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Health Care Delivery in Light of the Gospel Challenge

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America's health care delivery system is embroiled in a dilemma: how can a country blessed with a wealth of health resources—technology, manpower, and facilities—not be able to meet the health needs of the poor, the aged, and the isolated? To solve this problem requires entering into a labyrinth of paradoxes. Despite increased efficiency and streamlined procedures, costs have escalated over 1000% since 1950. Although the physicians per capita have steadily increased (leading analysts to project a physician surplus by 1990), one out of seven Americans in 1980 lived in a state having a critical shortage of primary care physicians. Private, state, and federal organizations pay for 90% of all medical care, yet 12.5% of the population is medically indigent (uninsured or underinsured) with 68% of these families earning wages either too high to receive Medicaid or public assistance or too low to pay themselves. The federal government continues to curtail funding at a time when hospitals, especially inner-city ones, are plagued by rising deficits from charity work and bad debts which have no way of being offset locally.

due to an eroded tax base from unemployment. And the list could continue. The problem, however, cannot be analyzed nor a solution envisioned simply through economics. Looking at balance sheets, expenditure reports, and budgets misses the mark by ignoring a more fundamental concern—the individual human being. Health care transcends financial exigencies. By its nature, health care is intimately related to the welfare of the people, so any solution must likewise be oriented to satisfying the needs of the people.

Concern Rooted in Scripture

This concern for the individual person is rooted in Sacred Scripture and reflected in the Roman Catholic Church's magisterial teaching. The Genesis account of creation attests, "God created man in His image; in the divine image He created him; male and female He created them" (Genesis 1:27). Since man is the pinnacle of creation, human life has been and must continue to be revered as sacred, possessing an inherent dignity. If valued as such, human life naturally engenders a concern for health, which in the Hebraic vision captured man in his multi-faceted entirety, as a whole being—not only in his physical, spiritual, and psychological dimensions, but also in his social and institutional relations. Jesus, during His public ministry, was very involved in the preservation of health and engaged in numerous acts of healing: the curing of lepers (Mt. 8:1-4), the giving of sight to the blind (Mt. 9:27-31), and the enabling of the crippled to walk (Lk. 5:17-26). These acts, however, were not isolated events, but demonstrative of the whole mission of Jesus.

Jesus was the Divine Healer Who came to restore this health. He healed people's physical and psychological ills; He healed them to the depth of their being. Through His life and ministry, He proclaimed the kingdom of God on earth and reached out to touch and to heal our wounded humanity. He came to the world to make us fully human, to help us to realize our human dignity as creatures made in the image of God. He came to bring the fullness of life. 

Jesus entrusted His disciples to carry on His mission, to bring the gospel of salvation to all mankind and to live its message. By virtue of his baptism, the Christian participates in and continues the healing mission of Jesus, both toward his individual needs and also the needs of his fellow man: "Come. You have my Father's blessing... I assure you as often as you did it for one of my least brothers and sisters, you did it for me" (Mt. 25:34ff.).

Given this understanding of the individual and his relationship with others, the social dimension of health care lies at the heart of the crisis. In his encyclical Pacem et Terris (1963), Pope John XXIII listed health care as a basic human right, stemming from the sanctity and dignity of human life (no. 11). If each individual has a right to
adequate health care, then society has the obligation to provide that care in order to preserve the common good—"the sum total of social conditions which allow people, either as groups or as individuals, to reach their fulfillment more fully and more easily (Gaudium et Spes, no. 26). Health care, a truly public good, is part of the common good and does not belong to any particular group or individual to the detriment of any other group or individual. In the distribution of these public goods on a just basis, Pope Leo XIII, in Rerum Novarum (1891), stated:

As regards the State, the interests of all, whether high or low are equal. It would be irrational to subject one portion of the citizens and favor another, and therefore the public administration must duly and solicitously provide for the welfare and the comfort of the working classes; otherwise, that law of justice will be violated which ordains that each man shall have his own (no. 33).

Pope Pius XI, in Quadragesimo Anno (1931), echoes this argument, saying that the benefits of industrialization—public goods—should not be monopolized by a privileged class (no. 60). Therefore, each individual has an equal claim to share in these public goods because the very fact that he participates in a society and enables that society to possess these public goods as a whole. For example, a coal miner may not directly aid in developing sophisticated medical technology or in pursuing research conducted at a university; nevertheless, through his participation in society he does somehow help create the very environment which allows such endeavors for the common good and thereby entitles him to share in the fruits of these efforts. This claim is not merely achieved through an arithmetic division, but rather through the accessibility of and the participation in the public goods which are essential in the preservation of their dignity as human beings.

Dignity Binds in Solidarity

These precepts, however, should not be misconstrued to suggest that only "productive" individuals deserve to share in the common good. Rather, an individual's inherent dignity binds him together with his fellowman in a solidarity. That "productive" segment of society, therefore, which has greater access to participating in the common good, must pay particular concern to the plight of the needy and help make the common good more accessible to them. Consequently, Pope John Paul II, in Laborem Exercens (1981), stressed, "Social thinking and social practice inspired by the Gospel must always be marked by special sensitivity toward those who are most in distress, those who are extremely poor, those suffering from all the physical, mental, and moral ills that afflict humanity including hunger, neglect, and despair..." (no. 20).

