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Catholic Physicians' Guild

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A Right To Health—An Epilogue

A brief summary appears in order.

At the outset, we were committed to raise questions rather than definitively to answer them. I think that our essayists have contributed greatly to that purpose. More clearly defined are three questions central to the issue of the right to health care; viz, (1) what is connoted by the term "A Right to Health Care", (2) what is the legitimacy of the citizens' demand for health care, and, (3) what ought be the reaction of the Christian humanist physician?

Professor Buckley, interpreting, analogizing and developing the thought of the ordinary magisterium of the church makes a strong case for a relative right to health care. Professor Cohen confirms this thinking from a public health point of view.

Further light could have been shed on the interpretation of a right to health care by those in government but unfortunately two of our prospective authors, for reason of prior commitment were unable to complete their essays in time for publication. The nature and the extent of the ethical and juridical relationships of government to the citizen who through no failure of his own has not the means available to protect his life (nee, health; nee, health care) has been left unexplored in this discussion.

Dr. Griffin comes to grips with the problem from the vista of a practicing physician and christian. Reading between the lines, one visualizes a struggle in Dr. Griffin's thinking between an overt, unlimited, Franciscan type contribution to society and the maintenance of the physician's continued personal identity and freedom to exercise his profession.

Dr. Leithart recognizes and stresses the rights of the individual physician. He is concerned to emphasize that the physician too is a citizen whose welfare ought be equally the concern of the governed and those governing. Implied is that the physician is a person and not a thing to be utilized simply for the need of the community, however important that need may be.

The very nature of the service which the physician provides is such that the physician's right to be *sole* judge of where, when and how this service is disposed

has been and continues to be called into question – and I am not satisfied that sufficient consideration has been given to this crucial point. It would appear to require considerable clarification. I think that there will be a tendency for government to train and hire physicians for the provision of health needs (real or imagined) if the profession as a whole doesn't accept the concept of "right to health care". Graver evils (personal, financial, medical, etc.) partially alluded to by Dr. Griffin could, however, conceivably flow from such intervention.

Finally, but very importantly, it has been left to Father McCorry, S.J. to burn into the conscious awareness of the physician a concept of his, the physician's, "charisma"; that he possesses a spiritual as well as a scientific gift of healing – a gift which takes on double meaning and importance in our progressively developing understanding of what it means to be a human person. Thus, ultimately it is a Pauline charity which is called upon to reign supreme in the physician's breast; a physician's charity which will necessarily recognize and then overlook all the annoying foibles and failures of human nature and which will make available health care to those in need to the limits of the physician's own total health.

V.H.P.