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Economic Ethics and Implications for Health Care Access

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In this paper, delivered in New Orleans at the 2004 Annual Meeting, Daniels-Sykes summarizes current scholarship on social justice and health care, inequality of access to health care and insurability, and welfare programs. She presents an analysis of Catholic theological ethics and its application in debates regarding access to health care.

Although Roman Catholic thought has always recognized a legitimate autonomy to many of the economic and health care concerns that exist in society, nothing should obscure the fact that Catholicism might be able to offer important insights and ideas concerning economic ethics and bioethical implications for the medically uninsured and underinsured.¹⁶ In arguments that promote universal access to the health care delivery system in the USA, for instance, Catholic health care ethics would assert that health care is a social good that is of incomparable worth, and therefore important to human life, human dignity, and human flourishing.

¹⁶Philip Keane, *Catholicism & Health-Care Justice: Problems, Potential, and Solutions* (New York: Paulist Press, 2002), 18.

Indeed, “[t]he delivery of health care is a *moral* issue at the level of principle, that is at the level where questions about dignity and respect due to each human person are considered.”¹⁷ To have approximately 45 million medically uninsured persons in the United States during any point in the calendar year is a serious affront to the sanctity of human life.¹⁸ In Philip Keane’s *Catholicism and Health-Care Justice: Problems, Potential, and Solutions* he addresses the situation of the medically uninsured in the United States. Keane maintains that, “access to a reasonable level of health care remains a clear obligation of distributive justice. Health care is an inviolable human right, and a basic requirement of the common good.”¹⁹ Indeed the situation of the medically uninsured is of great import to economic ethics because it is a health care ethical issue.

The purpose of this paper is to integrate five main ideas from the five books read and discussed in a course entitled, *Economic Ethics and Bioethical Implications*. The main ideas include: 1) the American dream;²⁰ 2) concerns regarding inequality between human beings and income;²¹ 3) economic theory and health care;²² 4) welfare reform as it relates to access to health care and health care insurance;²³

¹⁷ Ibid., 190.

¹⁸ Ibid., 2.

¹⁹ Ibid., 190.

²⁰ See Jennifer L. Hochschild, *Race, Class and the Soul of the Nation: Facing Up to the American Dream* (Princeton, New Jersey: Princeton University Press, 1995).

²¹ See Douglas A. Hicks, *Inequality & Christian Ethics* (Cambridge: Cambridge University Press, 2000).

²² See Prentiss L. Pemberton & Daniel Rush Finn, *Toward a Christian Economic Ethic: Stewardship & Social Power* (Minneapolis, Minnesota, 1985).

²³ See Thomas Massaro, *Catholic Social Teaching and United States Welfare Reform* (Collegetown, Minnesota: The Liturgical Press, 1998)

and 5) Catholicism and health care justice.²⁴ The first four ideas will be examined in terms of how each one has an effect on the health care system, health insurance, and/or health care access. The fifth will bring Catholic theological ethics into dialogue with arguments for universal access to health care. Each has connections to economics and to health care ethical implications.

The American Dream

Jennifer Hochschild in *Race, Class, and the Soul of the Nation: Facing Up to the American Dream* describes the popular ideology of the American dream.²⁵ “It assumes that all Americans have a reasonable chance to achieve success as they define it—material or otherwise—through their own efforts and to attain virtue and fulfillment through success.”²⁶ Implied in the attainment of success, virtue, and fulfillment is found stable employment, a sufficient income, and/or economic security. Because access to health care is integrally connected to an individual having stable employment, a sufficient income, and economic security, arguably, one who has attained the American dream should not have much difficulty accessing the health care delivery system for care. In essence, health care, deemed a private good in the United States, is an employee benefit (or private property) that is owned by the individual who earned (or purchased) it as part of an employee’s benefit package. In this respect, health care, undergirded by economic theory and the market, is deeply embedded in attaining a sufficient income level. The system of health care is, therefore, set up in such a way that those who lack stable employment, a sufficient income, and/or economic security, for multiple

²⁴See Keane, *Catholicism & Health-Care Justice: Problems, Potential, and Solutions*.

²⁵ Hochschild, *Race, Class, and the Soul of the Nation*, 15.

²⁶ *Ibid.*, xvii.

reasons, can find themselves medically uninsured or medically underinsured. Typically, the poor or the working poor find themselves in this predicament.

Since the American dream affirms both an individual's attainment of: success economic security, and stable income and assumes access to health insurance, what does this mean for those who do not attain these successes? The situation of those who are poor or the working poor raises profound theological and ethical questions about the need for universal access to health care and its importance for human life, human dignity, and human flourishing.²⁷ They have constraints on accessing health care, power, the ability to act on medical recommendations, no guarantee for a continuum of health care, and diminished liberty in an economic and social sense. Concerns about income inequality emerge in these cases and illuminate the inequalities between those who lack access to the human good of health care and those who have access to this important good.

Inequalities Between Human Beings and Income

Douglas A. Hicks in *Inequality and Christian Ethics* acknowledges that while discussions on equality pervade the literature and the society at large,²⁸ there is a dearth of substantive information from policy-makers, intellectuals, and citizens that grapple with the meaning of inequality. This lack of information exists despite the fact that “analysts and citizens increasingly have seen that among “developed” nations, the United States experiences the highest level of income inequality?”²⁹ That the United States experiences the highest level of income inequality also plays a critical role in an individual's access or lack of access to the health

²⁷ Keane, *Catholicism & Health-Care Justice: Problems, Potential, and Solutions*, 76.

