

CHAPTER TWO

HEALTH CARE: THE CHURCH'S MISSION

Introduction

The focus of this thesis is the resistance of Catholic authorities to the introduction of national universal health insurance in the 1940s and the 1970s, two periods informed by Catholic competition with the world (McSweeney, 1980). During this time the Church competed with liberal secularism for the souls of Catholics, a strategy characterised by the establishment of separate Catholic institutions, which included Catholic hospitals. Their purpose 'was clear for all to see and experience; to be compassionate to the physically and mentally sick and to make sure the sacraments were readily available to them when needed' (Arbuckle, 2000: 96). Catholic health care, along with the Church, was inward looking: 'anti-world, defensive, personal piety-based, highly stratified, authoritarian, and rule-orientated' (Arbuckle, 2000: 97). Whilst this will be more fully analysed in Chapters Three and Four, for the present it is sufficient to say this approach was informed by a fear that the Catholic community would suffer, if not disintegrate, if it was exposed to outside and hostile influences. Only institutions under the control of the Church, free from state interference, would protect the souls of Catholics, a view not seriously challenged until Vatican II. Thus it is possible to speak of a 'preconciliar' Church that was closed to the world, and a 'postconciliar' Church that was more open to it (Curran, 2002).

The 'preconciliar' Catholic Church, which drew heavily upon natural law, emphasised the social nature of the person who existed in an organic society. It was realised through a natural order based on the pre-eminence of the family, supported by the principle of subsidiarity. Thus the family was seen as the primary source of provision, supported by intermediary associations, and, only in the final instance, by the state. Vatican II, however, modified this natural law approach. By placing greater reliance on Scripture, the Council changed the direction and emphasis of Catholic social teaching. In acknowledging the 'needs of the present time' (#50 cited in O'Brien & Shannon, 1992: 92) the Church highlighted and developed the role of the common good. Moreover, it offered support for the welfare state (Dorr, 1991: 51; Henriot et.al., 1992: 17-21; Curran, 2002: 32-34). This shift, however, did not greatly

influence the attitude and practice of Australian Catholic authorities in the two periods under study. This remains true even though the attempt in the 1970s occurred after Vatican II, as the Council's impact was slow in effecting a change in the attitude of the Australian Church. The specific response of the Church in the 1940s and the 1970s will be examined in Chapters Seven and Nine, but it is first necessary to gain an understanding of Catholic social teaching as expressed in its 'preconciliar' formulation. The task of this chapter, then, is to examine and analyse the principles of Catholic social teaching in order to understand why Australian Catholic authorities resisted the introduction of proposals that *prima facie* appeared to be in accord with the mission of the Catholic Church and its teachings.

The mission of the Church

The essence of Catholic health care is spiritual, a point noted in the previous chapter. Care of the sick so that they might attain the fullness of God is both an expression of love of God and a manifestation of God's love. Moreover, it is an essential and long proclaimed aspect of the mission entrusted to the Church by Jesus (Walters, 1985, 62 (2): 242; ACHCA, 1991: 4; Austin, 1996: 162-163). The Church, the organised people of God, although during the period of this study it generally referred to the leaders of the institutional Church, that is the pope, bishops, clergy, religious and those lay people endowed with specific leadership responsibilities. Regardless, it is a sign and sacrament of unity with God and between men and women, and a sacrament of salvation. 'It is the body of Christ which makes visible Christ's presence and action in the world through his Spirit ... Its mission is to gather, reconcile, and unify all people and all things in Christ and to make them belong to God so that God may be all in all (Amalorpavadass in Komonchak, et.al., 1990: 207). In other words the mission of the Church is to proclaim the good news of God's reign so that men and women might reach their ultimate destination, i.e. salvation. This provides the stimulus for the Church's role in health care (Hill in Komonchak, et.al., 1990: 197-199).

The Church's mission rests on clear Scriptural foundations. Christ raised the dead (Mt 9: 18, 23-25; Mk 5: 35-42), 'healed people with every kind of disease and sickness' (Mt 9: 35), including mental and spiritual conditions (Jn 6: 35; 11: 25-27), 'drove out the evil spirits with a word and healed all who were sick. He did this to make come true what the prophet Isaiah had said, "He himself took our sickness and

carried away our diseases” (Mt 8: 16-17). Furthermore Christ called his twelve apostles and ‘gave them authority to drive out evil spirits and to heal every disease and every sickness ... Heal the sick, bring the dead back to life, heal those who suffer from dreaded skin disease, and drive out demons’ (Mt 9: 35; 10: 1, 8). In the Epistles Paul refers to healing as one of the gifts of the Holy Spirit (I Cor. 12: 9), and James notes that anyone who is sick ‘should send for the church elders, who will pray for him and rub olive oil on him in the name of the Lord. This prayer made in faith will heal the sick person; the Lord will restore him to health’ (James 5: 14-15). Physical healing, however, is not an end in itself. Rather healing is a sign of victory over the disintegration that results from human rebellion against God – that the sins men and women have committed, are forgiven. It is ‘part of attaining the wholeness of humanity, which is the fruit of the redemptive work of Christ. That wholeness necessarily involves the community as well as the individual, for to be whole requires a right relationship not only with God but also with one another’ (Rayner in Regan et.al., 1996: vi).

The healing stories are ‘one of the major signs to accompany Jesus’ proclamation of the reign of God’ (CHA, 2001: 3). As God’s messiah, Jesus is the one who proclaims and brings salvation. Thus the healing stories are stories of salvation in which the sick and disabled are physically cured, but also ‘given access to the community’ (Senior in Komonchak et.al., 1987: 857). They ‘define the reign of God as an experience of salvation’ (Senior in Komonchak et.al., 1987: 858). Through the act of repentance, all are called to a new life, the gift of the reign of God. This, however, requires more than the transformation of the individual. It also requires the transformation of unjust structures that impede access to participation in the community. The timing of the arrival of the reign of God, however, is debatable. ‘For those who see salvation as mainly future and other worldly, the reign of God is primarily an individual and spiritual experience. For those who seek God’s salvific power at work in the present, the reign of God is more closely tied to social and political reform’ (Senior in Komonchak et.al., 1987: 861). Whilst recognising that the fullness of the reign of God will come only at the end of time (Curran, 2002: 38), it is possible to argue that the distinction between the natural and supernatural evident in preconciliar teaching produced an expectation that the coming of the reign was in the future. Glorification of sickness and death in the hope of eternal reward embodies a risk of not addressing

injustices in the 'here and now', an attitude that led Marx to describe religion as the 'opiate of the people'. This view was certainly an influence on preconciliar social policy.

