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A Right To Health—A Prologue

For the last ten years or more in the social and political life of our American society, the term, a right to health, has been used with increasing frequency. Inexorably and inevitably, the same term is becoming a familiar demand not only on the part of the peoples of our western hemisphere but of people throughout the world. We will save a consideration of the latter problem, viz, the international situation, for a subsequent discussion. For the moment our concern will be the interpretation and application to our North American health scene by the Catholic physician both of the term, a right to health, and the mental concept it expresses.

What concept precisely is intended in the secular sense by this term, a right to health? Does Roman Catholic teaching include this concept? If so, how does the teaching affect the Catholic physician both as a physician and as a Catholic (in *finis operis et finis operantis*). It would seem that a concept of a right to health is developing, or in fact, already has developed a social and moral connotation and significance which is a corollary to that expressed by the term, a right to shelter, and clothing. There are those, and they are not necessarily limited to the medical profession, who would deny that a right to health and a right to food, etc., had either a correlative or equivalent relationship. At the heart of this distinction is the hypothesis that in fulfillment of the latter concept, i.e., to food, etc., the provider is an anonymous "they", and that which is provided is an inanimate object, viz, food, clothing, etc.; whereas in the provision of health services the provider is an immediate, identifiable and very personal "I", viz, the physician.

Some draw another distinction, viz, that food, etc., are essential to human existence whereas health care is not essential in precisely the same sense. Then again, there are those who imply or forthrightly state that health service is an absolutely essential element, particularly in a modern civilization and that neither the individual physician nor the profession as a whole is totally free to dispose of this service as they, the providers, see fit. Whether indeed these distinctions are valid are among several of the points which we hope to have developed in the relevant articles in this issue of the *Linacre*.

Still other persons believe that the term, a right to health, or a right to food, etc., really infers a right to the opportunity to health, food, etc., rather than any absolute unqualified right in itself. Thus, if a right to health exists this in turn gives rise to the problem of whether a right to health is of a qualified or unqualified nature. If the former, viz, a qualified right, to what extent is it so qualified and at the other end of this obviously bipolar problem, what are the

reciprocal rights of the individual physician who is the absolutely essential health care provider? Further questions suggest themselves, to wit, in what light is this term, a right to health, interpreted by persons in disciplines whose service or ends are only tangentially related to the medical field, e.g., by those in religion, sociology, philosophy, economics, government, (including public health) constitutional law, etc.? Finally, and most poignant to the purpose of this journal, what specifically does or should this term signify for the individual Catholic physician in the daily exercise of his profession?

The task which this issue of the *Linacre Quarterly* ambitiously has set for itself is the exploration of these questions. In the essays which follow it is unlikely that all the problems and others as yet undefined will be plumbed to their ultimate depth. It is therefore equally unlikely that we shall arrive at scientifically demonstrable and irrefutable conclusions: Nor is that either our intention or our hope. Rather, it is our desire that the essayists in bringing their attention, skills, and thinking to the problems and relationship outlined above will challenge our reader, and in particular the Catholic physician to a critical self investigation of his own thinking, to a dialogue with the essayists (vocal or silent) and with his medical colleagues and perhaps ultimately will cause him to advance a new personal position on the material under consideration.

Thence, and by way of an initial consideration of the problem and for the purpose of these essays, the term, a right to health, will be used arbitrarily to indicate the right of the individual person to the essential available elements necessary for the maintenance of total and stable bodily health. This then would include health facilities (e.g., hospitals, clinics, offices), necessary therapeutic tools (e.g., drugs, appliances) and most importantly, the medical personnel, but especially the individual physician. It seems to me that it further may be assumed that in the context of our American society and for purposes of this review that if the physician, who presumably is the absolutely essential element in provision of health care is made available, then the other elements enumerated above can be made available more or less readily where and when necessary. Therefore, in a more restricted by practical sense, we are aiming ultimately at, (1) determining whether the concept of a right to health is juridically and morally valid, and, (2) if so, then what are the necessary relationships in terms of rights and responsibilities which juridically and morally exist between on the one hand the person (or community of persons) in need of health care (patients) and on the other hand the provider of health care, the individual Catholic physician.

V.H.P.