Article

Catholic social teaching: Precepts for healthcare reform

DONALD P. CONDIT

Michigan State University, Grand Rapids, MI, USA

The Patient Protection and Affordable Health Care Act of 2010 accelerated bureaucratic appropriation of health care in the United States. Persuaded by laudable intentions of expanded access to care for millions of uninsured Americans, healthcare cost control, and improved medical quality, supporters are now confronted by the unintended consequences of greater government control of health care. The four primary principles of Catholic social teaching guide a best response to our neighbor's healthcare needs. The presence of these principles in the founding documents of the United States facilitates advocacy the public square.

Lay summary: Catholic social teaching presents a Magisterial gift to each generation to help build a just society. The four principles, Human Dignity, Common Good, Solidarity, and Subsidiarity, can guide reform of a healthcare system in crisis. These precepts, clearly present in the United States founding documents, and persuasive in the public square, serve as a foundation upon which to improve the medical care of the sick and injured.

Keywords: Health care reform, Catholic social teaching, Affordable Care Act, Human dignity, Common good, Solidarity, Subsidiarity

The moral imperative to respond to the needs of our neighbors—basic needs such as food, shelter, health care, education, and meaningful work—is universally binding on our consciences and may be legitimately fulfilled by a variety of means. Catholics must seek the best ways to respond to these needs. (USCCB 2015, no. 25)

The Patient Protection and Affordable Health Care Act of 2010 (PPACA) accelerated bureaucratic appropriation of health care in the United States. Persuaded by laudable intentions of expanded access to care for millions of uninsured Americans, healthcare cost control, and improved medical quality supporters are now confronted by the unintended consequences of

greater government control of health care. Millions remain uninsured. Medical expenses threaten the budgets of families, businesses, and state government. Medicare is on a pathway to insolvency. Insurance companies are abandoning participation in the PPACA-mandated exchanges. Patient access to physicians is constrained by inordinate wait times, automated phone answering, and layers of non-physician “providers.” Physician demoralization with government regulations, reimbursement obstacles, and practice complexities may result in burnout, early retirement, or the closing of independent practices. Religious groups and institutions are forced to pay for, or be complicit in the provision of, unconscionable procedures.

What is the best way for people of good will to respond to the moral imperative highlighted by the United States Conference of Catholic Bishops (USCCB)? Catholic social teaching provides a remedy. “The Church’s social teaching proposes principles for reflection; it provides criteria for judgment; it gives guidelines for action” (CCC 1997, no. 2423). Pope Benedict XVI explained:

The Church’s social teaching argues on the basis of reason and natural law, namely, on the basis of what is in accord with the nature of every human being. It recognizes that it is not the Church’s responsibility to make this teaching prevail in political life. Rather, the Church wishes to help form consciences in political life and to stimulate greater insight into the authentic requirements of justice. (Benedict XVI 2005, no. 27)

More recently in the 2013 encyclical *Evangelii gaudium*, Pope Francis reiterates

Progress in building a people in peace, justice, and fraternity depends on four principles related to constant tensions present in every social reality. These derive from the pillars of the Church’s social doctrine, which serve as “primary and fundamental parameters of reference for interpreting and evaluating social phenomena.” (Francis 2013, no. 221)

The United States founders incorporated these principles into our nascent nation’s documents and provide witness for Catholic social teaching’s origins in principles of reason and natural law. This provides the pragmatic opportunity for compelling conversation in the public square. The Magisterium’s social teaching is both Catholic and catholic—that is, universal.

Let us consider, as United States citizens, the principles of Catholic social teaching, their presence in our founding documents, and how they might guide a best response to our neighbor’s healthcare needs.

