Catholic Teaching and Disparities in Care

OUR MINISTRY IS PERFECTLY POSITIONED TO LEAD THE STRUGGLE AGAINST INEQUITIES IN HEALTH CARE

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There is nothing revelatory in saying that Catholic social justice teaching is opposed to a health care system that provides one level of service and care to certain populations while at the same time providing another, inferior level to others. One need not be familiar with Catholic social justice teaching to rightfully assume that the church simply does not smile on social structures that allow for unequal treatment of people in a community.

Whenever one group in a society is treated unfairly, we who serve the ministry pause—driven by a sense of fairness, compassion, and, I dare say, guilt—to say that something here is unjust. We then busy ourselves about the work of making things right. Restructuring systems so that they better abide by precepts of social justice can certainly be accomplished without appealing to the theological aspects of certain truths about how we regard people and communities. Solutions for reducing health care disparities in the United States have, in fact, been proposed and are variously being instituted, all without reference to the wisdom of the church. So why bother exploring *how* Catholic social justice teaching can be applied to disparities in health care services when it may be enough to simply know that the church—like almost every other religious entity—says that all people should simply be treated justly?

However, such an exploration will give our work a more significant level of meaning and importance. An atheist would agree that disparities in health care are bad, and, doing so, might dedicate his or her life to enacting real change in the systems that allow for such unequal treatment of certain population groups. But when one embraces the teachings of a particular faith, one seeks to bring aspects of that teaching, as much as reasonably possible, into the activity and work of everyday life. The same holds true, perhaps even more so, for organizations that are founded on a faith tradition. Catholics involved in health care and health care organizations with roots in the Catholic Church, therefore, find deeper meaning for their work when they embrace it as a Christian ministry that is sanctified with Gospel truths and traditional church teaching.

In an effort to promote and expand the Catholic health ministry's conversation about health care disparities, then, it is helpful to identify some of the particular Catholic social justice teachings that can be applied to this area of deep concern. For Catholic health care organizations in the United States, doing so will be especially useful in distinguishing some of the theological and moral elements that serve as meaningful foundations on which to base specific strategies for confronting and resolving this injustice at both local and system levels. First, however, let us take a brief look at the problem of health care disparities.

A Demonstrable Injustice

Even without the benefit of research data, one could justifiably assume that there are indeed disparities in the quality and distribution of health care in the United States. It is not much of a leap to say that, since people are treated unequally when pursuing education, buying a home, and applying for a job, they must also be treated unequally when seeking health care. Despite progress since the enactment of laws such as the Civil Rights Act (1964) and the Americans with Disabilities Act (1990), people in this country generally agree that we are not yet a fair and equal society. And in recent years, the unfair and unequal sharing of America's health care system

has been shown to be one more area where problems need to be addressed.

Uninformed assumptions are no longer relevant because hundreds of studies over the past decade alone have demonstrated again and again that minorities (including women) do in fact receive a lower quality of health care services in this country. As one writer has noted, "Disparities in health care offer a telling illustration of how durably racism is woven in our social fabric, and how easy it is for subtle, unconscious differences in treatment to add up to significant disparities in outcome."[1] Disparities in health care are bad not only because they harm individuals seeking quality health services, but because they exacerbate the problem of unhealthy communities.

Researchers investigating possible health care disparities cross a broad spectrum of topics. Many focus on the big picture, the problem as seen at the societal or national level. Others, typically professionals working in particular health care fields, search for evidence of specific, quantifiable instances of unequal treatment.

In this article, I will bypass the mountain of research articles that have been published over the past several years and focus instead on a single, synthesizing source.[2] In 2003, the Institute of Medicine of the National Academies (IOM) released *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.* This report, based on a comprehensive assessment of hundreds of published research studies, makes one point perfectly clear: Racial and ethnic minorities in the United States do in fact receive lower-quality health care than nonminorities.[3] As the authors note:

> Evidence of racial and ethnic disparities in healthcare is, with few exceptions, remarkably consistent across a range of illnesses and healthcare services. These disparities are associated with socioeconomic differences and tend to diminish significantly, and in a few cases, disappear altogether when socioeconomic factors are controlled. The majority of studies, however, find that racial and ethnic disparities remain even after adjustment for socioeconomic differences and other healthcare access-related factors.[4]

