CATHOLIC SOCIAL TEACHING

Topic: Health Care and Social Ethics: Canadian and U.S. Models
Convener: Thomas J. Poundstone, Saint Mary's College of California, Moraga
Presenters: Ronald Mercier, Regis College, Toronto
Gerard Magill, St. Louis University
Kevin Valadares, St. Louis University

The choice of sites for the 1998 convention provided an excellent opportunity to bring Catholic social teaching to bear upon analyses and comparisons of two distinct healthcare systems.

Gerard Magill and Kevin Valadares' paper on the U.S. model of delivering healthcare focused on ethical issues raised in three major arenas: (1) the consolidation and integration of the industry; (2) the development and use of technology; and (3) the demographic changes that affect services. Engaging the ethical concerns properly in each arena requires an understanding of the inseparable relation between quality, cost, and access in the market economy of U.S. healthcare. They stressed that unless Catholic social ethics in the U.S. raises its voice, the normative element in the debate will be overwhelmed by the fiscal and empirical, and that a voice must be present arguing for the moral allocation of healthcare. They suggested that the most effective argument for universal access will be via government regulation of current market forces.

In his paper, Ronald Mercier used narrative ethics to illustrate that many differences in the U.S. and Canadian healthcare systems can be traced to each people's distinctive self-understanding. In contrast with the shaping of U.S. political awareness by the vision of "life, liberty, and the pursuit of happiness," Canadian politics is formed by the goals of "peace, order, and good government." Whereas the former has produced a more individualistic and market-driven system, the latter has placed a higher priority upon the role of government in securing the common good. Though the decision to move to a universally available system was rooted in the Canadian "narrative," once these latent values were acted upon, they recast the narrative itself, and the values of universality and equity became foundational to Canadian self-identity. This transformation occurred only after a difficult battle in Saskatchewan which included a doctor's strike.

Mercier argued that the roots of the Canadian system stem in large part from the social gospel movement which nurtured a deep sense of the "rightness" of care for the most vulnerable in society. The broad-based religious rhetoric, not constrained in Canada by a wall of separation, focused unambiguously on the supremacy of the common good of persons over the structures of the market or the right to profit. This religiously inspired communal vision dovetails with the sensibilities which underlay the political consensus.

Though Mercier acknowledged that there are often long lines in Canada for necessary procedures, he said that this wait must be balanced by consideration of the way in which the Canadian system not only deliberately seeks to include those who would not have access in the U.S., but also tries to limit the costs incurred. This issue, he said, ultimately touches deep levels of the psyche and one's implicit ranking of common good vs. self-interest. One downside of the extensive government involvement in healthcare which Mercier noted has been the distancing of institutions from their basis in local communities. Furthermore, in the current spate of amalgamation, the government has found it difficult to deal with the differences inherent in hospitals representing a variety of religious traditions, let alone see how such differences are valuable.

In a vibrant discussion period, Richard McCormick noted that healthcare problems are erroneously equated with hospital problems. Others contrasted the still increasing U.S. rate of over 14% of GDP being spent on healthcare with the stabilized and slightly declining Canadian rate of 9.7%. When pressed by David Kelly, Mercier said that he would not favor an increase in the percent of GDP spent; instead, he said the hard choices of resource allocation must not be avoided. Others echoed this by speaking of a theology of limits. A distinction which emerged is that in the U.S. the key voice is had by the "consumer" whereas in Canada that voice belongs to the "citizen." The latter is more conducive to a quest for the common good and universal access.

Both the interest and the sense of urgency expressed by participants in this well-attended session clearly indicate the need for further efforts on the part of the Society to bring the tradition of Catholic social thought into discussions regarding healthcare and to secure a voice for both Canadian and U.S. participants.

THOMAS J. POUNDSTONE
St. Mary's College of California
Moraga, California

CHRISTOLOGY

Topic: Christological Claims, the Historical Jesus, and the Word of God
Convener: Michael O'Keeffe, Saint Xavier University, Chicago
Presenter: Tatha Wiley, St. John's University, Collegeville

Although at first glance this year's session on the historical Jesus seems a radical departure from the postmodernism of last year, on further reflection this was not the case. What Tatha Wiley actually delivered was an exploration of what Christology becomes once the insights of postmodernism, particularly its sensitivity to ideology and its advocacy for a hermeneutics of suspicion, are given a determinative role. Thus Wiley's presentation began with an examination of how bias and ideology turned the social critique of Jesus and his concern for