



# CATHOLIC MEDICAL ASSOCIATION

*Upholding the Principles of the Catholic Faith in the Science and Practice of Medicine*

## Open Letter to Catholics and Catholic Organizations

September 21, 2009

Members of the Catholic Medical Association have been carefully monitoring the process and content of the health-care reform debate from our unique perspective as Catholic physicians. We are familiar with contributions made to the national debate by other Catholic organizations.

As efforts to enact health-care reform legislation intensify, we would like to share our perspective on some prudential aspects of health-care reform and work collaboratively with others to shape legislation in harmony with the Catholic faith. These thoughts reflect years of experience serving patients and families in medical practice while endeavoring to apply the full spectrum of Catholic medical-moral and social teaching.

We believe we are facing a crisis, not only in health-care financing and delivery, but in the health-care reform process itself. As is often noted, the word “crisis” can mean either danger or opportunity. The United States has the *opportunity* (and obligation) to craft effective, ethical responses to the crisis in health-care financing and delivery. But there also exists a real *danger* that misguided legislation could make our current problems even worse. This is a critical time for Catholics to work together to formulate solutions based upon authentic moral, social, and economic principles,

The failings of the U.S. health-care financing and delivery system are well-known. Many people lack consistent access to affordable health insurance and are unable to obtain appropriate health-care services in a timely manner. Health-care services are expensive and fragmented. These problems result largely from misguided incentives in tax, employment, and government policy. One unfortunate result of this has been increasing third-party payer intrusion into the patient-physician relationship, with significantly deleterious consequences.

All Catholics should agree on the fundamental ethical and social principles proposed by the Church. The question we are faced with, after decades of misguided policies, is how should we apply these teachings so as to provide universal access to quality health-care insurance and services in a cost-effective, ethical manner?

Bills passed out of committees in the House and Senate this summer rely heavily on the federal government to dictate solutions. They empower a small group of unelected government bureaucrats and committees to determine the composition and cost of health insurance policies, the reimbursement of providers, the approval of treatments, etc. We think this government-controlled approach is flawed in principle and ineffective, if not dangerous, in practice.

- This approach clearly violates the principle of subsidiarity first articulated by Pope Pius XI in *Quadragesimo anno*, n. 79, and recently reaffirmed by Pope John Paul II in *Centesimus annus*, n. 48 and Pope Benedict XVI in *Caritas in veritate*, n. 47.
- This approach has been and will be ineffective. The federal government has a very poor track record of managing large programs in a cost-effective manner. Medicare will be insolvent by 2017 and faces a \$37 trillion unfunded liability. Medicaid's problems are well-known. Costs have run out of control in most states, and 40 percent of physicians no longer accept Medicaid because low reimbursement rates do not even cover the overhead expense of providing care. Adding millions of people to this flawed government system (as proposed by the Senate H.E.L.P. Committee bill) is not meaningful health insurance reform.
- This approach, moreover, is dangerous given the current Administration's repeated failures to accord proper respect for the dignity of human life. Reversing the Mexico City Policy and providing federal funding for human embryonic stem-cell research are only the best known of a whole series of proposals denying respect for human life. In addition, the Administration seems intent upon institutionalizing such policies making it difficult, if not impossible, to overturn them in the future. While there have been some misunderstandings about provisions relating to end-of-life consultations; serious concerns remain regarding funding for care of the seriously ill and dying. All are aware that a significant percentage of health-care spending occurs in the last months of a person's life, and we are facing a demographic tsunami of aging baby boomers. Giving the federal government the power, and primary responsibility, to contain medical expenditures could threaten the provision of medical care to the most vulnerable, the elderly and chronically ill.

We believe there are better approaches to achieving meaningful health-care reform and meeting our common goal of making health-care coverage truly universal and genuinely affordable.

- We should advocate for legislation making it possible for individuals and families to purchase health insurance that meets their needs and also respects their values. This could be achieved by re-assigning the tax deduction for health insurance from employers to individuals. And bringing appropriate incentives from the market economy to health insurance companies will increase competition and correct the problem of regional insurance monopolies, thereby reducing costs of insurance and medical care. Such reforms would address the needs of the great majority of people. Congress can also tailor programs to assist those most in need, the working poor, the unemployed, and those currently uninsurable due to preexisting conditions.
- We should encourage greater individual accountability in health-care spending. Since 70 percent of health-care spending is for conditions directly influenced by personal behavior, there is considerable potential for improved health and reduced spending by encouraging healthier lifestyles with appropriate financial incentives. In general, reforms encouraging individual ownership of health insurance and personal responsibility for spending on

medical care are more likely to reduce costs in an ethically acceptable manner than are those increasing the power and control of third parties.

- Before supporting the creation of another large government program, we should work to reform those already in existence and demonstrating serious difficulty in controlling costs. Medicaid needs an extensive overhaul to ensure quality care for the poor and just compensation for providers.

In conclusion, we call upon all Catholics and Catholic organizations to reaffirm their support for the foundational ethical and social teachings of the Church which provide a framework for authentic health care reform, and to unite as one in an uncompromising commitment to defend the sanctity of life and the conscience rights of all providers as essential parts of health-care reform. And we also respectfully urge all Catholics and Catholic organizations to place a greater emphasis on respecting the principle of subsidiarity across the spectrum of issues in health-care financing and delivery during the coming legislative debates. Experience indicates that medical decisions are best made within the personal context of the individual patient-physician relationship rather than within some remote, impersonal, and bureaucratic agency, whether governmental or corporate. We are convinced that if this important principle of Catholic social teaching is not correctly upheld, then short-term measures to defend the right to life and respect for conscience will ultimately fail and the patient-physician relationship will be irreparably compromised.

We noted above that we face not only a crisis in health-care financing and delivery, but a crisis in the current legislative process. We must ensure that well-intentioned efforts to bring about “change” are not exploited to create a federally controlled system that promises health care for all, but creates an oppressive bureaucracy hostile to human life and to the integrity of the patient-physician relationship. It would be better to forgo long-needed changes in health-care financing and delivery in the short-term if these would lead to a long-term, systemic policy regime that is inimical to respect for life, religious freedom, and the goods served by the principle of subsidiarity. Rather than accept such an outcome, we should take the time required to implement reform measures that are sound in both principled and practical terms.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Louis C. Breschi".

Louis C. Breschi, M.D.  
President