In the September-October 2010 issue of Health Progress, my colleague Ron Hamel, who alternates writing this column with me, discussed the unfinished business of health care reform. Among the items he mentioned was that a concern for the common good has been lacking in the debate. He ended his essay by suggesting that Catholic social teaching can be a resource for resolving the unfinished business of health care reform.

I would like to take up the challenge and further investigate the relationship between health care reform and an aspect of Catholic social teaching — the Catholic understanding of the common good — by focusing on two elements of our Catholic moral tradition. The first is the notion of distributive justice; the second is the moral parameters for understanding what is owed to people who are seriously ill and dying.

Specifically, I will note some problems in Catholic social teaching related to adjudicating individual claims over and against society and show that the common good can more readily be achieved when we act from our solidarity with one another.

DISTRIBUTIVE JUSTICE
The traditional definition of justice, used from the time of Aristotle, is that each person should be given his or her due. Within this tradition, distributive justice has been understood as that species of justice that “distributes common goods proportionately” among those to whom those goods are due. St. Thomas Aquinas further explains that “in distributive justice something is given to a private individual, insofar as what belongs to the whole is due to the part. ... Hence in distributive justice the mean is observed, not according to equality between thing and thing, but according to proportion between things and persons.”

It is this sense of “proportion between things and persons” that created the difficulty mentioned above: How does one determine what proportion of common goods is owed a particular person? How does one adjudicate this sense of proportion among individuals equitably? In attempting to answer these questions, Catholic moral theology described distributive justice in terms of an individual’s claims over and against the larger society. For example, Henry Davis, a prominent moral theologian in the 1940s, explained, “The rights that an individual may claim from society, or a part of society claim from the whole, constitute the object of distributive justice.”

Similarly, in his classic text on moral theology, Fr. Bernard Häring, CSSR, noted that distributive justice “regulates the measure of privileges, aids, burdens or charges, and obligations of the individual as member of the community. The individual member has fundamental rights over and against the community, rights which the community must preserve and guarantee for him.”

In both of these explanations, the claims of the individual are measured over and against society as a whole. This becomes problematic in adjudicating particular claims of individuals. Ethicist and public health advocate Norman Daniels, for example, admits that “acceptable general principles of [distributive] justice fail to give us determinate answers about fair allocation.” When one attempts to adjudicate such claims, it often results in charges of crude utilitarianism; that is, simply...
giving the greatest good to the greatest number without consideration for those who are not in
this majority. Agreeing at least in part with this
charge, Daniels explains that “settling moral dis-
putes simply by aggregating preferences seems
to ignore some fundamental differences between
the nature of values and commitments to them.”
and basing decisions on “tastes or preferences.”
He adds that the “aggregate conception seems
insensitive to how we ideally would like to resolve
moral disputes.”7

As long as one understands distributive justice
in terms of the claims an individual or group makes
over and against society, the difficulty remains.
One may ask, however, whether this is the only
understanding consistent with the broader tenets
of Catholic social teaching. In his articulation of
a consistent ethic of life, Cardinal Joseph Bernar-
din of Chicago challenged the church to under-
stand distributive justice
not in terms of the claims
we make over and against
one another but rather in
terms of what we
owe
to others. Quoting the theo-
ologist Fr. Philip Keane, SS,
he explained: “Justice shifts
our thinking from what we
claim from each other to
what we owe each other. Justice is about duties
and responsibilities, about building the good com-
munity.” In this perspective, distributive justice is
the obligation which falls upon society to meet the
reasonable expectations of its citizens so that they
can realize and exercise their fundamental human
rights.8

By understanding distributive justice in
terms of solidarity, Cardinal Bernardin avoids
the charge of utilitarianism and offers a solution
based on the best of Catholic social teaching.

**JUSTICE AND THE SERIOUSLY ILL**

Another unresolved difficulty in the tradition
deals with care for the seriously ill and dying,
including the use of expensive “last chance” ther-
apies. One of the values articulated by Catholic
health care has been care for people who are poor
and vulnerable. When one speaks of responsibili-
ties to the vulnerable in our midst, it would seem
that the seriously ill and dying are among the most
vulnerable and therefore deserving of as much
medical care as possible. This attitude — and an
expansive understanding of medical care — has
led to the development of technologies to keep
such patients alive longer and longer, often at great
expense and with marginal real benefits. As health
care economists remind us of the vast amounts of
money that are spent in the last weeks and months
of a person’s life,9 some ethicists explain that with
the development of these technologies “no conve-
nient excuse exists for failing to save all who can
be saved.”10 At the same time other ethicists main-
tain that outlays of such funds are unsustainable
and therefore ethically problematic.

The movement from understanding distribu-
tive justice as a matter of claims over and against
society to the notion of what we owe one another
in solidarity may again offer some resolution to
these disagreements. Although the Catholic tradi-
ition of health care exhorts that we are “always to
care,” it also explains what true care means: “The

**Reflection on the innate dignity of human
life in all its dimensions and on the purpose
of medical care is indispensable for
formulating a true moral judgment about
the use of technology to maintain life.**

It is within this context of care that the church
has described the traditional distinction between
ordinary and extraordinary means.12 The tradi-
tional articulation of this principle explained that
“exquisite means” and “extraordinary expense”
are not mandated.13 This acknowledgement is not
a statement regarding the value of life but rather
a description of the limits of technology. People
are able to make these decisions because care
transcends attempts to cure. In making such deci-
sions, people do not abandon their loved ones but
continue to care for them in ways beyond those
People do not abandon their loved ones but continue to care for them in ways beyond those attempts to prolong death by increasingly burdensome measures that offer only marginal success.

CONCLUSION: A ROBUST UNDERSTANDING OF SOLIDARITY
Pope John Paul II explained that solidarity is a “firm and persevering determination to commit oneself to the common good” by acknowledging that “we are all really responsible for all.” As a virtue, solidarity is a disposition of the person that expresses itself in those acts that commit the person to the true well-being of others. It is this virtue of solidarity that can help resolve the “unfinished business” of the lack of concern for the common good, transforming an ethics of strangers who make claims over and against each other into an ethics of right relation.

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NOTES
1. Ron Hamel, “The Work Ahead: Bring Catholic Social Teaching Back into Health Reform,” Health Progress 91, no. 5 (September-October, 2010):84-86. This column is also in response to two lectures I recently heard, the first by Norman Daniels, who spoke on “Just Health Care: Where Are We Now?” at the 2010 CHA Theology and Ethics Colloquium, and the second by Daniel J. Daly, who spoke on “Unreasonable Means: A Proposal for a New Category in End-of-Life Ethics” at a conference on Catholic Theological Ethics in the World Church in Trent, Italy, in July of this year.

2. Thomas Aquinas, Summa Theologiae, II-II, Q 61, a 1.
3. Thomas Aquinas, Summa Theologiae, II-II, Q 61, a 2.

7. Daniels and Sabin, 35.