
Health and Health Care

**A Pastoral Letter
of the
American
Catholic Bishops**

November 19, 1981
United States Catholic Conference

© Copyright 1982
United States Catholic Conference
1312 Massachusetts Ave. N.W.
Washington, D.C. 20005

Scriptural excerpts in this book are from *The New American Bible*,
© copyright 1970, Confraternity of Christian Doctrine, Washington,
D.C., and are used by permission of the copyright owner.

I. INTRODUCTION

Health and health care are subjects that profoundly touch the lives of us all. One's ability to live a fully human life and to reflect the unique dignity that belongs to each person is greatly affected by health. Not only for individuals, but likewise for society at large, health issues take on important significance because of the intimate role they play in personal and social development. Complex in their ramifications and universal in their relevance, these issues are of concern to us all -- rich and poor, young and old.

For the church, health and the healing apostolate take on special significance because of the church's long tradition of involvement in this area and because the church considers health care to be a basic human right which flows from the sanctity of human life. Recognizing the significance of health issues and the legitimate interest of all people in this subject, we address this pastoral letter to all Catholics in the United States.

Although we cannot adequately discuss in this statement all of the technical, ethical and religious issues that the topic calls to mind, we do wish to fulfill four specific purposes. First, we will reflect on the biblical and theological principles which undergird the church's vision of health and healing. Second, we wish to call all Catholics to a fuller acceptance of their responsibility for their own health and for their share in the healing apostolate of the church. Third, we want to express our full commitment to the Catholic health care apostolate and our encouragement and support of professionals in the health field. Finally, we will offer some basic principles for public policy as a means of encouraging full and responsible participation by all Catholics in the shaping of national health policies. We would like, therefore, to provide a sound framework for an ongoing discussion of health and healing in the American Catholic community. Through this pastoral statement we hope to contribute to a renewal of the church's broad commitment to this most important subject.

II. THE MESSAGE OF THE GOSPEL AND TRADITION

A. THE EXAMPLE OF JESUS

In the earthly ministry of Jesus, the acts of healing stand out as dramatic high points. His teaching and preaching were not done in isolation but were accompanied by frequent manifestations of his healing power. Jesus used this power in a very personal and concrete way. He touched others and thereby brought them health and wholeness. He cured the leper (see Mt. 8:1-4), gave sight to the blind (see Mt. 9:27-31) and enabled the lame to walk (see Lk. 5:17-26). On these and numerous other occasions, Jesus dramatized the importance of healing in his mission. He relieved suffering and "cured all who were afflicted" (Mt. 8:16). He demonstrated that illness could be an occasion to prove God's love for his people and not a sign of punishment. The life that Jesus came to give was not in fact to end with death. He asserted emphatically: "I am the resurrection and the life: whoever believes in me, though he should die, will come to life" (Jn. 11:25-26).

Health in the biblical perspective means wholeness -- not only physical, but also spiritual and psychological wholeness; not only individual, but also social and institutional wholeness. Jesus was the Divine Healer who came to restore this health. He healed people's physical and psychological ills; he healed them to the depth of their being. Through his life and ministry he proclaimed the kingdom of God on earth and reached out to touch and to heal our wounded humanity. He came to the world to make us fully human, to help us to realize our human dignity as creatures made in the image of God. He came to bring the fullness of life.

B. THE CHURCH'S TRADITION

The healing ministry of Christ is historically embodied in the church. From the earliest traditions of the church to the present day, the mission of evangelization to which Jesus sent his followers has included healing as a major part. "Into whatever city you go, after they welcome you...cure the sick there. Say to them, 'The reign of God is at hand' " (Lk. 10:8-9). In the familiar story of the Last Judgment, Jesus held out to all who comfort the sick the promise of the Father's blessing. "Come. You have my Father's blessing!...For I was...ill and you comforted me....I assure you, as often as you did it for one of my least brothers [and sisters], you did it for me" (Mt. 25:34-40).

Members of the church follow the example of Jesus, therefore, when they carry out the work of healing -- not only by providing care for the physically ill, but also by working to restore health and wholeness in all facets of the human person and the human community.

The sacraments are an especially important part of this healing mission. The *Roman Ritual: Rite of Anointing and the Pastoral Care of the Sick* has particular significance as a sign and a prayer for the return to health.¹ This new rite is intended to help Christians understand human sickness in the context of the whole mystery of salvation. This liturgy of anointing illustrates the connection between the care of the sick and the example and teaching of Jesus. The following words from the introduction to the *Rite of Anointing and the Pastoral Care of the Sick* explain how the prayers of the priest and the anointing with oil relate to the suffering and resurrection of Jesus:

"The man who is seriously ill needs the special help of God's grace in this time of anxiety, lest he be broken in spirit and subject to temptations and the weakening of faith.

