

Book Reviews

Health Care Reform: A Catholic View

Rev. Philip S. Keane, SS

Paulist Press, Mahwah, NJ, 1993, 232 pp.,
\$14.95

REV. PHILIP S. KEANE'S LATEST BOOK attempts to outline the Roman Catholic theological position on healthcare reform, exploring Catholic moral and social teachings and their implications for the contemporary healthcare reform debate in the United States.

The book opens with a section on problems with the present U.S. delivery system, the options available for healthcare reform here, and the healthcare delivery systems of several other countries. In the book's other two sections the author reviews theological and moral reflections on healthcare justice and offers some thoughts on the future

of the healthcare system.

This book is aimed at readers who are relatively unfamiliar with the Catholic moral theological tradition concerning questions of clinical ethics and social justice. Those better versed in these areas will find the book less helpful.

Seven of the book's eight chapters could be read as independent essays (Fr. Keane's last chapter summarizes his argument). Some chapters are more useful than others; the author admits that his discussion of healthcare reform proposals is already dated.

Fr. Keane's more helpful chapters include those on death and dying and the role of the Church in public policy. For readers unfamiliar with the Church's stance in these matters, he analyzes the critical theological and practical questions confronting the contemporary healthcare community.

Of particular significance is Fr. Keane's review of philosophical and the-

ological thinking about justice in healthcare. He has some pithy things to say about Catholic healthcare ethics and the healthcare reform debate, especially as they concern so mortal and finite a creature as the human being. In writing about sickness and suffering, he says, for example: "If the deeper existential implications of sickness are not recognized, sickness becomes little more than a mechanical failure to be repaired when repair is possible" (p. 65). Later he weaves the biblical concept of resurrection into his thoughts about healthcare:

I do not think anyone can move toward just health care without asking and answering the foundational questions which are being asked in this chapter. Moreover, I think that anyone who wishes to move toward a more just health care system will need to answer these questions with a sense of the

RESOURCE BRIEFS

Wellness Pamphlets

Journeyman Publishing, Santa Cruz, CA, 1994, \$15 for 50 pamphlets (plus lower prices for larger quantities)

Two health promotion pamphlets—*It's Never Too Late to Quit* and *I Won't Smoke Today Because . . .*—encourage persons trying to stop smoking, without blaming them for past attempts that have failed. Both pamphlets assume that it takes time, practice, and motivation to quit smoking. A series of six pamphlets—*Dealing with Depression, Moving through Grief and Loss, Relief from Stress, Asking for Help, When You Feel Lonely, and Building Your Self Esteem*—help healthcare clients identify the symptoms of common mental illnesses, reassure them that seeking help is not a sign of weakness, offer practical self-help advice, and

encourage them to seek help when needed.

Management of Cancer Pain: A Quick Reference Guide for Clinicians

Agency for Health Care Policy and Research, Rockville, MD, 1994, 29 pp., free (single copies) (booklet)

If cancer pain were treated more aggressively, millions of patients' suffering could be avoided. This booklet describes pain assessment, pharmacologic management, physical and psychosocial interventions, nonpharmacologic management, treatment of elderly patients, and assessment and management tools. Included is a flowchart that show the sequence of events in evaluating and managing cancer pain, as well as drug dosing tables and forms to help patients and clinicians adequately

describe and assess pain. Patient guides (in English or Spanish) are also available.