Since health care is a right fundamental to each human being and essential to the preservation of his dignity, the state has the responsibility of insuring basic health care for individuals, particularly the needy who are less able to exert their rights and to provide for their health care. Pope John XXIII, expounding on the principle of socialization whereby the state becomes a part of almost every significant aspect of social life, highlighted the notion that "the very nature of the common good requires that all members of the state be entitled to share in it, although in different ways according to each one's tasks, merits, and circumstances. For this reason, every civil authority must take pains to promote the common good of all, without preference for any single citizen or civic group" (Pacem et Terris, no. 56). The United States bishops, similarly in their Pastoral Letter on Health and Health Care, reminded that "the government, working for the common good, has an essential role to play in assuring that the right of all people to adequate health care is protected." This mandate has great implication considering the current situation and the present administration's stance of procompetition, deregulation, and reduced funding in managing the health care delivery system. If the government continues to retreat from health care and relies solely on private efforts to alleviate the problems in health care delivery, such as multi-hospital systems, conglomerates, or even the promising HMOs, the poor will definitely be deprived of adequate health care. To allow certain individuals to suffer from a lack of health care when the resources are, in fact, available or could be channeled to needy areas is certainly demonic.

Yet, the Church does not advocate a total assumption by the government of health care, but a combined effort of both public and private sectors. Pope John XIII, reiterating the thought of Pope Pius XII's encyclical Quadragesimo Anno, elaborated the role of the government according to the principle of subsidiarity, arguing for a pluralistic approach to social organization endorsing many factors for social progress and allowing state intervention only when other means are unable or refuse to uphold the common good (Mater et Magistra, no. 53). The continued deterioration of the health care delivery system does indeed necessitate government intervention, at least at the funding level, to supplement the private efforts so as to provide adequate health care for the needy. To deny this responsibility is equal to telling the needy "to go it alone." However, this position does not dismiss the demand for efforts from the private sector as well. The United States bishops, recognizing the intrinsic pluralistic character of America's health care delivery system, suggested that a comprehensive and coordinated plan be developed extracting resources from a cooperative effort from both public and private sectors, citing especially the need for a national health insurance, health planning and prevention, and containment of costs.
Moreover, the bishops admitted that the Church must also actively take part in seeing that individuals have adequate health care. Quoting Pope John Paul II's encyclical, Redemptor Hominis, the letter stated: "The Church cannot remain insensitive to whatever serves true welfare, any more than she can remain indifferent to whatever threatens it."4 "Church," however, should not be myopically viewed simply as either an institution or a hierarchy. Each Christian is a member of the mystical body of Christ and thereby shares this responsibility. Granted, the efforts to insure health care vary. Perhaps an individual can only give financial support or some sort of volunteer work. The burden, though, may be greater for those whom God has gifted as physicians, nurses, and other health care workers — those who can avail their services to the needy through charitable programs. Each health care worker must ask if he simply runs a business or whether he is doing the work of God. Consequently, the Church on the national, diocesan, and parish level, combined with the meritorious activities of religious communities dedicated to the health care apostolate, must strive to fulfill this task.

Therefore, the starting point in dealing with the present crisis in America's health care delivery system is the recognition of the sanctity of human life. Bishop John R. Quinn of San Francisco stated, "If health care is a right rooted in human dignity, then the structure of the health care system is not merely a question of politics, economics, or bureaucracy; it is a moral question — there is an imperative that the right be satisfied."5 Once the concern for the individual as a human destiny with an inherent dignity is established and respected, America will look beyond balancing a budget or making a profit in health care and restructure, reorganize, and redirect the abundant resources available for an optimum mix to provide adequate health care to all. This discussion will not be easy or accomplished without opposition, but it must be faced in the light of the Gospel challenge.

REFERENCES

2. Ibid., p. 401.
3. Ibid., p. 402.
4. Ibid., p. 398.
5. Quinn, John R., "The Public Debate on Social Justice and Health Care: Opportunity for Evangelization," Hospital Progress, LX, no. 8 (April, 1979), 44.

Education for Professional Responsibility in the Jesuit Tradition

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This discussion of the relation which the ideals of Jesuit university education bear to the professional training of nurses will demand a certain brashness on my part and a corresponding patience on the reader's part. Though I am not particularly familiar with the training of nurses, I can speak of the relation of professional training as such to the Jesuit educational mission — a topic which any Jesuit on a faculty such as Marquette's might be expected to address with some competence. The Society of Jesus is, after all, a society of professionals, in the ancient sense of people who are under final vows of commitment to the Church's mission. This, the religious sense of profession, has colored and transformed the meaning of professionalism as that is encountered in the so-called great professions — the clergy, the military, the physicians, the lawyers — for in the Christian West, all these