

February 1984

A New Health Care Initiative Within the Church

Robert L. Walley

Follow this and additional works at: <https://epublications.marquette.edu/lnq>

Recommended Citation

Walley, Robert L. (1984) "A New Health Care Initiative Within the Church," *The Linacre Quarterly*: Vol. 51 : No. 1 , Article 11.
Available at: <https://epublications.marquette.edu/lnq/vol51/iss1/11>

A New Health Care Initiative Within the Church

Robert L. Walley

Doctor Walley is a member of the faculty of medicine at the Health Sciences Centre, Memorial University of Newfoundland in Canada.

The Church has made abundantly clear the importance it places on the human family, not only because it is a social unit which is the foundation of any civilized society, but also because it reflects the various characteristics of the entire Church. It is the "domestic Church." It is in the completely healthy, whole and holy family that the values of love, fidelity, justice and concern for the dignity of all human beings will be preserved and thus the future of the Church and of all civilized societies will be insured.

There must, however, be grave concern for the integrity of millions of the world's poor families, because the health of so many individuals, especially mothers and children, is under threat, not simply because of poverty, hunger, disease and ignorance but also because of inappropriate, inadequate and destructive health technologies and a philosophy of secular humanism which presently dominates the international health policy world and which has little sympathy for or understanding of the dignity of the human person, the family or Christian principles of life and living. An examination of world health statistics for starvation rates, abortion, maternal, perinatal and infant mortalities and life expectancies leaves little room for complacency. Two-thirds of most populations are women of child-bearing age and children under 15 years. In any Third World country, the infant mortality is in the order of 200 per 1,000 live births, while in affluent countries the rate is 15 per 1,000 live births. Some 40% to 50% of children die before the age of five from the leading causes of death — gastroenteritis, malnutrition, pneumonia, communicable and parasitic diseases — amounting to a staggering 35,000 deaths of children per day worldwide, all preventable. Anywhere from 30 to 60 million unborn children are destroyed annually through abortion. Less than half the world's population has access to even the most simple form of health care. The present facilities provided by government, Church

hospitals and missions now reach only 20% of Third World populations. It is a sad but all too true fact of life that health issues have a low priority in national and international debates for the allocation of scarce resources. Industrial countries, in 1981, contributed \$26 billion of aid to developing countries. The nations of the world in 1982 spent over \$600 billion, 23 times as much, on armaments. Half a day's military expenditure would finance the whole cost of the World Health Organization's malaria eradication program, while the cost of just one modern tank would provide 1,000 classrooms for 10,000 children. All of this notwithstanding, the United Nations Declaration on the Rights of the Child, Principle 4, provides that: "The child shall enjoy the benefits of social security. It shall be entitled to grow and develop in health; to this end special care and protection shall be provided both to him and to his mother, including adequate prenatal and postnatal care."

Comments on Family Health

It has been said that "If family health had been given the support it needed and had the care of mothers and infant been a priority within the health care system, if the revolution that had been taking place in medicine, in medical knowledge and service had been applied to the family, there certainly now would be a different social and economic distribution profile in and between countries today." It is extraordinary that in our present age, with so much affluence and striving for goals of universal social justice and a higher quality of life for all mankind and with all the scientific achievements which are taking place, that this "modern black death" can seemingly be so readily tolerated. The national and international conscience can be mobilized and rightly so, to provide urgent relief in times of national disaster anywhere in the world. International anger is raised to fever pitch when 269 innocent men, women and children are murdered aboard a jumbo jet. However, it seems that for one reason or another the same outrage and sense of urgency needed to solve the daily tragedies experienced in many families is not forthcoming or if it is the practical response is simply not enough.

Our society, our Church and our profession face fundamental moral and ethical questions of quite a profound nature, not the least of which is the right of all human beings to be born and to receive good health care. Health care is regarded as a fundamental human right, rooted in human dignity. The access to and provision of health care in its broadest sense, cannot simply be a question of political economics, bureaucracy or expediency. It is an ethical and moral question, a question of justice which must be answered and then guaranteed by all authorities concerned. As Christians, we have a particular

vocation to the health ministry. As physicians, we have a particular, responsible leadership role to play. It is the intent of this paper to review briefly the Church's present involvement in health care and the many problems that beset it and to offer a blueprint for one new initiative which could make that health ministry more influential and effective.