BOOKS RECEIVED

Mediating Bioethical Disputes: A Practical Guide, Nancy Neveloff Dubler and Leonard J. Marcus, United Hospital Fund, New York City, 1994

Outpatient Case Management: Strategies for a New Reality, Michelle Regan Donovan and Theodore A. Matson, eds., American Hospital Publishing, Chicago, 1994

The Work Redesign Team Handbook: A Step-by-Step Guide to Creating Self-Directed Teams, Darcy Hitchcock, Quality Resources, White Plains, NY, 1994

openness of life, a sense that there is more to life than the concrete physical needs and desires of concrete individuals. If one's sense of life focuses only on the individual and only on the here and now, it could well be that the move to just health care will be an impossibly daunting task, a task which will get hopelessly bogged down in the demands of a rugged individualism. (p. 70)

Perhaps the most controversial part of Fr. Keane's book is found in his final chapter. He suggests 15 principles against which Catholic institutions should judge healthcare reform proposals. Many readers will no doubt disagree with his principle that a reformed system should incorporate a single payer, and with the distinctions he makes between single-payer financing systems and other "socialized medicine" structures. Others may object to his desire to internationalize healthcare, including delivery and medical research.

There are at least five weaknesses in the author's attempt to outline a Catholic view of healthcare reform. The first is that the Catholic view of healthcare and social justice involves far more than the provision of clinical services for sick persons and reform of the healthcare system. Fr. Keane has little to say about the Catholic healthcare institution's role as employer in the not-for-profit sector and the ways healthcare reform could change that role.

Second, Fr. Keane discusses possible changes in the entitlement structure of the healthcare delivery system, but fails to ask whether there should be a more fundamental change in healthcare policy. Genuine reform might require that Americans devote more energy, time, money, and other resources to the development of a healthier community, rather than ensuring universal access to the services currently provided. In fairness, no one else is making this point either. But it may be the critical ques-

tion that the Catholic community can raise.

And this leads me to the book's third weakness. In recent years healthcare groups have become more interested in the idea of building healthier communities through a combination of community benefit activities, social accountability budgets, and other service programs. Fr. Keane fails to address these concerns, which may be the basis for understanding more global questions.

Fourth, and curiously, Fr. Keane does not discuss the role of personal responsibility for one's own health. The great weakness of the American healthcare system is its focus on professional and institutional structures for the delivery of healthcare services and its failure to teach individuals to take appropriate responsibility for their own health status. This issue is fraught with controversy. How does one avoid seeing as victims those who have, for reasons beyond their control, habits that result in poor health? How does one respond to economically powerless people whose lack of employment, housing, and food contributes so significantly to their poor health? How do individuals band together to respond to environmental, business, and political policies that adversely affect the environment and, inevitably, individual health? These are critical issues requiring complex systems approaches, which could benefit from the insights of Catholic social teaching.

Finally, Fr. Keane says nothing about how a review of other countries' healthcare systems and alternative delivery settings might help us improve community and individual healthcare in the United States.

Still, weaknesses aside, Fr. Keane's book provides good reading, valuable insights, and challenging questions, especially for those unfamiliar with the rich tradition of Catholic healthcare.

Rev. Dennis Brodeur, PhD
Senior Vice President, Stewardship
SSM Health Care System
St. Louis


In 1991 and 1992 familiarity levels were stuck at about 20 percent of employers surveyed, with 87 percent favorability ratings. In fall 1993, the most recent survey, familiarity ratings had jumped to 38.4 percent, with favorability ratings up to 96 percent, on the same questions and scales used in the previous two years. An improved favorability rating is one major factor that has helped Provenant gain six new contracts with major insurers and managed care organizations in the past two years.

IMPROVING OUR COMMUNITY'S HEALTH

Perhaps more important for the organization, the health fairs have enabled hundreds of Provenant employees and staff physicians to devote thousands of hours volunteering to promote better health in the community.

In the past year, 172 Provenant physicians have volunteered a little more than 600 hours at health fairs and roughly 450 employees have volunteered 2,750 hours.

Through all the health fairs held each year, Provenant Health Partners has been able to carry out its fundamental healthcare mission, in addition to the time spent caring for persons who are ill. The positive effect this has had on morale is partially reflected in the greater than 10 percent improvement in employees' ratings in the annual employee attitude survey of how well Provenant is carrying out the mission of its sponsors (the Sisters of St. Francis of Colorado Springs) and of its owners (the Sisters of Charity Health Care Systems, Cincinnati). □

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