"Christ, therefore, strengthens the faithful who are afflicted by illness with the sacrament of anointing, providing them with the strongest means of support.

"The celebration of this sacrament consists especially in the laying on of hands by the presbyters of the church, their offering the prayer of faith, and the anointing of the sick with oil made holy by God's blessing. This rite signifies the grace of the sacrament and confers it.

"This sacrament provides the sick person with the grace of the Holy Spirit by which the whole person is brought to health, trust in God is encouraged and strength is given....A return to physical health may even follow the reception of this sacrament if it will be beneficial to the sick person's salvation."²

Down through the centuries, the church has carried on the work of healing through diverse forms and structures. The church community from its earliest days has provided hospitable places of care and comfort for those in need of healing. Those who are ill, orphaned, widowed, poor, homeless, handicapped or otherwise in need have found the gentle healing touch of the Lord in church-sponsored programs and institutions. These examples of healing ministry form a rich heritage which we must confidently and gratefully renew and adapt to the needs of today.

C. MERCY AND JUSTICE

Because all human beings are created according to God's image, they possess a basic human dignity which calls for the utmost reverence. On the individual level this means a special responsibility to care for one's own health and that of others. On the societal level this calls for responsibility by society to provide adequate health care which is a basic human right. Health care is so important for full human dignity and so necessary for the proper development of life that it is a fundamental right of every human being. Thus Pope John XXIII, in his encyclical *Pacem in Terris*, listed medical care among those basic human rights which flow from the sanctity and dignity of human life.³

An essential element of our religious tradition regarding human rights is the understanding that the works of mercy and the works of justice are inseparable. This insight, especially as expressed in the Second Vatican Council and in recent papal and episcopal statements, offers special guidance and inspiration to all who participate in the work of healing.

The works of mercy call Christians to engage themselves in direct efforts to alleviate the misery of the afflicted. The works of justice require that Christians involve themselves in sustained struggle to correct any unjust social, political and economic structures and institutions which are the causes of suffering. As Pope John Paul II has said, "The church cannot remain insensitive to whatever serves [humanity's] true welfare, any more than she can remain indifferent to whatever threatens it."⁴

Because we believe in the dignity of the person, we must embrace every chance to help and to liberate, to heal the wounded world as Jesus taught us. Our hands must be the strong but gentle hands of Christ, reaching out in mercy and justice, touching individual persons, but also touching the social conditions that hinder the wholeness which is God's desire for humanity.

III. RESPONSIBILITY FOR HEALTH

We have emphasized that health in the Christian perspective means wholeness -- not only physical and emotional, but also spiritual and social. Health has to do with more than strictly medical concerns. The restoration of health and maintenance of good health are not solely the responsibility of doctors, nurses and other medical professionals. We all bear a responsibility in this regard, both as individuals and as members of larger social and religious institutions.

A. PERSONAL RESPONSIBILITY

As individuals we show respect for our own life and dignity when we adopt life styles that enhance our health and well-being. We should seek to reject personal habits that can threaten our health, such as smoking, excessive consumption of food and drink, abusive use of alcohol and drugs, and neglect of proper exercise.

In the face of powerful social, cultural and economic pressures from a consumer society, we are called to exercise moderation in the use of material goods. Out of gratitude and reverence for the unique sanctity that is ours, we must choose life and health, not death and sickness.

Reforms in personal habits are very important, but they are only a first step. People's health problems are not simply self-inflicted, but are often caused by forces over which they have no control. Workers disabled by unhealthy conditions in their work places are not to blame for their ill health, nor are the poor to blame for their lack of proper nutrition.

Linda Bertlett



Christians have the duty to address threats such as these which are rooted in the structures of society. They can do so by working with private and voluntary groups of various kinds and by cooperating with the appropriate efforts of government in such areas as occupational safety, regulation of food and drug advertising, housing code enforcement, pollution control, and health care for the poor.

B. FAMILY

The family constitutes another extremely important level of responsibility in terms of health care, particularly in the area of prevention. The family unit has a great capacity to promote the health of its members, for it is the primary setting for health education and for instilling those habits that lead to the preservation of sound physical and mental health.

