

CATHOLICS UNDERSTAND HEALTH CARE AS A RIGHT

As we wait for our nation's leaders to go back to the drawing board, this might be an appropriate moment to remind ourselves why Catholic health care has been so invested in health reform. More than 15 years ago, while the U.S. Congress was debating the Clinton health care plan, the National Conference of Catholic Bishops offered a pastoral reflection on the issue.¹ The bishops ended the introduction to the document with these words: "We are pastors, teachers, and leaders of a community deeply committed to comprehensive health reform. Our urgency for reform reflects both on our traditional principles and everyday experience." Similarly, those in Catholic health care feel the urgency for reform because we know that health care is a human right.



FR. THOMAS
NAIRN

No one who has been attentive to Catholic social teaching should be surprised to hear that the church understands health care as a right. Pope John XXIII stated straightforwardly that "a human being has the right to security in cases of sickness."² Even more pointedly, in their 1981 pastoral letter "Health and Health Care," the U.S. Catholic bishops acknowledged that "health care is so important for full human dignity and so necessary for the proper development of life that it is a fundamental right of every human being." This understanding of health care as a right has been part of the Catholic tradition, and its meaning is understood properly only within the Catholic social tradition. When it comes to rights, this Catholic social tradition tends to speak a language that is somewhat different from that of the U.S. legal tradition.

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RIGHTS: AMERICAN AND CATHOLIC UNDERSTANDINGS

Often when Americans think of rights, what comes to mind is a list of protected freedoms or a series of claims an individual makes against other individuals or against society in general. The American legal tradition, especially since the last half of the 19th century, has acknowledged a close connection between the notion of rights and an individual's autonomy. In the 1891 case *Union Pacific R. Co. v. Botsford*, for example, the U.S. Supreme Court stated that "no right is held more sacred ... than the right of every individual to the possession and control of his own person, free from all restraint or interference of others, unless by clear and unquestionable authority of law."³ Years earlier, a major U.S. law text defined autonomy as "the right to be left alone."⁴ In this context, rights become claims that others refrain from acting in ways that interfere with my autonomous actions. There is a tendency to view another's rights as limiting my own exercise of freedom. When applied to health care, this understanding can come to be seen in terms in which what another is given amounts to what I in fact lose. The debate over the past several months has shown that this way of thinking is definitely alive and well.

In sharp contrast, the Catholic belief in a right to health care derives from concern for the dignity of the human person, created in the image of God. This dignity, however, cannot be understood simply in an individualistic sense. The understanding of natural law upon which the tradition is based acknowledges that the person is inherently social.

If this is the case, the individual cannot simply be “left alone.” Persons flourish only in community. According to Catholic social teaching, then, rights are not claims one autonomous individual makes upon others or upon society, but rather those *social* conditions needed for the realization of human dignity. Rights necessarily have a social dimension, allowing individuals, their communities and society as a whole to flourish. Within the Catholic tradition, the dignity of the person and the common good are always closely related. On one hand, to respect the person is to respect his or her social nature. On the other hand, the common good itself cannot be understood without reference to the individual, as suggested by the Second Vatican Council’s definition of the common good as “the sum total of those conditions of social life which allow social groups and their individual members relatively thorough and ready access to their own fulfillment.”⁵

From this perspective, one can meaningfully speak of a *right* to health care. The tradition understands health care as a right because it safeguards human life and dignity. Such a right, however, is protected in a living community, and — because the church understands society as such a living community rather than a group of autonomous individuals — it can ask that a society ensure its citizens have access to health care, even if such access may entail sacrifice. It can do so because all members of the social community are called to protect human life, promote human dignity and pursue the common good.

THE COMMON GOOD

In 1993 when the Catholic bishops addressed the need for health care reform in “A Framework for Comprehensive Health Reform,” they insisted that “every person has a right to adequate health care.”⁶ They added that “this flows from the sanctity of life and the dignity that belongs to all human persons, who are made in the image of God.” Demonstrating the importance of the common good, the bishops also emphasized the danger of too much individu-

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alism: “We fear the cause of real reform can be undermined by special interest conflict and the resistance of powerful forces who have a major stake in maintaining the *status quo*.” Granted the validity of many of the questions that have been raised about the health care reform bills, the problem of special interests trying to stop reform for narrow gains is as real today as it was almost two decades ago.

The bishops concluded their document with the words:

“New public policy is essential to address the health care crisis, but it is not sufficient. Each of us must examine how we contribute to this crisis — how our attitudes and behavior demonstrate a lack of respect for our own health and the dignity of all. Are we prepared to make the changes, address the neglect, accept the sacrifices, and practice the discipline that can lead to better health care of all Americans? In our own lives and in this vital health care debate, we are all called to protect human life, promote human dignity, and pursue the common good.”

They thus touch upon an element of the Catholic understanding of the common good that has been lacking in health care reform discussions of rights. If, as Pope John Paul II articulated, the virtue of solidarity is a firm and enduring commitment to the common good,⁷ it may often entail personal sacrifice by some members of the community to protect the basic rights of other, more vulnerable members.

It is because we understand that health care is a human right that we appreciate the urgency of the current situation. Because we have a Catholic understanding of rights, we also realize that even after health reform has been introduced, we will continue to be called to express our “firm and enduring commitment to the common good,” even by personal sacrifice.

NOTES

1. National Conference of Catholic Bishops, “A Framework for Comprehensive Health Care Reform: Protecting Human Life, Promoting Human Dignity, Pursuing the Common Good” (June 1993). The values that the bishops articulated were respect for life, priority concern for the poor, access for all, comprehensive benefits, pluralism, quality, cost controls and equitable financing. In his May 20, 2009 statement for a roundtable discussion for the Senate Committee on Finance, Bishop William Murphy, chair of the USCCB’s Committee on Domestic Justice and Human Development, emphasized these same eight values.

2. Pope John XXIII, *Pacem in Terris*, par. 11.

3. Justice Horace Gray, *Union Pacific R. Co. v. Botsford* 141 U.S. 250 (1891).

4. Thomas M. Cooley, *The Elements of Torts* (1888), 29.

5. Second Vatican Council, *Gaudium et spes*, par. 26. See also Pope John XXIII, *Mater et Magistra*, par 65.

6. National Conference of Catholic Bishops, “A Framework for Comprehensive Health Care Reform” (1993).

7. Pope John Paul II, *Sollicitudo Rei Socialis*, par. 38.

FR. THOMAS NAIRN, OFM, PH.D., is senior director, ethics, Catholic Health Association, St. Louis. Write to him at tnairn@chausa.org.

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