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# Catholic Social Thought Concerning The Right To Health and To Health Care

Louis F. Buckley

The purpose of this article is to examine Catholic social thought in relation to the right to health and to health care. The social encyclicals of Popes Leo XIII, Pius XI and John XXIII are studied to determine the extent to which they refer to this particular right. The positions of individuals who maintain that health care is a privilege rather than a right are analyzed in the light of Catholic social teaching. The principle of subsidiarity is applied to determine to what extent the individual physician, the medical society and the government should resolve the problem of assuring the availability of health care to all individuals. The Catholic teaching on the functions of government is applied to health care. Finally, special consideration is given to Catholic attitudes and thought on a national program of health insurance as a means of paying for health care.

*Louis F. Buckley: Internationally as well as nationally known economist. Professor Buckley currently is the Professor of Economics and a member of the graduate faculty, Loyola University, Chicago, Ill. In addition to teaching, he has authored numerous articles and book reviews and served in government both here and abroad. He has had a vast experience in economics and has been cited by both church and government for his outstanding contribution to his field.*

## THE SOCIAL ENCYCLICALS

We find several statements in the encyclical letter of Pope Leo XIII on *The Condition of Labor* (*rerum Novarum*) issued in 1891 which would be considered in the analysis of our subject. Leo XIII states that "each one has a right to procure what is required in order to live." The Pope also refers to "that which is required for the preservation of life," in his discussion of private property being in accordance with natural law. Incidentally, it is interesting to note that the right to health care was justified by a German physician, S. Neuman, in 1847, who declared that the State was pledged to protect the people's property and that the only property of a poor man was his labor power which is entirely dependent upon his health.

Justice demands, according to Pope Leo, that the interests of the poorer population be watched over by public authority so that they may be housed, clothed and "enabled to support life." The interests of the public require, in the opinion of Leo, that "the members of the Commonwealth should grow up to man's estate strong and robust." Among the conditions under which it would be right to call in the help and authority of the law, the Pope includes the following: "if health were endangered by excessive labor or by work unsuited to sex or age." Factors considered by Leo in determining hours and rest intervals covered the "health and strength of workmen" and the effect of working conditions

on health. Finally, Pope Leo recognized that it was a function of associations to create funds from "which the members may be helped in their necessities, not only in case of accident, but also in sickness."

The encyclical of Pope Pius XI, *Reconstructing the Social Order*, (*Quadiagesimo Anno*) issued in 1931 does not include as many references to health as the encyclical of Pope Leo XIII. However, an important statement relating to our subject was made as Pius XI reviewed the changes that had resulted from Leo's encyclical forty years before. He commended the changes it had brought about in these words:

As a result of these steady and tireless efforts, there has arisen a new branch of jurisprudence unknown to earlier times, whose arm is the energetic defense of those sacred rights of the working-man which proceed from his dignity as a man and as a Christian. These laws concern the soul, the health, the strength, the housing, workshops, wages, dangerous employments, in a word, all that concerns the wage-earners, with particular regard to women and children. (Italics mine)

Pope John XXIII, in his encyclical, *Peace on Earth (Pacem in Terris)*, issued in 1963, presents in a definite, clear and brief manner the right to medical care. He states that "every man has the right to life, to bodily integrity, and to the means which are necessary and suitable for the proper development of life." He continues, "these means are primarily food, clothing, shelter, rest, medical care, and finally the necessary social services." (Italics mine)

When Pope John turns to the economic sphere, he states that, linked with the right to work, is "the right to

working conditions in which physical health is not endangered" and "young people's normal development is not impaired."

Rights, says Pope John are inseparably connected with respective duties. For example, he mentions, the right to every man to life is correlative with the duty to preserve it. He continues by pointing out "that in human society to one man's natural right there corresponds a duty in other persons: the duty, namely, of acknowledging and respecting the right in question." He adds, "it is not enough, for example, to acknowledge and respect every man's right to subsistence. We must also strive," John continues, "to insure that he actually has enough in the way of food and nourishment."

If we apply this analysis to our subject, it seems reasonable to conclude that we, as individuals and as members of organizations and of society, must strive to insure that every individual has adequate health care.

