

The view from the Vatican—toward the ‘humanization of health care’

By Mario J. Paredes

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As the pandemic has put the spotlight on “the structural limits of today’s health care systems”—as evidenced by the global inequalities of access to care—a top Vatican official has called for “greater attention to continuing training of health care personnel,” training both technical and humanist.

This “ongoing formation,” said Archbishop Vincenzo Paglia, president of the Pontifical Academy of Life, “in addition to necessary scientific-professional updating, ... must also include ethical questions and considerations of motivation and psychological and personal stability.”

In a March 30 address in New York to doctors and staff of SOMOS Community Care, the archbishop argued that “only a well-trained, responsible, and motivated health care professional can be expected to combine effectively the humanization of health care with the efficiency and cost-effectiveness that is more and more required today.”

Failing a change of course, the prelate suggested, “significant inequalities” in access to health care will persist, with the level of care provided depending on “variables such as salary levels, education, neighborhood.” Accordingly, “it is said that the most reliable indicator of a person’s life expectancy is his or her ZIP code.”

Genuine reform is needed, said the archbishop, which demands a politically actionable ethical response to “the dizzying increase in scientific knowledge and technological capabilities in medicine [that] has had a growing financial effect on medical procedures and on the structures within which treatment is delivered.” “New discoveries” in medicine should not only benefit the affluent, but the poor—including the particularly vulnerable elderly—as well. Indeed, insists Archbishop Paglia, “access to the best opportunities for prevention, diagnosis and treatment, should be universal, not available to just the few.”

The understanding of medical needs, said the archbishop, has benefited from the “contribution of social sciences [that] has allowed us to better understand that wellness and disease are not only natural occurrences, but are also produced and experienced in a social context.”

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For example, doctors and policymakers are increasingly aware of “how living conditions, which are in turn the result of social and environmental policy choices, have an impact on the health and life of human beings.” SOMOS doctors are familiar with social factors affecting physical and mental health under the rubric of Social Determinants of Health (SDH).

Awareness of SDH and their human toll will be part of what the archbishop calls for as an “alliance between science and humanism,” which will help build genuine solidarity and achieve justice in the practice of medicine and the provision of treatment, on both the level of individual doctors and as regards public policy.

This solidarity “implies responsibility towards the other who lives in need, and is rooted in recognizing that, as a human being endowed with dignity, each person is an end in himself, not just a means to something,” said the archbishop. What ultimately determines health care practice and policy should be an “ethical commitment based on our mindful concern for the intrinsic value of every human being.”

The archbishop added that when it comes to distributing or, worst case, rationing health care interventions, “it must always be borne in mind that difficult decisions cannot be based on presumed differences in the worth of given human lives and the dignity of every person.” “In any case, we must never abandon the sick person.”

The archbishop stresses the vital role of the primary care doctor, a role that in “most countries has been ignored, even though they are most people’s first and only point of contact with the health care system.” He added, “the result has been an increase in deaths and disabilities not caused by COVID-19.” In what rings true to SOMOS doctors, building on the trust in the doctor-patient relationship, primary care providers can “prudently reduce waste of medicines and services and help their patients make those preventive lifestyle and health management choices that reflect their duty to protect their own health and that of others.”

“Our duty of solidarity,” concluded the archbishop, “is not without costs, without burdens, and free from the need for wealthy countries to pay a price that ensures the survival of the poor and the sustainability of the planet.”

Full equality in the distribution of up-to-date sophisticated health care depends on “putting into practice the fundamental principles of the Social Doctrine of the Church, which gives a central place to the human person and human dignity, and to the goal of relationships based on solidarity and justice.”

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