Toward a Just Healthcare System

Healthcare Providers, the Church, and Government Must Do Their Part to Improve Access to Care

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Healthcare professionals generally agree that the U.S. healthcare delivery system is a nonsystem of patchwork governmental and private initiatives. This approach has failed to contain healthcare costs and alienated healthcare professionals from one another and from the public. As a result, the United States has a poorer quality of care than many other countries, as can be seen in comparisons of infant mortality rates and other measures of health.

The American public and some healthcare professionals do not always see the inequities of the nation's patchwork nonsystem or the societal harm caused by injustice in the delivery of healthcare. In this article I present some of the symptoms of inequity found in the current system and the implications these symptoms will have on the future. Second, I present the values that support the U.S. education system and suggest that these same values could provide a foundation on which a more just healthcare structure could model itself. I then focus on the Christian values of compassion and justice, which I believe are the religious foundations on which a fairer healthcare system can be built. Finally, I discuss the responsibilities of Catholic healthcare providers, systems, the Church, and the government in constructing a better and fairer model of healthcare.

Symptoms of Inequity

High Cost, Little Benefit The United States spent $2,300 per person in 1989 on healthcare.[1] Americans pay much more per capita for healthcare than people in other developed countries. For example, in 1989 Canada spent about $1,600 per capita for approximately the same quality of healthcare.[2] Americans do not generally reap significant benefits such as longer lives or better quality of life from this extra expenditure of funds. The inequity of the U.S. healthcare system comes more sharply into focus when we see that 30 million to 40 million Americans cannot get the healthcare they need because they cannot afford to pay for it.

Prolonged Dying In the United States one in seven healthcare dollars is spent on people in their last six months of life. Frequently this money is used to prolong their dying against their wishes. Although Catholic healthcare providers should

Summary The U.S. healthcare delivery system is a patchwork nonsystem full of inequities, whose symptoms include the prolongation of the dying process, a lack of preventive care, and patient dumping. What can be done to make this nation's healthcare delivery system more just?

The U.S. healthcare system should be modeled on the same underlying assumptions and justice-related values as the U.S. education system, a system based on need. Americans would find such a model psychologically acceptable because they are familiar with it, even though it is not perfect.

Because they have the facilities and resources at their disposal, care givers must experience solidarity with all those who need care. The unity and solidarity of all creation is an explicitly Christian theme and is an appropriate value to emphasize with regard to compassionate healthcare.

To establish a fairer healthcare delivery system, providers must consider their own Christian responsibilities and those of the Church, as well as the civic responsibilities of the government. If Catholic healthcare professionals do their part to change the status quo, Americans will be able to enjoy a fair system of healthcare delivery based on need, not on ability to pay.

never adopt the ethic that holds that some lives are not worth living, Christian prudence and the best of the Catholic tradition do not demand that suffering and dying be prolonged to the extent they oftentimes are. I am not sure that Christian healthcare professionals have always lived out the implications of this theological stance. If healthcare in this country is ever going to be delivered more equitably, providers must focus on the prevention of disease, the restoration of health, and the alleviation of pain, not the prolongation of the dying process.

A Need for More Preventive Care Prenatal and pediatric clinics are closing while millions of dollars are spent on neonatal intensive care units and aggressive rescue medicine for children whose diseases generally could have been prevented by adequate prenatal care and proper inoculations and diet. In addition, the United States has an inadequate number of testing and screening clinics for diabetes and hypertension, diseases that are reasonably easy and inexpensive to keep under control but whose sequelae, when left untreated, are often costly to treat and sometimes fatal.

Americans are enamored of high technology, so it is not surprising that rescue medicine holds a higher priority than prevention. Yet when Catholic healthcare providers consider the needless suffering brought about by a lack of good preventive care, they should realize they must put less emphasis on rescue medicine if future healthcare delivery is to become more effective and fair.

Rationing Many healthcare professionals, especially physicians, do not even realize that the rationing of healthcare on the basis of ability to pay is already taking place in the United States. They do not realize this because they never encounter persons who have been denied healthcare as a result of rationing; for the most part, their practices are directed toward persons who have accessed the healthcare system precisely because of their ability to pay.