Pope John XXIII wrote in highest praise of the Universal Declaration of Human Rights adopted by the United Nations in 1948 because it acknowledged the dignity of the person and proclaimed as fundamental "the right to a dignified life with all the other subsidiary rights that this implies." Article 25 of this document states: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control." (italics mine)

Pope Paul VI in his encyclical, *On the Development of Peoples*, (*Populorum Progressio*), issued in 1967 lists as the first of men's aspirations, "freedom from misery, the greater assurance of finding subsistence, health and fixed employment."

We have gone into some detail in listing all specific references in the social encyclicals to health in order to show how we may find guidance in arriving at Catholic teaching on a right to health care. The statements of Leo XIII that "each one has a right to procure what is required in order to live" and of Pius XI commending laws regarding health as defending "sacred rights" provide some basis for the recognition of a right to health. Pope John is even more specific when he refers to the "right of health services" and states that every man has the right to life and to the means which are necessary and suitable for the proper development of life including *medical care*.

In my research on this subject, I have been unable to locate any Catholic writer who has denied the existence of a right to health care. However, the absence of any positive statement on this matter in the many books on medical ethics which I examined and in other ethical studies by Catholics came as a surprise and is also of concern to me.

## ANALYSIS OF OPPOSITE VIEWPOINTS

In the absence of Catholic thought in opposition to the recognition of a right to health care, I turned to other sources as a basis for analyzing opposite viewpoints. Dr. Milford O. Rouse, in his inaugural address as President of the American Medical

Association in 1967, issued a strong challenge to "the concept of health care as a right rather than a privilege." He stated that the medical profession is "faced with many additional social concepts both developing from the idea of health care as a right and contributory to it such as increased government control, price and wage fixing, emphasis on a non-profit approach to medicine, problems of free choice, increasing coercion, specialized attacks in the drug field, and emphasis on the academic and institutional environment." Dr. Rouse believes that these factors further contribute to the development of problems such as the likelihood of computerization and automation of certain phases of medicine, possible depersonalization of relationships with patients, emphasis on more health care activity by allied medical personnel, along with increasing group practice tied to prepayment. Since Dr. Rouse gives no proof that each of the social concepts and problems to which he refers are necessarily the result of acceptance of the concept that health care is a right, it is difficult to respond to his basis of opposition.

Some of the social concepts which Dr. Rouse considers to be a challenge are recommended by some students as necessary to resolve the problem of providing adequate medical care. For example, Father Edward Duff, S.J., has presented arguments in defense of considering medical care as a public utility involving Federal supervision thus implying increased government control which Dr. Rouse considers a challenge.

We shall see later in our discussion of the Catholic viewpoint on the function of government that Leo XIII

maintains that public authority must step in if a serious problem involving a number of people cannot be solved in any other way.

Some of the "problems" which Dr. Rouse fears will be developed as the result of the concept of the right to health care include programs which have been recommended in studies as methods of resolving rather than causing problems. These include computerization, more health care by allied medical personnel and group practice.

Finally, it should be recognized that social concepts of concern to Dr. Rouse, such as emphasis on a non-profit approach to medicine, were related to the right to health care when hospitals were established by religious groups and when public health service was introduced in our country years ago.

Dr. William L. Nute, Associate Director of the Christian Medical Council, responded to Dr. Rouse by emphasizing that we cannot afford to think of health care as a commodity, much less a luxury commodity, to be bought and sold. He stated that the citizen, as a person uniquely precious in the sight of God, holds the right to health, to its preservation and to its restoration insofar as means exist to these ends. Dr. Nute notes that the Declaration of Independence itself defined life as an inalienable right, not a privilege. How then, he asks, can health care be otherwise? This conclusion corresponds to that presented by Pope John who relates the right to health care to the right to life. The Catholic weekly, *America*, stated that they agreed with the conclusions of Dr. Nute on this issue.