CATHOLIC SOCIAL TEACHING PRINCIPLES

The permanent principles of the Church’s social doctrine constitute the very heart of Catholic social teaching. These are the principles of: the dignity of the human person... the common good; subsidiarity; and solidarity. These principles [are] the expression of the whole truth about man known by reason and faith. (Pontifical Council for Justice and Peace 2006, no. 160)

The first, and inviolable, principle of Catholic social teaching is the dignity of the human person. “It anchors the Catholic commitment to defend human life, from conception until natural death, in the fundamental moral obligation to respect the dignity of every person as a child of God” (USCCB 2015, no. 40). “God created mankind in his image; in the image of God he created them; male and female he created them” (Gn 1:27). From this principle follows the obligation for every Christian medical professional to preclude any medical procedure that directly takes the life of a person, including abortion, euthanasia, and physician-assisted suicide. This and other principles from Catholic social teaching apply, as well, to infertility medical technology and research involving human embryos. The *Ethical and Religious Directives for Catholic Health Care Services* are clear: “Catholic health care ministry is rooted in a commitment to promote and defend human dignity,” and they explain, “This is the foundation of its concern to respect the sacredness of every human life from the moment of conception until death” (USCCB 2009, 10).

The primary principle of the dignity of the human person applies on both sides of the stethoscope. Respect for the dignity of physicians, nurses, pharmacists, and other providers contradicts efforts to force them to participate directly, or complicity, in procedures or treatments or prescriptions that violate their conscience or ethical principles of practice.

The second principle, the common good, recognizes the communities we form as human, and social, beings with individual rights and responsibilities to be respected and upheld. Citing the Second Vatican Council, the *Catechism* defines common good as “the sum total of social conditions which allow people, either as groups or as individuals, to reach their fulfillment more fully and more easily” (CCC 1997, n. 1906). In pursuit of the common good, we should seek to create the institutions, policies, and safety net to protect families and individuals. It follows that each individual has a responsibility toward the common good and to promote such conditions, enabling the flourishing of both himself and his neighbor.

Solidarity, the third principle, reflects Christ’s command to “love your neighbor as yourself” and the obligation to seek the good of others. We ought to love our neighbor, feed the poor, clothe the naked, and care for the sick (Mt 25:40). Solidarity compels Christians to love and care not only for those closest to us, for example friends and family, but also for all humanity. The Catholic bishops teach, “A basic moral test for any society is how it treats those who are most vulnerable” (USCCB 2015, no. 53).

Solidarity highlights in a particular way the intrinsic social nature of the human person, the equality of all in dignity and rights, and the common path of individuals and peoples towards an ever more committed unity...Solidarity must be seen above all in its value as a moral virtue that determines the order of institutions. (Pontifical Council for Justice and Peace 2006, nos. 192–193)

The fourth principle, subsidiarity, speaks to the ordering of institutions within society. Pope Saint John Paul II, in the 1991 encyclical *Centesimus annus*, explains,

in a discussion of problems with the “welfare” or “social assistance state,” that

the principle of subsidiarity must be respected: a community of a higher order should not interfere in the internal life of a community of a lower order, depriving the latter of its functions, but rather should support it in case of need and help to coordinate its activity with the activities of the rest of society, always with a view to the common good. (John Paul II 1991, no. 48)

He continued,

By intervening directly and depriving society of its responsibility, the social assistance state leads to a loss of human energies and an inordinate increase of public agencies, which are dominated more by bureaucratic ways of thinking than by concern for serving their clients, and which are accompanied by an enormous increase in spending. In fact, it would appear that needs are best understood and satisfied by people who are closest to them and who act as neighbors to those in need. It should be added that certain kinds of demands often call for a response which is not simply material but which is capable of perceiving the deeper human need. One thinks of the condition of refugees, immigrants, the elderly, the sick, and all those in circumstances which call for assistance, such as drug abusers: all these people can be helped effectively only by those who offer them genuine fraternal support, in addition to the necessary care. (John Paul II 1991, no. 48)

Pope Pius XI concisely wrote “One should not withdraw from individuals and commit to the community what they can accomplish by their own enterprise and industry.” (Pius XI 1931, no. 79). Similarly Pope Benedict XVI explained,

We do not need a state that regulates and controls everything, but a state that, in accordance with the principle of subsidiarity, generously acknowledges and

supports initiatives arising from the different social forces and combines spontaneity with closeness to those in need. (Benedict XVI 2005, no. 28)

These four principles of Catholic social teaching represent a Magisterial gift to each generation that serves as a blueprint and specifications for building a just society. The founders of the United States recognized the value of these precepts.

