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The Right To Health—A Synthesis

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The right to health care in our impersonal, highly technological, pluralistic and secular society is demanding a response that will bring hope and help to the impoverished and unserved humanity in our own country and in our one world. In proposing responses or guidelines, a Christian essayist must recognize that sincere humanists, both theists and non-theists, are searching for convincing answers and also for the means of effective and positive action in this

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urgent sphere of human life. The response by those of the Christian belief must be in a this-worldly, temporal language which can speak of programs that will be fruitful for our present life (and we believe by our active participation will accrue benefits for the afterlife). Contemporary man must be convinced that Christian principles and actions must make a difference in human life, if they are to motivate man's actions in a broad spectrum of our society.

We propose, therefore, as our thesis, first that man has the right in our present society to health, to health care and services, and to such other related rights that persons require for dignified living; and second, that these rights demand action and implementation here and now, without which realization the first thesis would be deceitful and hypocritical.

Health is not just a commodity of the market place. It is a certain quality of life that is sought for and received through an accommodation to the forms of nature and the exigencies of

daily living. It is an evolving regimen of voluntary and later often habitual response to full living by a whole person relating to other persons, not merely a conditioned reaction to his environment. The World Health Organization defines health not merely as the absence of disease but as a state of complete physical, social and moral well being. Health must be one of our prime needs, because without it, a human being cannot function adequately to achieve social, moral and material values in our intricate and inter-related society. In this sense health is a "good" that involved a multitude of different kinds of "goods".

"The private good" is the welfare of the individual.

"The common public good" is the welfare of natural societies.

"The greatest good" is the ultimate or highest good.

Health must not be considered as a private good, as an individual personal value. We do not live in a vacuum, but in personal relationships with other human beings. "It is not good for man to be alone." Today our society¹ with its impersonal technology overwhelms and isolates man, and this alienation leads to a sense of loneliness rather than communion and community. The difference in our relationship to a thing or to a person is a vital distinction. A thing cannot take *me* into account. A person is one who is able to respond to *me* and to enter into a sphere of communication. With this mutual revelation and self-giving, a genuine relationship is achieved and we live humanly, not only chemically and biologically. Health, too, is a function of a person in a community. To be isolated is to die. Health involves society, indeed it involves the whole world, certainly in this era of

instant communication, mutual interdependence and economic necessities.

Why is health as so defined with its related values, a right rather than a privilege? It is a right only because of the prior absolute right of the inviolability and sanctity of all human life. This natural law has been affirmed in our legal statutes. In our Judeo-Christian civilization and more immediately in the United States. Law is based on the reverence and primacy of human life. Only self-defense can justify the taking of another's life (although, in certain circumstances of minimal threat or attack, this may seem remote).

The moral and legal principle which is second only to the sanctity of human life is the law's respect for the rights of owners of property. This law in our competitive society is productive of increasing tensions, particularly with the recognition of the existence of extensive poverty and hunger internationally and even in our own United States, the richest and most prosperous country on earth. The law seems inhumane when it is invoked to justify the rights of those with an excess of property to retain their property against those with minimum and inadequate necessities of life. Property expresses possessions and rights without which living would be intolerable. Yet many of us, having accepted the principle of the right to property cannot, or do not, accept that it should be equally applied to all humanity so that there is some sharing of the world's material goods and values. The United Nations, our own government and almost all governments of the "Have" nations support this right in principle. Lester Pearson² stated in the "Report on International

Development" — "Despite the complexities of the problem, the simplest answer to the question is a moral one: It is only right for those who have, to share with those who have not".

Our entire society^{3,4} shares in the failure to be concerned with the rights of our brother men who lack the availability of the minimal possessions necessary for dignified human living. This indictment includes the United Nations, the United States, the Church and ourselves. The extent of poverty, starvation, and lack of health care, twenty-five years after World War II, is unchanged. According to the World Health Organization, seventy percent of the world is still starving and has none or minimal health care. There's money for war, for space exploration, for the preferences of the affluent, but neither money nor incentive to cope with the pressing social needs of our society.