The only other statement I have seen in opposition to the concept of medical care as a right was written by Dr. Charles W. Johnson and issued in 1969 by the Association of American Physicians and Surgeons. Unlike Dr. Rouse, the opposition of Dr. Johnson is based on philosophical grounds. He maintains that "No one has a right to anything he must ask permission for or in any way take from another." Rights are distinguished from privileges, says Dr. Johnson, by asking, "provided by whom?" According to Dr. Johnson, if something is provided by God or nature or by one's own self, it is a right. If it is provided by someone else, he concludes "it is a voluntary exchange, a privilege — or theft." He contends that "no one has a right to food, water, shelter, money or love if he must obtain it at the expense of the owner." Medical care, Dr. Johnson concludes, is no more a right than these and "is a service traded or a privilege granted — or theft."

A fundamental difference exists between Dr. Johnson and Catholic social thought concerning the origin and nature of human rights. Pope John states in *Pacem in Terris* that every human being is a person whose nature is endowed with intelligence and free will. By virtue of this, he has rights and duties of his own, flowing directly and simultaneously from his very nature which are therefore universal, inviolable and inalienable. Pius XII, in a speech addressed to doctors in 1956, stated "the right to life, the right to integrity of the body, the right to treatment which is necessary, the right to be protected from dangers, the individual receives these immediately from the hands of the Creator, not from another man, nor from a group of men, nor from the state, nor from a



group of states, nor from any political authority whatsoever. This right is given to the individual at the beginning, in himself and for himself, and only afterwards in relation with other men and with society."

According to Catholic teaching, therefore, a right is a moral claim inherent subjectively in the human being and is not determined, as Dr. Johnson maintains, by external factors such as who provides for it or whether or not it is secured by purchase, through private charity, from the State, or even through theft. As Father J. Elliot Ross, C.S.P. states in his book, *Christian Ethics*, "anyone in extreme necessity has a strict right to take what is necessary to preserve his life." Pope John states, contrary to Dr. Johnson, that man has the right to life, to bodily integrity and to a decent standard of living, including especially food, clothing, shelter, recreation, *medical care* and the essential services government should provide for the individual.

Unlike Dr. Johnson's analysis, this right, as described subjectively in Catholic social thought, means that all human beings have a right to adequate medical care *independently of their ability to pay for it*.

Would Dr. Johnson recognize all individuals have a right to protection of their lives by the police against physical violence and by the fire department irrespective of their ability to pay for this aid? Police and fire protection for the individual are not limited by the extent of tax payment nor would he be exempt from taxation if he were willing to forgo such services. Similarly, all individuals have a right to protection of their health from significant menaces such as air

and water pollution irrespective of by whom or how this right is safeguarded.

#### DEFINITION OF HEALTH CARE

There are other aspects of our subject which space will permit me to touch upon only briefly. First, there is the question as to what should be included in the right to health and to health care. Definitions of health vary from mere survival, ability to keep working, freedom from physical disease or pain to the widely-accepted definition of health of the World Health Organization as a state of complete physical, mental, and social well-being. The definition one selects has connotations with regard to the quantity and quality of medical care to which an individual is entitled based on his right to health. This may vary from a minimum of emergency medical care necessary to prevent death all the way to measures to provide for future health.

In defining these rights consideration should be given to factors emphasized in the encyclicals proceeding from the dignity of man which requires the providing of what is needed for individuals to live and to maintain and to develop their physical, intellectual and moral life in a manner worthy of a human being. The late Monsignor John A. Ryan stated that the individual who is not provided with the requisites of normal health lives a maimed life, not a reasonable life. He emphasized that men must have the opportunity of becoming physically stronger. The minimum conditions of personal development that are necessary to satisfy the claims of personal dignity, according to Ryan, are that quantity of goods and services which fair minded men would regard as indispensable to human efficient and reasonable life.

#### PRINCIPLE OF SUBSIDIARITY

The ability of all individuals to exercise and realize their right to health care is limited by the availability of these services to them. The many studies and commission reports in recent years have emphasized that the serious problems involving the supply and distribution, organization, financing, and increased cost of health services must be resolved if the rights of all individuals in this field are to be realized.

