of which he has not been prepared and for which, therefore, he may not assume responsibility; to know and to act upon that knowledge in determining the remedies and procedures he employs with reference to a given patient. Standardization, licensure, social controls, legislation, may all help the physician in the maintenance of his competence and of his other responsibilities but, in the last analysis, these social procedures or any others, in even coercive legislation, cannot relieve him of his responsibility as a physician if he undertakes the practice of his profession. Catholic ethics can

never justify a physician in shifting responsibility from himself to his employer in the care of the sick, even if the employer is the government and even if he himself is acting as a governmental agent. In Catholic thinking, the physician's responsibility cannot be measured merely in terms of the provisions of an employment contract, but must be measured by the value of human life and the service which the physician is expected to render in the preservation of human life. In the background of Catholic ethics there remains, no matter what legislation may be formulated, the personal relationship between patient and physician as the only concept that can justify the Church's traditional attitude toward the work of the physician. A Catholic physician employed by a birth control agency, for example, cannot justify a sterilization operation, by insisting that he is merely acting as an agent for his employer, even if that employer should be a governmental agency.

Finally, and most emphatically, the physician's responsibility obligates him in conscience, and not merely "penally." An employment contract, for example, cannot of itself erase his moral obligation.

4. *The Church's Attitude Toward Hospitals and Hospital Service*

The Catholic attitude toward hospitals and hospital service is without question one of the best documented and historically supported features in the Church's life. There can be no reasonable doubt about that attitude. Hospitals were founded in the Church immediately upon the emergence of the Church from the catacombs. Religious Orders and Congregations in great numbers have traditionally devoted themselves to the care of the sick in institutions founded and organized by these Orders and Congregations themselves. The rules of these Religious Orders and Congregations of both men and women have pointed out that the care of the sick is a supernatural work which sanctifies the Religious while it benefits the patient, since in serving the patient the nurse renders a supernatural service and thus performs an act of Religion. The long history of hospitals in the Church affords incontrovertible evidence of the sublimity of the work of nursing in the eyes of the Church not only with reference to the social implications of hospital activity but also with reference to the implications for the individual Religious who carries out his or her commitments under vow to strive for spiritual perfection through the care of the sick. Time and again the Church has suffered and bled in the defense of her right to care for the underprivileged, the indigent, the injured, and the sick in institutions such as our Catholic hospitals of today which combine in their organization and administration such diverse activities that they may well

be thought of as instituted for meeting the needs of the most diversely afflicted groups of mankind. The Religious Orders and Congregations engaged in hospital work in our country today have, therefore, looked upon themselves as giving a service which is peculiarly expressive of the mind and heart of the Church. No sacrifice has been spared in the expenditure of hundreds of millions of dollars to make the attitude of the Church with reference to the care of illness intelligible to the nation and effective in the national betterment.

5. *The Church's Attitude Toward Government*

The Catholic attitude toward government views government as the servant of society permitting the individual citizen the fullest degree of self-realization consistent with the rights of others and protecting the individual in instances of conflict among individuals. In Catholic thinking, therefore, the measure of the government's effectiveness will necessarily be the extent to which the individual can maintain his liberties and his rights within the necessary restrictions of governmental statute and law. An unwarranted extension of governmental powers and governmental interference lowers the dignity of the individual by depriving him of legitimate freedom in the exercise of his responsibility and thereby substituting for his responsibility the coercion of an unjustifiable law. In Catholic thinking, government should have a minimal rather than a maximal effect. Hence, too, government will be ready to assist those who cannot be responsible for themselves or who lack means to exercise that responsibility. It will never force its assistance upon those who have the capacity and the means to carry their responsibilities for themselves and their dependents. The measure of a man's need only will be the measure of the government's subsidy and such a subsidy will leave untouched and unimpaired the self-respect of the individual. The principle of minimal interference by government must here become operative and the government will refrain from interference where personal initiative and self-realization can effect the results required by a national or a personal need.