Is the United States altruistically involving herself in international affairs in our war-torn and poverty stricken earth, or is she protecting the status quo and her own national material and economic supremacy?^{5, 6, 7} Msgr. Ivan Illich⁸ states, "The failure of American policy in the 'Third World' is related to the failure to win the hearts and the minds of the poor by an outpouring of money, that Americans perceive as an expression of heroic generosity. The war on poverty, (and poor health can be added), must mean the integration of the underprivileged into the mainstream of life."

Gannon⁹ reported that the Black Community, on invitation, told the Maryland Province of the Jesuits their recommendations to the Society.

They said:

1) If you wish to change the institutions of American society, you don't need an ear for 'soul' music, but a social conscience. You, in your schools, must plant this conscience where it can be used to move the Power Community, because your Society has the power, the money and the influence.

2) It is difficult to understand why a group as powerful as the Jesuit order (and by implication the Catholic Church), has had no significant impact on racism, on racial oppression, and on the problems of the Black people.

3) The real cause is not personal, individual oppression. It is institutional in nature, all kinds of institutions, economic, educational and religious.

4) To the Black man, law and order means "keeping the black man in his place".

The Bishops of New York State¹⁰ in their Advent pastoral of 1969 stated, "that there is growing bitterness and resentment in our country to the presence of the nation's thirty million poor among us."

On a continental level, the Bishops of South America¹¹ assembled in Medellin, Colombia for the second general session of CELAM, asked the Church to separate herself from the establishment so that she may be free to criticize social and political structures and champion the needs of the people. They stated, "Peace in South America is not merely the simple absence of violence and bloodshed. The oppression of power groups may

give the impression of law and order, but it is nothing but the continuous and inevitable seed of rebellion and war".

Dom Helder Camara, Archbishop of Recife in Brazil, summarized this state of affairs in his latest book "The Church and Colonialism".¹²

Is this why our non-affluent people especially in Latin America feel resentment when they see the Church, here and now, not as the active and effective champion of the poor, of the minorities and of the unserved?

Are not our own personal concepts such that we think that the poor "don't try hard enough", or that the uneducated and underprivileged don't apply themselves adequately to develop skills so that they can get good jobs?

Abbe' Depierre is quoted in *The Catholic Avant-Gard*¹³ as follows: "As a peasant, I have felt the stifling weight of contemporary individualism. The application of Roman law to the notion of property has supported it until there is hardly any communitarian effort in the villages any more, and less and less disinterestedness and prayer in work. The law of 'mind my own business' reigns supreme. The spirit of charity has gone. Individual salvation! What egoists Christians are! We tend to be unconscious of what does not personally touch us."

It is probably also true that this state of affairs has resulted from the widespread failure of belief in the Christian church and its discipline.^{14, 15, 16} We cannot think our faith in a way for which we are unprepared. The great issues of faith and morals are remote from our lives except in moments of crises.

With these oversimplified criticisms of our society and our Christianity, how then can we bring about economic and political changes both rapidly and effectively?

Legal and lawful solutions to the problems of more equitable distribution of wealth, of health care and health services, and of eradication of racial and religious prejudice are not simple, or perhaps not even legally possible. The efforts of the "Welfare State" in legislating Social Security, Minimum Basic Income, Medicare and other Medicaid programs of even inadequately trying to eradicate poverty and despair, are not the answer, although helpful. Our youth, our college students, the poor, the unserved, the black, are revolting against the status quo. They see our system of American life as racist, counter-reform, militarist, and affluence-dominated. The rejection of authority and law and order¹⁷ and the espousal of violent revolution are primarily justified as opposition to unjust laws and/or unjust administration of justice. The non-radical majority fear that the level of law enforcement today may not be sufficient to maintain that degree of order in society which permits the vast majority of the populace to conduct their lives with a certain degree of tranquility.

Drinan¹⁷ has said that "Obedience to the Unenforceable" is the cement by which society is held together, i.e., there are uncounted moral imperatives to which contemporary man gives obedience. If the majority do not give assent to a body of moral principles, even a police state will not work. It appears, therefore, that one must conclude that vigorous law enforcement designed to retain law and order, has diminishing returns and tends to be self-defeating. Such law enforce-

ment designed to prevent disorder tends to create a feeling of despair that society can be governed principally by love, rather than by the threat of law and punishment. That law and order are inseparable and that peace is the fruit of law and order is an oversimplification. Often we do not prefer law and order, even if just, if it does not agree with our aspirations or prejudices. As President John F. Kennedy said, "Those who make peaceful revolution impossible, make violent revolution inevitable."

