5-1-1950

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Recommended Citation
Available at: https://epublications.marquette.edu/lnq/vol17/iss2/3
The healing profession besides the current all-absorbing threat of further federal or state intervention.

The very glory of the healing profession in contributing to the prolongation of life has superinduced a new problem, not of the chronically ill, but of the chronically old. Industrially, wage-earners and salaried employees are already old at 40. Chronologically, they are old (and a medical problem) at 65. Too old to work, too young to die, but susceptible to the ills of old age (not the least being the psychosomatic complications of insecurity or sheer inactivity) there are 10,000,000 such today; and statisticians promise us a nation of old people (over 65) numbering 25,000,000 by 1975. Shall it be another Buchenwald or a Christian solution by those who know most and could do most about gerontology?

"Not enough doctors, nurses, hospitals!" This is an argument for, not against, intensive effort by the healing profession to meet this challenge. So is the problem of maldistribution of doctors, nurses, technicians and hospitals; urban concentrations, rural voids; medical missionaries and world health; the tendency to make community chests and city welfare departments the only organized agencies responsible for the relief of economic, social, physical and mental misery that saps the life out of the most basic societary unit of all, the family, and highlights a losing struggle between moral standards and social pressures.

These and other such problems are the breeding ground of future disorder and chaos. Besides religion, the two prime agents of order are institutions and laws. Where the institutional group abdicates its social responsibility, history demonstrates that political means, enacted public law, will fill the void.

An empty stomach, a running sore or a flattened purse, of themselves, do not make a communist, or a socialist, or a fascist. But if to these are added an empty heart, an empty mind, emptied, that is, of confidence in his more privileged fellowman, then watch out. If non-public social organizations will not help solve the problem, he will go to the government to help him. Failing that, don't be surprised if he would welcome other Hitlers, other Mussolins, other Stalins as warlords of a new order, as protectors of the forgotten man. He may prefer a secure slavery to a risky and unpredictable democratic freedom.

The Principle of Subsidiarity

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In this issue of LINACRE QUARTERLY there appears an article by John C. Friedl, S.J., under the caption of "A Code for the Healing Profession." In this article, Father Friedl discusses group responsibility as it pertains, generally speaking, to all groups within the scope of our political system.

My purpose is to discuss group responsibility as it pertains to a specialized group within the scope of our politico-economic system. During the past few years, much has been written and much has been said on the lecture forum regarding our politico-economic system, its ills, and suggestions for relief. We are living in an era in which two ideologies threaten to engulf the fundamental structure of our society. We are engaged in a cold war of ideologies. On one side are arrayed the forces of so-called free enterprise and on the other the forces of totalitarianism. These are the two systems which are so popularly portrayed before the public.

Many years ago the physiocrats in France developed a system of economics known as the laissez-faire system. This system taught that the inexorable rule of supply and demand shall determine all socio-economic relationship. It taught that government had no place in business. Morality in business was given no consideration. Man was considered as a chattel to be dealt with the same as other material things. Human dignity and the rights of man carried no weight whatsoever in the dealings of the market place. This attitude finally degenerated into a system whereby the morals of the market place became the morals of the jungle. The man who had the greatest wealth and the greatest power and who possessed the greatest cunning was the one who survived. This system recognized no group responsibility and was motivated entirely by material gain with no respect whatsoever for moral principles. The vast majority of the masses degenerated into a mere aggregate of atomized individuals to be used according to the whim of the rugged individualist who was in power.
The evil practices of those dedicated to laissez-faire inevitably led to the development of groups who would oppose such activities. The system of Karl Marx, today's communism, was the first well-organized group to do this. But in the Anglo-Saxon world of constitutional freedom, the Fabian Society founded in 1883 by a small group of socialists in England initiated the first organized reaction to laissez-faire. The name of this society was taken from that of a famous Roman general, Quintus Fabius, whose strategy of battle was to divide into small sectors and conquer bit by bit. This became the strategy of the Fabian Society. This group set out to obtain control of the state and control of the lives of all human beings within the British Empire. This was developed insidiously by gaining control of first one industry and then another with an ultimate objective of control over the entire economy. To indicate that the soil had been well fertilized by the social sinfulness of those who were dedicated to laissez-faire, Ramsey MacDonald, one of the original founders of the Fabian Society, became prime minister of England in 1910, from which date can be traced an official political philosophy of a planned economy whose simple assumption is that the state can govern the affairs of all people better than can the people themselves.

These social planners and their successors promised the laboring classes in England that they would have freedom, a higher standard of living, and many of the essentials which had previously been denied them. The post-World War II years of this planned economy in England, however, have demonstrated that stupendous problems have developed, for which no satisfactory solution short of compulsion appears to be forthcoming. England is moving along the path, thoroughly described in history; and unless the people change their ways, their government will inevitably become complete totalitarianism such as we had in Italy, Germany, and now have in Russia. This totalitarianism will destroy all their liberty, a price they cannot afford to pay.