Patient Dumping Patient dumping and the number of charity care cases at public and religious hospitals are growing at a time when it is increasingly difficult to raise additional revenues because of diagnosis-related groups and prepaid health plans. These financial exigencies are forcing some hospitals to close and are bringing others to the brink of bankruptcy. The facilities in trouble are usually the ones doing the most to provide care for persons who cannot pay.

Commodity or Need? Americans perceive healthcare more as a commodity and less as a basic need. Treating healthcare as a commodity will only exacerbate the cost-containment problem and has already led to the attitude that inequity in healthcare distribution is "unfortunate, but not unfair."[3] Only when Americans see healthcare as a basic need will they understand that for some persons to have more healthcare than they need while others are deprived of necessary healthcare is not only "unfortunate" but very unfair.

A Model for Healthcare Delivery

U.S. healthcare reform proposals are often based on the healthcare delivery systems in Canada and Great Britain. I believe, however, that Americans should look at the values underlying the delivery of education in the United States. I do not believe the U.S. education system is perfect; however, we should examine the underlying assumptions and justice-related values of the

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delivery of education because they also apply to the delivery of healthcare. These assumptions and values include the following:

- Americans believe education is good for the individual and the nation. Without education, job productivity and national competitiveness decline markedly. Healthcare needs should be considered similarly because without healthcare, people cannot adequately perform their jobs, may take more time off from work than necessary, may have to rely more on family and others, and may ultimately burden society with excessive costs for critical care interventions that often could have been avoided.
- Americans generally believe that educational resources should be distributed on the basis of need and that every citizen deserves an equal opportunity to receive a basic, comprehensive education. Healthcare ought to be distributed on the basis of need as well, with preventive care being provided to all because of its cost-effectiveness. Rescue medicine, up to a certain affordable level, should be provided to those who are acutely ill, diseased, or injured.
- Americans generally accept that at some point government responsibility ends and personal responsibility for education begins—for example, paying for one's own college education. Government should fund preventive and basic rescue medicine, but Americans must determine a level of healthcare where people would have to rely on their own assets or on third-party payers.
- If they wish, Americans can "buy out" of public education by going to private schools. I also believe Americans should be able to buy out of any governmental healthcare system but that disincentives should be established, at least while the system is new, to encourage participation so that the new system might have the time and resources to deliver healthcare effectively. In this model, healthcare could be provided either publicly or privately, using a voucher system to ensure government payment.

Americans would find a model of healthcare delivery based on the U.S. education system psychologically acceptable because they are already familiar with it. The perception that healthcare is a basic need, one essential element of a more just healthcare delivery system, could be learned, mutatis mutandis, from the values inherent in the U.S. education system.

Solidarity is appropriate to compassionate care.

Compassion and Justice

The Christian tradition can contribute important elements toward a more just healthcare delivery system. In the story of the Good Samaritan (Lk 10), compassion enabled the Samaritan to overcome ethnic barriers and thus help the stranger in need. In a recent document, the National Conference of Catholic Bishops (NCCB) states:

> Compassion is much more than sympathy. It involves an experience of intimacy by which one participates in another's life. The Latin word *misericordia* expresses the basic idea: The compassionate person has a heart for those in misery. This is not simply the desire to be kind. The truly compassionate individual works at his or her own cost for others' real good, helping to rescue them as well as alleviate their suffering.[4]

In the healthcare context, compassion cannot be limited to an isolated individual in distress. Rather, care givers must experience solidarity with all those who need care. This notion of connectedness to those in need, and indeed the unity and solidarity of all creation, is an explicitly Christian theme and an appropriate value to emphasize with regard to compassionate healthcare for all who need it.