Many families face a special challenge and opportunity in caring for ill parents, children or siblings. For example, a member of the family may be very frail or senile, retarded or physically handicapped, or afflicted with chronic or terminal illness. So far as circumstances permit, we encourage families to care for them at home, so they might benefit from the comfort that only personal love in a home setting can give. Unquestionably, the fulfillment of family responsibility to needy members calls for sacrifice; but if rendered in the gospel spirit, it is the sort of meaningful sacrifice that has its own reward in happiness, peace

and personal growth. We urge public policies to provide incentives to encourage and enable families to care for their sick members.

When a family member is in need of care that cannot be provided in the home, institutional care is sometimes the only alternative. Families faced with this decision should be supported and encouraged to continue their care and involvement with the patient in the long-term care facility. Many of these facilities are providing the kind of personalized, quality care that is called for in these situations.

Besides meeting their responsibilities toward their own members, families should reach out to other families in distress due to illness, disability or death. This distress is often first apparent to neighbors and friends, who in times of trouble may be the best outside source of personal concern and assistance. In simple but important ways, neighbors and friends can be the presence of Christ to those who suffer. Such support can strengthen their hope in the Resurrection.

C. PARISH

The Catholic parish, as a visible and integral part of the local community, has a significant role to play in the health apostolate as well. It should encourage parishioners in need of health care to patronize a Catholic hospital and to support its apostolate in the local community. In addition to caring for and praying for its own members who may be ill, the parish community has a responsibility to reach out. Parishioners should be encouraged to visit the homebound, the sick, the dying and the bereaved in their homes or in local health facilities. Provided that they are sensitive and reasonably well trained, the members of a parish can penetrate the isolation and loneliness in which too many people in poor health find themselves. In this regard we are encouraged by innovations such as the National Conference of Catholic Charities parish outreach program through which local Catholic Charities agencies reach out and assist parishes to minister to the social and health needs of families and individuals.

Many families face problems arising from illness which severely test their Christian faith. This can be true, for example, in the case of parents of a newborn with serious birth defects. It is particularly important in such instances that support be given to the family by the Christian community. Where possible, Catholic health facilities can provide training to improve and strengthen these support systems.

Another important role for the parish community to play is in the area of health education and preventive health measures. Parishioners can work together in utilizing local resources such as hospitals, health departments, or home health agencies in sponsoring health education programs and preventive services such as health fairs, immunization projects, and blood pressure and hypertension clinics.

Advocacy of the rights of others is also a responsibility in the area of health that can be carried out by the parish. Parishioners can join

together to speak out on behalf of community health needs, especially those of the poor. Likewise, they can participate in health care planning; monitor important health legislation at the federal, state and local levels; and advocate legislative action that deals justly with health problems. They can also investigate health hazards such as unsafe working conditions in local industry, unhealthy living conditions in local housing, and other issues needing community action.

D. DIOCESE

At the diocesan level, we intend to demonstrate our commitment to health care by strengthening and adapting those diocesan structures that are involved in the care and maintenance of health. Through our diocesan coordinators of health affairs, for example, we will continue the fruitful dialogue and collaboration that has existed with Catholic health care facilities, with Catholic health care professionals, and with community and state officials within our dioceses.

Diocesan offices and programs that deal with social, economic and environmental issues are also important in the overall health apostolate. Factors relating to economic status and living conditions have a profound impact on the health of individuals and sometimes of whole communities. For example, inadequate housing, unemployment, lack of education and a polluted environment are frequently causes of ill health. As church leaders, we will continue to seek social and institutional changes that deal with these underlying problems.

IV. FORMAL HEALTH APOSTOLATE

A. A WORD OF APPRECIATION

We pledge ourselves to the preservation and further development of the rich heritage that is embodied in the church's formal health apostolate. Led by religious congregations of women, the church was a pioneer in the development of health care services in America. Thanks to the thousands of women and men who heroically and competently built this legacy, the Catholic hospital has become for generations of American Catholics and for many other citizens a familiar symbol of the healing apostolate of the church. We urge the continuation of Catholic leadership and presence in health care. Our Catholic religious have provided and still provide outstanding service to the church and the community at large by their work in this field. We encourage them to continue in this most important apostolate. However, the changing demographics and the decline in the number of religious have had their effect on the role of religious in the health apostolate. We urge the increased participation of the Catholic laity in the corporate structure, organization and administration of Catholic-sponsored hospitals and health agencies.

