



Jon Lezinsky

Health Care Decisions For the Common Good

By FR. THOMAS NAIRN, OFM, PhD

The Second Vatican Council developed the church’s classic definition of the common good more than 50 years ago when it described the common good as “the sum of those conditions of social life which allow social groups, and their individual members, relatively thorough access to their own fulfillment.”¹ This is a theological, and not simply a political, description. As such, it needs a bit of explanation, especially when it comes to understanding what “access to one’s fulfillment” means in the Catholic theological tradition.

Fr. David Hollenbach, PhD, a Jesuit theologian who teaches at Boston College, explains the foundation of this tradition: “The true good of persons is communion with other persons, not something that can be enjoyed in solitude. This good is realized completely only in God.”² Our Catholic moral tradition has maintained both that the true common good is God and that to the extent humans and human societies enter into relationship with one another, their goodness becomes analogous to that love and goodness which is in God.

Hollenbach continues, “This human likeness to God is their capacity for relationships of love,

mutual communion, and solidarity with each other.”³

For Catholics, therefore, the common good is not simply a political reality. To act for the common good is to “seek greater human solidarity, not just toleration or the protection of individuals in their solitude.”⁴ In valuing the common good, one does not consider what a person can claim over others in society but rather looks to what one owes to others as brother or sister in community.

‘RIGHT TO EXCESS’

This notion of the common good clashes with

what many believe to be the foundation of a person's individualistic rights. With this contrast in mind, the words of Pope Benedict XVI become understandable as a theological statement:

A link has often been noted between claims to a "right to excess," and even to transgression and vice, within affluent societies, and the lack of food, drinkable water, basic instruction and elementary health care in areas of the underdeveloped world and on the outskirts of large metropolitan centers. The link consists in this: individual rights, when detached from a framework of duties which grants them their full meaning, can run wild, leading to an escalation of demands which is effectively unlimited and indiscriminate.⁵

From the Catholic point of view, to claim that we have particular rights without regard for the needs of others becomes what Pope Benedict XVI refers to as a misguided "right to excess."

Within the realm of health care, what the pope is saying is echoed in the *Catechism of the Catholic Church*. In discussing health care decisions, the Catechism explicitly states: "Life and physical health are precious gifts entrusted to us by God. We must take reasonable care of them, taking into account the needs of others and the *common good*."⁶

Reference to the common good in the context of personal health care decisions may strike many of us as strangely counterintuitive. Do any of us really take the common good into consideration when faced with illness and deciding the appropriate course of treatment? What might this even look like? To begin to answer questions like these, we need to understand better just what the church means by the common good and what relevance it might have for an individual's health care decisions.

For Christians, there is a duty to ask whether demands for particular treatments are reasonable in light of the basic needs of others. We are being asked to distinguish our true need from what the pope called a "right to excess," knowing that the excess that one person demands may result in a situation where others do not receive what they are owed in light of their human dignity.

The notion of the common good, then, forces us to revise our thinking. According to Catho-

lic social teaching, rights are not claims one autonomous individual makes over others or upon society. They are, rather, those social conditions needed for all to realize their human dignity. Rights always have a social dimension, allowing individuals, their communities and society as a whole to flourish. 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

ON THE COMMON GOOD

I have always encountered a line by poet W.H. Auden as a beautiful expression of society's dependence on the common good: "A culture is no better than its woods." The literal meaning in this poem is clear; we all benefit, collectively and individually, when our natural resources are cared for and respected. The work we do in Catholic health care can be inspired by a figurative, though no less true, application of Auden's insight: A culture is no better than the least of its members.

Scott McConnaha, Franciscan Sisters of Christian Charity Sponsored Ministries, Inc.

ON THE COMMON GOOD

Long ago, Hippocrates, the “Father of Medicine,” stated that “where there is love of medicine, there is love of humankind.” A source of satisfaction in an academic physician’s life comes from sharing medical knowledge and skills with less privileged colleagues in developing countries, helping them reach their caregiving potential and allowing them to advance the health of their community.

Carl Bartecchi, MD, Institute for Science in Medicine

her social nature. On the other hand, the common good itself cannot be understood without reference to the good of individuals.

