

# **Paglia: Pandemic points to urgent need to address inequality in health care**

(CNS) “Serious thinking” about inequality in health care “is a task we can no longer put off,” Archbishop Vincenzo Paglia, president of the Pontifical Academy for Life, told a New York audience March 30.

Archbishop Paglia spoke on “The Serious Problem of Inequality in Health Care” at the Bronx headquarters of SOMOS, a network of more than 2,500 community-based physicians, specialists and other health care providers as well as medical facilities, which care for 650,000-plus Medicaid beneficiaries.

In his address, he described the global scope of health care inequality; how COVID-19 “has tried the concepts of justice and inequality” in meeting people’s health care needs; and what lessons have been learned during the pandemic over the last two years.

This discussion of the challenge of health care inequality comes “even as we hope that the terrible pandemic affecting the whole world will soon come to an end,” he noted. “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 ... 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,” Archbishop Paglia said.

What Archbishop Paglia called a “dizzying increase” in scientific knowledge and medical technologies has had “a

growing financial effect” on medical procedures and facilities. This has led to more urgent ethical considerations and other criteria to ensure equitable distribution of care and the costs of new discoveries, he said.

“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,” the archbishop continued.

Living conditions, resulting from 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,” he said.

Health and life expectancy vary by country, social grouping, salary levels, education and neighborhood, he explained. “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?” he asked. “Such disregard really says that not all lives are the same and that health is not assured for everyone in the same way.”

Clarifying these issues in the light of clinical practice and public health shows “how they are related and how we can take responsibility for them,” he said.

This effort, he said, should be guided by the fundamental principles of the Church’s social doctrine, which gives “a central place to the human person and human dignity, and to the goal of relationships based on solidarity and justice.”

He pointed to “inequalities in medicine” at both the policy and clinical levels.

Regarding policy, he said, there must be a “proper balance among preventive medicine, regional availability and hospital structures.”

At the clinical level, primary care physicians should act prudently to reduce waste of medicines and services and help patients make “preventive lifestyle and health management choices,” Archbishop Paglia said. “The trust necessary for a good doctor-patient relationship would be lost if treatment were provided only on the basis of economic considerations.”

He also urged ethical and motivational considerations be part of medical professionals’ training.

“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,” Archbishop Paglia said.

He said access to the best options for “prevention, diagnosis and treatment should be universal, not available to just the few.” He said distribution of the COVID-19 vaccine provides just such an example, because “the only acceptable goal, subject to availability, is access (to vaccines) for all, without exception,” he said.

He called for “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.”

Solidarity recognizes “that as a human being endowed with dignity, each person is an end in himself, not just a means to something else,” he said.

In every country, COVID-19 has shown that public health, “a common good,” must take “economic interests into account,” Archbishop Paglia said.

Emergency conditions “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,” he said.

“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,” he said.

Alternatives should be considered carefully and “with an eye to justice,” he said, like “possible equivalent treatments, the sharing of resources, and the transfer of patients. ... In extreme conditions, creative solutions have been found to meet pressing needs, for example, the use of one ventilator for several patients.”

Decisions on the best possible treatments should be based on “the severity of the disease, the need for care, and the expected clinical benefits, the prognosis.” He emphasized rationing must be “the last option.”

Age also cannot be a factor in treatment decisions because this will lead to discrimination toward “the elderly and the most fragile,” Archbishop Paglia said.

“We must never abandon the sick person, even when there are no more treatments available: palliative care, pain management and personal accompaniment are a measures that should never be overlooked,” he said.

Health care providers also cannot give advantages to the privileged and reject the vulnerable “on the basis of things like citizenship, income, politics.”

“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," he said.

"We have a duty of care and generosity as we use the resources the God had put at our disposal," the archbishop said.

Challenges can only be answered together, he said. "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."