Reuther¹⁸ has clearly reviewed this issue. The radical groups experience their relationship to society as alienated and intolerable. These groups cannot communicate with the rest of society. They remove themselves from the mainstream of daily living — polarization rather than communication —. They demand a total commitment of their own members. They want a total victory over all evils and failures of society whether poverty or disease or environment. They demand what is not possible within the bounds of our daily existence. They do not accept a present available life that is wholesome enough to be useful and good, as distinct from their present condition which may be intolerable so that they are hardly living humanly at all. Yet, this radical stand and action has indeed established a position which is motivating significant areas of society. They have awakened a group who can hear their message and yet also have the wisdom and talent for mobilizing a larger segment of society. We must find a basis of agreement that can effectively represent a truth that is sufficiently realistic to allow a present option. The late John Courtney Murray, S.J.¹⁹ in "We Hold These Truths" emphasized that in our plural-

istic and democratic American society, acceptance of law is possible if the cause there are, and must be, enough wise and good men to guide the law makers in the enactment of laws of a certain high moral quality.

This is happening today and we must understand and sympathize with that option so as to motivate a majority of people to see their fuller human life lying on the side of change. This represents, at least in our lifetime, the difference between life with hope, and life with despair.

Hopefully, we have shown the general theme to be that health, health care and services are a right of all people in our present society. As previously explained, health involves a total living including such other rights as are essential for dignified human living, e.g., freedom from poverty, racial and religious equality, and such material goods that make for human dignity. Progress toward such a program is being slowly but hopefully accomplished.

The final issue and perhaps the most crucial issue to physicians is the obligation of the medical and paramedical professions to relate to this problem and to render comprehensive medical care to that segment of our society, presently being deprived. What can be done or is being done to effect delivery of medical care? It is not just the physician's services that are involved. A program must be evolved that is directed to the total living of a whole person and necessarily extended to all in the interests of providing each with the capacity to function in an inter-dependent society.

Many countries have national programs of health care service. In the United States, the medical profession and especially the AMA, have espoused programs with the ideal of maintaining the private practice of medicine. It is unquestioned that American medicine gives the very highest quality of care to most of those to whom it is delivered. It is becoming clear that there are significant and large segments of our people who are not receiving the dignified minimum of care.

Significant laws have been legislated to implement medical care.²⁰ Medicare and Medicaid as has been mentioned, have been helpful in rendering care to the mentally ill, the aged and the indigent in spite of great financial expense and the difficulties of medical personnel shortages, methods of implementation and other problems.

Two other important Federal laws have been enacted. Public Law 89-749 (C.H.P.) provides for comprehensive health planning by providers (medical profession), and consumers (patients and public), for regions, metropolitan areas and other local areas. This will coordinate all existing and planned facilities, services and manpower in the fields of physical, mental and environmental health. Priorities will be based on local needs rather than preconceived national goals. This planning is strategic and not operational.

Public Law 89-239 (R.M.P.) legislates for arrangements between medical schools, medical centers, hospitals and institutions on a regional basis for the control of heart disease, cancer, strokes and related programs. It is operational planning and investment to achieve a specific set of objectives and thus accelerate the means of providing comprehensive health care.

New York State Department of Mental Hygiene²¹ has emphasized the necessity of specific and concentrated delivery of services to populations that are unserved. They instructed County Mental Health Boards in New York State, that the annual budgets of the Community Mental Health Services for 1969 and thereafter, will be selectively approved for State aid and support only if they emphasize support to populations that are underserved. They also stressed that a unified system of Mental Health services and Mental Retardation services will be a pre-requisite. This will insure continuity of care and delivery of service to these people of high risk and special populations, i.e., socio-economically disadvantaged, the seriously mentally ill, the aged and those addicted to drugs, alcohol, etc. This is being effectively implemented in many counties, certainly in our local county, Nassau, New York State.