So it is not just a matter of economics. Though some researchers have attempted to reduce the sources of health care disparities to employability or insurability, an African American (or Hispanic, Native American, Pacific Islander, or Asian) person with a full-time job and relatively good health coverage is still more likely to receive lower-quality health care services than a white person with the same job and same health insurance. As the IOM noted, "Racial and ethnic disparities in healthcare occur in the context of broader historic and contemporary social and economic inequality, and evidence of persistent racial and ethnic discrimination in many sectors of American life."[5]

Health care is delivered by human beings who are, inevitably, culturally conditioned. The attitudes, biases, prejudices, and assumptions a health care professional has about races and ethnic groups affect the quality of care he or she provides to patients. Though one would like to believe this is done on a subconscious level, it is no less a problem. Other sources of disparities are identified in the IOM report as residing at the patient level. Despite the relative scarcity of research studies on patient attitudes and behaviors, it is, the report notes, "reasonable to speculate . . . that if patients convey mistrust, refuse treatment, or comply poorly with treatment, providers may become less engaged in the treatment process, and patients are less likely to be provided with more vigorous treatments and services."[6]

Racial and ethnic disparities are not just a matter of economics.

Whether caused by purely economic factors, a clinician's uninformed bias, or a patient's lack of complete understanding about the care he or she is being offered, health care disparities exist in the United States. The simple fact that we have them is increasingly recognized as a national crisis that simply must be solved.

Systemic Solutions

I do not want to spend much time here on specific, actionable steps that could be taken to address health care disparities in the United States. For those seeking ideas that can be implemented in their own organizations, a fine starting point is the IOM report. Numerous recommendations—ranging from regulatory and policy interventions to health system interventions; from patient education and empowerment to cross-cultural education of health professionals; and from data collection and monitoring to additional research needs—are spelled out in great depth in the report.[7]

Similarly, Fr. Peter Clark, SJ, PhD, professor of bioethics at St. Joseph's University, Philadelphia, has outlined several areas in which significant reform must occur. "Immediate changes that will address the issues of racial and ethnic disparities directly and concretely are needed," he writes.[8] Clark, who also serves as ethicist for Mercy Health System, Philadelphia, suggests the following initiatives as necessary starting points:

- Thorough research of the causes of racial

and ethnic prejudice and the effects this prejudice has on health care delivery

- Better education of medical professionals and patients
- Adequate health care for every citizen
- An increase in the number of minority physicians
- Provisions of care based on evidence-based guidelines
- Equity in organ donation
- More deliberate attempts on the part of leaders in minority communities "to address the many rumors and myths surrounding HIV/AIDS, vaccinations, and similar matters that spread in their communities."[9]

Applying Catholic Social Justice Teaching

Health care professionals will certainly have a positive impact on health care disparities in the United States when they better understand the problem and begin to address it with interventions such as those suggested by Fr. Clark and the IOM report. And professionals working in the Catholic health ministry have the added benefit of finding inspiration, meaningfulness, and affirmation in the rich tradition of Catholic social justice teaching as they set out to help enact change in the quality and equitable delivery of health care services in this country.

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Popes, bishops, and theologians have, since before the promulgation of Pope Leo XIII's landmark encyclical *Rerum Novarum* in 1891, spoken out against unjust treatment of laborers, immigrants, the poor, and other marginalized people. Although it offers relatively few explicit references to the provision of health care, this rich history of social justice teaching can be applied to the well-documented disparities in health care in the United States.

Catholic health care professionals "are called not only to conform to civil law and codes of professional ethics but also to the *Ethical and Religious Directives for Catholic Health Care Services* (*ERDs*) and to the articulated values of our particular Catholic organizations."[10] The *ERDs* and articulated values, stemming from a tradition of Catholic ministry and teaching, are what give people in the health ministry guidance and sustenance and lend a sense of sacredness to their work.

Although there are differences among them, most Catholic health organizations articulate values that express a commitment to such things as promoting and defending human dignity, attending to the whole person, caring for the poor and vulnerable, promoting the common good, acting on behalf of justice, stewarding resources, and acting in communion with the church.[11] These commitments are some of the core aspects of Catholic social justice teaching that will be discussed in more detail below.

