

May 1972

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Recommended Citation

Paganelli, Vitale H. (1972) "Continuing Study of the Right to Health Care: An Introduction," *The Linacre Quarterly*: Vol. 39: No. 2, Article 5.

Available at: <http://epublications.marquette.edu/lnq/vol39/iss2/5>

Continuing Study of the Right To Health Care: An Introduction

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In May 1970, *The Linacre Quarterly* via the view of Messrs. Buckley, Cohen, Griffin, McCorry, S.J., with Leithart dissenting, attempted to establish a principle, namely, that the right of an individual to health care was a natural right which flowed immediately from the fundamental right to life and to health.

The assumption that this was established as a principle with sufficient clarity in 1970 permits us now in 1972 to inquire into the problems concerned with implementation of this right to health care.

The difficulties of implementation are obviously numerous and onerous and give rise to many possible solutions as well as to many possible dangers. These facts are attested to by the flow of verbiage regarding the aforementioned which has spilled forth in print in the intervening two years. A wide variety of people including physicians and their respective organizations, insurance companies, labor leaders, representatives of minorities, the Congress, health agencies, private foundations, big business and even the President and the Pope, have written to the issues involved.

I attempted initially to catalogue some of this material but was soon drowning in the deluge of facts, statistics, opinions, arguments, char-

ges and counter-charges. It seemed to me therefore, that the best one could hope to accomplish in editing this material was to continue to establish and expand a framework of principles from which the discussion and hopefully the solution could proceed rationally in the light of a Christian (integral) humanism.

The perspicacious reader will note in this issue that we have not entertained definitive solutions to many of the important problems related to health care provision. Thus, the concrete solutions to the problems of the supply and demand of physicians, paramedical personnel and facilities, etc., the problems of increasing the concentration of MD's in the areas affected by a shortage of physicians, for example,



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ghettos, rural areas, etc., or the international problems related to marginal or non-existent health care facilities, are not within the purview of this issue. Perhaps a future edition of *TLQ* will open its pages to contributions which suggest a solution to some of these vexing difficulties.

Unfortunately the May 1970 issue of *TLQ* which had probed the initial problem of a right to health care resulted in absolutely no feedback from our readers. One might thus draw the conclusion that either nobody read that issue or that the topic was covered in such an exemplary manner that we pre-empted the possibility of a comment. Lest we ourselves be discouraged by the former or deluded by the latter, let it be noted that in fact we believe that there remains much of importance to be said pro and con both on the issue of a right to health care and on the subject covered in this issue, viz. the need and means of providing such health care.

At the time of this writing, however, it is abundantly clear that the medical profession itself has not fully accepted the concept of a right to health care, a concept which in May of 1970 we arbitrarily defined as "the right of the individual person to the essential available elements necessary for the maintenance of total and stable bodily and mental health, including physical facilities, drugs and appliances, paramedical and medical personnel". That the rest of the citizens of this nation including its legally elected representatives are well on their

way to providing some form of health care under a national health plan is also a fact which is abundantly apparent.

The three primary practical problems which currently exist in any consideration for the provision of health care are, (1) the immediate supply of professional health care personnel, (2) the economic problems involved underwriting a health care program, and, (3) the autonomy of the profession. It goes without saying that the three problems frequently feed back on and overlap one another and therefore are somewhat difficult to tease apart and consider individually. A recent attempt was made by Dr. Robert M. Sade (confer my concluding remarks) to isolate the third component, namely, the autonomy of the physician from everything else.

With this background we venture to continue our probe of the problem of health care. Our current issue of *TLQ* welcomes back Professor Louis Buckley and introduces Father R. McCormick, S.J. (also a *Linacre Quarterly* consultant), Dr. Borne-meier, Dr. John Millis and Dr. Daniel O'Keefe.

We believe that in keeping with our initial intent to provide a Christian and rational overview of the subject our authors have made a significant and continuing contribution toward delineating an ethic which can be held comfortably by the individual physician and by the profession at large. We will be disappointed if this issue like our last fails to provoke comment.