III. Catholic Viewpoints and the Wagner Bill

It is deemed highly probable that most Catholics will accept without much controversy the viewpoints which have been here presented. Controversies will, however, develop as these viewpoints are applied to a particular proposal for meeting the alleged need of a new national health program. Whatever may be the points of such controversy, it is still probably true that it is difficult, if not impossible, to harmonize Catholic thinking as here underlined with

the philosophy, especially the ethics, of the health provisions of the Wagner Bill.

1. *The Patient in the Wagner Bill*

The tendency of the Wagner Bill is to make citizens more and more wards of the Federal Government. There can be no doubt but that this projected legislation is definitely paternalistic in its trends. The Bill substitutes for the traditional and highly effective voluntary system of health care, a concentrated, unified, and coercive system of health care. The coercive element is, of course, most objectionable as it forms a threat to the individual's responsibility and hence to the maintenance of his dignity.

Moreover, through the provision which the Bill makes for hospitalization of the sick, it makes all those who even in voluntary hospitals serve the sick equivalently agents of the government. It entrusts the standardization, the control, the administration, the supervision of health-caring institutions to a governmental agency. It thus endangers that intimate and personal relationship between the patient and the members of the health-caring professions. It substitutes for this relationship the impersonal, formal, and routinized attitudes of agents of the government to the wards of the government. Such thinking is not only a menace to the Catholic hospital but destructive of the Catholic attitude toward the patient. It might be contended that true Catholic thinking, charity, and zeal would overcome even such obstacles to spiritual influences. Nevertheless, even a very recent example of governmental attitudes is a warning to Catholics, since one of the governmental bureaus responsible for the health and hospitalization care of thousands of our citizens is attempting to segregate the religious interests and care of the patient as an unremunerable element in hospital care.

By implication, too obvious to require extensive discussion, the Bill reduces the dignity of man as man by reducing a man's responsibility for his own health care and the health care of those depending upon him. It does so under the semblance and guise of social security in periods of illness, a particularly dangerous guise since the fallacies in it are very difficult to detect and even more difficult to refute and expound. This is true, because the subject matter with which the Bill deals lies so largely in the area of the intangibles of life. In the Bill, illness is all too casually equated to unemployment and to old age, since for all three, fundamentally similar provisions have been made and all three are treated as if they were equally and comparably merely economic threats.

2. *Disease in the Wagner Bill*

It has already been pointed out that disease in the Wagner Bill is

regarded as a factor which derives its significance for national life from the national economics. The implications of the Bill are akin to the thinking of those who view illness as an interval between economic and social uselessness and restoration of the patient to economic and social usefulness. There is room in this thinking for very little of the idealism associated with illness nor is there a recognition of the demands which illness makes upon the highest moral qualities of the patient and of those associated with the patient. If it is countered that the ideals here suggested cannot be translated into legislative enactments, the answer is, why, therefore, attempt to translate relief for the least significant feature of illness into legislative enactments, particularly if such enactment by implication denies the validity of ideals. The Bill through its coercive measures forces the nation to step down from a level of personal responsibility of its citizens to a level of legislative responsibility for health and hospital care.

3. *The Physician in the Wagner Bill*

The physician in the Wagner Bill becomes, frankly and openly, an agent of government, an employee of government. The choice of the patient whom he is to serve, the method by which he approaches the problems of the patient, the education through which he prepares himself for his profession, the relationships which he maintains with other agencies, all these and their implications are henceforth to be subject to governmental regulation. The freedom of the profession is to be sacrificed, thereby re-defining professional responsibility and effacing effectively the distinction between the personal services given by a professional man and the impersonal services given by any other employee. Hours of service will, no doubt, be defined for the physician as they have already been defined for other employees. Fiscal arrangements will favor the development of attitudes characteristic of commercialism. Controls will be exercised over medical practice as much as they now are over an industrial plant. As the dignity of the patient is sacrificed, that sacrifice will mean also the sacrifice of the physician's dignity and of his elevated ethical responsibility.

