

OF WHAT GOOD IS THE "COMMON GOOD"?

The notion of the "common good," as both previous authors have aptly noted, is a central concept in Catholic social thought, yet a difficult one to apply concretely. When all is said and done, what difference does the concept make in the life of Catholic healthcare and in the operation of Catholic healthcare systems and facilities? What can and should leaders within Catholic healthcare do with the concept of the common good?

Each of the previous authors enriches our understanding of the concept and suggests ways in which attention to the notion of the common good can affect healthcare. Clarke Cochran considers three meanings of the term and associations or implications of each for healthcare: Healthcare promotes the flourishing of the community; it restores members of the community to participation and invites the community to a ministry of care for the vulnerable; and it underscores healthcare as a social good, a good belonging to the whole community.

Rev. Charles Bouchard offers three examples of how the concept can be operationalized: It calls for the participation of employees in decision making; elicits an awareness of the organization's capacity to have either a positive or negative impact on shaping society; and fosters an understanding of the patient as citizen, in an effort to counter the individualism that characterizes American healthcare and society as a whole.



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*This
Abstract
Notion Has
the Power to
Transform
Society*

BY RON HAMEL, PhD

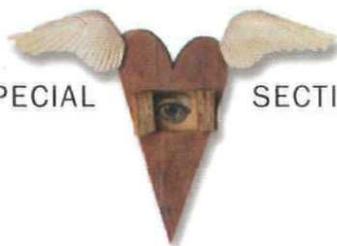
These are not only helpful examples; they also affirm the belief that the notion of the common good can and does have relevance to healthcare. But how did these authors move from the abstract concept to implications and concrete applications? How might leaders in Catholic healthcare make use of the concept?

One way to think about this is to consider the concept of common good as a lens through which we look at our various worlds. As a lens, the concept shapes how we view our worlds, ultimately affecting how and what we see. It is this outlook, this perspective (coupled with other aspects of a Catholic worldview) that we bring with us as we engage the world in multiple ways. Ideally, "common good" is a constitutive part of who we are, how we think, and how we act. It is not merely something that we appeal to in particular situations of decision or action, but, rather, is part of the very fabric of our being. Having been internalized, it is simply part of the way we see and approach things.

And what if "common good" is part of my worldview? What difference does it actually make? How would I tend to see things differently? What would I be concerned about? The notion of common good sensitizes me to certain realities. If I am attuned to the common good, it is likely that I will be concerned about:

- The social nature of human beings and their fulfillment in relationships with others
- Respect for human rights and the policies and structures that promote these
- Fostering solidarity and mutual responsibility for the good of each and the good of the whole
- Facilitating the participation of all in the good of the community
- The impact of decisions and actions on the good of the whole.

What do these sensitivities entail and how



might they affect my healthcare world? What follows is meant to be suggestive, not exhaustive. It builds on aspects of the common good in the Catholic tradition as well as on the reflections of the previous authors.

A "COMMON GOOD" WORLDVIEW

If the notion of the common good shapes my vision, I will tend to view human beings as essentially social, as essentially related to others, and as flourishing only in and through community with others. This in no way diminishes the importance of the individual or subordinates the individual to the good of the whole. The Catholic tradition, after all, affirms the sacredness and inherent dignity of the individual, made in the image and likeness of God and redeemed by Christ. Rather, from this perspective, I affirm the dignity of the individual and the importance of individual rights in protecting that dignity in the context of relatedness to others. Promoting the good of the individual enhances the good of all, the common good, while denial of these rights harms both people and the community.

Hence, from the point of view of the common good, the good of each is bound up with the good of the whole community. The common good seeks both the good of all and the good of each, in contrast to the tendency in American society for each to pursue his or her own good without much consideration for its impact on others and on the whole.

From the perspective of the common good, I would also more likely be attuned to the existence or absence of solidarity, that is, the interdependence of individuals and of communities, both as a partial reality and as a goal to be realized. Because of our social nature and our interdependence, there would seem to be an imperative to do what one can to build up bonds of genuine relations that include a sense of mutual responsibility for each and for all. This entails a commitment to pursue the good of individuals, especially those who are more vulnerable, as well as the good of the community. Each member of a community has a duty to contribute to building up the community as well as society as a whole in whatever way he or she is able. More likely than not, this will require a sense of limits and a willingness to sacrifice. Some individuals may need to forgo certain goods and services for the good of others and the good of the whole. Where there is a keen sense of solidarity with others, self-sacrifice

should not come as a surprise. In a similar vein, the perspective of the common good will incline me to a careful consideration of the ripple effect of my decisions and actions on the well-being of individuals and of the broader community.

Finally, a concern for the common good always beckons me to examine social, political, and economic practices, policies, and structures in view of their contributing to or harming the flourishing of individuals and the community. How do these affect individuals and their ability to participate in the life and goods of the community? Do they facilitate a mutual sharing of community goods? Do they contribute to a building up of the community as a whole or rather to the building up of some individuals at the expense of others and of the community? In what ways can I and others contribute to effecting change where change is needed, either by direct action or through advocacy efforts?

