Health Care Reform and the Catholic Perspective

The Catholic Medical Association Position*

Louis C. Breschi, M.D.

Dr. Breschi specializes in urology and is a past president of the Catholic Medical Association.

Abstract

The Patient Protection and Affordable Care Act is a U.S. federal statute signed into law by President Barack Obama on March 23, 2010. It is the principal health-care reform legislation of the 111th U.S. Congress. It reforms certain aspects of the private health insurance industry and public health insurance programs, increases insurance coverage of preexisting conditions, expands access to insurance to over thirty million Americans, and increases projected national medical spending while lowering projected Medicare spending. It is expected that each of these promises has or will be broken. The Catholic Medical Association, representing Catholic physicians as well as other concerned Catholic health-care professionals, has and will continue to focus on the harm that such a vast, vague legislation brings to the task of ongoing moral and ethical delivery of health care.

* As presented on the panel “Faith in Practice” at the Archdiocese of Baltimore’s Third Annual Symposium for Catholic Medical Professionals, “Health Care Reform and the Catholic Medical Professional,” St. Joseph Medical Center, Towson, MD, March 12, 2011.

The Linacre Quarterly 79(3) (August 2012): 334–337.
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0024-3639/2012/7903-0009 \$.30/page.

The Patient Protection and Affordable Care Act (PPACA) was presented to the public making three significant promises:

- 1) Americans' health insurance costs would be reduced;
- 2) The PPACA would reduce the rate of spending on health care and would not add to the national deficit; and
- 3) People satisfied with their current health insurance plans could keep them.¹

Each one of these promises has been or will be broken.² The reason is that the administration did not address the underlying causes of health-care problems, but focused on increased access to health care. They seek to accomplish this by mainly adding to Medicaid, a system already strained by inadequate funding and staffing. In addition, the national insurance mandate, a component of the PPACA, which has raised constitutional issues, is now in the courts.³

The Catholic Medical Association, representing Catholic physicians as well as other concerned Catholic health-care professionals, has focused primarily on the harm that such a vast, vague legislation brings to the task of ongoing moral and ethical delivery of health care. Since the discussion of Obamacare began in 2009, the Catholic Medical Association has taken the position of advocating for defeat of the PPACA, because it was a slipshod, partisan bill that ultimately was passed against the will of the American people. The PPACA fails to respect fundamental ethical, constitutional, and social principles. Since the passage of this bill in 2010, we believe the results support the Catholic Medical Association position.⁴

The issue of funding for abortion is paramount and has been addressed by Anthony R. Picarrell Jr., J.D.⁵ A second very serious concern is the lack of protection of conscience rights for health-care professionals.⁶ Regulations enacted under the Bush Administration to uphold federal conscience protection laws (the Hyde and Weldon Amendments for example) are expected and may have already been revoked by the current administration. President Obama began the process of rescission two years ago, March 10, 2009, when he signed a notice of a proposed rule to rescind the Bush Conscience Protection Act.⁷

A third major social and ethical principle that has not been addressed but is very important to health-care ethics is that of subsidiarity. The *Catechism of the Catholic Church* defines subsidiarity in the following way:

A community of a higher order should not assume the task belonging to a community of a lower order and deprive it of its authority. It should rather support it in case of need. Excessive intervention by the State can threaten personal freedom and initiative.⁸

Pope Benedict XVI wrote in his 2005 encyclical *Deus Caritas Est*,

We do not need a State which regulates and controls everything, but a State which, 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.⁹

This principle argues for a health-care reform solution that fortifies individual family responsibility for health-related decisions. The doctor-patient relationship should be strengthened and protected rather than threatened by distant bureaucratic panels. Local- or community-level initiatives should receive priority over increasing the role of more distant employer/government control. The need for health-care reform is unquestionable. But is the near total disregard of the present system in one gigantic bill appropriate? The size and complexity of health care as we know it in this country does not lend itself to such a sweeping change.

