

## FULL ATTENTION TO CATHOLIC SOCIAL TEACHING NEEDED IN HEALTH CARE DEBATE

By Stephen M. Krason

With Congress perhaps on the verge of establishing public policy that will dramatically expand the federal role in health care, Catholics should pay attention to a few central principles of Catholic social teaching that are receiving too little mention from Catholic pro-health care reform activists, ordinary Catholics, and even the U.S. bishops conference. Most of the attention has been on making adequate health care available to everyone since it is a fundamental right. This is certainly correct, as seen in Pope John XXIII's encyclical *Pacem in Terris* (#11). The only criticisms—powerful as they are—that official Catholic spokesmen have made concern the providing of abortion services and the evident groundwork being laid for rationing health care to the obvious disadvantage of the elderly and infirm. The upshot is that if these pro-life concerns could be addressed, the substantially enlarged federal role would be acceptable. However, *central* to the Church's social teaching, and to social ethics generally (so it is not just a matter of what some might consider merely sectarian teaching), has been the principle of subsidiarity whose classic statement appears in Pope Pius XI's encyclical *Quadragesimo Anno* (#79): "it is an injustice and at the same time a grave evil and a disturbance of right order, to transfer to the larger and higher collectivity functions which can be performed and provided for by lesser and subordinate bodies." With the plethora of new federal agencies and the much increased regulation and even regimentation of American health care from Washington contemplated by the bills under consideration, it is very clear that subsidiarity is being ignored. We should note the language of Pius XI's statement—it suggests unmistakably that to shift responsibilities to the center is a *serious moral matter*. While it is true the principle of subsidiarity recognizes that a central government can assume functions that definitely need to be performed if they are not being performed adequately or at all at lower levels, this is something that needs to be proven. While there are definitely problems with American health care—especially involving matters of cost—it is very difficult to make the case that its failures are so great as to justify such a major, permanent federal role. It is striking that while there has been much discussion about the health care issue over the years, there has been too little consideration about alternatives and solutions other than more "national health insurance" administered by the federal government. Subsidiarity makes clear that it is not just the failure to insure that basic human needs are met that violates social morality, but also *how* a nation goes about trying to meet those needs.

Besides subsidiarity, there are other points of Catholic social teaching at stake. A large federal role in health care is going to be expensive—the experience of European countries, whose programs these proposal are patterned after, clearly indicates that. We should not expect that here, any less than there, that only the rich and not the middle class will experience increased—perhaps sharply increased—tax bills. Taxation in some of these countries has for decades been almost confiscatory—mostly to support expansive social welfare arrangements. In the encyclical *Rerum Novarum* (#47), Pope Leo XIII indicated that the state would be infringing on private property rights by excessive taxation. Pope John Paul II in the encyclical *Centesimus*

*Annus* (#48) sharply criticized the Western welfare state, and lamented that one of its consequences was an “enormous increase” in public spending. We have seen this resoundingly in the Medicare program—the most significant federal foray into health care up to now—whose costs have gone far beyond anything anticipated upon its enactment in the 1960’s. Those who think that a greater federal role will solve the problems of health care should ponder John Paul’s observation that these welfare states are “dominated more by bureaucratic ways of thinking than by concern for serving their clients.” Isn’t the discussion about government agencies rationing health care in light of “comparative effectiveness” research (which is happening with the UK’s nationalized health care) illustrative of this very problem? Instead of the welfare state, John Paul called for renewed attention to the family, the Church, and “other intermediate communities” to “give life to specific networks of solidarity” (#49). Maybe we should consider that this might be the starting point for thinking about improving our health care arrangements, instead of turning to the federal government by default. Instead of trying to impose a health care “solution” by legislation, perhaps our national leaders should use their “bully pulpit” to motivate and then coordinate a major national effort by those intermediate communities—the health care industry and others—to address four-square and solve the major problems confronting American health care. Sometimes the best actions government can undertake do not have to involve passing a law and a new effort at coercive management.

In any event, Catholics need to evaluate the current proposals and the entire health care debate in light of the entire corpus of principles—not just particular ones that accord with ideological or partisan attachments or particular policy preferences—found in the authentic social teaching of the Church.

*Stephen M. Krason is Professor of Political Science and Legal Studies at Franciscan University of Steubenville and President of the Society of Catholic Social Scientists. Catholic Social Commentary Service articles are written by members of the Society of Catholic Social Scientists (SCSS) expressing their views—not necessarily the SCSS’s—about current questions in light of Catholic social teaching and thought. Permission to copy and post to other websites or to republish Catholic Social Commentary Service articles free of charge can be gotten by emailing a request to [catholicsocialscientists@gmail.com](mailto:catholicsocialscientists@gmail.com). Copyright 2009 by Stephen M. Krason.*