²⁸ Hicks, *Inequality and Christian Ethics*, 20, 29.

²⁹ *Ibid.*, 64,

care system. Since a high level of income inequality is problematic in the United States, one can presume that access to health care for medically uninsured or underinsured persons is problematic as well.

Public policy-maker, intellectuals, and citizens must continue examining the inequality status in the income levels of millions of medically uninsured or underinsured. Nor must we overlook the arguments championing universal access to health care.

Economic Theory and Health Care

A primary problem with health care delivery in the USA is that it has been looked at exclusively as a subject of economic theory.³⁰ A shortcoming noted with neo-classical economic theory, as it applies to health care, is that it emphasizes what Philosopher John Locke referred to as, “the possessiveness of the individual.”³¹ Health care as a part of the market economy has this same individualist focus: that health care is a part of my employee benefit! The possessiveness of the individual notion persists when health care is viewed as an individual’s property and therefore an individual’s private right to own.

In addition, Hicks maintains that economic theory lacks a direct or first-order attention to matters of the distribution of inequality.³² Instead its first-order attention emphasizes individual productivity and efficiency and only its second order directs attention to inequality.³³ Prentiss L. Pemberton and Daniel Rush Finn, in *Toward a Christian Economic Ethics: Stewardship & Social Power*, also criticize the

³⁰ Keane, *Catholicism & Health-Care Justice: Problems, Potential, and Solutions*, 190.

³¹ Prentiss and Finn, *Toward a Christian Economic Ethic: Stewardship & Social Power*, 71.

³² Hicks, *Inequality and Christian Ethics*, 35.

³³ *Ibid.*, 35.

enduring focus of neo-classical economic theory in the USA.³⁴ They explain, “as goods become more costly, the limits that our whole economy is approaching cause the most hardship for low-income people, who are the least able to cope with higher prices caused by growing scarcity.”³⁵ When one relates health care (as a commodity of the free market) to economic theory, one can see that the high cost of health care premiums places a heavy burden on the working poor or the poor, who normally are medically uninsured or underinsured. Many do not make enough money from one or even two full or part-time minimum or low wage jobs to pay for health care premiums.

While the delivery of health care needs sound economic and business practices, accessing health care means more than just business and efficiency. In fact, during the industrial revolution and after it was recognized that the issue of inequality, as part of the second order of attention, needed to be seriously considered. Thus, unions were organized and spread throughout much of the industrialized sector of the economy. Members of these unions advocated social programs under the title of the “welfare state.” Advocated and instituted by unions were programs such as social security, Aid for Families with Dependent Children (AFDC), Medicare and Medicaid, among others.³⁶ It is to be noted that health care access is directly associated with each of these aforementioned government programs.³⁷

³⁴ Prentiss and Finn, *Toward a Christian Economic Ethic: Stewardship & Social Power*, 102.

³⁵ *Ibid.*, 102.

³⁶ Prentiss and Finn, *Toward a Christian Economic Ethic: Stewardship & Social Power*, 95.

³⁷ Thomas Massaro, *Catholic Social Teaching and United States Welfare Reform*.

Welfare Reform, Health Care, and Health Insurance

Thomas Massaro in *Catholic Social Teaching and United States Welfare Reform* offers a solid context for understanding welfare reform. He explains that for decades many public policy legislators have been convinced that true empowerment enables people to escape the trap of welfare dependency because of their enduring reliance on government programs such as AFDC. To realize the goals of welfare reform, former welfare dependent recipients have been forced into the workforce.³⁸ As a result of this mandatory welfare reform legislation, many families experienced a loss of subsidized governmental funding and are personally worse off than before, as well as medically underinsured or uninsured. In reality, “in the absence of substantive health care reform, tens of millions of American families will remain uninsured, since not all jobs include health care benefits.”³⁹ Massaro is concerned that welfare reform does not guarantee health insurance. For example, the situation of these former welfare families (who are now called the working poor): 1) falls short of the American dream, where the attainment of success means stable employment, a sufficient income, and/or economic security; 2) captures the notion of inequality; and 3) reaffirms the first order attention that emphasizes individual productivity and efficiency in economic theory, while second order attention, which seeks to prevent inequalities, too many times gets overlooked.

Catholicism, Economic Ethics, and Health Care Implications

While Roman Catholic thought has always recognized a legitimate autonomy to many of the economic and health

³⁸ Thomas Massaro, *Catholic Social Teaching and United States Welfare Reform*, 126.

³⁹ *Ibid.*, 128.

care ethical concerns that exist in society, Keane's work offers Catholic normative ethical insights that critique the social, political, and economic dimensions of policies as they relate to the health care system and managed care. He argues for universal access to health care because health care is *not* a private good, but a social good that is of incomparable worth to human dignity, human life, and human flourishing. Based on Catholic social thought, Keane also recognizes that public policy in health care can function in a more enlightened fashion when it helps foster human dignity and the human common good. He also believes that the influence of Catholic social thought can abandon the consumer analogy that is associated with health care's market orientation. Catholic social thought, clearly, has much to add to the dialogue on economic ethics and health care through instituting the principles or tenets of Catholic social thought. These tenets include: human dignity, sanctity of all human life, social solidarity, common good, participation, and subsidiarity. An understanding of social justice and economic justice from the perspective of Catholic social thought offers a strong challenge to a normative or secular notion of health care that is driven by neo-classical economic theories, the free market, and the rugged individualist ethos that is entrenched in the US liberal philosophical worldview.