Government leaders can and must enact health-care legislation that respects our deepest human and constitutional rights—the right to life, respect for conscience, and religious freedom; that respects the patient-physician relationship and fosters innovation and quality in health-care services; that respects the principle of subsidiarity in decision making across the spectrum of choices in health insurance and health-care services; and that ensures that all people have access to health care, particularly the poor and vulnerable. Finally, this should be done in a way that is economically sound and sustainable. Currently, this is not attainable with the PPACA.

So where do we go from here?

First, good health-care legislation should strive to make the highest quality health care affordable both to patients and society.

Second, the dignity of each person must be protected from conception to natural death. Neither abortion nor abortifacient contraceptives should be subsidized.

Third, the legislation should strive to promote the common good by working to improve social conditions that make insurance affordable and available.

Fourth, such legislation should support the principle of subsidiarity by supporting efforts to enable individuals and families to obtain health care in the marketplace, not a government bureaucracy.

Finally, virtually all right-to-life organizations have been supportive of either voiding the current health-care legislation or making proper, significant changes. The official Catholic position needs to be uniform and total in support of the principles outlined. The U.S. Conference of Catholic Bishops position of opposition to the PPACA, unless significant amendments and conscience issues are included, is a strong position.¹⁰ The Catholic Medical Association concurs with the bishops' position and supports recognition of the principle of subsidiarity. This collaboration is, regrettably, incomplete in our Catholic health-care system. This disunity leads to confusion among the laity and in the

messages to politicians. May the Holy Spirit guide us to achieve these worthy goals together.

Notes

¹ See “Patient Protection and Affordable Care Act,” http://en.wikipedia.org/wiki/Patient_Protection_and_Affordable_Care_Act.

² See Catholic Medical Association, “Statement on House Repeal Vote on PPACA,” January 19, 2011, http://www.cathmed.org/issues_resources/publications/press_releases/statement_on_house_repeal_vote_of_ppaca/.

³ The Supreme Court has since ruled in favor of the national insurance mandate, calling it a tax, *National Federation of Independent Business v. Sebelius*, 567 U.S. 7 (2012), <http://www.supremecourt.gov/opinions/11pdf/11-393c3a2.pdf>.

⁴ Catholic Medical Association, “2004 Statement on Health Care Reform,” September 2004, http://www.cathmed.org/issues_resources/publications/position_papers/2004_statement_on_health_care_reform/.

⁵ See Mr. Picarello’s presentation, “The Patient Protection and Affordable Care Act: Legal Analysis and Moral Judgment at the United States Conference of Catholic Bishops,” published as part of the Baltimore Symposium presentations in this issue of *The Linacre Quarterly*.

⁶ Catholic Medical Association, “2004 Statement on Health Care Reform,” sec. 5. See also Catholic Medical Association, “2008 Health Care Task Force Executive Summary November 2008,” http://www.cathmed.org/issues_resources/publications/position_papers/2008_health_care_reform_executive/.

⁷ See Lawrence J. Joseph to Office of Public Health and Science; Department of Health and Human Services, “Re: Proposed Rescission of Provider Conscience Rule 74 Fed. Reg. 10,207 (Mar. 10, 2009),” April 9, 2009, <http://downloads.frc.org/EF/EF09D50.pdf>.

⁸ *Catechism of the Catholic Church*, n. 1883.

⁹ Pope Benedict XVI, encyclical letter *Deus Caritas Est* (On Christian Love) (2005), n. 28, http://www.vatican.va/holy_father/benedict_xvi/encyclicals/documents/hf_ben-xvi_enc_20051225_deus-caritas-est_en.html.

¹⁰ See the U.S. Conference of Catholic Bishops, Committee on Domestic Justice and Human Development, “Expanding Health Care Coverage,” statement for the record to United States Senate Committee on Finance, May 20, 2009, <http://www.usccb.org/issues-and-action/human-life-and-dignity/health-care/upload/health-care-statement-2009-05.pdf>.