4. *Hospital and Hospital Service*

In the Wagner Bill, the hospital, even the voluntary hospital, which desires to participate in the national health care under the Act becomes equivalently an agency of the government. A governmental official is given authority to place individual institutions upon lists of participating hospitals. He is given authority to withdraw names of institutions from such lists if the supervision which he is authorized to exercise reveals to him the necessity or desirability of such

withdrawal. A governmental official is directed to make findings of fact and decisions as to the status of any participating institution with reference to standards prescribed by that same governmental official. He is given authority to write the rules and regulations governing participation. He determines the extent and value of laboratory benefits; he is given considerable power in defining the duration of hospitalization and in determining the fitness of the hospital for giving hospital care. Under the law he fixes the remuneration which the hospital is to receive for the period of hospitalization.

It seems unnecessary to call attention to the contrast between the hospital under such a regimen and the hospital under a plan of individual and voluntary initiative. Equally unnecessary is it to call attention to the contrast between the meaning of hospitalization as developed under these legislative enactments and the meaning of hospitalization as developed from the viewpoints sketched in the first part of this presentation. As participating hospitals fall more and more under the sway and control of legislative provisions, it may be easily foretold that they will yield more and more to those economic pressures which of their very nature are subversive of the idealism and the spirituality which must be characteristic of the Catholic hospital which is worthy of its name.

5. *The Government in the Wagner Bill*

In the Wagner Bill, the government is given exclusive, dominant, and coercive power over the health care of the nation. We have already seen that the government makes itself responsible for medical practice in favor of wage earners; through the public assistance program, it claims responsibility for the health care of the indigent; it provides for future amendments to the present Bill, permitting the extension of government domination over the professions of dentistry and nursing and the auxiliary medical professions; it determines the individuals who are to be general practitioners and who are to be specialists and thereby substitutes itself for those control agencies, voluntary in character, which have traditionally supervised medical practice and the practice of the auxiliary professions. The government sets itself up as an educational accrediting agency since, while it recognizes the assistance of the supervising groups over the professional schools in the health field, it still makes a governmental official responsible for the application of recognized and accepted standards to the schools of medicine. All of this is done without in any way indicating the need for such a vast extension of governmental responsibility. There is apparently no sound reason why all this is necessary. If the accepted system had broken down at

even one significant point, there might be justification for the creation of a dominant governmental plan. What seems to have happened is rather this, that under the present emergencies when government must be dominant in so many areas, the opportunity is being seized of extending governmental domination into all areas not as yet brought under complete governmental power.

IV. Recommendations for a Health Program

It has been repeatedly said that Catholic thinking leads to criticism of proposed projects designed to meet the changing needs of society but that Catholic thinking is barren of creative results. This criticism cannot be justified; nevertheless, it continues. Criticism of proposals may, in a given instance, be a most important and fruitful public service.

If the challenge is presented to Catholic thinkers, however, to develop a program on the basis of Catholic principles, that challenge should by all means be met. This must be done not by compromising a truly Catholic principle but rather by devising the program in such a way that it is entirely consonant with Catholic principles.

What follows is not intended as yet to be a fully comprehensive system of national health care based on Catholic principles. It is intended, however, to present elements which are indispensable in a comprehensive program.

1. The individual's responsibility in health care must be increasingly emphasized. This must be done by developing more weight in the public opinion concerning the achievement, the effectiveness, and the success of the present voluntary system, both in dispensing medical care and in giving hospital service.

2. The economic phases of illness must be de-emphasized, in order that a more correct and comprehensive view of illness may be developed in our nation than that which has been developed through the too exclusive emphasis upon the economics of illness and the costs of medical care and hospitalization. In this same connection, the spiritual values of illness should be given increasing emphasis and the people should be made aware of the truth of the statement that illness is an opportunity for man's self-realization. All the more is this viewpoint valuable at this moment of the world's history when, despite the all but incredible developments of medical science and medical art, illness is not completely and entirely preventable.

