Approximately 15 people gathered to discuss one of the salient challenges of our time: how to provide at least a minimal standard of health care for all. Health care systems throughout the developed world are struggling to respond to demands for equitable access, increasingly expensive scientific and technological expertise and cost control. These challenges exist for systems with very different structures and conceptions of the nature of health care, solidarity, compassion, and justice, both distributive and social. An analysis of substantial historical and social differences between Canada’s publicly-funded universal medicare and the market-driven, employment insurance-dependent US system and of challenges to both systems from an autonomy-driven consumer society raises some fundamental considerations regarding the future of just health care as an essential element of the common good.

Nuala Kenny, bioethicist and pediatrician at Dalhousie University, Ethics and Policy Advisor for the Catholic Health Association of Canada and former Deputy Minister of Health for Nova Scotia invited us to look beyond the evident contrast of Canada’s publicly-funded universal medicare and the privately funded system. First, the often-touted benefits of the private system in the US belie disturbing deficiencies—for example, the US ranks 29th in the world in infant mortality. But deeper still lie contrasts between the American ethos of autonomy and (personal) independence and the Canadian ethos of being part of the larger British Commonwealth. The commonwealth necessarily looks to the good of all its members as the marker of true flourishing. A second divide lies in the tendency to perceive of health care as a consumer good rather than a socially-provided good and a matter of right rather than privilege.

Professor Keane added an enthusiastic “Amen!” to Dr. Kenny’s call for a revisioning of the American system to allow for some degree of social safety net. A minimum standard of decent health care for all, even a two-tier system allowing private coverage for those able to finance it, (or for conditions not covered by public funding as in Canada’s system), would go a long way toward achieving in fact the respect for human dignity that is the basis of Catholic social teaching.
Prof. Keane brought a theological ethical voice to the discussion to augment Dr. Kenny’s bioethical framework.

Next year’s administrative team will include John Berkman of Regis College (University of Toronto), Teresia Hinga of Santa Clara University, and Ron Mercier of the University of Toronto.

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