The Rights of Man

But can such a thing happen here? Are our American industries and professions, our very lives exposed to the danger of encroachment and destruction by the omnicompetent state? The possibility is there, because the conditions that gave rise to socialistic control in Britain are present to some extent in the United States. These conditions can be summed up in two words: social irresponsibility. The best breeding ground for socialized control of industries and the professions is the atmosphere of laissez-faire.

Some would say that we in the United States must choose between the completely irresponsible system of laissez-faire or the state-dominated society of socialistic control. History shows that the irresponsibility of laissez-faire leads to the rise of socialism, and American people must, therefore, seek a third alternative, a socio-economic system that will protect their liberties while, at the same time, eliminating the jungle morality of social irresponsibility. This alternative is at hand, based on sound principles of morality, sprung from the very framework of our American system of rights and duties.

Our political system is founded upon the recognition of natural human rights. These are solemnly enumerated in the Declaration of Independence and in the Bill of Rights. Our founding fathers
recognized that man has an ultimate destiny. Man was created in the image and likeness of his Creator, and upon man was placed a mandate by his Creator that he live in such manner as to spend the balance of eternity with God. This is man's ultimate destiny; everything else is secondary. In order to fulfill this mandate and accomplish his ultimate destiny, man must be given the means of accomplishing it. If God is the type of Creator that I want to worship and He has placed a mandate upon me, then I have a right to expect that God will provide me with the means of attaining my ultimate end.

When representatives of the 13 colonies were meeting for the purpose of forming one nation and could not agree after five weeks of discussion, Benjamin Franklin arose and said, "the small progress we have made after four or five weeks, close attention and continual reasoning with each other is, methinks, a melancholy proof of the imperfection of human understanding. In this situation groping to find political strength and scarce able to distinguish it when presented to us, how has it happened, sir, that, we have not hitherto given one thought of applying to the Father to illuminate our understanding?"

"I have lived, sir, a long time and the longer I live the more convincing proof I see of this truth—that God governs us in the affairs of men. And if a sparrow cannot fall to the ground without His notice, is it probable that an empire can rise without His aid?"

Following this discourse the delegates adjourned. They went home. They prayed. Later they returned and they wrote the Constitution of the United States of America.

These were the dominating fundamental principles which motivated our founding fathers when they said, "We believe these truths to be self-evident: that all men are created equal and endowed by their creator with certain unalienable rights; among these are life, liberty, and pursuit of happiness." Fundamentally, these rights include all of the internal and external essentials consonant with the moral purpose of life.

Within the scope of this perspective one of the responsibilities of our form of government is to guarantee an environment in which private citizens and non-public groups may exercise their rights and privileges and accept the responsibilities incident thereto.

And this is the crucial principle of state intervention in our system of government. The attitude of government should be one of promotion, not of suppression, in regard to the exercise of these natural rights of association to promote the common good. The state, in our system of government, must allow the non-public groups to solve the problems these groups—and not the government—are best equipped to solve.

This now brings us to the principle of subsidiarity so accurately described by Pius XI in his encyclical written in 1931. "It is indeed true, as history clearly proves, that owing to the change in social conditions, much that was formerly done by small bodies can nowadays be accomplished only by large corporations. None the less, just as it is wrong to withdraw from the individual and commit to the community at large what private enterprise and industry can accomplish, so, too, it is an injustice, a grave evil and a disturbance of right order for a larger and higher organization to arrogate to itself functions which can be performed efficiently by smaller and lower bodies. This is a fundamental principle of social philosophy, unshaken and unchangeable, and it retains its full truth today. Of its very nature the true aim of all social activities should be to help individual members of the social body, but never to destroy or absorb them."

To summarize this principle of subsidiarity the Holy Father states that morally where there is a social problem it becomes the responsibility of autonomous groups to provide the answer. The principle also dictates that where the subsidiary groups either will not or cannot provide the answer that it then becomes the responsibility of the state to take over.

**Subsidiarity in Medicine**

This principle is operative within our system and will continue to be operative so long as our system prevails. It is clear, then, that it becomes the responsibility of non-governmental groups, wherever these are competent, to provide the answer for problems as they present themselves. Every right and privilege has its commensurate responsibility. Neglect the responsibility and the right will be lost. We dare not, through social apathy, neglect this fundamental truth.
The path towards a solution of our social problems is clear. We must be motivated neither by the principles of laissez-faire nor by those of socialism. We must be motivated by concepts that are sound; we must recognize the fact that the principle of subsidiarity is operative in our system. We must go down the middle of the road.

One of the very important subsidiary groups in our system is the medical profession. This group has enormous and grave responsibilities. It enjoys many rights and privileges, but here again, if we expect to retain these rights and privileges, we must recognize and accept our responsibilities.

Past history shows that the medical profession has accepted and fulfilled in an admirable way its responsibilities to the community in the fields of basic science and healing technique. Over the years the American Medical Association has kept its standards high, both in respect to educational requirements and methods of practice. This same past history, however, shows that the profession has lagged behind in fulfilling its responsibility to provide good medical care to all the people at a cost they can afford. It is gratifying to note that this past deficiency has yielded to progressive action over the past score of years. It is worthy of note that this action began long before the British plan for socialized medicine—or its American counterpart—received any widespread public support. If this action on the part of the profession continues and improves, it will result in the fulfillment of the medical profession's responsibilities to the community in this important respect.