Charity

Quite clearly care of the sick is a central aspect of the Church's mission. The two pillars that underpin it are charity and justice, but charity, love of God, is 'the primary motive' (Molony, 2003: 21, 5). It is a duty and as such is not optional. It does not stop with God (who is its first object), but extends to all men and women. They are made in the image of God and in them one encounters Christ. Consequently the influence of charity encompasses the search for, and passing on, of truth in order to ensure the achievement and maintenance of right social order, and unity in God and Christ through the unselfish honouring of, and understanding of, a neighbour's needs. Charity then informs all virtues leading them to action. The disciples were commanded to 'Love your neighbour as you love yourself' (Mt 22:39), which is second only to God's command to 'Love your God with all your heart, with all your soul, with all your mind, and with all your strength' (Mt, 22: 37).

Whilst the parable of the Good Samaritan does not exactly answer 'the question "Who is thy neighbour?" ... (it) propounds and answers a larger one, "Whom in distress should I like to be neighbour to me?" and gives an everlasting instance of the golden rule' (Knight, 2004). All are exhorted to follow suit, i.e. to minister to the stranger – all are called to 'go ... and do the same' (Luke, 10: 37). Everyone, but especially the Christian, has a responsibility to help the needy who are brothers and sisters of Christ. Relief of their situation is a moral obligation, which arises out of the vulnerability of the needy, especially the 'poor, the crippled, the lame, and the blind' (Lk 14:13), and the capacity of the 'non-needy' to relieve that need. Moreover, relief of the suffering of the stranger builds relations and strengthens community bonds, i.e. it enhances solidarity (Pemberton, 1990: 281-291). Anderson, however, notes 'there is no simple equality of obligation but a network of ties based on proximity, family and religious affiliation ... it is the web of organic obligations which holds society together' (1990: 554). Narrowly read then the Parable may limit responsibility to family, friends, colleagues or those close at hand thereby excluding those who do not belong to one of these groupings. This is contrary to the point Jesus was making, the unconventional

expression of love across traditional boundaries of class, race, gender, or religious groups. In this sense the obligations consequent upon Christ's directive could result in inward looking and conservative policies. Such a narrow reading may account for the Church's response to the introduction of national health insurance in the period under study. In particular its perceived insistence on the preservation of distinctly Catholic hospitals, partly driven by the need to protect and preserve the Catholic flock, may have narrowed the Church's perspective on the debate. It should be noted, however, that the Church's missionary mandate, a prominent feature of pre-Vatican II Catholic life, undermined such a narrow view.

Justice

Whilst charity forms the basis of Christian health care it does not remove the obligations of justice. The view 'that it is nobler to give freely than to give what is owed' (Calvez & Perrin, 1961: 164) is in fact a transgression, an excuse for ignoring the obligations of justice by asserting they are merely the concern of charity. It runs the risk of reducing the duties of charity to the status of whim, a state of affairs that Pius XI sought to overturn, by removing any idea that charity replaced the need for justice. Charity

cannot take the place of justice unfairly withheld, but even though a state of things be pictured in which every man receives at last all that is his due, a wide field will nevertheless remain open for charity. For, justice alone, even though most faithfully observed, can remove indeed the cause of social strife, but can never bring about a union of hearts and minds. Yet this union, binding men together, is the main principle of stability in all institutions, no matter how perfect they may seem, which aim at establishing social peace and promoting mutual aid. In its absence, as repeated experience proves, the wisest regulations come to nothing. Then only will it be possible to unite all in harmonious striving for the common good, when all sections of society have the intimate conviction that they are members of a single family and children of the same Heavenly Father, and further, that they are one body in Christ and "severally members of one of another" (Rom. 12: 5), so that "if one member suffers anything all the members suffer with it" (1 Cor. 12:26) (*Quadragesimo Anno*, #137 cited in O'Brien & Shannon, 1992: 74).

Satisfaction of the obligations of justice then is required by charity. It 'is the fundamental standard for the whole of social life, while justice is the objective universal standard for all relationships which arise there' (Calvez & Perrin, 1961: 163). Whilst both are universal norms charity has primacy, but this is not to remove

the obligations of justice. Rather charity transforms justice from within (Calvez & Perrin, 1961: 168-173). Together they underpin Catholic health care and indeed the work of Catholic hospitals. Charity, Cardinal Pacelli argued, ‘conditions, determines and commands acts of social justice itself’ (cited in Calvez & Perrin, 1961: 171). Questions of distribution and access to health resources, key concerns of justice then must be considered also in the light of charity.

Church understanding of justice since the time of Thomas Aquinas has concerned a distinction between general or legal justice, and particular justice. General justice is ‘the objective norm of social relationships’ and as such it has for its object the common good. It is concerned with those services, which are necessary for the well being of the community, entailing an obligation on members to observe the interest of that community. Particular justice is ‘the subjective expression’ of the norm of social relationships and is divided into commutative and distributive justice. Commutative justice is concerned with the relationship of one individual to another and requires that each be rendered their due. Distributive justice governs the relationship of society and its members, requiring the equitable distribution of advantages and disadvantages among the members of a community (Welty, 1960, Vol 1: 289, 310; Calvez & Perrin, 1961: 139-145; Curran, 2002: 188-198).