Today our country is served by a variety of Catholic health care facilities: more than 620 short-term hospitals, some 260 long-term care facilities, four schools of medicine, 170 nursing schools, and numerous institutions providing research and education in the health care field. In 1915 the Catholic Hospital Association began a history of organized collaboration among the church's health care institutions. This history has now entered a new and promising phase in the renaming of that organization as the Catholic Health Association of the United States. Recognizing the long Catholic tradition of the right to associate, we support Catholic organizations of health professionals and urge their continued inspiration and support to members involved in the service of healing.

In the name of the church and of all those who have been helped by these institutions, we thank our health professionals--lay and religious--for the continuing witness they give to Christian principles in the modern world. Gratitude is due as well to all those engaged in public or voluntary health care facilities or in private practice who likewise, outside of formal church sponsorship, follow the Lord's example in caring for the sick. As bishops of the Catholic Church in the United States, we fully endorse these apostolic efforts, both personal and institutional. We commit ourselves to do our part in maintaining and developing a Catholic institutional presence within the health care field in our country.

We are particularly thankful for the presence of the Catholic health care facilities in America. They are places where millions of men and women in the United States have experienced the healing touch of Jesus Christ in times of mental and physical suffering. We commend especially the religious of the church whose resourceful leadership has been at the heart of the Catholic health apostolate since its inception. We praise all those persons whose sacrifices made possible the development of Catholic health facilities in the United States long before public law provided tax dollars to help fund health care. We also thank all those who have generously accepted the important responsibility of serving on boards of trustees of Catholic health care facilities as well as the numerous volunteers who have generously given of their time and energies.

We recognize the valuable programs that exist in Catholic educational institutions that include nursing and medical schools as well as basic and special programs for other health professions. As Catholic institutions they should be centers where sound gospel and human values are inculcated by word and example as well as by formal programs of instruction and education that are consistent with the teaching of the magisterium. Christian educators should work diligently to communicate to the professionals of tomorrow a balanced appreciation of the gift of health, a critical stance toward social and cultural threats to health, an understanding of the ethical and moral dilemmas flowing from health care issues, and a compassionate concern to employ their human talents in promoting adequate health care as a basic right of all people.

B. CATHOLIC IDENTITY

In today's complex world, the sponsors, trustees, administrators and other professionals in Catholic health care facilities have to struggle with a variety of new challenges calling for both prudence and boldness. These facilities are confronted with a vast array of issues, ranging from economic and technological to social and moral concerns. As an example of one of these concerns, we point to the trend toward increased concentrations of hospital ownership by the for-profit corporations. While public health policy, regulations, reimbursement methodologies and health-systems planning have tended to unify health care, they challenge Catholic health facilities to search for ways to maintain and deepen their identity and exercise a penetrating influence in the health field.

Many of these problems are common to secular institutions as well, and we support the efforts of Catholic facilities to work cooperatively with others in dealing with mutual concerns. At the same time, some issues arise for Catholic health care facilities precisely because of their commitment to Christian and Catholic values. We hope that these institutions will consciously and creatively work to strengthen their Catholic identity and to reflect the values that are unique to our tradition.

"What is a Catholic health care facility?" "What should we do that distinguishes us?" These are questions posed by the Catholic Health Association in a recent document titled *Evaluative Criteria for Catholic Health Care Facilities*. The association's concerted efforts to draw attention to these questions and to assist its members in evaluating their own facilities in the light of Catholic values is commendable.

Following on this same theme, we wish to draw attention to several areas in which Catholic health care facilities can demonstrate their fidelity to the Catholic tradition.

1. Personalized Patient Care

The advance of medical science and technology has made healing a complex task. Catholic facilities have a special witness opportunity in this regard. They share with others the need to continually improve the technical quality of their health care. The use of highly sophisticated medical equipment is an essential element of the health apostolate in our modern world, and we are thankful for the advances brought about by such technology.

At the same time, we recall the words of Pope John Paul II in his recent address to health professionals. He said, "Care...cannot be reduced to the strictly technico-professional aspect, but must address all the elements of human being."⁵ We recall as well that Jesus' own healing ministry was based on personal contact with those who were suffering. He dealt with others gently, humanely and completely.

Following his example, our health care facilities should make every effort to personalize the patient care they offer. They should strive to treat the whole person in a way that fully respects human dignity and that recognizes the multifaceted causes of illness, not limited to the physical and medical causes.

