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Life Issues Forum

Health Care Reform and a Dispute About Dying By Richard M. Doerflinger

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Congress's effort to enact health care reform legislation has sparked a vigorous debate. From a Catholic viewpoint the underlying issue is clear: Tens of millions of Americans lack basic health coverage; many more risk losing what they have as costs rise. And this is a matter of justice. As Pope John XXIII said almost half a century ago: "Man has the right to live. He has the right to bodily integrity and to the means necessary for the proper development of life, particularly food, clothing, shelter, medical care..." (Pacem in Terris, no. 11). A society that does not ensure basic life-affirming health care for those in need is failing in a basic responsibility.

Since the right to health care is based on the right to live, it is also clear that what attacks life is not health care at all, and not a legitimate goal of health care reform. The Church insists that reform is too important and legitimate a goal to be hijacked by destructive agendas such as government-mandated abortion coverage.

But concerns have also been raised about the way health care reform may treat people at the other end of life, specifically through Section 1233 of the current House bill on "advance care planning consultations." Supporters say it is a harmless provision to ensure that elderly patients will have their wishes respected when they can no longer speak for themselves; some opponents see the ominous hand of government nudging grandma over the cliff.

The truth, I think, lies somewhere between. This section says that if doctors talk with Medicare patients about "end-of-life services and supports," the benefits of advance directives such as "living wills," etc., Medicare will reimburse them for their time.

One worry here is that government or doctors may have agendas in tension with patients' goals and interests. When a federal official first proposed that the government encourage seniors to sign living wills, in 1977, this was part of a memo on how to cut the government's health costs – earning a rebuke from Catholic bishops and others.

Another problem is the assumption that documents like the living will are a positive good no matter what they say. The evidence suggests they are imperfect instruments that do not always serve patients' interests (see the report Taking Care by the President's Council on Bioethics, www.bioethics.gov/reports/taking_care/chapter2.html). The consultations will also promote whatever advance directive serves as a model in the patient's home state – and some states' documents do not make careful distinctions between ordinary and extraordinary means. Patients may not realize that signing some forms could prompt the denial of even ordinary care like nutrition and hydration during a chronic, non-terminal illness. (Section 1233 lists "artificially administered nutrition and hydration" among the topics for discussion).

Such concerns have persuaded key drafters of the Senate health care reform bill to drop this provision – prompting a reaction from the nation's leading proponent of physician-assisted suicide, the Hemlock Society (now renamed "Compassion and Choices" to mask its zeal for poisoning the elderly). The group said it had "worked tirelessly with supportive members of Congress" to insert the provision, and lamented that it might be dropped due to "misinformation" that it would "promote euthanasia."

A hint to supporters: If you want to calm concerns that the provision could promote euthanasia, don't boast that it is backed by groups promoting euthanasia. It now seems Section 1233 will have a quiet and dignified death, and we can continue trying to agree on how to cover people who lack any health care at all.

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