Whilst the place of commutative justice is acknowledged, the Church holds that simply rendering each their due is not sufficient to maintain the dignity and sacredness of the individual, or recognise their social nature. Rather human need, which rests on the right of every person by virtue of their dignity to a ‘minimally decent human existence’ (Curran, 2002: 192), and the expectation that goods derived from nature will serve the needs of all, requires a just distribution of material goods. Distribution then cannot simply be arithmetical, but rather must be proportional. Ideally it is achieved through work and the payment of a just wage, an attitude that has featured strongly in Catholic welfare policy, but the demands of the common good make allowance for a role for the state. Catholic social teaching on distributive justice does not, however, argue that distribution of material goods should be equal. Rather it insists that large differences between rich and poor are wrong. This formulation of distributive justice condemns both the extremes of individualism and collectivism (Curran, 2002: 188-198) making

way for the third approach that Esping-Andersen, Castles, van Kersbergen, and Smyth argue inclines the Church to a conservative view of welfare.

The changing social and economic conditions of the nineteenth and twentieth centuries led the Church towards the adoption of the term 'social justice' to better describe the obligations of justice. Whilst definitions vary, social justice refers to 'the objective norms which should regulate social and economic relationships and from which the obligations of each and every one are derived' (Calvez & Perrin, 1961: 134). At its centre is the notion of the common good as all members of a community are entitled to a share in the abundance of nature and social life. Thus social justice 'deals with what is owed to the common good by individual members and what is due to the members out of the common good by the community' (Welty, 1960, Vol 1: 319-320). It demands that

for each individual all that is necessary for the common good. But just as in the living organism it is impossible to provide for the good of the whole unless each single part and each individual member is given what it needs for the exercise of its proper functions, so it is impossible to care for the social organism and the good of society as a unit unless each single part and each individual member – that is to say, each individual man in the dignity of his human personality – is supplied with all that is necessary for the exercise of his social functions. If social justice be satisfied, the result will be an intense activity in economic life as a whole, pursued in tranquillity and order. This activity will be proof of the health of the social body, just as the health of the human body is recognized in the undisturbed regularity and perfect efficiency of the whole organism (*Divini Redemptoris*, #51 cited in Carlen, 1990a: 548-549).

Social justice, then, governs what individuals owe to the common good. Consequently it is concerned with the social and political aspects of the distribution of material goods, a concern that postconciliar documents later extended to include a requirement that all institutions be organised in such a way that they guarantee the participation of all in the life of society (Calvez & Perrin, 1961: 152; Welty, 1960, Vol 1: 291; Curran, 2002: 189-190). Clearly health care is important for the common good. Indeed, the postconciliar understanding suggests that inequitable access to health care, a feature of Australian practice in both the 1940s and the 1970s, required action by the Church. The fact that Catholic authorities argued not for support for state provision, but voluntary insurance and charity – a view consistent with a preconciliar reading of Catholic social teaching – raises the paradox referred to at the outset – a paradox which may in fact arise

from the perspective of hindsight. As the achievement of the Church's mission is influenced by its social teachings it is, then, necessary to examine Catholic social thought in order to determine if there is a predisposition to an outcome that may ultimately contradict the stated mission.

Social Teachings

Catholic social teaching outlines the Church's thinking on social and economic issues. It draws upon, but is not restricted to, papal documents beginning with the publication of Leo XIII's encyclical *Rerum Novarum* in 1891, which reveal three methodological aspects. First, Catholicism emphasises universality, i.e. it insists on inclusion rather than exclusion. Thus it argues for a "both-and" rather than "either-or" approach. Secondly, Catholic theology accepts the basic goodness of creation. Thirdly, it insists that mediation governs relations between the divine and the human. Known as the sacramental or Incarnational principle this aspect holds that the 'divine is mediated in and through the human' (Curran, 2002: 22). This context grounds Catholic social teaching, which 'recognizes that God has a purpose for creation and human beings must work in accord with that purpose' (Curran, 2002: 23). As already noted, the teaching is imbued with the virtues of charity and justice, but it is also guided by four normative theological and philosophical principles. First, individuals are created in the image and likeness of God. Therefore they are gifted with an equal God given dignity. Secondly, they possess inalienable rights, which flow from their sacred nature, not the state or the community. Thirdly, individuals share the same Father, which means they are social by nature. Finally, all have a right to use the goods provided by nature. Taken together these principles provide the basis of Catholic social teaching. Consequently Catholic health care, and Catholic hospitals, must respect the dignity and sacredness of human life; pursue the common good; provide care for the poor, marginalised and vulnerable; exercise responsible stewardship of health resources; observe the principle of subsidiarity; and refuse to perform those medical procedures that do not accord with the teaching authority of the Church (ACHCA, 1991: 1; NCCB, 1995: 6-7).

Whilst the theological and philosophical principles identified above are derived from two God given but parallel sources, namely Revelation and natural law, the neoscholastic approach that shaped social teaching from *Rerum Novarum* to Vatican

II relied on the natural law and the role of reason in the determination of wisdom and knowledge. Whilst this enabled the Church to speak to all people of good will it threw into shadow the role of the Gospels, Jesus, and grace in the moral life of Christians. This is not to argue that neoscholasticism or Thomist philosophy was devoid of Gospel references. Indeed Thomist philosophy, the basis of neoscholasticism, argued God ‘gave human beings reason so that, reflecting on human nature and all that God created, we can discover what God wants us to do ... how God wants us to act or what constitutes our own flourishing and happiness’ (Curran, 2002: 25). In other words the divine is mediated in and through the human. Leo XIII in his interpretation of Thomism, however, separated the natural from the supernatural, which meant that the Gospels, Jesus, and grace in the moral life of Christians were left with little to say about life in the world. This was later modified when Vatican II reasserted the second parallel source, the “and” – Revelation (Curran, 2002: 21-37). It is possible, then, to speak of preconciliar and postconciliar social teaching with the former being the focus of concern for this thesis. Even though Labor’s attempts to introduce a national universal health scheme in the 1970s occurred after the deliberations of the second Vatican Council the change in thinking had yet to filter through to the wider Church, and most particularly through to the Australian Church. Indeed despite an initial flurry of activity there were efforts to return to the certainties and traditions of the past arrangements (O’Farrell, 1977: 406-429; Curran, 2002: 35), a trend that did not augur well for an increased role for the state in Australian health care. It is then reasonable to argue that the response of Australian Catholic authorities to the national health schemes of the 1940s and the 1970s was informed by the natural law conception of the preconciliar documents. It emphasised eternal, immutable and unchanging laws and principles, and through the use of a deductive methodology invited solutions that would remain true for all times, places and circumstances (Calvez & Perrin, 1961: 58-62; Curran, 2002: 56-58). The remainder of this chapter explores these laws and principles, in their preconciliar guise, in order to inform the later discussion on the seeming existence of a contradiction between the Church’s social teaching and its attitude to universal health insurance in the 1940s and 1970s.