The most important guiding principle in the social encyclicals to be considered in deciding by whom the problems referred to above should be resolved is that of subsidiarity which is stated by Pope Pius XI as follows:

Just as it is gravely wrong to take from individuals what they can accomplish by their own initiative and industry and give to the community, so also it is an injustice and at the same time a grave evil and disturbance of right order to assign to a greater and higher association what lesser and subordinate organizations can do.

In applying this principle to health care, consideration must be given to the extent to which the individual physician is able to assure individuals access to medical care. Father Edwin F. Healy, S.J. in his book, *Medical Ethics*, states that if the physician is under contract to the patient, "he must in justice go to his patients at any hour of the day or night, even at the cost of grave inconvenience, unless he knows that his delay will cause no harm to the patient." If a physician has already begun the care of a patient, according to Father Healy, a contract, at least a tacit contract, is thus entered into and so he must in justice cure the patient as best he can. Father Healy concludes, however, that

the physician is bound only in charity in cases that do not come under the above-mentioned circumstances. Father Healy states the physician "is under no obligation to seek out the sick among the poor, but he may have an obligation in charity of attending those who ask his help, even though they are unable to reimburse him at all, and of attending victims of accident or disease whom he knows to be in grave need of help but who are unable to ask for it."

Although every effort should be made to decentralize the responsibility of providing medical care to the individual physician in the locality, I know of no one who believes this approach alone can be expected to resolve all of our health care problems especially in large metropolitan centers. Some of the factors which make it increasingly difficult for the physician to care for the patients who are unable to pay for medical care include the increasing demand for the services of physicians by the regular patients who are able to pay for medical care as the result of the expansion of private insurance programs and Medicare and increases in their incomes. Furthermore, the location of the average physician in relation to the poor has also changed, especially in metropolitan areas, as the result of the movement of physicians and patients with the ability to pay for health services to the suburbs. Apart from financial incentives, doctors find better facilities in high quality medicine in the suburbs due to the great expansion of hospital facilities in the suburban areas. The percent of valuation of hospital building outside the central cities in large metropolitan areas is as high in recent years as 78 percent in Washington, D.C., 72 percent in Los Angeles and 61 percent

in Detroit. As the result of specialization and the time spent in completing a medical education and in military service, no doubt many young physicians are in debt when they begin practice so they may tend to locate in suburban areas where there are relatively more patients who are able to pay for their medical services. Dr. Robert R. Mustell, Chairman of the Doctors Emergency Service of the Chicago Medical Society, stated that of the 135 recently graduated doctors in the Chicago Medical Society, only 10 advised they would participate in the emergency health program to care for the sick and indigent in the depressed areas. After one year, Dr. Mustell reports that not one of the 10 had answered an emergency call. Unfortunately, I have not been able to locate additional data on the extent to which individual physicians provide medical services without charge to patients who are unable to pay.

Under the principle of subsidiarity, great emphasis is placed by Catholics on the importance of resolving problems to the extent possible by organizations, such as those of physicians, hospitals and the producers and distributors of medicines. Space will not permit an evaluation of the activities of organizations in the health care field. Those who believe that such organizations may be able to make greater contributions to resolving health care problems are encouraged by very recent developments such as the American Medical Association approval of a resolution which read in part: "It is a basic right of every citizen to have available to him adequate health care." The new leadership in the A.M.A. recognizes the existence of a shortage of physicians and have indicated approval of community health centers and have urged county and medical societies to set up "peer

service" groups made up of medical men to consider physicians fees and use of hospitals.

## FUNCTIONS OF GOVERNMENT

A guiding principle to be considered in discussing the function of government in resolving a problem has been stated by Pope Leo XIII as follows: "Whenever the general interest or any particular class suffers, or is threatened with harm, which can in no other way be met or prevented, the public authority must step in to deal with it." There is ample evidence available, in my opinion, to warrant the conclusion that the "general interest or a particular class suffers and is threatened with harm" in the area of health services. Dr. Gerald D. Dorman, A.M.A. president, has stated that 40 percent of U.S. patients are not getting adequate medical care. A very recent report by the Health Task Force of the Urban Coalition finds that the ratio of doctors to ghetto residents is from one-fifth to one-half that of the city as a whole. Dr. Willis E. Brown, president of the American College of Obstetricians and Gynecologists has concluded that "in the core cities of our major metropolitan areas and in the rural areas, medical care is of extremely poor quality." Dr. Walter C. Bornemeier, president-elect of the A.M.A., stated recently, "The most serious problem facing American medicine today is the delivery of health care to that segment of the population which we have never made a great effort to get into the mainstream of medical care." Dr. John A.D. Cooper, President, Association of American Medical Colleges, recently stated that between 20 and 40 million people in the lower income brackets are not receiving adequate health care.