Sister Marcella Anne Hannon²² concluded from her study of four Nassau County communities that:

1) "People with more adequate income have better health and better health care, better jobs, more education and more stable marriages; *but even at the same income level*, poverty area residents have more problems than those outside."

2) "The poor see health as necessary to get an education or hold a good job."

3) "Incidence of serious illness among the poor is two to three times higher than among any other population group."

It is definite that the poor must receive better health care and this is their right in justice as well as charity.

Is this invasion of medicine by government a necessary intervention because we physicians have not established reasonable goals for the medical care of our people, and have not established adequate programs so that government now should take over duties and responsibilities that belong to us? The consumer is critical of the inability of our system to deliver health care in ways he wants and at prices he can afford.

As a dedicated profession conscious of her dignity and responsible role in society we must not neglect our obligations and continued role of service in our own fruitful evolution. R. Audrey²³ in the "Territorial Imperative" has shown that failure of defense of their sphere of activity in the animal kingdom leads to domination by rival herds. Pollard²⁴ emphasized a similar relation in the medical sphere, "Any correction and any changes must come from within the medical man for the protection of his territorial medicine."

While physicians have feelings of great responsibility for the individual patient, we have not understood our responsibilities beyond this.²⁵ The social and quantitative aspects of medical care are very important. If we do not plan for effective shifts in our attitudes, other planning leaders will do it for us, possibly by less effective, less efficient and less acceptable methods. Today State and County medical societies and the AMA tend to relate primarily to aspects of medicine that are concerned with medicine as a practicing profession. The impact of federal legislation on the established quality and quantity of medical practice as well as the costs of such extensive care programs is an anxiety to government and to the medical profession. Even in our affluent

society it is a question of how much our peoples can be taxed to support such programs. There are few doctors who do not find themselves already overloaded and over-extended. How can we serve the unserved?

The AMA at its Clinical Convention in Denver, 1969, has outlined an action program to provide leadership in the nation's effort to improve health service to the poor. It emphasizes personal and community efforts including the involvement of the local Medical Society, community hospital, medical groups, etc. Medical care of the poor and unserved must not be disassociated from the over-all health program. Our rapidly changing social forces are demanding and desiring that their health care be equally, not quality but separately, rendered. As shown by Duff and Hollingshead²⁶ in "Sickness and Society", we must avoid the division of society into classes that often leads to impersonal and less responsible care for those of a less affluent and lower social stratification. These patients especially in our large medical teaching and research complexes may get a "committee" treatment and routine care by the house staff and a non-personal physician. The interesting and problem cases receive excellent care, but not the average "routine" patient. Both physicians as individuals and the entire medical profession as a whole will have to change, perhaps radically and rapidly, to effect the revolution that our society demands to be achieved. Health care is their right morally, and now legally.

The scientific world has been focusing on acquisition of knowledge, on medical research and on technological progress. It has been hoped that this "objective" material progress would be

the basis for human fulfillment and happiness. Success has fed man's anxiety rather than allayed it. The image of modern man is intellectual competency, self sufficiency, but dehumanized and fearful. Man is contingent, not self sufficient. Our plans are often dependent on things and other persons and we experience an uncertainty beyond our control. It is now clear that material and scientific progress has not been successful on an international, national, or even an individual level. Man must find some other unifying principle and motivation to effect human satisfaction.^{27, 28} Our separate ambitions and aims can divide and frustrate us. Man is a "Responder"²⁹ and human action presupposes an interpretation of what is going on and what are the consequences. This means our evolving an ideal of personal wholeness that we continually re-evolve as we live. The great increase in population, the interrelationships of each individual as a result of instant communication, the constant criticism of our institutions and moral codes make it urgent for the individual to find his place in society and make society, his responsibility.

Teilhard de Chardin²⁹ has captured this sense in his "Building the Earth." "The time before us is now, if we would not perish, to build the earth." We must have a passionate concern for our common human destiny. Its energy is our love for one another in community. This love will build the earth so that we will fulfill the human. This is not a secularity that denies the natural-supernatural distinction but emphasizes that through the "Incarnation", everything is sacred.

Religion and Theism are not an option or a strictly individual intuition, but represent the collective

experience of all mankind of the existence of God. God is present to His creation, and has laid down laws to aid man's fulfillment of His plan for the earth. Our recognized realization of His presence in our midst is the ground of our personal union with one another. God's love is the root of our love and it must be love and not fear that reigns.