From this Catholic perspective, one can speak meaningfully of the common good in relationship to health care decisions. People make these decisions in a living community, and — because the church understands society as such a living community rather than an amalgamation of autonomous individuals — as members of society who

In valuing the common good, one does not consider what a person can claim over others in society but rather looks to what one owes to others as brother or sister in community.

need to ensure that their fellow citizens have basic access to health care, even if such access may entail sacrifice on their part. This obligation exists because all members of the social community are called in solidarity with one another to promote human dignity and pursue the common good.

MORAL TRADITION

When one asks, however, how the common good can be incorporated into personal decisions regarding health care treatments, one encounters a

necessary ambiguity. In the language of moral theology, one is now entering into the arena of “prudential” judgments, where the social tradition must be applied to concrete realities and where conflicts are likely to occur.

The way health care is set up in the United States, there is usually no *direct* relationship between one’s personal health care decisions and human flourishing in society. Issues of social good in health care often are reduced to issues of cost, and the fact that one person spends less on health treatments does not necessarily result in another’s benefit. Moreover, in the current cultural climate, questions regarding cost often further devolve into arguments about the rationing of health care.

Yet, the Catholic moral tradition can give us guidance. Having acknowledged the fact that people have a duty to care for their health, the Vatican’s Congregation for the Doctrine of the Faith nevertheless has raised the question: “However, is it necessary in all circumstances to have recourse to all possible remedies?”⁷ Often smaller and smaller increments in the benefit of medical technology are achieved at greater and greater cost. This can result in the fact that the “best” treatment is only marginally more effective than one that is considerably less expensive. If more people were aware of the true benefits and burdens of medical treatment within the context of their social responsibility, society itself might begin to reorganize its



own priorities toward a greater emphasis on the common good.

The Vatican document offers some helpful encouragement as one tries to make responsible decisions: “It will be possible to make a correct judgment as to the means by studying the type of treatment to be used, its degree of complexity or risk, its cost and the possibilities of using it, and comparing these elements with the result that can be expected, taking into account the state of the sick person and his or her physical and moral resources.”⁸

Such decisions become even more important — and more difficult — when dealing with end-of-life situations. We want to do what is best for our loved ones. The temptation often is to try more and more treatments, especially as death draws near. We often feel that to do otherwise is to cause harm. The words of St. John Paul II become important here:

Euthanasia must be distinguished from the decision to forgo so-called “aggressive medical treatment,” in other words, medical procedures which no longer correspond to the real situation of the patient, either because they are by now disproportionate to any expected results or because they impose an excessive burden on the patient and his family.⁹

The Vatican’s *Declaration on Euthanasia* adds that this discernment “is not the equivalent of suicide; on the contrary, it should be considered as an acceptance of the human condition.”¹⁰

Although these considerations may not *directly* affect the common good, they nevertheless bring the issue of the common good into discussions regarding medical treatments. If our society — or even if most Catholics — would begin to raise questions like these, perhaps the role of the common good in personal health care decisions would not seem strange.

FR. THOMAS NAIRN, OFM, is senior director, theology and ethics, the Catholic Health Association, St. Louis.

NOTES

1. Second Vatican Council, *Gaudium et Spes*, paragraph 26. This definition in turn is based on Pope John XXIII’s 1961 encyclical, *Mater et Magistra*, paragraph 65, where the definition appears in slightly different words: The common good “embraces the sum total of those conditions of social living, whereby people are enabled more fully and more readily to achieve their own perfection.”
2. David Hollenbach, *The Common Good and Christian Ethics* (New York: Cambridge University Press, 2002), 130.
3. Hollenbach.
4. Hollenbach, 136.
5. Pope Benedict XVI, *Caritas in Veritate*, paragraph 43.
6. *Catechism of the Catholic Church* (Vatican City: Libreria Editrice Vaticana, 1994), paragraph 2288. Emphasis added.
7. Congregation for the Doctrine of the Faith, *Declaration on Euthanasia*, Part IV.
8. *Declaration on Euthanasia*, Part IV.
9. John Paul II, *Evangelium Vitae*, paragraph 65.
10. *Declaration on Euthanasia*, Part IV.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, November - December 2016
Copyright © 2016 by The Catholic Health Association of the United States