Although it is hoped that it will be possible to achieve greater positive

action by private physicians and hospitals and medical and hospital organizations at the local and higher levels to resolve what President Nixon terms "a massive crisis" in health care, I do not believe many would contend that there is any other way to resolve the difficult problem of assuring that all individuals realize their right to health care without greater governmental involvement at all levels. Some areas of the problem, such as medical care for the mentally ill, and tubercular patients, and for medical aid to the disadvantaged, research and construction of hospitals have already required considerable governmental participation. Since 1950 the proportion of all personal health care expenditures contributed by government increased from 23.3 percent to 32.5 percent by 1967 while the relative proportions contributed by philanthropy declined from 2.9 percent to 1.7 percent.

## RESPONSIBILITY OF GOVERNMENT

In addition to the guiding principle of Pope Leo XIII which we have attempted to apply in determining whether or not public authority must step in to deal with the problem of health care, there are a number of other guidelines in the encyclicals and in other Catholic social teaching with respect to the responsibility of public authority.

The encyclicals emphasize in the words of Pope Pius XII that "to protect the inviolable rights of the human person and to facilitate the fulfillment of his duties is a prime duty of every public authority." Pope John states that "a principal duty of public authorities is to coordinate and adjust the rights binding men together in society" in order "that the rights of all should be effectively protected,

and, if they have been violated completely restored." Pope Leo XIII stressed the obligation of public authority to protect equitably the rights of all individuals which are considered to be required by distributive justice. Father John Cronin, S.S., in his *Social Principles and Economic Life* defines the term distributive justice as obliging government to secure for each citizen his due and proportionate share of both the advantages and the burdens involved in the conduct of civil society. Father Cronin gives as examples of benefits dispersed by the state under distributive justice the "distribution of social insurance benefits in view of needs as well as contributions" and "contributions for public hospitals in rural areas."

Individuals and groups who are denied access to their right to health care would appear to be entitled under distributive justice and according to the teachings of the encyclicals to action on the part of public authority to make certain that these rights are recognized, respected and fulfilled.

Pope John provides additional guidance to direct our thinking concerning the responsibilities of the public authority in relation to the rights and duties of individuals. He states, "To safeguard the inviolable rights of the human person, and to facilitate the fulfillment of his duties, should be the essential office of every public authority." "The common good also demands," continues the Pope, "that civil authorities should make earnest efforts to bring about a situation in which individual citizens can easily exercise their rights and fulfill their duties." He concludes that it is therefore necessary that "the administration give wholehearted and careful attention to the social as well as the economic progress of citizens



and to the development of such essential services as the building of roads, transportation, communications, water supply, housing, *public health*, education, facilitation of the practice of religion and recreational facilities."

Pope Paul in his encyclical, "On the Development of Peoples" points out the necessity of programs in order "to encourage, stimulate, coordinate, supplement and integrate" the activity of individuals and of intermediary bodies. It pertains to the public authorities, according to Pope Paul, "to choose, even to lay down the objectives to be pursued, the ends to be achieved, and the means for attaining these, and it is for them to stimulate all the forces engaged in this common activity." He emphasizes that public authorities "take care to associate private initiative and intermediary bodies with this work in order to avoid the danger of complete collectivisation or of arbitrary planning, which, by denying liberty, would prevent the exercise of the fundamental rights of the human person." This analysis of Pope Paul indicates the importance of private organizations or intermediary bodies, such as medical and hospital organizations in the health care field, to work closely with public authorities in developing and carrying out programs for the achievement of men's aspirations including the greater assurance of finding health.