As the bishops point out:

> We learn compassion's meaning from the model of Jesus. His ministry contains many examples. He gives sight to the blind, and makes the crippled walk; he touches and heals lepers; he shares a meal with people considered legally impure; he shames the judges of the adulterous woman and forgives her sin. With compassion, Jesus breaks through the barriers of sickness and sinfulness in order to encounter and heal the afflicted.[5]

Recent theological reflection has led the Church to a vision of the human family wherein the marginalized and disenfranchised have special entitlement to care. This outlook is called a "preferential option for the poor." Pope John Paul II describes it as "a call to have a special openness with the small and weak, those that suffer and

weep, those that are humiliated and left on the margins of society, so as to help them win their dignity as human persons and children of God."[6]

In its pastoral letter *Economic Justice for All*, the NCCB provides the following reflection on the implications of Christian justice with regard to the poor:

> Though in the Gospels and in the New Testament as a whole the offer of salvation is extended to all peoples, Jesus takes the side of those most in need, physically and spiritually. The example of Jesus poses a number of challenges to the contemporary Church. It imposes a prophetic mandate to speak for those who have no one to speak for them, to be a defender of the defenseless, who in biblical terms are the poor. It also demands a compassionate vision that enables the Church to see things from the side of the poor and powerless and to assess lifestyle, policies and social institutions in terms of their impact on the poor. . . . Finally, and most radically, it calls for an emptying of self, both individually and corporately, that allows the Church to experience the power of God in the midst of poverty and powerlessness.[7]

The Catholic Health Association (CHA) has tried to bring these theological perspectives to bear on the delivery of healthcare through the recommendations it makes in *No Room in the Marketplace: The Health Care of the Poor* (1986), in the *Social Accountability Budget: A Process for Planning and Reporting Community Service in a Time of Fiscal Constraint* (1989), and in other publications and programs (see **Box**). All Catholic healthcare professionals should be familiar with these documents and implement them as best they can.

I understand Aristotle's principle of formal justice as requiring that we treat equals equally and unequals unequally (but not unfairly) when there is a relevant difference. The question Catholic healthcare providers must raise unceasingly is whether the poor's lack of financial resources justifies discrimination against them when it comes to the delivery of healthcare. If healthcare is a basic societal need and not a commodity, the answer to this question is no.

The Just Delivery of Resources

To establish and ensure a fairer healthcare delivery system, I believe providers must consider their own Christian responsibilities and those of the Church, as well as the civic responsibilities of the government.

Catholic Healthcare Providers Although it would be wonderful if a fairer model of healthcare delivery emerged de novo, in reality it will have to evolve from the system we now have. This can only happen if Catholic providers implement some of the following suggestions:

- Local Catholic healthcare facilities should make sure that their mission statements provide for fair access for persons in need. This will help employees keep the issue in mind and alert new trustees and personnel that fair access is of primary importance to the facility.
- Catholic healthcare facilities should implement CHA's *Social Accountability Budget* or a comparable tool that will build into the total budgeting process a fairer distribution of resources at the local facility level.
- Catholic community hospitals should take the lead in establishing community-based primary care and outpatient clinics and encourage staff physicians and others to volunteer time to help operate these centers. This would be an effective way to bring services to the local community.
- Catholic healthcare facilities should provide ongoing, in-service education on the Christian understanding of compassion and justice and then explore how these values can be better implemented within the facility. This could be part of an overall management-of-values program or part of the pastoral care team's responsibilities.
- Catholic healthcare facilities should help promote and supervise home-based healthcare activi-

CHA RESOURCES

The Catholic Health Association (CHA) has conducted programs and produced a number of publications on the need for in-service education on Christian values. Some publications are:

- *Food for the Journey: Theological Foundations of the Catholic Healthcare Ministry* by Sr. Juliana Casey, IHM, 1991
- *Ethical Issues in Healthcare Marketing*, 1990
- *Healthcare Facilities and the Parish: A Relationship between Two Healing Communities*, 1989
- *The Poor Shall Teach Us: A Reflective Process on the Spirituality of Serving with the Poor* (a book and a video), 1990
- *A Time to Be Old, a Time to Flourish: The Special Needs of the Elderly-at-Risk*, 1988
- *With Justice for All? The Ethics of Healthcare Rationing*, 1991
- *Corporate Ethics in Healthcare: Models and Processes*, 1991

Programs include an inner-city project that CHA is conducting to construct models to help troubled urban hospitals (see James Stith and Bridget McDermott Flood, "CHA's Inner-City Project," *Health Progress*, November 1991, pp. 72-73) and a program to educate facilities on how to implement the Patient Self-Determination Act (see *Patient Self-Determination Act: An Educational Resource*, 1991).

ties such as hospices, which can generally lower costs of care and improve the quality of life for patients who are terminally ill.