The Blue Cross and Blue Shield plans for insured medical care represent the profession's effort to shoulder social responsibility. They have been tested for a decade, and now they serve nearly 40,000,000 people in our country, thus proving that the profession is capable of actually accomplishing in its own right what the social planners can only promise (and that with no proof of capability) to do for our people. From the standpoint of performance, the medical profession has shown that its natural right to autonomous activity has been matched by its ability to do the job. From the standpoint of cost, with average yearly charges of $75 to $85 per family, the profession is demonstrating that its methods are economically superior to government, while its administrative expenses (10 per cent of income) are unapproachable, even by the most efficient of private insurance companies.

In spite of this great record of accomplishment, Blue Cross and Blue Shield are subject to criticism. It is claimed that Blue Shield, with its limit of $3,000.00 family income, does not provide insured medical care for enough of our citizens. It is claimed that the chronically ill are not provided for, since applications by those afflicted with certain types of chronic disease are not accepted by these plans. Further, it is charged that the indigent sick do not have a place in the profession's scheme.

These are honest difficulties, but they are just that: difficulties—and they can be overcome. By expanding the limits on family income up to $5,000.00 per year, Blue Shield will include 82 per cent of our citizens in its eligible groups. This can and should be done. If enough of our people join the profession's plans at an early age, then cases of rejection for chronic ailments will be almost completely eliminated, while the plans themselves will remain actuarily sound. Of course, the indigent sick, because of the very nature of their economic position, cannot be integrated into Blue Cross and Blue Shield on a normal basis. Such people are not the responsibility of the medical profession as such; their situation is a problem for the whole community. But Blue Cross and Blue Shield can give these people medical and hospital care on a cost-plus basis, the bill to be paid through local taxes, or, if the local community is poor, then by auxiliary Federal aid, as in the proposed Federal aid for education bills.

The Achilles heel of the profession's health insurance plans involves members of the profession themselves. If a scheme of charges is to be reasonable to the public and just to the practitioner, then the hospitals and doctors must cooperate in a spirit of loyalty to the profession, agreeing on the charges that appear just and abiding by these fees in their future activity within the plans. As Blue Shield is extended to include the $5,000.00 bracket, premium charges will be increased in order to provide members of the profession with high remuneration for services to these groups. But even under such an increased income schedule restraint and unselfishness will be necessary. The profession's independent position is faced with extermination, and we shall come through
this test robust and sound only if members cooperate in a great
demonstration of responsibility in regard to the delicate and
important matter of charges.

Besides the cooperation just mentioned, the profession is in
need of enthusiastic support for its official health insurance plans.
It must be everybody’s business — doctor, nurse, and hospital
authority—to aid in expanding the number of persons covered by
the plans, to actively participate in them, and to keep its cost to
the public at a just and equitable figure. If this enthusiasm and
active support are forthcoming from its membership, the profes­
sion will steer a safe course between the merciless rocks of laissez­
faire and the stifling waters of the welfare state. And it will have
given an actual demonstration of the principle of subsidiarity,
operating within the solid American framework of freedom in the
spirit of our fundamental ideals.

Chorea Gravidarum

Case Report

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Chorea Gravidarum or Sydenham’s Chorea in pregnancy is a complication of considerable rarity, the in­
cidence being about one in ten thousand pregnancies. There
is usually an antecedent history of chorea in childhood, and it is
more frequent in young primigravidæ. Its relationship to gesta­
tion is obscure from the standpoint of cause or exacerbation,
and it is not improbable that it may be a coincidental disease such
as measles, mumps, or other similar types of infection which may
occur during pregnancy, but are not directly related per se. The
mortality rate is about 15 per cent, and maternal death is ascribed
to exhaustion or cardiac failure. There is no specific treatment
for chorea, and general supportive measures and adequate sedation
to prevent exhaustion, both general and cardiac, should be
employed.

Case Report

Mrs. C., a 24 year old housewife, was first seen by me on
Sept. 2, 1948 at my office. She stated that her last normal
menstrual period had been on May 15, 1948, and that she had
had the “unusual symptoms of pregnancy,” such as slight nausea,
urinary frequency, and breast changes. She had delayed her visit,
because she had “felt so well.” Her past medical history included
an appendectomy in 1945, and chorea at the age of 11 years. Her
previous marital history included a spontaneous complete abortion
of a three months pregnancy in June 1946, and a full term baby
normally delivered in July 1947 during which pregnancy she was
treated for pre-ecclampsia at the Municipal Hospital, because of
increasing oedema, hypertension, and albuminuria. On closer
questioning with regard to the miscarriage in 1946, I surmised
that at that time she had had a mild attack of chorea, since she
admitted to being quite nervous and jumpy. However, she had not
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