Pope John XXIII, in his encyclical, *Christianity and Social Progress*, (*Mater et Magistra*) issued in 1961, states that it is indispensable "that great care be taken, especially by public authorities, to insure that the essential public services are adequately developed in rural areas." He specifies that such services include *health facilities*.

## SOCIAL INSURANCE

Since extension of health insurance is receiving considerable attention as a method of financing health care, some consideration will be given to Catholic thought on this subject. Pope Pius XI in his encyclical *Atheistic Communism* in 1937 emphasized that social justice cannot be said to have been satisfied "as long as workingmen cannot make suitable provision through private or public insurance for old age and for periods of illness and unemployment." Pope Pius XII, in his 1945 address to Italian workers, gave social insurance as an illustration of proper state action and in his *Apostolic Exhortation* to the clergy in 1951, he praised the social security system. Domenico Cardinal Tardini, in 1959 when he was Vatican Secretary of State, in a letter on behalf of Pope John XXIII said, "Social security, properly understood and honestly functioning, must tend to decrease progressively, cares which today are the objects of relief and charity. A good social security program must grow in such a way that it ceaselessly embraces more subjects, more cases, more needs. We must seek a social security system which is not strictly defensive, but one that strives to improve situations that can be improved."

Pope John, in his encyclical, *Mater et Magistra* in 1961, noted the increase of social insurance systems as the first of several examples of fundamental changes in the social field which had taken place in the past 20 years. He further observed that "there are many citizens today — and their number is on the increase — who, through belonging to insurance groups or through social security, have reason to face the future with serenity." Formerly, he adds, "such serenity depended on the ownership of proper-

ties, however modest." In his discussion of agriculture, Pope John stated that a public policy should include social insurance and was critical of systems of social insurance or of social security in which the allowances granted to farmers are substantially lower than those allocated to persons engaged in other sectors of the economy. He adds that "social policy should aim at guaranteeing that, whatever the economic sector they work in, and whatever the source of their income, the insurance allowances offered to citizens should not vary materially." He concludes that "systems of social insurance and social security can contribute effectively to the redistribution of national income according to standards of justice and equity." "These systems," he adds, "can therefore be looked on as instruments for restoring balance between standards of living among different categories of the population." This comment of John approving the use of social insurance to bring about redistribution of wealth and the emphasis on including all individuals under the social insurance is significant especially since some groups object to including individuals who are financially able to purchase their medical care in a governmental program of social insurance. The Catholic *Bishops' Program of Social Reconstruction* in the United States issued in 1919 recognized the need of insurance and concluded the State should make comprehensive provisions for insurance against illness and invalidity. A second *Bishops' statement*, issued in 1940, recognized the need of "invoking the principle of social insurance." Most Reverend Francis J. Haas concluded in 1928 that the conditions in the guiding principle of Pope Leo XIII are verified in the case of sickness, and that the state is therefore obliged to

enact social legislation requiring the purchase of sickness insurance maintained through contribution by the state, employers and workers. Monsignor John A. Ryan writing in 1920 stated that public and private charity were not a satisfactory method of providing health care because relief is not given with sufficient promptness to cause the period of sickness to be as short as possible. Relief comes in most cases, according to Ryan, after the sickness had been in existence for some time. Monsignor Ryan endorsed health insurance as a more satisfactory manner of financing health care. I concluded my study of social insurance in an article in the *Review of Social Economy* in 1948 by stating that although most Catholic students of the problem had supported the adoption of a national health insurance law, there was not complete agreement among Catholics in this matter. Reverend Alphonse M. Schwitalla, S.J. as President of the Catholic Hospital Association in 1948 objected to a national system of health insurance because he believed there are "too many personal, inalienable rights of citizens bound up intimately with health."

The Catholic position on compulsory health insurance since 1947 in the United States was discussed by me in the *Review of Social Economy* in 1966. In 1949 a program entitled, "A Voluntary Approach to a National Health Program" was issued by the Bureau of Health and Hospitals of the National Catholic Welfare Conference, the National Conference of Catholic Charities and the Catholic Hospital Association. This statement expressed strong opposition to compulsory health insurance because of the monopoly which it maintained would result. It was also contended that such

a governmental system would destroy voluntary agencies and would interfere with the functional operations of hospitals, medical practice and nursing service. The statement emphasized that a program of service by voluntary association and private initiative backed by government financial support is more in keeping with the principle of subsidiarity than a federal compulsory health insurance system. This statement had the support of the National Catholic Welfare Conference Administrative Board of Bishops.