In this connection it is heartening to see the progress made in establishing and expanding departments of pastoral care and chaplaincy programs in Catholic and other religious facilities and in upgrading the education of pastoral care personnel in health care facilities so that they meet appropriate standards of certification. We urge increased collaboration between medical staff and the pastoral care staff. These pastoral care departments and programs, appropriately ecumenical in operation and staffed by trained men and women, give needed emphasis to the spiritual dimensions of health. Without health of the spirit, high technology focused strictly on the body offers limited hope for healing the whole person.

2. Medical-Moral Issues

The question of Catholic identity also involves certain medical-moral issues that confront Catholic health care facilities. It is clear that the debate of health issues in America includes a certain conflict over basic moral values. Pressures on Catholic institutions to permit practices that violate Catholic teaching are strong and pervasive. Experience bears this out in the matter of abortion. Some have noted the same pressures in the area of contraceptive sterilization. In resisting these pressures, we urge that serious consideration be given to the following words of Pope John Paul II:

“The truth is that technological development, characteristic of our time, is suffering from a fundamental ambivalence: While on the one hand it enables men and women to take in hand their own destiny, it exposes them on the other hand to the temptation of going beyond the limits of a reasonable dominion over nature, jeopardizing the very survival and integrity of the human person.

“Just consider, to remain in the sphere of biology and medicine, the implicit danger to the human’s right to life represented by the very discoveries in the field of artificial insemination, the control of births and fertility, hibernation (cryobiology, ed.) and ‘retarded death,’ genetic engineering, psychic drugs, organ transplants, etc. Certainly scientific knowledge has its own laws by which it must abide. It must also recognize, however, especially in medicine, an impassable limit in respect for the person and in protection of the right to live in a way worthy of the human being.

“If a new method of investigation, for example, harms or threatens to harm this right, it is not to be considered lawful simply because it increases our knowledge. Science, in fact, is not the highest value to which all others must be subordinated. Higher up in the scale of values is

precisely the individual’s personal right to physical and spiritual life, to psychic and functional integrity. The person, in fact, is the measure and criterion of good or evil in all human manifestations. Scientific progress therefore cannot claim to lie in a kind of neutral ground. The ethical norm, based on respect for the dignity of the person, must illuminate and discipline both the research phase and the phase of the application of the results reached in it.”⁶

A deep harmony unites the truths of science and the truths of faith. The church has recognized the great benefits of science and technology to the human race, especially in the field of medicine and health care. However, applied science must be united with conscience. We call on all scientists, in close collaboration with theologians, to address these issues clearly and decisively so that the ethic of life will govern these fundamental decisions in scientific research.

Catholics should be among the first to support scientists in their fidelity to goals that enhance and promote life. Catholics, and especially Catholic scientists, must bear a special witness, standing firm to defend the basic dignity of the human person. It is our role to promote Christian values, to keep them present in public debate, and to join hands with others who seek to promote such values.

We specifically wish to call attention to the *Ethical and Religious Directives for Catholic Health Facilities* issued by the bishops several years ago at the request of those working in the Catholic health field. These directives are revised when necessary and particular pronouncements on some specific topics are issued; for example, the *Statement on Tubal Ligation*.⁷ These directives serve as firm standards to be followed in the protection of Catholic values and in the continuing affirmation of Catholic identity. We call for faithful commitment to them.

3. Prophetic Role

We believe and hope that American society will move toward the establishment of a national policy that guarantees adequate health care for all while maintaining a pluralistic approach. As this develops, the role of Catholic institutions in the health field will change. They will take an even greater responsibility in fulfilling the prophetic role of promoting basic Christian values, championing the cause of the poor and neglected in society, and finding new ways to blend personal care and technological skills in health care service.

Service to the poor is one particularly important way of fulfilling this prophetic role. Here again we commend to all the emphatic words of Pope John Paul II:

“Social thinking and social practice inspired by the Gospel must always be marked by a special sensitivity towards those who are most in distress, those who are extremely poor, those suffering from all the physical, mental and moral ills that afflict humanity including hunger, neglect, unemployment and despair....

“But neither will you recoil before the reforms--even profound ones--of attitudes and structures that may prove necessary in order to re-create over and over again the conditions needed by the disadvantaged if they are to have a fresh chance in the hard struggle of life. The poor of the United States and of the world are your brothers and sisters in Christ. You must never be content to leave them just the crumbs from the feast. You must take of your substance, and not just of your abundance in order to help them. And you must treat them like guests at your family table.”⁸

All those in the health apostolate who heed this call and follow the example of Jesus will continue to serve the poor, the frail elderly, the powerless and the alienated. Sometimes this will be at great sacrifice, and it will demand both courage and imagination. For example, when locating or relocating facilities, leaders in the health apostolate can offer special insights for health care improvement in drastically underserved inner-city and rural areas, especially among Hispanics, Blacks, Native Americans and other minorities.