As physicians, we realize that, in our present state, we must suffer. As William James said, "Life is a muddle and a struggle", but we must have hope that the future can and will be better. This demands that we must plan and work to fulfill this hope or give place to despair. As Christians and as human beings, we can see that we must achieve this. Yet it is not simply by our acquisition of data and knowledge but by implementation based on confidence and faith in the future. What a man believes controls his development.

Evolution is in our hands and perhaps more than we think. We are the processes and can influence our direction and not be merely observers. Mankind is God's culmination of creation so far as we can know at this period of history. As Chardin states, "The figure of Christ as realized in the Christian consciousness is so far the most perfect approximation to a final and total object toward which the universal human effort can tend without becoming wearied or deformed." In our love for our fellow man, we can direct the future of medicine with the only motivation that can not exhaust itself. We may think we work alone, but there is often an unconscious but always effective hope and faith that forces us to be more than we think, to become all that we can be.

REFERENCES

1. Johann, *Building the Human*. (Herder & Herder - 1968)
2. Report of the Commission on International Development Headed by former Premier of Canada, Lester P. Pearson. (Praeger).
3. McLoughlin, Ecology of Hunger. *America*, Pg. 414, Nov. 8, 1969.
4. De Castro & Grenier - Manifesto for the Third World. *Cross Currents*, V18 #1 Pg. 1 - Winter 1963.
5. Weaver, How to Stay The Richest Country in the World. *Commonweal*. V90 Pg. 67, April 4, 1969.
6. Segundo, Has Latin America A Choice. *America*. Pg. 213, February 12, 1969.
7. Bishop & Elmer, Gringo Manifesto. *Commonweal*. Pg. 334, Dec. 12, 1969.
8. Illich, Violence, A Mirror for America. *America*. Pg. 568, Apr. 27, 1969.
9. Gannon, What the Black Community Wants. *America*. Pg. 558, Dec. 6, 1969.
10. *Commonweal*, Editorial. Pg. 395, Jan. 9, 1970.
11. Abalos, The Medellin Conference. *Cross Currents*. V19 #2, Pg. 113, Spring 1969.
12. Dom Helder Carmara, *The Church & Colonialism*. Dimension Books.
13. Domenach & Montvalon, *The Catholic Avant - Garde*. (Holt-Rinehart-Winston - 1967).
14. Rexroth, On Making Christianity Habitable. *Commonweal*. Pg. 199, Nov. 14, 1969.
15. McCormick, New Morality. *America* Pg. 769, June 15, 1968.
16. McCormick, Christian Morals. *America* Pg. 5, Jan. 10, 1970.
17. Drinan, *Democracy, Dissent & Disorder*. (Seabury Press - 1969)
18. Reuther, The Radical and the Mediator. *America*. Pg. 521, Nov. 19, 1969
19. J. C. Murray, S.J., "We Hold These Truths".
20. Symposium: Factors that will shape Health Care Delivery in the '70's. *Hospital Progress*. Pg. 64-79, Oct. 1969.
21. N.Y. State Dept. Mental Hygiene Memorandum. 68-19, Sept. 30 1968
22. Sr. Marcella Anne Hannon, C.I.J., Mercy Hospital, Rockville Centr. N.Y., Community Health Study, Health Needs of 4 Nassau Co. Communities, Sept. 1969.
23. Audrey, *The Territorial Imperative*. Dell Publishing Co. 1966.
24. Pollard, The "Territorial Imperative" of Medicine. *Annals of Internal Medicine*. V71 #2, Pg. 407, Aug. 1969.
25. Shannon, Medicine, Public Policy & The Private Sector. *N. E. J. Medicine*. V281 #3, Pg. 135, Jan. 17, 1969
26. Duff & Hollingshead, *Sickness and Society*. (Harper & Row - 1967).
27. Hitchcock, Christian Values and a Secular Future. *America*. Pg. 155, Sept. 13, 1969.
28. Lynch, Psychological Man. *America* Pg. 635, Nov. 25, 1967.
29. Teilhard de Chardin, *Building the Earth*. (Dimension Books - 1965).