The Principle of Subsidiarity as Applied to the Health Care Reform Debate

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The four page insert in the March 6, 2010 edition of Our Sunday Visitor contains two pages enumerating and explaining “The Ten Commandments of Catholic social teaching.” These “commandments” include the principle of human dignity, the principle of respect for human life, the principle of the right to free association (i.e. the family), the principle of the right to participation in society, the principle of a preferential protection for the poor and vulnerable, the principle of solidarity, the principle of stewardship, the principle of subsidiarity, the principle of human equality and the principle of the common good. These principles have been clarified in numerous Vatican and Papal documents beginning with “Rerum Novarum,” Pope Leo XIII, 1891, up through “Dignitatis Personae” published by the Congregation for the Doctrine of the Faith in 2008.

Probably the least understood of these ten “principles” is the principle of subsidiarity. However, as Archbishop Charles Chaput of Denver reminded Catholic health-care professionals in a lecture he gave on March 2, 2010 at the University of St. Thomas in Houston, TX, “the principle of subsidiarity reminds us that problems should be solved as locally as possible.” That statement has profound implications regarding the health care debate currently taking place in Washington. What it means is that, if there are means of achieving the desired result of reforming the U.S. health care system at the local level, i.e. the state level, rather than at the national level, through the enactment of a new federal law, then the local means of achieving the needed results should take precedence and be tried prior to the federal government intervening. The principle of subsidiarity, indeed, fits in with the intents of the Founding Fathers of our country when they created our Constitution and, subsequently, the Bill of Rights. Those documents clearly enumerate the rights of the states and those of the federal government and affirm that the states should have the power to govern without interference from the federal level unless it is evident that only a federal solution is possible.

There is no debating that reform of our system of health care is necessary. It is too expensive and commands too high a percentage of our GNP. We need to have laws which prevent refusal of insurance for those with pre-existing medical problems. There is a need for tort reform in every state; a need to be able to buy medical insurance across state lines; a need to prevent state and federal funding of abortion; a need for every state to have “conscience clauses” to protect the freedom of conscience of their health care workers and administrators working in the health care field, so that no one is forced to
engage in any act contrary to the dictates of their conscience, etc.

There are many needs and I do not profess to have all the answers. Certainly, if a reform of the health care system, as it now exists, cannot be achieved at the state level, then there will be need for federal action. Mitch Daniels, the Governor of Indiana, demonstrated such a state health care reform initiative, which has been successful in Indiana, in an Op Ed in the March 1, 2010 Wall Street Journal, entitled “Hoosiers and Health Savings Accounts.” I plead only that the states be allowed to get together and, following the principle of “subsidiarity” and our country’s Constitution and Bill of Rights, solve the problems of our health care system at the state level before resorting to a federal law with its attendant bureaucracy and cost.