Many of those whom the Catholic institution seeks to serve are reluctant or unable to seek help. They may be intimidated by the

formality of a hospital, or live in an isolated area or speak no English. Some may cling to an exaggerated ideal of self-reliance. Catholic health care institutions should take the initiative in reaching out to these needy people. They should not hesitate, moreover, to initiate social action programs on behalf of their patients or potential patients and their families. Such programs will sometimes involve advocacy in the cause of justice for the underprivileged. This will include working for changes in reimbursement methodologies that penalize and threaten the existence of hospitals that seek to serve the poor.

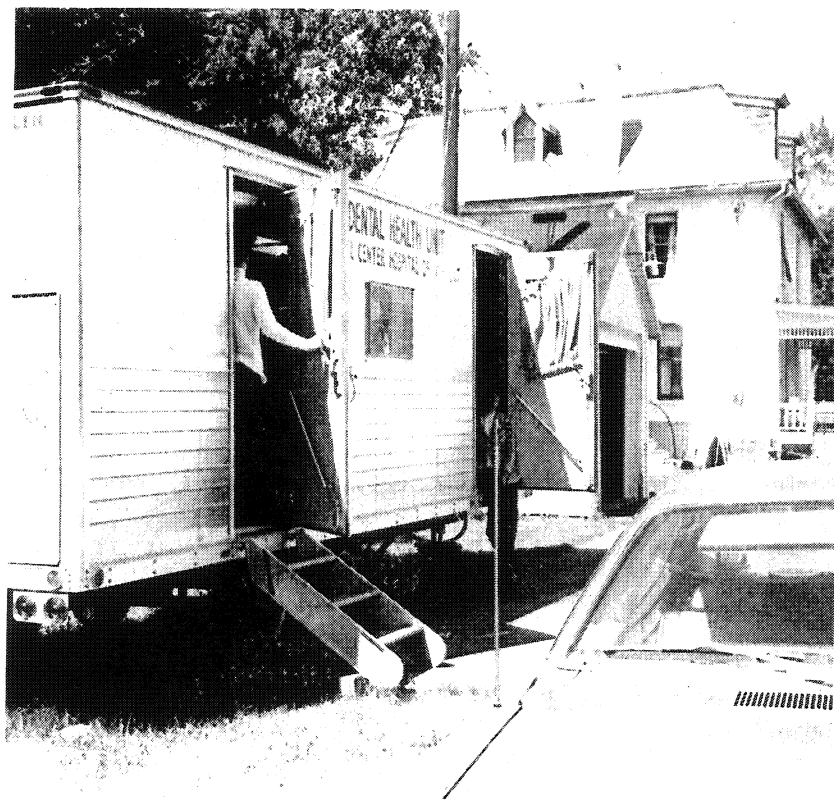
A second important way of fulfilling the church's prophetic role in the health care field is the development of alternative models of health care. For example, community clinics, “satellite” clinics and other new models of health care delivery that meet the needs of the indigent, the underserved and the poor should be supported and developed. Hospices, which offer humane, personal care for the terminally ill, are also a welcome development in recent years. These services exemplify the all-important integration of the spiritual, physical, psychological and social dimensions of health care.

We likewise encourage further innovation in personal health education programs and in preventive health care services. For example, programs of health screening for the elderly which are conducted in local parishes or in congregate housing have proven to be both effective and desirable. Home health care for the frail elderly and disabled and new developments in long-term care facilities are also welcome signs of innovation. We trust that Catholic health care facilities will continue to be leaders in the promotion of these and other alternatives in the years ahead.

4. Rights and Responsibilities of Employers and Employees

By its very nature a Catholic health care facility aims to take on the character of a Christian community. All who work there are participants in the Catholic health apostolate. Catholic institutions are encouraged to provide education and training programs to instruct and inform their employees in the Catholic philosophy of care of the sick. They should also foster the work of volunteers and include them in such training programs. This is especially necessary in view of the religious pluralism of employees of hospitals and health agencies. Together they can strive to make the hospital setting one that reflects the atmosphere of a Christian service community. This kind of community building within the hospital is one clear way of demonstrating the Catholic hospital's unique identity.