The Christian churches have had a longer history of involvement in health care than any other institution, arising from their fidelity to the gospel message of love and charity, especially to those in most need. Today, the Catholic Church is one of the largest providers of health care throughout the world, not only in terms of its financial investment, estimated to be in the area of \$200 million in mission countries, but also in terms of so many of its committed religious and volunteer lay people working in over 2,000 medical institutions and which amounts to some 40% of health care in many countries. The Church has always remained faithful to the teachings of Christ in the practical application of its health ministry. It has, in recent years especially, persistently promoted and defended with courage, strength and clarity Christian principles concerning social justice issues and medical moral concerns in health care. In times of great need, the Church has always been ready to respond with appropriate structures and institutions to meet those needs. These are obviously times of great need. There exists an enormous ethical vacuum to be filled. The Church is the single most overlooked resource in health care delivery today.

The International Conference on Primary Health Care at Alma Ata in 1978 stated what must be done. The Church, within its own health ministry, is to answer the question of HOW it can be done, given present ecclesiastical and international conditions.

The 1978 Declaration of Alma Ata has become a signpost for a new health era. In reaffirming that health care is a fundamental human right, it outlined the way in which citizens of all the world could obtain a level of health that will permit them to lead socially and economically productive lives by the year 2,000 if governments and international health organizations of the world would answer the call for effective action in implementing *BALANCED PRIMARY HEALTH CARE*. Primary health care has quite simply been defined as "what everybody needs and can't get." It provides, at least (and I quote from the Declaration), "education concerning prevailing health problems and methods of preventing and controlling them, promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation, maternal child health; immunization against major infectious diseases, prevention and control of locally endemic diseases; appropriate treatment of diseases and injuries." This approach is an integrated one of preventive, curative, promotive and rehabilitative service for the individual and the community. To be fully effective, primary health care must be shaped around the life

pattern of the population it serves. This population should be actively involved in the formulation of health care activities, so that health care can be brought into line with the local needs, priorities and resources of the community. Thus, all health interventions must be taken at the most peripheral and practical levels by health personnel simply trained for these activities. The more sophisticated levels of service as it pertains to modern medical treatment, supervision and referral should be supportive of the needs at this peripheral level. Most essentially it should be realized that primary health care services must be integrated with other services involved in community development such as those involved in education, agriculture, communication, housing and public works. Primary health care provides the essentials of health care by scientifically sound and socially acceptable methods through simple technology. It is universally acceptable to individuals and families in all cultures and socio-economic situations and addresses itself to major problems in the community. The Pontifical Council Cor Unum has pointed out that this concept is a *DISTINCTLY CHRISTIAN ANSWER* to the delivery of health care and a *GOLDEN OPPORTUNITY* for the Church. I quote: "Christians must not limit themselves to simple relief work but, in all respect for man's dignity, they must try and create conditions which make it possible for each one to develop themselves and also, by observing the principle of subsidiarity, for each community to undertake responsibility for its own development." The primary health care approach, while having had almost unanimous approval in principle, sadly has not had the same level of implementation.

Church Faces Difficulties

In attempting to respond to this urgent request from the international health world, the Church has been faced with many difficulties, not the least of which is the current decline in the number of religious, priests, brothers and sisters actively providing health care within the Church. Until now, the Church has relied almost exclusively upon these religious, although it has periodically issued challenges to the laity to become more involved. Often this challenge has been ignored, partly because the laity has been so used to the religious doing it all and partly because the Church has not made it materially possible for the laity to become part of that structure. This is so despite the fact that one of the most significant developments in the life of the Church in recent times has been the understanding that lay people have a role IN the Church. Also Church institutions have been subject, in recent years, to takeover by governments, and while this may not be a bad thing, since these institutions should be part of various national health services, it has, in many circumstances, left the remaining religious wondering if they still have a role in the Church's

health endeavors. Nor have Church institutions been isolated from the many destructive effects of the present day domination of the health system by scientific humanism, or from professionalism of the healthism, competition and an over-reliance on high technology and curative services. In many circumstances, they have also been slow to adopt the primary health care concept. In spite of this, the Church in my opinion has the potential for offering one of the greatest contributions possible in the foreseeable future for reversing the current tragedy which faces so many human beings as well as influencing world public health opinion.