In the introduction to Part One of the *ERDs*, the U.S. bishops cite Pope John XXIII's encyclical *Pacem in Terris* in arguing that "the first right of the human person, the right to life, entails a right to the means for the proper development of life, such as adequate health care."[12] Health care is a basic human good essential to human flourishing. In the absence of good health, people's abilities to thrive may be diminished, and they may suffer spiritual, temporal, and material decline. Their ability to pursue meaningful relationships becomes diminished. Human dignity and life itself may be lost. Health (or the lack of it) directly conditions one's ability to flourish; and because it does, the Catholic social teaching tradition sees proper health care as a fundamental human right.[13] And since the tradition regards basic health care as a right, it sees the denial of equitable access to it as a violation of justice, specifically distributive justice.

As Pope Leo XIII, quoting St. Thomas Aquinas, put it in *Rerum Novarum*: "'As the part and the whole are in a certain sense identical, so that which belongs to the whole in a sense belongs to the part.' Among the many and grave duties of rulers who would do their best for the people, the first and chief is to act with strict justice—with that justice which is called *distributive*—toward each and every class alike."[14]

The right to proper development of life, which, according to the *ERDs*, entails an ability to pursue good health, obviously extends to all people. "Health," it should be noted, comprises everything "connected with prevention, diagnosis, treatment, and rehabilitation directed towards achieving the better physical, mental, and spiritual balance and well being of a person."[15] In fact, Directive 3 of the *ERDs* specifically says that

> Catholic health care should distinguish itself by service to and advocacy for those people whose social condition puts them at the margins of our society and makes them particularly vulnerable to discrimination: the poor; the uninsured and the underinsured; children and the unborn; single parents; the elderly; those with incurable diseases and chemical dependencies; racial

> minorities; immigrants and refugees. In particular, the person with mental or physical disabilities, regardless of the cause or severity, must be treated as a unique person of incomparable worth, with the same right to life and to adequate health care as all other persons.[16]

Some writers have argued that any manner of health services is better than none—which is true enough—but then they use this argument to justify a health care system that allows for unequal levels of care to members of the same community. For those of us in the Catholic health ministry, the problem with this way of thinking is that our social justice tradition is rooted in the fundamental tenet that each person is worthy of dignity and respect and, therefore, is to be counted as an equal member of the community, by virtue of having been created in the image of God.[17]

Catholic social teaching upholds the dignity of each person *and* a responsibility for the common good. As the 1971 Synod of Bishops put it: "The members of the church, as members of society, have the same right and duty to promote the common good as do other citizens. . . . [Christians] should act as a leaven in the world, in their family, professional, social, cultural and political life. . . . In this way they testify to the power of the Holy Spirit through their action in the service of people in those things which are decisive for the existence and the future of humanity."[18]

Everyone, seen as being made in God's image, must be given an equal opportunity to thrive and participate in the life of the community, and all of us are responsible for affording that opportunity to others. "Human dignity can be realized and protected only in community," the U.S. bishops have said. "In our teaching, the human person is not only sacred but social. . . . The obligation to 'love our neighbor' has an individual dimension, but it also requires a broader social commitment to the common good."[19] Because, moreover, "we believe in the dignity of the person, we must embrace every chance to help and to liberate, to heal the wounded world as Jesus taught us. Our hands must be the strong but gentle hands of Christ, reaching out in mercy and justice, touching the individual persons, but also touching the social conditions that hinder the wholeness which is God's desire for humanity."[20]

Because we humans are social by nature, we are responsible for creating "conditions of social life by which individuals, families, and groups can achieve their own fulfillment in a relatively thorough and ready way."[21] The Catholic health ministry takes this charge seriously and accordingly treats each person, regardless of race or ethnicity, with the same inalienable dignity and respect.

By virtue of their not-for-profit status, organizations in the Catholic health ministry are, as far as the community is concerned, "governed by their charter as a public trust to ensure that everyone who enters their doors should be treated with dignity and respect."[22] The not-for-profit status allows Catholic health care organizations to focus on more than the bottom line and shareholder interests. It allows professionals to view health care as more than a commodity. Yet Catholic health care organizations are driven by "a higher standard" than their non-religiously based counterparts.[23] Catholic health care is indeed a healing ministry of the church as exemplified by Christ. As such, Catholic social justice teaching compels the Catholic health ministry to look to the Gospel imperative of healing brokenness. As the bishops have said, "An essential element of our religious tradition regarding human rights is the understanding that the works of mercy and the works of justice are inseparable. . . . The works of mercy call Christians to engage themselves in direct efforts to alleviate the misery of the afflicted. The works of justice require that Christians involve themselves in sustained struggle to correct any unjust social, political, and economic structures and institutions that are the causes of suffering."[24]

This call to embrace a Christian understanding of mercy and justice is what sets the Catholic health ministry apart and makes it ideal for taking a leadership role in the struggle against health care disparities. Not only is the Catholic health ministry compelled to treat each person in just, equitable ways, but it also is prodded into the public arena where health care disparities find their origins and continue to keep unhealthy communities at an unjust level of sickness and decline.