UNIVERSAL SOCIAL TEACHING

Signatories of the Declaration of Independence, on July 4, 1776, acknowledged “the Laws of Nature and of Nature’s God” and affirmed “We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the pursuit of Happiness.” The United States founders began this nation with the principle of human dignity.

The September 17, 1787, preamble to the Bill of Rights reflects the principle of the common good:

We the People of the United States, in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defense, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.

The December 15, 1791, Tenth Amendment to the Constitution reflects the principle of subsidiarity: “The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.”

Inherent in the American tradition is the principle of solidarity, with concern for neighbor, as reflected in Emma Lazarus’s

sonnet, *The New Colossus* engraved on a tablet in the Statue of Liberty’s pedestal:

“Keep, ancient lands, your storied pomp!” cries she
With silent lips. “Give me your tired,
your poor,
Your huddled masses yearning to
breathe free,
The wretched refuse of your teeming
shore.
Send these, the homeless, tempest-
tossed to me,
I lift my lamp beside the golden door!”
(Lazarus 1883)

The four principles of Catholic social teaching are clearly present in our identities as United States citizens and can guide healthcare reform discussions with their basis in natural law.

REFORMING HEALTHCARE REFORM

The *Catechism’s* words could be applied the healthcare reform debate today. “Regulating the economy solely by centralized planning perverts the basis of social bonds; regulating it solely by the law of the marketplace fails social justice; for ‘there are many human needs which cannot be satisfied by the market.’” (CCC 1997, no. 2425, quoting John Paul II 1991, no. 34).

Health care in the United States today is an incomprehensible paradox. World-renowned excellence of care and dedication by physicians, nurses, and other providers juxtaposes inaccessibility to this care. The Patient Protection and Affordable Care Act of 2010 has done neither on a national level: many Americans have no better insurance coverage; and many face ever-increasing medical expenses, premiums, and deductibles. Millions remain uninsured. Immigrants lack access to basic health care. Medicaid expansion has

helped many poor gain access to care, yet many working families cannot afford the high deductible plans they are compelled to purchase. State budgets will be further overwhelmed with healthcare costs when federal Medicaid subsidies diminish. Medical expenses represent an ever-increasing proportion of the gross domestic product, and Medicare insolvency looms on the horizon. Physician burnout, demoralization, early retirement, and independent-practice sales reflect a host of difficulties, including byzantine Medicare regulations, insurance company interference, and electronic record mandates, all of which seem worse from year to year. Mandates that violate freedom of conscience for providers and pharmacists contradict the free exercise of religion that our First Amendment prohibits impeding.

How ought health care be reformed in the United States? Our Catholic bishops advocate

The nation's healthcare system needs to be rooted in values that respect human dignity, protect human life, respect the principle of subsidiarity, and meet the needs of the poor and uninsured, especially born and unborn children, pregnant women, immigrants, and other vulnerable populations. (USCCB 2015, no. 80)

Market oriented reforms which adhere to the Catholic social teaching principles of human dignity, common good, solidarity, and subsidiarity provide a best way to respond to the needs of our families and neighbors while respecting those providing, and paying for, health care. As Pope Benedict wrote, "Love—caritas—will always prove necessary... the state which would provide everything, absorbing everything into itself, would ultimately become a mere bureaucracy incapable of guaranteeing the very thing which the suffering person—every person—needs: namely, loving personal concern" (Benedict XVI 2005, no. 26).

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BIOGRAPHICAL NOTE

Donald P. Condit, M.D., M.B.A., is an orthopedic hand surgeon practicing independently in Grand Rapids, Michigan. He is a clinical professor of surgery at Michigan State University and past president of the Kent County Medical Society.