During the 1950's, two Vatican statements were the subject of various interpretations in this country. Monsignor Giovanni B. Montini, Vatican Secretary of State, issued a letter on behalf of Pope Pius XII in 1951 in which he recognized the rights and duties of the state in the matter of health especially for those who are less fortunate. He warned against the danger that state medical programs should become the vehicle of "Malthusian formulas" violative of the rights of marriage and the family. A second letter by Monsignor Montini was issued in 1952 in which he praised social security but warned that the application of plans for social security required special prudence. He cautioned concerning the dangers of a doctrinal and practical nature which a hasty and misunderstood application of so desirable a plan would involve. He quoted Pius XII as warning that a social security system which was a state monopoly would be prejudicial "to the interests of families and occupational groups, on behalf of whom and through whom it ought, above all, to be conducted."

During the 1950's, the 1949 policy of the the Catholic organizations

emphasizing reliance on voluntary insurance was followed by most leading Catholic publications. A marked change took place, however, during the early 1960's in Catholic viewpoints on compulsory health insurance. The emphasis placed by Pope John on the importance of social insurance as one means for spreading social progress provided guidance for a more favorable attitude. Pope John, in *Mater et Magistra*, recognized the possible dangers involved in the growing interventions of government in matters close to the personal lives of men such as health care and the care of the physically and mentally handicapped. He concluded, however, that these developments result from the natural inclination of man to obtain objectives beyond the capacity of single individuals and makes possible the satisfaction of many personal rights especially health services.

When the bill sponsored by the administration of President Kennedy for sickness insurance for those over age 65 was considered in 1962, the Catholic weekly *America* concluded that the Administration's proposal to use a social-insurance approach to medical care "contains no seriously objectionable feature" and *The Sign* magazine approved it as a sound approach. Some Catholic opposition existed such as that by Reverend Stanley Parry C.S.C. of the University of Notre Dame and *The Brooklyn Tablet* objecting to the social insurance approach to paying for medical care. However, Father John Cronin of the National Catholic Welfare Conference testified in 1962 in support of the Administration bill to provide under the social security program for payment of health services to aged beneficiaries. The Catholic Hospital Association agreed

with Father Cronin's position. Monsignor Raymond Gallagher of the National Conference of Catholic Charities emphasized that he endorsed the social insurance method of meeting the medical needs of our aging population as more desirable than through public assistance since it serves the need while preserving the dignity and integrity of the individual recipient.

### Editorial Comment

*Professor Buckley carefully distinguishes between "The Right to Health" and "The Right to Health Care". We are grateful for that distinction. Magisterial teaching certainly indicates that a right to health follows inevitably as a corollary from the inalienable right to life.*

*"Health Care" then may be viewed as a necessary means to a legitimate end, viz, the preservation of health and therefore to life. Accordingly it would follow that the individual citizen has a natural and inalienable right to that health care which is ordinarily available in the society of which he is a member.*

*Obviously a host of practical problems greet the speculation at this point, e.g., what is "ordinary health care"? How shall it be provided and subsidized?*

*Once, however, it can be clearly established that a person has the right to health and health care flowing from his right to life, then it seems to me that a hitherto major obstacle to our thinking and acting is removed.*

*From a practical point of view, Catholic medical action will be faced by the almost overwhelming problem of supplying physicians for the "ordinary" demands for health services, especially in inner cities, on Indian reservations, etc. One must turn to (Catholic) medical schools for the solution of this difficult aspect of the problem.*

*Professor Buckley also has called our attention to the fact that a carefully detailed theology dealing with health and health care rights is not to be found in standard texts of medical ethics. We may hope that interested Theologians will explore this problem with us and help us to delineate more concisely where the matter stands.*

V.H.P.

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