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“Catholic” Health Care: A Universal Right
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The Universal Declaration of Human Rights was adopted by the United Nations on December 10, 1948. The document is composed of thirty articles that outline various rights that should be enjoyed by every human being. Of particular interest to this discussion is Article 25, which addresses the issue of health care. Article 25 reads,

(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

(2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection. (UN General Assembly)

It has been nearly seventy years since the Universal Declaration of Human Rights was ratified. That we are still questioning the issue of the right to health care is somewhat puzzling; however, it is the situation in which we currently find ourselves in the United States. This discussion will attempt to examine whether the government is obligated to ensuring our right to health care and what the moral importance to providing health care to all might be.

A central duty of any government is to protect its citizens. This includes protection from physical harm and protection of personal rights and liberties. What constitutes a personal right is often debated: Abortion rights have come under scrutiny in recent years, as has the right to gun ownership. Just this year, same-sex couples were given the right to marry. The right to health care is another right that has received a great deal of focus. If Article 25 of the Universal Declaration of Human Rights is taken to be valid, and it is accepted that governments have a duty to protect the rights of their citizens, then it follows that a government is obligated to ensure that its citizens' right to health care is upheld.

In June of this year, the World Health Organization published the report “Tracking Universal Health Coverage.” In this report, it is noted that countries all over the world—at varying levels of

development—have accepted universal access to health care as a goal. These countries “are embracing the goal of [universal health care] as the right thing to do for their citizens. It is a powerful social equalizer and contributes to social cohesion and stability” (World Health Organization). If countries world-wide—many with far fewer resources than the United States—are working toward providing universal health care to their citizens, how can the US possibly justify not having this goal as well?

Fortunately, the United States has taken an important step toward ensuring that all of its citizens have access to health care. This step, of course, comes in the form of the Affordable Care Act. The Affordable Care Act was signed into law by President Obama in 2010. In the five years since, the ACA has been under substantial scrutiny and has had to survive several legal battles. Critics of the ACA have suggested that the individual mandate is unconstitutional, noted that insurance exchanges—both at the federal and state level—did not initially function properly, and posited that the ACA “overlooked the need to reform the delivery system in our nation so as to constrain its costs and improve its quality” (Blumenthal, D. & Abrams, M.). In spite of these criticisms, however, the ACA has had some positive impacts. Most importantly, the ACA has allowed an estimated 7 million to 16.4 million people access to health insurance that they previously did not have. In their assessment of the effectiveness of the first five years of the Affordable Care Act, Blumenthal and Abrams note that “groups that have historically been at the greatest risk for lacking insurance—young adults, Hispanics, blacks, and those with low incomes—have made the greatest coverage gains. These changes are meaningful and unprecedented in the U.S. health care system.” Expanded access to health insurance is a necessary step toward the United States being able to provide health care to all of its citizens.

A number of ethical arguments and theories can be used to support the moral imperative of ensuring health care access to all people. Arguments can be made in the name of communitarianism, utilitarianism, or even Kantian ethics. However, the simplest of these arguments requires nothing more

than an invocation of the Golden Rule: “Do to others what you would have them do to you” (Matthew 7:12 New International Version).

Indeed, Pope Francis himself called upon the Golden Rule in his address to Congress this past September:

This Rule points us in a clear direction. Let us treat others with the same passion and compassion with which we want to be treated. Let us seek for others the same possibilities which we seek for ourselves. Let us help others to grow, as we would like to be helped ourselves. In a word, if we want security, let us give security; if we want life, let us give life; if we want opportunities, let us provide opportunities. (Pope Francis)

While Pope Francis was not explicitly speaking about access to healthcare, his words have a clear connection to the topic. To “help others to grow” can certainly be linked to “growing” in health—even the literal growth of the young, who are especially in need of good medical care. To “give security” is also to give access to health care. How much security can an individual have if they do not know whether they will be able to get treatment in the event of a serious injury or illness? If access to medical care is a personal expectation, the Golden Rule requires that others be allowed to have that same expectation—and to have that expectation met.

A crucial component of the health care debate has not yet been discussed. That component, of course, is money. “There is no such thing as a free lunch” is a basic principle taught in introductory economics classes; similarly, it could be said that “there is no such thing as free health care.” Medical treatment is not now and cannot ever be cost-free. Health care providers’ salaries must be paid, equipment must be purchased, and facilities must be maintained. Though most people would likely agree that all individuals should be able to receive the medical care that they need, it is this question of how that care will be paid for that inevitably causes trouble.

Admittedly, the question of how health care should be financed is beyond the scope of this discussion. Private funds, public funds, and health insurance all currently play a role and will continue to

do so. However, it is fair to ask if paying for the costs associated with providing health care for all is worth it. To answer this question, imagine if the opposite course of action was taken—that health care was not available to all Americans. What sort of consequences would that have? Such a scenario would profoundly widen the already vast gap between the “haves” and “have-nots”; the wealthy would be able to afford health care anyway and the poor would simply have to improvise alternatives to medical care or do without care entirely. The advances made by the Affordable Care Act, noted above, would be erased.

A lack of access to health care has far-reaching consequences for an individual’s life and for society at large. This goes beyond a moral issue—it is an economic and practical issue. Inadequate or absent health care prevents people from taking care of their most basic needs. If those needs cannot be met, these people cannot take care of themselves or their family, and cannot act as productive members of society. A lack of access to health care has a direct result of keeping individuals in a position of low socio-economic status, and makes it nearly impossible for those individuals to rise above that status (Igiene, A.). Without adequate health care, the most vulnerable citizens of our country have little chance of breaking the cycle of poverty in which they find themselves.

Ensuring that all individuals—from young to old, from rich to poor—have access to adequate health care is of tantamount importance. The reasons for this go beyond religious creeds, cultural beliefs, or societal ideals; the need to provide health care for all speaks to the shared humanity of each one of us. Though the United States has a long way to go and the Affordable Care Act is but a start, the citizens of this country should be proud to know that progress is being made toward making the ideals set forth in the Universal Declaration of Human Rights a reality.

References

- Blumenthal, D., & Abrams, M. (2015). The Affordable Care Act at 5 Years. *New England Journal of Medicine*, 372(25), 2451-2458. doi:10.1056/NEJMhpr1503614
- Igiede, A. (2010). Health Care Reform: Sociopolitical Perspectives. *Race, Gender, & Class*, 17(3), 288-297.
- Pope Francis. (2015, September). *Address of the Holy Father*. Speech presented at the United States Capitol, Washington, DC. http://w2.vatican.va/content/francesco/en/speeches/2015/september/documents/papa-francesco_20150924_usa-us-congress.html
- UN General Assembly. (1948). *Universal Declaration of Human Rights*. <http://www.un.org/en/documents/udhr/>
- World Health Organization. (2015). *Tracking universal health coverage: first global monitoring report*. http://www.who.int/healthinfo/universal_health_coverage/report/2015/en/