3. The partnership between the voluntary agencies and government agencies in health care must be progressively emphasized, particularly through legislative enactments, provided, however, that that partnership be viewed as a true partnership and not merely as a cooperative effort in which the government is dominant.

4. The principle of prepayment against the costs of eventual illness must be accepted and plans developed to encourage each individual through such prepayment to make preparation against the hazards of illness. Prepayment insurance systems on a voluntary basis providing income for the various contingencies arising out of illness cannot but merit the support of every thinking person. It would not be contrary to Catholic thinking to encourage a government mandate requiring wage earners to provide for themselves and their dependents through some form of insurance and such provision might even be made a necessary condition for employment. But the method of that insurance should still remain the free choice of the wage earner who makes the prepayment. The prepayment funds belong to the wage earner, and he should be allowed the determination of what he desires to purchase with his prepayment. It is dangerous in the health area to treat prepayment against the hazards of illness as a tax, no matter what may be thought of a similar procedure regarding prepayment against the hazards of unemployment and old age. If regulation of voluntary agencies accepting such prepayments is required to protect the nation, such regulation, if effective through wise laws, cannot but merit the support of our citizens. The responsibilities of the physician must by all means be safeguarded as one of the essential basic elements of human society. Those responsibilities must be conceived as having an ethical and not merely a scientific or an economic implication. Prepayment plans for medical care, if carefully planned and so devised as to make it possible for the physician to carry out his ethical and his other professional responsibilities, should again be supported and encouraged.

5. The Catholic group of citizens should give hearty support to the Federal Government in its efforts to extend both governmental and voluntary hospital and medical care systems into areas in which needs are recognized. Inducements should be offered to physicians to seek less favorable areas for their practice but these inducements should in no way limit the liberties of medical practice and the ethical responsibilities of the physician.

6. The Catholic Sisterhoods should be strongly encouraged to accept hospital responsibilities in the many areas in which a need is known to exist, areas in which our Catholic Sisterhoods, as shown by their past record of achievement, can successfully develop hospitals at costs within the limited resources of less-favored population groups.

7. In the projected extensions and re-distributions of hospitals, health facilities, and health-caring personnel, the best and most deeply appreciated features of existing systems should by all means

be retained; such features as the personal relationship between patients and physicians, the freedom of the patient to choose his physician and his hospital, the rights and responsibilities of private health-caring agencies, features which are found to be fully consonant with Catholic thinking, while alternatives to these features have in many cases merited the fully justified opposition of those who are entrusted with the health care of our people.

8. The government as well as private agencies, particularly our Catholic agencies, must recognize the obligation of society and not merely of the government to give health care in all its forms to the indigent. Catholic thinking cannot endorse a monopoly of indigent care as vested in the state or Federal Government. Catholic agencies cannot be encouraged, conformably to Catholic thinking, to shift all responsibility for the indigent to the hands of government. The Catholic Sisterhoods and Brotherhoods, conformably to the letter and spirit of their rules, must jealously guard their right to give unremunerated care to the sick poor, and must find in such care the realization of their religious ideals and the fulfillment of the purposes of their various Institutes.

(To be concluded.)

THE FAMILY DOCTOR

By JAMES T. NIX, M.D.

The Family Doctor, day by day, year after year, becomes as another relative. In close communion he enjoys confidences, shares pleasures, divides grief. Between his life and his patient's, accurately and closely, a beautiful tapestry is interwoven on a background of black and white—sorrows and joys. Superimposed on this background and blended into the scheme, are all shades and variations of color and light. Threads of gold and silver, of red and blue, of orange and green, of purple and rose, form a pattern as beautiful as it is intricate, as varied and complete as the human emotions it portrays, as sacred as life itself. This *is* a pattern of life—your patient's and yours.—JAMES T. NIX, M.D., in "A Surgeon Reflects."