Natural Law

As already noted Catholic social teaching from *Rerum Novarum* to Vatican II relied on the natural law. Aquinas argued that a person's ultimate end was personal fulfilment, an end that is discerned through the use of reason. 'Natural law is human reason directing human beings to their ultimate end in accord with their nature' (Curran, 2002: 25). Men and women can discern right from wrong because it is

found within the human person, deep within conscience, written on the human heart. And it provides a norm, a standard for action ... Natural law is concerned with the rational direction of human life towards ends human beings can understand as worthwhile. And these ends themselves are not arbitrary, but are part of the overall end of things to which God lovingly and wisely directs the entire universe (Komonchak et.al., 1990: 705, 706-707).

Several points arise out of this understanding. First, the natural law is concerned with order and ordering, which God has imprinted on the human heart. Men and women, by virtue of reason can deduce right from wrong, but also they can deduce right order, which of its nature is hierarchical. Thus the ordering of society is based upon the dignity and sacredness of the individual, and their social nature – 'the social person in an organic society' (Curran, 2002: 5). The institutional forms may change in accordance with social developments, but 'the essential lines have been and will always be the same: the family and private property as the bases of personal security, then complementary to them, local groupings and professional associations, and finally, the state' (Calvez & Perrin, 1961: 43-44).

Secondly, reliance on reason so that individuals might discern right from wrong assumes that there are universal, unchanging, and immutable laws that govern human relations. In other words natural law is classicist in orientation although this does not mean that Catholic social teaching was unreceptive to historical changes and developments such as the emergence of 'the social question'. Nevertheless it deduced principles from nature. Thus on the basis that all human beings have the same nature Catholic social teaching deduced that all should act in the same way across time, place and circumstances. Despite acknowledgement that Catholic social teaching adapts to take note of changing social, political and economic circumstances the emphasis on constancy narrowly interpreted runs the risk of ignoring the role of history, individual differences, and the contingent (Curran, 2002: 54-58). It was this problem that Vatican

II sought to address in its deliberations. It should also be noted that the emphasis on the unchanging as expressed in natural law stressed the ideal of harmony. Consequently the Church deplored class warfare, but on some occasions it also counselled against resistance even in the face of grave persecution, which in some instances could have been described as questionable. For instance, Gregory XVI condemned the revolt of Polish citizens in the face of Russian suppression of their religion, not the perpetrators of that brutality (Duffy, 1997: 220).

Thirdly, the natural law draws a distinction between the natural and the supernatural orders. The natural order 'involved life in this world under the rule of reason and natural law, whereas the supernatural order involved the life of faith and grace mediated by Jesus and the church' (Curran, 2002: 25). Consequently the supernatural order did not greatly influence the natural, which meant that Christ did not directly influence life in the world, a view that Vatican II subsequently overturned by acknowledging that social issues are not confined to the natural order. In addition to this the natural/supernatural distinction corresponded to a temporal/spiritual distinction that restricted the role of the laity to temporal concerns under the direction of the hierarchy, i.e. they directed and the laity obeyed (Curran, 2002: 31-32).

The natural law understanding, then, is classicist, but it is also personalist and organicist. It is personalist in that the human person is at the centre of society. Human dignity, and the consequent rights and obligations, are derived from nature, but they can only be realised in community because the person is a social being. It is organicist in that the teaching draws upon the metaphor of the human body made up of different parts that work together for the benefit of a healthy and functioning body. Thus the teaching's conception of society is natural, hierarchical, authoritarian and unequal. Ironically the Church often seemed to assume that a society that functioned properly – running on Catholic principles – would produce only 'justifiable' and limited inequalities. Regardless, this natural order is seen as necessary for the smooth functioning of society. Just as the body is made up of different and unequal parts so too is society. It presumes a bond of solidarity between members of civil society whose relations are governed by charity and justice expressed as rights and obligations. Moreover, the organic view derived from such a metaphor, presumes a positive role for the state, which is necessary for achievement of an individual's full

potential. However, that role is limited by the key principle of subsidiarity. The task of the state is to protect the common good by ensuring the conditions necessary for its achievement. In this way it promotes individual self-government and initiative that enables the person to develop their responsibility for reaching their ordained end. In other words it presumes a role for the individual, the family, voluntary associations and the state (Hehir, 1992: 348-350; Curran, 2002: 3-4). As Walsh and Davies correctly assert, (1991: xiv) this framework conditioned the ‘preconciliar’ Church’s response to social problems, including Labor’s attempts to introduce universal health insurance. However, the reading, whilst mindful of the common good, was also influenced by social and political events. Thus it tended to favour the principle of subsidiarity over too great a role for the state.