The first contribution which we, as the "professional Church," can currently make to this endeavor is to clearly and without compromise articulate to the international health world at the professional level the ethical and moral foundation on which its health ministry is based. This includes, for example, the dignity of the human being (*Redemptor Hominis*), the integrity of the Christian family (*Familiaris Consortio, Humanae Vitae*), the declaration on abortion, the principle of subsidiarity, and the understanding of the universal relevance of **WHOLISTIC PRIMARY HEALTH CARE** which, because of the Church's responsibility for the welfare of the whole human being, adds the spiritual dimension.

Secondly, the Church has a unique structure present throughout the world, of hospitals, clinics, and dispensaries plus parishes, schools, seminaries, religious houses, pastoral centers, lay groups of various types involved with, for example, natural family planning and the defense of unborn life, religious educators and catechists and a vast number of presently under-utilized, talented, committed, and experienced professional lay persons on whom it could build a concept of **HEALTH** care delivery.

A Proposal Offered

It is with these facts in mind that with some trepidation, yet with deep respect, one ventures to propose to the appropriate authorities the establishment of an **INTERNATIONAL CATHOLIC INSTITUTE OF PUBLIC HEALTH AND MEDICAL SERVICE**, the general objective of which is to answer in an innovative, authentically Christian and practical way world health problems for individuals and families through the promotion of the **BALANCED WHOLISTIC PRIMARY HEALTH CARE CONCEPT**.

The structure of such an institute would be similar to other secular institutes of public health but with the important addition of Christian principles and a "small is beautiful" philosophy. Its faculty would consist of:

- 1) health professionals of all types including doctors, nurses, health

- administrators, physiotherapists and educators, both religious and lay, all drawn from *DIFFERENT* cultures and nationalities;
- 2) other health professionals, for example nutritionists, agriculturalists, water engineers, epidemiologists and bio-statisticians;
 - 3) theologians;
 - 4) ethicists.

Its function would be to make the Church's health ministry more easily recognized and more effective through 1) education, and 2) service.

This institute could have considerable effect on the formation of world public opinion and policy by presenting the Church's aims and objectives in its health care ministry to the international health world through various health forums, organizations and meetings.

This organization could train health care consultants or catalysts who, coming from different backgrounds, would put into practice these Christian ideals of caring and curing and present an alternative to dioceses, religious orders, health institutions and even governments throughout the world. This institute would act as a clearing house of information for those already working in health facilities throughout the world with respect to new techniques, advances, innovations, relevant technologies and approaches to various health problems. It could also point to what are now outdated, ineffective and inappropriate methods.

Through the collection of data from the present health work of the Church, an international Catholic health directory of resources could be established. This would provide information on the number of establishments, personnel, places and problems so as to assess present and future priorities of people and communities to which the Church should respond effectively.

New methods need to be created in order to adapt and weld together the best that the secular world has to offer with that of the Church. For example, the introduction and wide promotion of the *CHILD-TO-CHILD HEALTH EDUCATION PROJECT* throughout the various Church schools, teacher training colleges and seminaries would make a major contribution in improving the health of children. Emphasis through women's groups on various new intermediate health technologies, for example *ORAL REHYDRATION THERAPY* and natural family planning methods, would offer a truly Christian answer to the real family planning needs of so many families. To the integration of preventive health services with the spiritual work of the Church, a sort of pastoral theology of health, for instance, in the Third World where along with the "Rite of Baptism," *First Communion and Confirmation* could be added the "Rite of Immunization." In addition, the development of health education programs to be included in pre-marriage education courses and pre-baptism courses would go a long way to ensuring the survival of children and, there-

fore, of families. Such approaches provide practical ways of integrating spiritual and physical healing and thus care for the whole human person, and could be provided through family life centers.

In creating such an Institute of Public Health, there is the danger of it becoming just another "ivory tower" of intellectuals with little contact with the sick and the needy of the world. However, it is proposed that eventually an *International Medical Consulting Service* would be established, composed again of religious and lay health professionals, with the highest professional and academic standards, working together on a full-time basis with a career structure for its long- and short-term members. Such a group would be supranational and nonpolitical, but distinctly Christian. It would be able to contract out its services to governments, dioceses and communities throughout the world and by providing a badly needed alternative, would have the potential for raising standards of health, medical education and service to the highest level.

