

Abp. Vincenzo Paglia
The Serious Problem of Inequality in Healthcare
Ore 10.30 NYC - SOMOS Community Care Headquarters

Dear Dr Tallaj, Dear friends,

It is with great pleasure that I meet you here today at the headquarters of SOMOS after also having met you last autumn in Santo Domingo. Today, as then, I see in you, not only scientific and professional qualifications of the highest level, but equally important the passion of those who—especially if doctors—are able to contribute to building up a more human world.

I thank you for the theme you have chosen because serious thinking about the challenge of injustice in health care is a task we can no longer put off. This is especially true in complex environments like those we find here in New York City. We are gathered to discuss this challenge even as we hope that the terrible pandemic affecting the whole world will soon come to an end. This disaster, which has inflicted on us immense pain and two years of sorrow, must still not be an opportunity not gone to waste. It has taught us much: we see the structural limits of today's health care systems (which is our theme), but we also see goodness in humanity's response to the suffering the pandemic has caused, and we come away from this trial with renewed hope and confidence.

My presentation today has two parts: first, I will point out some of the parameters that give dimension to healthcare inequality; second, I will highlight some of the questions, problems, and solutions that have come out of the past two years of pandemic.

1. Different dimensions of health inequalities

The changes that Western society has undergone have led us to reflect more deeply on the role of medicine—how it deals disease and with health. The dizzying increase in scientific knowledge and technological capabilities in medicine has had a growing financial effect on medical procedures and on the structures within which treatment is delivered. This has made more urgent an ethical consideration and political implementation of the criteria that will ensure equitable distribution of the burdens associated with proper health care and with the cost of the new discoveries that are continually being made.

The contribution of social sciences to the field of health care 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. We have thus come to see more clearly 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, and of the other living creatures with whom we share the planet. If we examine healthy life expectancies for different countries and in different social groupings, we see significant inequalities. They depend on variables such as salary levels, education, neighborhood (it is said that the most reliable indicator of a person's life expectancy is his or her ZIP Code). How can we say that life and health are fundamental values the same for everyone if we disregard the conditions that produce inequalities? Such disregard really says that not all lives are the same and that health is not assured for everyone in the same way.

The question therefore is how to clarify these issues in the light of not only clinical practice at the patient's bedside, but also of public health, so as to show how they are related and how we can take responsibility for them. In this way we will be able to be more concerned about justice in this area, 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.

We can therefore see how the theme of inequalities in medicine is at work on different levels, both political and clinical. With respect to policy, we must find the proper balance among preventive medicine, regional availability, and hospital structures, all working toward continuity and integration of care. With respect to clinical practice, it is in the context of the doctor-patient relationship that primary care physicians will be able to 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. The doctor must certainly bear in mind the costs of the treatments prescribed, but the trust necessary for a good doctor-patient relationship would be lost if treatment were provided only on the basis of economic considerations, especially if the doctor derives direct or indirect benefits from them (incentives, discounts, profit sharing).

What is relevant here is, among other things, the need for greater attention to continuing training of health care personnel. This ongoing formation must achieve a threefold objective: in addition to necessary scientific-professional updating, it must also include ethical questions and considerations of motivation and psychological and personal stability. 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.

2. Justice and solidarity in times of pandemic

The pandemic from which we are emerging has tried the concepts of justice and inequality, but we also hope that it has been a time of reflection and learning. In every country, COVID-19 has shown that public health, a common good, must take economic interests into account. During the early stages of the pandemic, many countries concentrated their efforts simply on saving lives. Hospitals and intensive care facilities in particular were insufficient and were brought up to speed only after enormous efforts. Visibly, treatment centers have survived, thanks to the unstinting sacrifices of doctors, nurses and other health care professionals, more than to investments in technology. The focus on treatment in hospitals, however, has drawn attention away from other institutions. Nursing homes, for example, have been severely affected, and sufficient quantities of personal protective equipment together with tests became available only at a late stage. Ethical discussions on resource allocation have been mainly based on utilitarian considerations, without giving attention to risk analysis. In most countries, the role of primary care physicians has been ignored, even though they are most people's first and only point of contact with the care system. The result has been an increase in deaths and disabilities not caused by Covid-19. Vulnerability is worldwide, and thus cooperation must be international, and we must all be aware that it is not possible deal with a pandemic if an adequate globally accessible health care structure does not exist.