The dignity of the person

The natural law mediates God’s eternal law. By that it is meant that individuals through reflection on God’s creation can discern God’s plan. Its foundation, and the thread which runs through the Church’s social teaching, is the dignity of the human person, which ‘flows from creation in the image of God’ (Gn 1: 26), from redemption by Jesus Christ (Eph 1: 10; 1 Tm 2: 4-6), and from humanity’s common destiny – to share a life with God beyond all corruption’ (1 Cor 15: 42-57). Thus men and women, created in the image and likeness of God, have a pre-eminent position in the social order. Moreover, all God’s children share in God’s freely given gift, i.e. as sons and daughters of the Father they have an equal dignity. This shared dignity forms the basis of human rights and obligations, the understanding of which is derived from ‘the traditional natural law conviction that the human person is an essentially social being’ (Hollenbach, 1994: 128).

Social nature of the person, the common good, and human rights

Whilst men and women are first in the social order, papal documents explain that dignity can only be recognised and protected in the context of the community. That is, individuals reach ‘fulfilment only in and through social relationships’ (Curran, 2002: 135). Shared brotherhood with Christ – a consequence of ‘common origin’ in the Father – determines that men and women are by nature social beings (Calvez and Perrin, 1961: 112-113). Thus society is the ‘natural means’ by which men and women reach their human potential (*Divini Redemptoris*, #29 cited in Carlen, 1990a: 542). Put another

way, the individual is not an isolated person, but a social person who exists in society. Like the person, society is ‘a fact of nature ... directed as is the person ... towards the highest purposes of human existence’ (Calvez & Perrin, 1961: 110-111). This natural existence is expressed in the common good understood as ‘the sum total of all those conditions of social living – economic, political, cultural – which make it possible for women and men readily and fully to achieve the perfection of their humanity (Henriot et.al., 1992: 23). It is not the sum of, or the distribution of, the conditions necessary for the development of person. Rather it refers to ‘a good proper to, and attainable only by, the community, yet individually shared by its members. As such the common good is at once communal and individual’ (Dupré, 1994: 172). Moreover, it is essential for the maintenance and protection of the dignity of the individual, as individual rights can only be guaranteed if others recognise and support them. Put another way, rights are derived from ‘the traditional natural law conviction that the human person is an essentially social being’ (Hollenbach, 1994: 128). This stands in opposition to the liberal theory of rights, which values individual freedoms more than commitment to the common good and the virtues that must be cultivated in order to realise that good. On the liberal view freedom is identified with autonomy, ‘the ability to set one’s own goals and ends, to determine what is good for oneself and for society as a whole’ (Hollenbach, 1994: 130). It would then follow that the fundamental goal of society is the preservation of freedom of choice for each individual as defined by their particular definition of what is the good. The common good is therefore reduced to private choice (Hollenbach, 1994: 129-131; Dupré, 1994: 183).

Contrary to the liberal view, the Church argues that the common good and the interests of the individual ‘condition and supplement each other, so that the one cannot exist without the other, and much less if the one be directed against the other’ (Welty, 1960: 93). Thus individual ‘rights are always experienced within the context of promotion of the common good’ (Henriot et.al., 1992: 23), which is pre-eminent over particular individual goods. This does not deny the dignity of the individual or their inalienable rights. The exercise of a person’s fundamental natural rights, however, may be limited if their unrestrained exercise compromises the common good, and thus the integrity of fundamental rights of persons. In other words ‘the right of society, the common good, is necessarily *within* the rights of the person which it guarantees. It

transcends the person only because it is indwelling in him' (Calvez & Perrin, 1961: 118, italics in original). This is of the spiritual not material order.

Society is, therefore, *for* persons, the common good is the realization of the fundamental rights of persons. In other terms again, the particular good of *individuals* is subordinated to the common good because that is the guarantee of the fundamental rights of *persons* (Calvez & Perrin, 1961: 119, italics in original).

Moreover 'the representatives of authority have the right to coerce him when he refuses without reason to do his duty' (*Divini Redemptoris* #30 cited in Carlen, 1990a: 543). Individuals need family, associations, and political community to reach their potential. Moreover, because they

belong to these societies, and must adapt their activities to them, individuals ought to deduce that apart from their own interests, there are also collective interests; that, besides the good of each one, there is the common good to which all ought to contribute within the framework of the society of which they form part (Mgr Dell'Acqua in Calvez & Perrin, 1961: 123).

Consequently men and women must look to the welfare of others through the establishment of a civic order that recognises and supports the rights and duties of the individual. Whilst this assumes a role for the state, it is the nature of that role that is the focus of interest for this thesis.

Exploration of Church teaching thus far, then, would suggest that an increased role for the state was justified if it was evident that access to social services and benefits was inequitable. Chapters Six and Eight of this thesis demonstrate that access to health care in the 1940s and the 1970s was inequitable. Consequently it can be assumed that an increased role for the state was justified in order that the Church's mission to the poor, marginalised, and vulnerable would receive priority. However, Australian Catholic hospital authorities resisted any increased role for the state in health care – especially the proposals for a national health scheme. This prompts one to question whether the action of Catholic authorities was in contradiction of the Church's mission to look to the welfare of others. It is, however, necessary to first examine the Church's teaching on the role of the state before tackling that issue.

The role of the state and the principle of subsidiarity

Catholic social teaching generally uses the term the 'state' when speaking of political communities, which it regards as the most important institution for the achievement of

a just society. Like human beings the state is social by nature, as individuals need to live together in communities such as the family and the state in order to reach their full potential. Thus the state, whose end purpose is the common good, is natural, necessary and good. Moreover, its function is positive as it directs people to the common good (Curran, 2002: 137-141). This Catholic view of the state differs from the socialist view in that the individual is prior to the state and thus cannot be subordinated to the state. Human dignity includes being free to choose to live and act in accordance with God's will. Thus the role of the state is limited by the operation of a mechanism to ensure a place for responsibility, self-government and the avoidance of unnecessary centralisation, a teaching articulated in the principle of subsidiarity. It states that one

should not withdraw from individuals and commit to the community what they can accomplish by their own enterprise and industry. So, too, it is an injustice and at the same time a grave evil and a disturbance of right order to transfer to the larger and higher collectivity functions which can be performed and provided for by lesser and subordinate bodies. Inasmuch as every social activity should, by its very nature, prove a help to members of the body social, it should never destroy or absorb them (*Quadragesimo Anno*, #79 cited in O'Brien and Shannon, 1992: 60).