Criticism Leveled at Proposal

This proposal is subject to some criticism, such as, that it is too ambitious, unrealistic and idealistic. However, while it may seem to be perhaps hopelessly difficult to implement in the short term, concrete actions have come from similar imaginative and nebulous ideas in the past. One can only point to the previous achievements of our Church and indeed of others, such as the Salvation Army and the International Red Cross, which were established because of perceived needs in spite of overwhelming odds. It is of interest to note that similar proposals have had active consideration by other international health organizations, many of which have put it into practice in spite of their not having a world structure such as the Church has on which to build. I am reminded of what John Henry Newman once said: "Nothing would be done at all if a man waited until he could do it so well that no one would find fault with it."

A second criticism might be that the Church does not need any more structure than it already has. The point is made too often that lay people are also the Church and that they do not need official permission to do such work. However, the Church as an international organization has much moral authority and a unique position of influence throughout the world. Priests, brothers and sisters already have the support from this "official Church" either through their particular religious orders, from their bishops or from other Church authorities. The laity, too, have need of this credibility if they are to contribute their professional competence in an effective way.

Thirdly, it might be said that this proposed Institute of Health and Medical Service is just another missionary order or international relief agency of which presently there are many. However, this is not the

intent of the proposal, either. Rather, such an organization would be one of professional support for those responsible, for example producing Church health policy and also for those presently working in the missions. This organization would not be in competition with any other existing Church agency, but in an additional and effective way, it would be one means by which a more developed Catholic contribution to family health care, theory and practice would be delivered to the world.

Finally — and perhaps the most sensitive of possible criticisms — is that this proposal lacks the current ecumenical spirit. The intent of this proposal is not meant to ghettoize the Church or its activities in any sense. But by improving the current contributions that our Church makes to health conditions through more effective education and service and with better professional liaison with other denominational health bodies, such as the Christian Medical Commission of the World Council of Churches, the total Christian contributions to the international health world would be even greater. It would be an effective response to the challenge for Christian health professionals, especially the laity, to *STAND UP* in the international health world and answer the question, "What more could and should be done for all mankind in the spirit of humanity?"

I wish to emphasize that this proposal should not be considered as any implied criticism of those presently working within the Church's health ministry in any capacity.

As stated at the beginning of this paper, the family remains the key to a healthy society and in turn, the health of the family must be insured. Faithful to the teachings of Christ, the Church offers the family the way to a healthy, wholesome future. Clearly, the future is very clouded. In this age especially, the Catholic Church cannot entrust the physical health of its people (in particular the young) to health professionals and agencies who have no respect for Christian principles. The present Holy Father, Pope John Paul II, has declared that the Church constantly advocates new initiatives, namely those which aim at a more just society, more in keeping with the dignity of the whole human person; "the Church encourages those responsible for the common good, especially those who pride themselves on being Christians, to undertake reforms opportunely, prudently and effectively, abiding by Christian criteria, objective justice and true social ethics." The health problems faced by families today are truly enormous. It is recognized that it is not only the Church's responsibility nor is it possible for it to undertake all that is required in the international health field. But the Church does have the undeniable responsibility and the potential to play a more effective leadership role in international health development.

The Church cannot simply rely on the various religious congregations to undertake this huge task. The task is for all the "people of

God." The establishment of an Institute of Health and Medical Service could be but one answer to the present Holy Father's call to Catholic health professionals to be more "acceptable and effective in promoting to State leaders, solutions in keeping with the fundamental right of man and the will of the Creator" and to "assist and intervene in national and international initiatives to try and give answer to the problems of the family and *TO BE HEARD MORE FREQUENTLY*."

It is clear what has to be done and for whom. The big question which has not been adequately addressed until now is *HOW* it is to be done. This suggestion is made with respect. It is made from experience of health care in the Third World, long experience in education of health professionals and as a lay person, in the desire to contribute in a meaningful way, along with many others, to the health activities of the Church. It is presented in accordance with Article 37 of the Constitution of the Church which states: "The laity should disclose the needs and desires with the liberty and confidence which befit Children of God and Brothers of Christ. By reason of the knowledge, competence or pre-eminence which they have, the laity are empowered — indeed, sometimes obliged — to manifest their opinion on those things which pertain to the good of the Church, if the occasion should arise. It should be done through the institutions established by the Church for that purpose and always with truth, courage and prudence and with reverence and charity towards those, who by reason of their office, represent the Church of Christ."

It is hoped that this suggestion might meet with some further consideration by professional and religious leaders and hopefully elicit advice, criticism, and ultimately, support.