Ethics & Medics

April 2022 Volume 47, Number 4

A Commentary of The National Catholic Bioethics Center on Health Care and the Life Sciences

Also in this issue: "Global Ischemic Penumbra and Brain Death," by Christina Leblang

Principles of an Option for the Poor in Bioethics

Christopher Reilly

In 1971 following declarations about poverty at meetings of the Latin American bishops, Pope St. Paul VI wrote in his pastoral letter *Octogesima adveniens* that "in teaching us charity, the gospel instructs us in the preferential respect due to the poor and the special situation they have in society: the more fortunate should renounce some of their rights so as to place their goods more generously at the service of others."[1] Some fifty years later, Pope Francis also declared that without the preferential option for the poor, "the proclamation of the Gospel . . . risks being misunderstood or submerged."[2] The preferential option for the poor, its potential as a guiding concept, and the ambiguities related to it are reviewed in detail in the current issue of the *National Catholic Bioethics Quarterly*.[3] Here, we focus on proposals for use and elaboration of the concept in bioethics. Aside from the desire to extend charity to the poor, how can we define this concept? What are the personal, ideological, and theological implications of applying it in analyses of social concerns?

The principles that follow should in no way be construed as relying on an assumption that there exists an immanent or structurally determined opposition between classes. Neither should these principles be taken as advocating the appropriation of concepts and assumptions advanced by Marxist or other critical theories, particularly those that suggest a permanence of discrimination and antagonism between racial groups, or any other groups in society, or which impose a paternalistic standard without regard to individual needs. Rather, the central message of the preferential option is one of Christian love, which is self-giving and respectful of the dignity of others.[4] While this may include a variance in financial requirements for individuals in health care, every patient is due all the rights of self-determination and devoted care regardless of economic status. In social reform, particularly in health systems, the value and virtue to be pursued is solidarity.[5]

We Must Recognize Christ in the Oppressed Person. Christ's example, expressed in the Beatitudes, and his command of love for our neighbor call for giving preference, in thought and action, to raising up those who suffer materially and spiritually. It is crucial to understand that this is a matter not solely of charity but of recognizing Christ in the oppressed person; our treatment of the poor has a profound spiritual significance: "For I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me" (Matt. 25:35).

Health Care Institutions Share the Obligations of the Wealthy. There is not only a demand for mercy on the part of the poor sufferer but also an obligation, challenge, and hazard that comes with the possession of wealth. The Gospel according to Luke, especially, presents Jesus's dramatic illustrations of this obligation to share one's wealth in the parable of the rich man and Lazarus: "Between us and you a great chasm has been fixed, in order that those who would pass from here to you may not be able, and none may cross from there to us" (Luke 16:26).[6] In bioethics we might also consider that health care institutions can be counted among the privileged, and the staff and medical personnel of such institutions have a consequent obligation to orient their institutions' policies toward justice for the poor.[7] For example, are Catholic medical institutions complicit in residential racial segregation and black community disinvestment?[8] Should those involved in public medicine and health policies structure health systems and related payment configurations to impose and enforce a disproportionate burden on the wealthy?

Poverty Is Not an Essential Characteristic of Persons. Poverty is an oppressive condition that can be identified by its effects, including loss of, or threats to, health. It is not, however, merely (or primarily) a social category, but a condition personally experienced by individuals in the most intimate way.[9] The preferential option for the poor is, therefore, in its most fundamental expression attention to the living dignity of real children of God. The preferential option provides an enhanced motivation for beneficence that goes far beyond merely contractual or reciprocal notions of interpersonal obligations among human beings, including the rights of patients.

The Primary Social Relation Emphasized in the Preferential Option Is the Relation between Loving Christians and the Poor. It is not, that is, the relation between the powerful and those they might oppress, intentionally or not.[10] The advocates and practitioners of the preferential option, therefore, do not essentially (necessarily) take an antagonistic stance toward the wealthy or a revolutionary attitude to social structures. Rather, they seek justice, reform, and sustained conditions that lift up the poor. In bioethics the priority will be to improve the health and conditions of the patient, not necessarily or primarily to impose structures of utilitarian or reciprocal equity and fairness on society at large.[11] The US Catholic bishops chastised those who champion the option for the poor yet also "seem to ignore the centrality of family, the emphasis on economic initiative, and the warnings against the bureaucratic excesses of a 'social assistance' state. Our social tradition is a moral framework, not a partisan platform or ideological tool."[12]