Implicit in this understanding is the existence of a 'right' or natural order, an hierarchical order based upon the individual, the family, intermediary associations, and finally the state. The teaching then reveals an organic unity in which institutions mediate relations between the individual and the state in order to ensure the smooth function of society. There is no rigid divide, but rather a space in which individuals possessed of rights exist in relationship with others. It should, however, be noted that the principle of subsidiarity, as explained by Pius XI, immediately promotes a bias towards a circumscribed, narrower role for the state rather than support for expanded state activity, even if such activity is directed towards the welfare of the needy and vulnerable. In that sense, then, the principle of subsidiarity inclines those who would champion it to an implicit conservatism. The state becomes on this view a provider of last, never first, resort.

The family

Chief amongst the institutions referred to by the Church is the family, the fundamental unit of society within which individuals develop their personalities. It is 'the

“society” of a man’s own household; a society limited indeed in numbers, but a true “society,” anterior to every kind of State or nation, with rights and duties of its own, totally independent of the commonwealth’ (*Rerum Novarum*, #9 cited in O’Brien and Shannon, 1992: 18). As such it is prepolitical, but it requires a political society in order to secure its rights and the common good. As it comes from nature the state cannot take away functions that are properly its concern, but it must ensure those conditions necessary for the survival of the family. This includes ensuring the right to private property, which ‘must belong to a man in his capacity of head of a family’ (*Rerum Novarum*, #9 cited in O’Brien and Shannon, 1992: 18), and the payment of a just wage. These are the means whereby individuals make provision for self and family.

Private Property

Like all natural rights, ownership of private property applies ‘to every human being, since all have the identical nature which grounds the right’ (Antoncich, 1987: 96), but it is not an absolute or unconditional right. Rather it is subordinate to the right of all to use the goods provided by nature. In other words the right to private property, contrary to capitalist thinking, can, in the interests of ensuring the access of all individuals to all material goods, be regulated by society and the state (*Quadragesimo Anno*, #45 cited in O’Brien & Shannon, 1992: 52). Moreover, the natural right to private property is only a right if it is used for the purpose of securing the future of self, the family and/or humanity. Hence superfluous property must provide for others. This is not a matter of charity, but rather of strict justice (Antoncich, 1987: 96-104). Furthermore in those cases where an individual works for an owner they must receive a just wage defined as ‘enough to support the wage earner in reasonable and frugal comfort’ (*Rerum Novarum*, #34 cited in O’Brien and Shannon, 1992: 31). Ideally it should be freely negotiated, but where this is not possible ‘then it falls back on the State to intervene in the field of labor and in the division and distribution of work according to the form and measure that the common good properly understood demands’ (Pius XII cited in Antoncich, 1987: 92). It is worth noting the potentially radical thrust that this view of private ownership – limited by the right of the neediest to the basis for living – provides to Church teaching. In that sense, the Church can never turn a blind eye to grave inequalities and injustices in society. During the period of study, however, the emphasis – influenced by social and political conditions – was conservative, not radical.

Lesser or intermediary associations

In addition to the family, individuals are free to form associations to mediate relations between themselves and the state. Whilst the family and private property ground personal security, associations such as neighbourhoods, community groups, businesses and professional groups, various cultural, educational, and, religious groups provide the communal context that fosters stability. Individuals, because they are by nature social, need these associations to reach their fulfilment. They foster the private initiative that enables them to perform all that is within their capacity (*Quadragesimo Anno*, #79, #83 cited in O'Brien & Shannon, 1992: 60-61). In this way the dignity and rights of the individual derived from nature are afforded protection.

Although, as noted above the principle of subsidiarity may operate to limit effective state action, it is nonetheless a mechanism for ensuring that the family and other mediating institutions are not constrained in their efforts to achieve fulfilment. It is the basis of a 'theory of, and for, civil society' (Elshtain, 1994: 161). Individuals, families, and other intermediary associations must be left to perform all those tasks within their capacity. When that is no longer possible, and only then, the state may intervene to ensure the achievement of the common good. It may, however, only intervene to the extent deemed necessary to overcome evil and remove danger (*Rerum Novarum*, #28-29, in O'Brien & Shannon, 1992: 28; *Quadragesimo Anno*, #79 in O'Brien & Shannon, 1992: 60). In providing assistance for the necessary functioning of society the state helps men and women to be free to realise their own destiny. Observation of this order guarantees the dignity of the individual realised in community.

Pius XI, then, acknowledged the role of the state, but not at the expense of exercising personal responsibility for one's own life, a necessity if each individual is to reach his or her full potential (Calvez & Perrin, 1961: 121-123). Nor is the state to dominate key social institutions such as the family or community groups. The individual is both entitled and obliged to develop their own potential and to perform those tasks that are within their competence. The community on the other hand must recognise, protect and promote their achievement (Welty, 1960: 167). Thus the purpose of society, and the state, is subsidiary – a source of help. The state may intervene when individuals and smaller societies are unable to perform tasks that would be in the interest of the common good. In these cases the Church must protect and promote the welfare of

individuals, especially the weakest (Duncan, 1991: 68-91), but only to the extent deemed necessary to overcome evil and remove danger (*Rerum Novarum*, #28-29 cited in O'Brien & Shannon, 1992: 28). In this way the state helps men and women to be free to realise their own destiny. The crucial question at once arises, whether – given that neither individuals nor associations are fully able to provide for the range of health needs of the population – the Church considers state activity in the area of health care legitimate. It will of course be necessary to return to this issue later in the thesis.

