

Addressing global health inequalities

New Synod Hall, Vatican City, 16-18 November 2017

Conference summary by Dr John-Erik Stig Hansen, MD, DMSc

The conference was organized by the new Dicastery for Promoting Integral Human Development in cooperation with The International Confederation of Catholic Health-Care Institutions. I participated on behalf of the Nordic Bishop's Conference in all sessions, which were very effectively organized and attended by approx. 300 participants from all over the world.

As a preamble to the conference a concept note had been circulated. This note framed the issue: access to health care is a human right which is denied in many countries that have limited economic resources, and the benefits of innovation in science and technology and consequent improvement in medical care in the wealthy countries widen the disparity between rich and poor. The Catholic Church is itself a health care provider through its more than 116.000 social and health care facilities across the globe, and Catholics in all countries are active participants in various aspects of health care. The purpose of the conference was thus first to understand the situation across the globe and second to define actions to counter the inequalities identified.

The conference was opened by cardinal Parolin, cardinal Turkson (who is the prefect for the new dicastery) and the Italian Health Minister Ms. Lorenzin. Their opening statements formed a point of departure for the conference: Christ did not discard people but heals and includes all. Dignity of man is the basis of society and only integral development is sustainable and leading to shared prosperity.

Throughout the conference several themes tended to appear repeatedly. One very significant observation was that health care in developing countries with weak public infrastructure is highly dependent on faith based organizations (40-70% according to cardinal Tagle), whereas faith-based health care in affluent and secularized countries is shrinking or has even disappeared (like in Denmark). Countries in-between (e.g. South Africa) experience that the state allows faith based health care to fill the gaps until the state can establish full monopoly. In other states there is a pressure on Catholic institutions to accept secular values and practices to an extent that compromises Catholic faith and morals in areas like abortion, euthanasia etc.

Catholic health care workers tend to understand their work as a vocation and a realization of their faith, and this is hopefully perceived by patients and society as a living expression of the Christian message. Maintaining this platform for evangelization through action rather than just through words was at the center of self-reflection for many Catholic health care facilities and networks. In this connection I mentioned that not only had Catholic hospitals disappeared in Denmark but also that due to state regulations it was difficult for Catholics to become medical doctors because conscientious objection was increasingly disregarded where secular values are widely accepted as the only acceptable position. Similar experiences were indicated by other European representatives especially concerning assisted suicide or outright euthanasia. Rejection of these latter actions is still safeguarded by respect for conscientious objection on the individual level but is coming under pressure at the institutional level.

Concerning the relations between state and Church cardinal Eijk gave a very interesting analysis of subsidiarity. He used *Caritas in Veritate* as the starting point of an impressive exposition of Church teaching

through centuries and expressed in several encyclicals regarding the obligation of a legitimate state to empower individuals, groups and networks so that they may contribute to the common good each with their own original character. Eijk's exposition of subsidiarity was at least to me a very inspiring contribution, and it indicated that the solution to the potential brutality of market economy, which the socialist welfare state offers, may include a totalitarian need for state supremacy which does not allow space for free human expression and living faith.

A dominant role in the conference was played by the many contributions describing the role of health care work by Church institutions in the developing world or in regions of conflict. The much more intellectual and cultural concerns of European countries seemed small and insignificant in comparison to the very real and acute problems for people living under more or less extreme conditions without even the most basic of health care. Cardinal Zenari made a strong impression on all with his personal accounts of life, death and mutilation in Syria, and even I - who have been a physician for more than 30 years and whose expertise and daily responsibilities are control of weapons of mass destruction – also I was moved by his account.

In many cases the Catholic health care institutions were the only refuge for poor people desperately in need of shelter, medical attention or advanced surgery. More numerous to describe in a summary their stories left everyone with admiration of the unselfish work of our colleagues and a recognition of the undeserved privilege we enjoy in the affluent parts of the world.

The conference ended with a specific suggestion to form a global network among Catholic health care institutions facilitated by a comprehensive database and a www-site funded by the US network of Catholic hospitals. This network was represented by Dr Tersigni, who is the president of 141 US catholic hospitals with 150.000 employees and associated with 40.000 medical doctors. Henceforth it would be possible for any Catholic health care institution anywhere in the world to request assistance through this global network – or at least that seemed to be the intention.

The conference concluded with a supportive message from pope Francis which was delivered by cardinal Turkson.