An important and indispensable responsibility of employers is the duty to deal justly with all employees. This involves not only just wages, fringe benefits and the like, but also the effective honoring of the desire of employees “to be treated as free and responsible men and women, able to participate in the decisions which affect their life and their future.”⁹ This calls for the full recognition of the rights of employees to



Val Imbriano

organize and bargain collectively with the institution through whatever association or organization they freely choose or through whatever other means seem appropriate without unjust pressures from their employers or from already existing labor organizations. The effort to attend fully to the teachings of the church will, in the long run, strengthen the apostolate by safeguarding its credibility and will deepen the commitment to the principles of social justice as required by the Gospel. In this regard we call attention to Pope John Paul II's recent encyclical, *Laborem Exercens*:

"All these rights, together with the need for the workers themselves to secure them, give rise to yet another right: the right of association, that is, to form associations for the purpose of defending the vital interests of those employed in the various professions. These associations are called labor or trade unions....It is clear that even if it is because of their work needs that people unite to secure their rights, their union remains a constructive factor of social order and solidarity, and it is impossible to ignore it."¹⁰

Justice also demands that employees realize the special responsibility that they have to their employer and the responsibilities they have as workers who care for the sick in a Christian facility. This is particularly significant in light of the importance of Catholic identity as delineated above. One of the characteristics that should be evident in a Christian-Catholic health care facility is a strong sense of community and deep commitment to human dignity and basic human rights. We hope that workers in these facilities will give special attention to developing a sense of community that will promote the delivery of personalized patient care. Out of respect for these rights, workers must take no action that endangers the very life of the patients in the health care facility where they may be employed. On this matter we again refer to *Laborem Exercens*:

"One method used by unions in pursuing the just rights of their members is the strike or work stoppage, as a kind of ultimatum to the competent bodies, especially the employers. This method is recognized by Catholic social teaching as legitimate in the proper conditions and within just limits.

"In this connection workers should be assured the right to strike, without being subjected to personal penal sanctions for taking part in a strike. While admitting that it is a legitimate means, we must at the same time emphasize that a strike remains, in a sense, an extreme means. It must not be abused....

"Furthermore, it must never be forgotten that, when essential community services are in question, they must in every case be ensured, if necessary by means of appropriate legislation. Abuse of the strike weapon can lead to the paralysis of the whole of socioeconomic life, and this is contrary to the requirements of the common good of society, which also corresponds to the properly understood nature of work itself."¹¹

V. PUBLIC POLICY

It is appropriate in this context to call attention to the significant impact that public policy has on health care in our society. The government, working for the common good, has an essential role to play in assuring that the right of all people to adequate health care is protected. The function of government reaches beyond the limited resources of individuals and private groups. Private agencies and institutions alone are unable to develop a comprehensive national health policy, or to ensure that all Americans have adequate health insurance, or to command the vast resources necessary to implement an effective national health policy. These functions are in large part the responsibility of government. However, in accord with the traditional Catholic principle of subsidiarity, we believe voluntary institutions must continue to play an essential role in our society.

Christian people have a responsibility to actively participate in the shaping and executing of public policy that relates to health care. On this issue, as on all issues of basic human rights, the church has an important role to play in bringing gospel values to the social and political order. In our statement on political responsibility issued earlier, we outline this role in more detail:

"The Church's responsibility in the area of human rights includes two complementary pastoral actions: the affirmation and promotion of human rights and the denunciation and condemnation of violations of these rights. In addition, it is the Church's role to call attention to the moral and religious dimensions of secular issues, to keep alive the values of the Gospel as a norm for social and political life, and to point out the demands of the Christian faith for a just transformation of society. Such a ministry on the part of every Christian and the Church inevitably involves political consequences and touches upon public affairs."¹²

We urge Catholics to fulfill their political responsibility in the area of health care policy by educating themselves on the issues and by making their views known. Acting both individually and collectively through parishes, Catholic organizations and other appropriate networks, they can make a valuable contribution toward the development of a just and humane national health policy.

PRINCIPLES FOR PUBLIC POLICY

In the interest of providing a sound framework for discussion and policy development, we affirm the following principles which we believe should be reflected in a national health policy. These principles are consistent with and flow from a recent constructive dialogue between the Catholic Health Association, the National Conference of Catholic Charities and the United States Catholic Conference.

1. Every person has a basic right to adequate health care. This right flows from the sanctity of human life and the dignity that belongs to all

human persons, who are made in the image of God. It implies that access to that health care which is necessary and suitable for the proper development and maintenance of life must be provided for all people, regardless of economic, social or legal status. Special attention should be given to meeting the basic health needs of the poor. With increasingly limited resources in the economy, it is the basic rights of the poor that are frequently threatened first. The church should work with the government to avoid this danger.