This social teaching placed the Church at odds with both liberalism and socialism. Unrestrained capitalism, which argued for the primacy of private property, ultimately enabled 'a small number of very rich men ... to lay upon the masses of the poor a yoke little better than slavery itself' (*Rerum Novarum*, #2 cited in O'Brien and Shannon, 1992: 15). It abused the natural right to private property that entailed availability to all, an abuse that prompted the equally abhorrent socialist solution. Concerned by that threat the papacy defended worker's rights including the right to own and use property, but deplored its abolition as an abuse. Socialists 'strike at the interests of every wage earner, for they deprive him of the liberty of disposing of his wages, and thus of all hope and possibility of increasing his stock and of bettering his condition in life' (*Rerum Novarum*, #4 cited in O'Brien and Shannon, 1992: 15-16). Thus Catholic social teaching condemned both capitalism and socialism arguing both rested on an individualist and materialist philosophy (Calvez & Perrin, 1961: 76). In contradiction of socialism it asserted the right of the worker to own property. But contrary to the self-centredness of capitalism, it argued no one has a right to use property without consideration of the needs of the community. In essence the teaching suggested a third, or perhaps 'middle' way (one not to be confused with its contemporary namesake), a way that respected the dignity and sacredness of the individual, guaranteed by the payment of a just wage, the ownership of private property, and a minimalist state. Pius XI articulated this in his proposal for the reconstruction of the social order along corporatist lines. It acknowledged a qualified role for the state in the defence of the rights of workers, but avoided the extremes of both individualistic capitalism and state socialism previously condemned by Leo XII, a position promoted by Australian Catholic opponents of increased state intervention in health care in the 1940s and the 1970s.

Striking a balance? Making sense of several strands

Pius XI articulated the notion of 'social justice' first mentioned by Leo XIII. Charity, understood as private philanthropic assistance, alone could not address the needs of the disadvantaged and vulnerable. Their needs must concern the obligations of justice. Indeed charity itself demands that these obligations are taken into consideration. Thus he insisted on the precedence of the worker over economics, and state protection of workers against exploitation, but this rested on reform of conduct rather than structural change. In much the same tone, Pius XI bemoaned the plight of the poor, and the concentration of wealth and power in the hands of a few. He criticised economic liberalism, communism and socialism, but more importantly he located the cause of injustice in the structure of society, and articulated the notion of 'social justice' (*Quadragesimo Anno* cited in O'Brien & Shannon, 1992: 42-79). Like Leo XIII he was concerned about social stability and harmony between classes, but his solution went beyond Leo XIII's call for reform of conduct to include the reform of institutions (*Quadragesimo Anno*, #77 cited in O'Brien & Shannon, 1992: 60). Thus he argued for the establishment of a Christian social order based upon vocational groups imbued with charity, justice and social responsibility. Together owners, managers and workers would jointly determine policy for each industry thereby encouraging harmony within and between groups, and thus social stability, a key papal concern. Furthermore his articulation of social justice with its demand for consideration of the common good enabled the Church to advance human rights and solidarity as the basis of its opposition to both unrestrained capitalism and communism. 'This provided the foundation for the balancing of political and civil with social and economic rights and the committed but detached advocacy of a way other than Left or Right' (O'Brien & Shannon, 1992: 41-42). The Church, then, articulated a 'middle' way that protected against the ravages of unrestrained capitalism and a rampant state, two extremes that it judged materialist and thus in opposition to the dignity of the individual. It did not, however, amount to a call for the abolition of either capitalism or the role of the state. Indeed, Pius XI supported the private ownership of property and free enterprise, but it was limited by the fact that each had an individual and social aspect (*Quadragesimo Anno*, #45-47, 88 cited in O'Brien & Shannon, 1992: 51-52, 62). Like Leo XIII, Pius XI sought to protect the dignity of the individual through support for a natural order, which he developed through consideration of 'the social character of economic life, social justice, and the

common good' (*Quadragesimo Anno*, #101 cited in O'Brien & Shannon, 1992: 64), and the articulation of the principle of subsidiarity. Whilst the state should provide the help and assistance necessary for the achievement of the common good, ideally it must not substitute itself for private initiative (*Quadragesimo Anno*, #95 cited in O'Brien & Shannon, 1992: 63).

The preconciliar view of the Church's social teachings, however, inclines the Church to argue for a minimal role for the state in health and welfare provision, i.e. a 'residual' approach. This view resonates with the principle of subsidiarity, conservatively understood, by which the Church protects the 'normal' front-line functions of the family and intermediary groups from the state. The role of government is to assist the family and intermediary groups in their normal functions, and be the avenue of last resort when they cannot fulfil their function. Consequently, faced with government initiatives that assume the 'proper' function of the family and intermediary groups – such as a proposal to introduce a universal health care scheme in order to tackle unequal access to health care – the Church is likely to assume a position of resistance. On this interpretation, the Church's social teaching, in particular the teaching on subsidiarity and charity, inclines the Church to resist and obstruct policies that increase the level of state intervention rather than support the role of the family and intermediary associations, i.e. it adopts a conservative stance. Indeed historically the Church has 'acted as a conservative force arguing that State intervention was both morally wrong and practically inappropriate' (Higgins, 1981: 74).

The achievement of a basic level of health care as espoused in preconciliar teachings rested upon the establishment of 'mutual help societies, private foundations that support the workman, his widow and children in times of unemployment, sickness and death, and institutions that care for young and old' (*Rerum Novarum*, #36 cited in O'Brien & Shannon, 1992: 32-33). To this end the Church established charitable congregations and organisations such as hospitals to meet need. Leo XIII argued that this was better than 'a system of State-organized relief (because) no human methods will ever supply for the devotion and self-sacrifice of Christian charity' (*Rerum Novarum*, (#24 cited in O'Brien & Shannon, 1992: 25). In this view the intervention

of the state is a measure of last resort, which in observing the natural order ensures the dignity of the individual realised in community (Calvez & Perrin, 1961: 121).