Access to the best opportunities for prevention, diagnosis and treatment, should be universale, not available to just the few. Distribution of the COVID-19 vaccine is an example of this principle. Here, the only acceptable goal, subject to availability, is access for all, without exception.

Today, the moral, adnnot merely strategic meaning of solidarity is a central issue. 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 else. As a principle of social ethics, solidarity is based on the concrete reality of a person who is present and in need, who cries out to be recognized. The answer we have to give is not based on sympathy; our answer has to be ethical commitment based on our mindful concern for the intrinsic

value of every human being. That is the only adequate response when we recognize another's dignity.

That is why we need an alliance between science and humanism. They must be integrated and not separated, nor, even worse, opposed. An emergency like Covid-19 is to be met first of all with the antibodies of solidarity. The technical and clinical means to contain it must be integrated within a vast and profound search for the common good, which must oppose any tendency to confer advantages on the privileged and to reject the vulnerable on the basis of things like citizenship, income, politics, or age. This also applies to all "health care policy" choices, including those that seem to be strictly clinical. The emergency conditions in which many countries are finding themselves can force doctors into dramatic and painful decisions connected with the rationing of limited resources that are not available to everyone at the same time.

We must remember that after having done everything organizationally possible to avoid rationing, it must always be borne in mind that difficult decisions cannot be based on presumed differences in the worth of given human lives and in the dignity of every person. Those are always equal and invaluable. Rather, the decision concerns the use of the best possible treatments based on the patient's needs, that is, the severity of the disease, the need for care, and the expected clinical benefits, the prognosis. Age cannot be the single and automatic criterion for a choice, otherwise medicine could adopt a discriminatory attitude towards the elderly and the most fragile. Moreover, in order to avoid arbitrariness or improvisation in emergency situations, as disaster medicine has taught us, we must formulate criteria that are as shared and well-founded as possible. In any case, we must emphasize that rationing is to be the last option. The search for possible equivalent treatments, the sharing of resources, and the transfer of patients are alternatives to be considered, carefully and with an eye to justice. In the logic of justice. In extreme conditions, creative solutions have been found to meet pressing needs, for example, the use of one ventilator for several patients.

In any case, we must never abandon the sick person, even when there are no more treatments available: palliative care, pain management and personal accompaniment are measures that should never be overlooked. In the area of public health, our responses to the difficulties we are experiencing call for constant re-evaluation, even if that can only be done at a later, calmer, time. In play are the choices between preventive medicine and therapeutics, individual medicine and collective medicine (given the correlation between personal rights and public health care needs).

There is a deeper question here that we have to consider. It focuses on the goals that medicine can set for itself, taking into account the meaning of health as a component of social life in all its many dimensions, such as education and environmental concerns. At this point, the fruitfulness of a global perspective on bioethics becomes visible. Such a perspective illuminates the multiplicity of the dimensions that exist and the global scope of it reaches into all the, We can glimpse the fruitfulness of a global perspective on bioethics, which takes into account the multiplicity of the dimensions at stake and their broad scope. That attention overcomes an individualistic and reductive vision of the place that health and health care holds hold in our lives.

Our duty of solidarity is not without cost, 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. This applies to the various sectors of human activity not only today, but also to through the generations, for whom we have a duty of care and generosity as we use the resources the God had put at our disposal.

Dear friends, history is challenging: it engages our intelligence, requires extraordinary passion, and imposes personal and collective responsibilities. The complexity reality and the extraordinary difficulties in which we function (how can we not think of the terrible war in Ukraine—yet another plague in addition to Covid-19) increase the need for our shared commitment and solidarity.

If today we have gathered in common purpose, if you often reflect about these things together and reach similar conclusions, it is because these overwhelming challenges can only be answered together.

Together! This is how injustice is fought; this is how the lives of men and women, of the little ones and the elderly, of the poorest and most suffering, are given their dignity. This is your mission, it is ours together!

Thank you.