

# CONSCIENTIOUS OBJECTIONS TO REFORM

**R**ecent participants in parish and diocesan educational programs are objecting to Catholic leaders' proposals for universal access to comprehensive healthcare services. They are saying that the fundamental right to basic care does not require access to the full range of services currently available to many insured Americans. These concerns have important implications for Catholic leaders involved in healthcare reform.

From the outset of discussions about healthcare reform, parishioners readily accepted the Church's social teachings on bodily rights and the common good. They recognized the right to basic healthcare (although that concept remains undefined) as a necessary plank in the platform of a society respecting human dignity and reverencing human life. Moreover, few parishioners doubt the moral imperative to correct the injustices of 35 million persons without access to adequate healthcare.

Lately, however, criticisms and challenges have been frequent, with a common theme: "I believe in everybody's right to basic healthcare, but I do not think I am obligated to pay for every kind of treatment for all. It is a mighty long leap from teaching about the right to basic medical care to promoting political proposals for universal access to comprehensive services." Two questions concerning the reformed system generally follow in these discussions.

*Average  
Catholics  
Are  
Concerned  
About the  
Church's  
Leaders  
Advocating  
Compre-  
hensive  
Healthcare  
Benefits*

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## TIERED SYSTEM?

The first question is, What is wrong with a tiered system of healthcare as long as all persons have access to basic care? Conscientious Catholics are not condoning the vast disparities between those with access and those without basic services. But they are rejecting the argument that a tiered system based on a basic benefit package is morally unacceptable. They know that the ethical obligation requires access to basic care, not to comprehensive services. And although these terms have not been defined, they know comprehensive means more than basic. They know the amazing range of services available to many of those who have access, and they question the ethical justification for narrowing the gap by ensuring comprehensive benefits to all.

Schoolteachers ask whether the right to basic education and education reform should be measured by universal access to enhanced learning programs from kindergarten through high school, followed by guaranteed university studies or skills training. Advocates for the homeless inquire about a similar standard to measure their efforts to ensure the right to basic shelter in terms of full access to high-quality housing developments in secured communities. Does the argument for comprehensive healthcare benefits imply that existing tiered systems for providing basic education or adequate shelter are morally unacceptable?

The wide gap between basic and comprehensive services for other fundamental human needs is obvious. People are asking why access to comprehensive benefits in America's healthcare system is being given priority. Occasionally some even imply that Catholic leaders have vested interests in advocating for comprehensive rather than basic services.

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### LIMITS ON BENEFITS

The second, related question is, What limits on benefits are being proposed? Most often this query arises when the media are covering some extraordinarily expensive, high-risk procedure such as a multiple organ transplant. Two related points usually surface.

People reject the notion that a person is entitled to be kept alive at any cost. They are not talking about futile care, but very high-cost-low-benefit life supports. People want to know what is being proposed to establish morally acceptable limits on keeping patients alive at exorbitant expense. With reform rhetoric claiming that most Americans will have more medical coverage, it sounds to many like the medical model of rescue from death is not really being reformed but merely expanded by primary, preventive, and long-term care. In fact, proposed benefit packages are not including many limitations on life-prolonging technology. Is this reform or refinancing?

As a result, people also worry aloud that cost control will fail without limits on benefits. The politically savvy are keenly aware that the American appetite for a wide range of high-quality healthcare services might eat up projected savings and preclude the ability to allocate adequate resources to meet basic needs for housing, crime prevention, legal representation, and job retraining. Consequently, cost-containment efforts could backfire and damage the common good.

### REFLECTIONS

The recent emphasis on universal access to comprehensive healthcare services does seem to have moved beyond the prophetic social justice critique in the U.S. bishops' 1981 pastoral, *Health and Health Care*. In 1985 the U.S. Catholic Conference recalled the crucial assertion of the pastoral:

Every person has a basic right to adequate health care which flows from the sanctity of life and the dignity of human persons. The bishops called on the federal

government to be the guarantor of a basic level of health services for all, with special attention to the health needs of the poor, whose interests are usually most threatened.<sup>1</sup>

In 1993 the bishops proposed linking the healthcare of the poor to the healthcare of those with greater resources as probably the best assurance of comprehensive benefits and high-quality care.<sup>2</sup> This clearly calls for more than a guarantee of access to basic services. The Catholic Health Association's reform proposal states that the best strategy to protect the poor is to tie their fate to that of the average American. This strategy arises from the conclusion that the interests of the poor cannot be protected in programs that are viewed as part of the welfare system.<sup>3</sup>

It is my perception that Catholic retailers, grocers, teachers, and contractors genuinely disagree with this strategy. They also sense that Catholic ethical teaching on the right to adequate care does not require support for universal access to comprehensive services.

As debates over healthcare reform heat up, Catholic leaders might improve their positions by addressing concerns about the apparently privileged status of healthcare services among other human goods. They might strengthen support within their own ranks by clarifying the connections between the right to basic care and advocacy for comprehensive services. These important issues merit serious response. □

### NOTES

1. U.S. Catholic Conference, "The Right to Health Care," *Origins*, September 5, 1985, p. 187.
2. Catholic Bishops of the United States, "A Framework for Comprehensive Healthcare Reform," *Health Progress*, September 1993, p. 22.
3. *Setting Relationships Right: A Proposal for Systemic Healthcare Reform*, Catholic Health Association, St. Louis, 1993, pp. 5, 6.

## EUTHANASIA

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porting these actions are insufficient and specious. These actions violate the spirit and purpose of medical activity, and their social consequences could be disastrous. Besides, for dying patients, proper pain control and properly employed measures for mouth and skin hygiene, appropriate psychological and spiritual support, and the use of hospice services in facilities or the home all make palliative care effective. Institution of correct palliative care is obligatory for physicians who care for dying patients. Killing is not.

We should not make the concept of death in the twenty-first century "prescribed death." Simply put, physicians cannot kill or assist patients in committing suicide and claim a morally defensible position. □

### NOTES

1. *Dorland's Illustrated Medical Dictionary*, ed. 24, W. B. Saunders, Philadelphia, 1965, p. 520.
2. B. A. Brody and H. T. Engelhardt, eds., *Bioethics Readings and Cases*, Prentice-Hall, Englewood Cliffs, NJ, 1987.
3. D. P. Sulmasy, "Exousia: Healing with Authority in the Christian Tradition," *Theology and Medicine Series*, vol. 2, no. 5, 1993.
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5. H. T. Engelhardt, "Fashioning an Ethic for Life and Death in a Postmodern Society," *Hastings Center Report*, vol. 19, no. 1, 1989, pp. 13-15.
6. J. Rachels, *The End of Life*, Oxford University Press, New York City, 1986, pp. 106-128.
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11. R. J. Nuller, "Hospice Care as an Alternative to Euthanasia," *Law, Medicine, and Health Care*, vol. 20, 1992, pp. 127-132.
12. N. Hentoff, "Putting Price Tags on Lives in Oregon," *Washington Post*, August 18, 1992, p. A13.
13. R. Binding and A. Hoch, *Die Friedgabe der Vernichtung Lebensunwerten Lebens*, F. Meiner, Leipzig, Germany, 1920.