• Leaders of Catholic healthcare facilities should collaborate with local civic leaders, citizens groups, and other healthcare providers in the community to identify ways to better meet the healthcare needs of all citizens, especially the poor.

Parishes should appoint healthcare access coordinators.

Multi-institutional Healthcare Systems Catholic multi-institutional healthcare systems should do the following:

• Help local facilities develop and implement social accountability budgets

• Establish systemwide committees to promote and review local facilities' activities for improving healthcare access for the poor and uninsured (Most Catholic healthcare systems have already implemented these types of committees.)

• Unite with other healthcare providers and various healthcare associations and citizen groups in lobbying federal, state, and local governments so that adequate healthcare is provided to all citizens regardless of ability to pay

• Emphasize primary, emergency, preventive, hospice, and long-term healthcare services that better reflect a preferential option for persons who are poor and vulnerable

The Church The Catholic Church, at the national, diocesan, and parochial levels, must accept some responsibilities if a just healthcare system is ever going to be established:

• The Church should consider the provision of basic healthcare as a life-affirming activity.

• At both the national and diocesan level, the Church should lobby governments for a more compassionate and just healthcare system. This is already being done to some degree, but these efforts should be intensified.

• Parishes should establish community-based primary healthcare and outpatient clinics that would be supported by parish funds and coordinated by parishioners.

• Parishes should appoint healthcare access coordinators who would ensure that parishioners could obtain the healthcare that they need. These coordinators would not provide healthcare themselves, but would be knowledgeable about community resources and would be able to help poor and less well-educated parishioners gain access to services.

Government The federal government has many responsibilities to meet if the United States is to adopt a just healthcare system:

• Government at all levels must accept the principle that there is a right to healthcare based on need and that this "means that there is a right to equitable access based on need alone to all effective care society can reasonably afford."[8]

• Government must decide what "effective care society can reasonably afford" and provide mechanisms whereby this care can be delivered, using both public and private resources and facilities.

• Government must, in the short term, provide a safety net for those who are now uninsured or underinsured for healthcare.

• Federal and state governments should provide grants and loans for physician education. These physicians, in turn, would be required to serve for a period in an area of national or state need.

A System Based on Need

Rome was not built in a day, nor will our patchwork nonsystem of healthcare in the United States change overnight. However, I am convinced that if Catholic healthcare professionals do their part to change the status quo, Americans will soon be able to enjoy a fairer system of healthcare delivery based on need, not on ability to pay. □

NOTES

1. "In Canada, a Government System that Provides Health Care to All," *New York Times*, Tuesday, April 30, 1991.
2. *New York Times*.
3. H. Tristram Engelhardt, *The Foundations of Bioethics*, Oxford University Press, New York City, 1986, p. 342.
4. National Conference of Catholic Bishops, "Called to Compassion and Responsibility: A Response to the HIV-AIDS Crisis," *Origins*, vol. 19, no. 26, 1989, p. 426.
5. National Conference of Catholic Bishops, *Origins*, p. 426.
6. Pope John Paul II, address to the bishops of Brazil, 1980.
7. National Conference of Catholic Bishops, *Economic Justice for All: Catholic Social Teaching and the U.S. Economy*, U.S. Catholic Conference, Washington, DC, 1986, paras. 28-29.
8. Larry R. Churchill, *Rationing Health Care in America: Perceptions and Principles of Justice*, University of Notre Dame Press, Notre Dame, IN, 1987, p. 94.