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Instruments of the Spirit

In a recent article about the health care crisis in America, Edward M. Welch, professor at the School of Labor and Industrial Relations, Michigan State University, says that Catholics tend to address social problems by appealing to Catholic social justice teaching, "a highly worthy concept but one that has come to suggest a very

formal, theological—perhaps even legalistic—approach to the issue."[25] Welch is not belittling the important role of Catholic social justice teaching; rather, he is encouraging stakeholders to embrace that teaching and actually do something with it. "If we expect the Holy Spirit to inspire policy makers to do the right thing," he goes on to say, "we must also become instruments of the Spirit. Only then can we hope to present our faith-based solutions in ways that will inspire people to open up their hearts and recognize the moral implications of the health care problems facing our country."[26]

Our ministry is perfectly positioned to lead by example.

Being an instrument of the Holy Spirit will call for a stronger response than simply discussing injustices and exploring what the church says about such injustice. The papal encyclicals, pastoral letters from bishops, and numerous works of theologians that have drawn attention to social ills over the past couple of centuries were not written to simply report on the unjust treatment of particular populations. They were—and continue to be—a call to action.

The Catholic health ministry in the United States is perfectly positioned to lead by example in undoing the injustice of health care disparities. With the social justice teachings of the church urging them forward, health ministry leaders can and should equip themselves with an understanding of the health care disparities problem, identify its sources, and quickly be about the work of change. ■

NOTES

1. Scott Burris, "Forward: Envisioning Health Disparities," *American Journal of Law & Medicine*, vol. 29, nos. 2 and 3, 2003, p. 151.
2. A bibliography of nearly 500 articles pertinent to disparities in health care can be found in the Institute of Medicine's *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, National Academies Press, Washington, DC, 2003.
3. Institute of Medicine, p. 5.
4. Institute of Medicine.
5. Institute of Medicine, pp. 6-7.
6. Institute of Medicine, p. 12.
7. *Institute of Medicine, pp. 180-243.*
8. Peter Clark, "Prejudice and the Medical Profession," *Health Progress*, September-October 2003, p. 20.
9. Clark, pp. 20-22.
10. Everard O. Rutledge, "Removing Bias from Health Care," *Health Progress*, January-February 2003, p. 33.
11. Catholic Health Association, *A Shared Statement of Identity for the Catholic Health Ministry*, St. Louis, 2001.
12. U.S. Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 4th ed., 2001, p. 8.
13. Pope John XXIII, Pacem in Terris, para. 11.
14. Pope Leo XIII, Rerum Novarum, para. 33.
15. Bonifacio Honings, "The Theological Foundations of the Right to Overall Health," *Dolentium Hominum*, vol. 57, no. 3, 2004, p. 39.
16. U.S. Conference of Catholic Bishops, pp. 9-10.
17. "Gaudium et spes," in Austin Flannery, ed., *Vatican Council II: The Conciliar and Post-Conciliar Documents*, St. Paul Editions, Boston, 1987, para. 12.
18. Synod of Bishops, *Justice in the World*, 1971, para. 38.
19. National Conference of Catholic Bishops, *Economic Justice for All: Pastoral Letter on Catholic Social Teaching and the U.S. Economy*, U.S. Catholic Conference, Washington, DC, 1986, p. 14.
20. National Conference of Catholic Bishops, *Health and Health Care: A Pastoral Letter of the American Catholic Bishops*, U.S. Catholic Conference, Washington, DC, 1981, p. 3.
21. Flannery, para. 74.
22. Rutledge, p. 33.
23. Rutledge, p. 34.
24. National Conference of Catholic Bishops, *Health and Health Care*, p. 3.
25. Edward M. Welch, "Plain Talk about Health Care," *America*, vol. 192, no. 6, February 21, 2005, p. 8.
26. Welch, p. 10.