Conclusion

Do the principles of Catholic social teaching, then, provide a ‘balanced’ or ‘middle’ way through the tensions and problems inherent in contemporary societies? On the one hand the Catholic Church is clearly charged with a responsibility to protect the needy and vulnerable in society. In that sense the health care needs of the poorest members of society are of grave concern, and certainly a matter to concern the Church. On the other hand, in the principle of subsidiarity, for instance, there is evidence of the Church’s commitment to a view that might well be invoked to limit state activity to redress inequalities, when these are perceived not to be in accord with the Church’s interests. Here then is the basis for a tension, even contradiction in the very heart of the Church’s social teaching proposing as it does at least two – perhaps antithetical – ways of interpreting Catholic social teaching, a preconciliar and postconciliar way. It should be noted, however, that this division is not definitive or exclusive. Indeed the ‘preferential option for the poor’ was evident before Vatican II, building as it did on the work of Catholic social thinkers from the nineteenth and early twentieth centuries. Moreover, the postconciliar Church has not always been at the forefront in its condemnations of poverty, a fact revealed by the concerns of liberation theology in the 1970s.

One reading of these principles, the preconciliar ‘reading’, allows for ‘acceptable’ inequalities in society. Thus there may be active resistance to the role of the state – even though state activity may reduce glaring inequalities such as class differences in access to health care – if that role is perceived as threatening the Church’s independence and autonomy, especially in medico-moral matters. Another reading of these principles, a postconciliar ‘reading’, might see the Church initiate activities to promote a fairer and better society, including working alongside, or ahead, of the state. That is the core teachings – concern with the dignity of the individual, concern for the poor and marginalised, known now as the ‘preferential option for the poor’, service as a sign of God’s love, the pursuit of the common good, stewardship of community resources, and the principle of subsidiarity – lead the Church to take the initiative in the areas of health and welfare. As society is marked by social

inequalities that are structural and complex, and thus difficult, indeed impossible, to address at just the level of the individual, this view argues that the Church should take the initiative. The social teaching impels the Church to be active in the search for social justice by proposing and supporting measures to assist the needy and vulnerable in society, which given the structured and interlocking nature of inequality requires support for an active, but not dominant, state. Hence support for government programs such as the national universal health schemes proposed by Labor in the 1940s and 1970s, whose purpose was the reduction of health inequality, is acceptable. This does not, however, compromise the Church's own efforts to assist the needy. Having acknowledged that families and associations alone cannot address the level and extent of inequality, the Church – on this view – properly opts for co-operation with the state in order to address the inequality that prevents the realisation of a just society. The role of the state, then, complements the role of lesser units without ruling out the prospect of greater state intervention. That is, the operation of the principle of subsidiarity is modified by the principle of the common good.

The concern of this thesis is the attitude of the Church to proposals to introduce national universal health care in the 1940s and 1970s, which extended the role of the state, a move resisted by Church authorities. Grave inequalities in access to health care may fairly be described as 'unjust' in terms of the Church's core teachings as it compromised the dignity of the individual made in the image of God. Yet the Church actively resisted plans to introduce a national health scheme not once, but twice. The right to health care is not fully articulated in papal social teaching, but the broader body of teaching indicates that, along with concern for the dignity of the individual, attitudes to health are informed by the Church's teaching on the common good. It emphasises both correlative obligations and social justice. Logically this implies that individuals, created in the image of God are entitled to an unspecified, but basic minimum of health care. As adequate health care is essential for the common good, one can presume society, as a whole, is responsible for access to health care. It implies that there is a role for the state in ensuring access to health care, and as such should be supported by the Church. It does not, however, mean that a system of universal health insurance as proposed by Labor is the only means of ensuring access. The logic of the Church's social teaching argues that individuals and other bodies have a prior responsibility, which can only be bypassed if they are unable or unwilling

to ensure the interests of the common good. In this way the rights of the individual are not subsumed in the common good although this is mediated by the teaching on private property. Thus access to health care is limited by the claims of others. The fragmented nature of voluntary insurance in the period under study certainly suggests that access cannot be left to the market. Indeed, the demands of social justice require institutions, including the state, to ensure and maintain access to those rights deemed necessary for the development of the person, which include access to health care. This then implies an active role for the state albeit limited by the prior responsibilities of the family and intermediary institutions (Hehir, 1992: 360-362; Lustig, 1993: 571-575). It remains to be seen whether O'Brien and Shannon are right to describe the Church's position as 'balancing', when the Australian Church's actual response to Labor's proposals to establish national health schemes, proposals that promised much for the neediest in society, is examined in later chapters. Nevertheless, the preceding brief survey of Catholic social teaching, which relied heavily on the work of established scholars in identifying the key tenets of Church dogma, has provided a better basis to understand the concepts and notions upon which Church authorities called to evaluate and respond to Labor's proposals in the 1940s and 1970s for a national health scheme.

This chapter has sought to explain the Gospel foundations and the principles that underpin Catholic social teaching, which presumably, guided Catholic health care in the period prior to Vatican II. As noted already the teaching of this period relied upon a natural law tradition that was classicist, personalist and organicist, an approach that has since been augmented by biblical and theological themes (Hehir, 1992: 350). Esping-Andersen, Castles, van Kersbergen, and Smyth, have all highlighted the impact of this natural law conception upon social policy, including health policy. Whilst their arguments will be developed in Chapter Five, for the present it is sufficient to say that they argue Catholic social principles produce conservative policies that highlight the importance of the family as the basic unit of society, acceptance of inequality, reliance on charity rather than rights, and a proscribed and limited role for the state. Certainly the Church's attitude – expressed in a preconiliar reading of its social teaching – can be characterised as conservative, leading as it did to a limited role for the state. This approach dominated the thinking of Australian Catholic authorities in the two periods under study, an approach that had the capacity

to blind the Church to the inadequacies of the then current level of access to health care, and thus suborn its proclaimed mission to the sick and vulnerable. Having examined that Catholic social teaching the thesis now turns to an examination of the experience of the Church first in Europe, and then in Australia, before examining the two periods that are the focus of this thesis.