2. Pluralism is an essential characteristic of the health care delivery system of the United States. Any comprehensive health system that is developed, therefore, should use the cooperative resources of both the public and private sectors, the voluntary, religious and non-profit sectors. In any national health system, provision should be made for the protection of conscience in the delivery of care. This applies not only to individual and institutional providers, but also to consumers.

3. The benefits provided in a national health care policy should be sufficient to maintain and promote good health as well as to treat disease and disability. Emphasis should be placed on the promotion of health, the prevention of disease, and the protection against environmental and other hazards to physical and mental health. If health is viewed in an integrated and comprehensive manner, the social and economic context of illness and health care must become an important focus of concern and action. Toward this end, public policy should provide incentives for preventive care, early intervention and alternative delivery systems. All of these actions should be carried out in the context of our fundamental commitment to the sanctity and dignity of human life.

4. Consumers should be allowed a reasonable choice of providers whether they be individual providers, groups, clinics or institutions. Likewise, to enhance personal and family responsibility in health care, public policy should ensure broad consumer participation in the planning and decision making that affects health maintenance and health care delivery both in the community and in institutions.

5. Health care planning is an essential element in the development of an efficient and coordinated health care system. Public policy should ensure that uniform standards are part of the health care delivery system. This is the joint responsibility of the private and public sectors. They should work cooperatively to ensure the provision of standards that will help to achieve equity in the range and quality of services and in the training of providers.

6. Methods of containing and controlling costs are an essential element of national health policy. Incentives should be developed at every level for administering health care efficiently, effectively and economically.

Following on these principles and on our belief in health care as a basic human right, we call for the development of a national health insurance program. It is the responsibility of the federal government to establish a comprehensive health care system that will ensure a basic level of health

care for all Americans. The federal government should also ensure adequate funding for this basic level of care through a national health insurance program. Such a program should reflect sound human values and should, in our view, be based on the principles that we have set forth in this statement.¹³

VI. CONCLUSION

As pastors and teachers, we feel it is opportune to issue these reflections on health and the Catholic community. If they clarify some matters and describe the scope of the church's interest in this vital subject, part of our purpose will have been served. The rest can only be accomplished by those who share our values and our belief in the innate dignity of the human person. We hope this statement will lead to a continuing dialogue on health and health care, a dialogue that takes its starting point from some of the issues we have raised.

Christians know that pain permeates the human condition. But they also know that God did not abandon us to helpless acquiescence in suffering. He promised to take upon himself the work of human restoration and to "make all things new" again (Rv. 21:5). This he did at the center of time through Jesus; this he continues to do through the healing work of his followers. In the end, since the limitations of the human condition impose a degree of suffering and ultimately death for all of us, those involved in the healing mission of Christ render a unique service by bringing a faith dimension to these crucial moments. Animated by and united in the spirit of Christ, we extend our hands to all who are sick and to all who have dedicated their lives to the work of healing. May the faith and goodness of all Christians be the light by which they heal, the light in which they live and work.

NOTES

¹ Decree of the Sacred Congregation for Divine Worship promulgating the *Roman Ritual: Rite of Anointing and the Pastoral Care of the Sick*, Dec. 7, 1972.

² *Ibid.*, Introduction, nos. 5-6.

³ *Pacem in Terris*, art. 11.

⁴ *Redemptor Hominis*, art. 13.

⁵ Pope John Paul II, Address to Third National Conference of ARSI, June 19, 1979.

⁶ Pope John Paul II, Address to Italian Physicians and Surgeons, Oct. 27, 1980, *Origins*, Nov. 13, 1980, vol. 19, pp. 351-52.

⁷ National Conference of Catholic Bishops' *Statement on Tubal Ligation*, July 3, 1980.

⁸ Pope John Paul II, Homily at Yankee Stadium, Oct. 2, 1979.

⁹ Pope John Paul II, Address at Monterey, Mexico, Jan. 31, 1979.

¹⁰ *Laborem Exercens*, art. 20.

¹¹ *Ibid.*

¹² United States Catholic Conference Administrative Board's Statement on *Political Responsibility: Choices for the 1980's*, Oct. 26, 1979, p. 4.

¹³ John Paul II addresses this matter in *Laborem Exercens*, art. 19: "The expenses involved in health care, especially in the case of accidents at work, demand that medical assistance should be easily available for workers and that as far as possible it should be cheap or even free of charge."