The Common Good and Healthcare Leaders Were I a leader in Catholic healthcare, a concern for the common good would likely direct my attention to the wages and benefits of the organization's employees, to the environment in which and the conditions under which they carry out their responsibilities, and to the degree to which they are able to participate in the decision making and successes of the organization. I might wonder how well my organization not only respects basic rights, but also how well its practices and policies foster an environment in which all employees are respected, valued, and affirmed and, ultimately, are able to flourish. Personnel practices and policies would be important in this regard; so would professional development programs. I would probably want to consider how well interdependence and mutual responsibility are fostered and supported at all levels of the organization. Among other things, this has implications for how work is organized, how performance evaluations are carried out, and how the organization socializes. It also suggests cultivating a sense of responsibility of each member of the organization for other members and for the organization as a whole, as well as for the local community and the larger society.

Looking at patients or residents from the perspective of the common good might lead me to ascertain that all interactions with them respect their dignity, that they receive high-quality care, and that they are treated not as isolated individuals but as members of families and other communities. This perspective might also generate con-

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healthcare professionals are, in a sense, common goods.

A common good outlook sensitizes me to the community.

cerns regarding an individualistic approach to advance directives, to treatment decisions, and to the use of resources. Put more positively, if I and my organization are truly committed to the common good, we might feel compelled to foster an approach to patient care and to the ethical decision making it entails that reflects our common sociality and interdependency, without neglecting individual rights.

Finally, a common good outlook would also sensitize me to the local community and its members, to how well their basic needs are being met, to the community and/or societal structures responsible for meeting or not meeting those needs, to how members of the community participate in its goods and life, and to how my organization might contribute to the enhancement of the community and its members. Impact on the community would be an important consideration in discussions about expansion or reduction of services, new construction, affiliations, and partnerships. Advocacy at the local, state, and national levels would be an integral part of the organization's life.

Of what good is the "common good"? Abstract as it may be, the notion of the common good, as part of a worldview, can be a significant formative and transformative influence. It keeps before our eyes essential dimensions of who we are as individuals and communities, dimensions that are easily neglected in a society that prizes the individual. It also beckons us to be ever engaged in creating environments in which human beings can flourish. □

loans directly finance training for physicians, nurses, and allied health professionals. Public subsidies to state and private medical and other professional schools indirectly support this training. Healthcare professionals are then, in a sense, common goods themselves; their training—now inseparable from themselves—is an asset produced and nourished by the community.

- Healthcare facilities—hospitals, clinics, and physicians' offices—are sometimes publicly owned, but even private institutions often receive government subsidies or tax-supported private grants and donations to finance their construction. These become, then, common goods.

- Medical knowledge is today a social artifact. Few autonomous, isolated, self-supporting researchers make medical breakthroughs. Government funding and tax-favored private foundations support nearly half of all healthcare research and development. It would be wrong, then, to regard such knowledge as the private preserve of individuals or companies. Knowledge is, rather, a common good that, although legally perhaps private, must in justice serve the good of the community. "Private ownership; common use" is the old Thomistic slogan.

- The community, through its political systems, directly pays for about 45 percent of healthcare through Medicare, Medicaid, the Veterans Administration, local hospital tax districts, and state subsidies for charity care. Indirectly, the public subsidizes healthcare through tax exemptions for not-for-profit institutions and tax benefits to companies and individuals that provide or purchase health insurance. These financing schemes reinforce the common character of the goods that constitute the American healthcare system.

- A wide variety of federal, state, and local laws and regulations affect the ways in which care is delivered and the quality of that care. For example, the licensing of professionals, insurance products, and pharmaceuticals are all subject to laws and regulations.

This brief summary demonstrates the extent to which medical art and science depend on the community. Professionals tempted to regard their skills as private goods salable to the highest bidder or patients tempted to view their own desires as all-controlling need a reminder of the larger picture. Although much healthcare has a narrow focus, and although many institutions in the system are legally private, healthcare is a common good destined for the building up of the community and all its members. Denying some members access or regarding one's own skills or business as wholly private violates the common good. □

NOTES

1. *Catechism of the Catholic Church*, nn.1906.
2. See *Catechism of the Catholic Church*, nn.1907-1912, and David Hollenbach, "Common Good," in Judith A. Dwyer, ed., *The New Dictionary of Catholic Social Thought*, Liturgical Press, Collegeville, MN, 1994, pp. 192-197.
3. These points come from philosopher Yves R. Simon's discussion of the common good. See Clarke E. Cochran, "Yves R. Simon and 'The Common Good': A Note on the Concept," *Ethics*, April 1978, pp. 229-239.
4. Michael J. Schuck, "Response to David Hollenbach's 'The Common Good in a Postmodern Epoch: What Role for Theology?'" in James Donahue and M. Theresa Moser, eds., *Religion, Ethics, and the Common Good*, Twenty-Third Publications, Mystic, CT, 1996, p. 25.
5. 1 Cor 1:17-2:9.