Challenges of the Paradigmatically Changing Medicine and Health Care Systems – Postcovid-19 and Beyond

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EXTENDED ABSTRACT

1. Some Brief Remarks on the Present Situation

When convening to this extraordinary FEAMC Symposium in the Capital City of Peace – Assisi to reflect on complementarity and necessity of competence and compassion in contemporary medicine and health care, our imagination was at least temporarily stuck with two major, "mega" challenges that seem to double-define the present situation in Europe and globally. Namely, the still ongoing, deadly Covid-19 pandemic, which does not seem to go away any sooner, and, the nightmarish reality of the brutal, atrocious, fratricidal war, unfolding in Ukraine since the Russian Federation's unimaginable invasion that started 24 February 2022.

Both disasters, evolving in front of the eyes of the scared, subjectively and objectively helpless citizens of the ever-shrinking Global Village, are dangerously pushing contemporary mankind to the edges of its very existence. Economically, politically, culturally, and also in terms of unprecedented threats to the individual and public health and human lives, evolving under the darkest fog and clouds of the looming apocalyptic environmental catastrophe ('Global Warming'). The official (and hidden) quick re-start/s of the arms race/s, threaten even further proliferation or, God forbid, globalisation of the Ukraine-Russia conflict, together with other local and/or regional tensions, conflicts, and/or regular or guerrilla-style attrition-bloody wars, in the worst-case scenario going regionally or globally nuclear.

All this brings in a lot of fear, even despair; and increases further the already enormous "mega" load of the physical, psychological, emotional, and also spiritual "suffering of the innocents". That of individual victims, impoverished families and communities, multitudes of refugees, brutally ruined cities and villages, almost irretrievably destroyed regions and nations. The political, military, and economical solutions are said to be in the works, but their feasibility and trustworthiness are being justly questioned.

On the other hand, there have been also signs, the "blistering lights", of hope even within this prevailing situation of the almost omni-commanding darkness. The unprecedented efforts in offering and providing help and outpouring of true solidarity, going from the individual, family, and communal level upwards. The humane bravery, fortitude, virtues, and honour. Ability to self-sacrifice, coming from the minor items, including the gifts of small children to humanitarian collections, upwards to preparedness to put one's own health, or even life under risk to provide humanitarian and other help and support to those in need. The lessons in creativity are learned on the way and new paths are found through the rough marshes and swamps or via inhospitable deserts of our seemingly unescapable realities.

The gentle but firm voice of the Church, especially as expressed by the “man in a white cassock and cap” (Pope Francis) holding, patiently and competently, the ruler while navigating Peter’s Boat through these extraordinarily stormy and treacherous waters, together with so many, seemingly unheard voices of the “people/s of good will”, do contribute tremendously to the effect that the hope and faith are still not lost, for now and forever.

2. Novel Challenges for Contemporary Medicine and Health Care – A Paradigm Shift?

The above-mentioned, twinly “mega” challenges, having fallen disastrously upon the contemporary humanity, including the already vulnerable health care system realms, have not at all been able to brush away the “old”, long-time problems, materialising in multitudes of the health and health care systems related paradoxes. These comprise both still relatively well-hidden, as well as already fully obvious health and healthcare systems deficiencies, distortions, inequalities, and exploitations. Somewhat surprisingly, these are encountered both in the developed and underdeveloped, poorer countries, albeit at rather different factual levels. They are often enabled by reprehensible neglect, underinvestment, political lassitude, ignorance, and stifling indifference of those being formally or truly responsible (the governments, politicians, health care establishments, ‘oligarchs’, or even structures of an organised crime).

Interestingly, all those faulty defects have been frequently coming along with a striking ideologization of medicine and health care, sometimes pushing aside or overtaking their very ethical foundations. Thus, instilling moral uncertainty or even chaos into already complex, increasingly pluralistic arena of present-day medical ethics, health care ethics, and bioethics. The examples are numerous (e.g., gender ideology, medicalization of life, extreme individualism, unscrupulous economism, ‘consumerism’, hedonism, welfare-ism and lifestyle-ism, and many other ‘isms’). Those ideological pressures have been starting somewhat more often by the developments observed in the better off countries of the s.-c. European West and Global North but have been since then systematically superimposed upon the other communities and states with relentless vigour, mainly through the work of international or even intergovernmental bodies, organizations, agencies, and different structures of power. With a special role being played by the academia and non-governmental organizations sectors.

Due to the roughly sketched developments mentioned above, the contemporary medicine and health care, including different health care systems operating in various countries around Europe and the Globe, seem to be marching through real, existential crossroads; possibly facing, or already going through a truly paradigmatic shift. The contours of the new paradigm are still mostly hidden or sketchy, also because the turns taken at the crossroads of present may lead to very different results and developments in the future. Several scenarios may seem plausible at present, some possibly favouring developments of a more humane, empathetic, equalitarian, and human-relational medicine and health care – despite its high tech and deeply technologized operational and decision-making structures; while others pushing those to a more industrial-like, machinery and artificial intelligence (AI) dominated, robot or cyborgs executed, and utmost absolutely economised “health care enterprise”. It is yet to be seen, which choices would lead to which directions and long-term consequences, with possibly paradigmatic results.

However, it may safely be maintained that both present medicine and the health care systems are under considerable pressures, going beyond those seen in even a relatively recent past, namely around the latest turn of the centuries (millennia). Let us briefly outline a handful of examples of those strains that may be deemed somewhat more important nowadays.

3. Contemporary Medicine under Pressure/s

The pressures exerted upon contemporary medicine (and physicians) are necessarily multifold and rather complex in their nature. There are extraordinary pressures brought in by speedy introduction and exponential growth in the use of new, rapidly developing and changing technologies (including of those depicted as "disruptive", "convergent", or "emerging"). Putting an extra strain upon health care professionals, changing quickly and repeatedly the actual medical practice, they, unfortunately, also tend to increase the existing health care inequalities ("technical, technological divide"), as well as interpose themselves "physically" into the physician-patient relationship.

Despite public, mostly "political", declarations to the contrary, the already existing strong economic and social pressures upon medicine do not seem to fade away any soon. The limited amount or scarcity of allocable public and/or individual and family resources, exponentially increasing prices – especially of novel diagnostics and treatments, including new medical devices, materials, and instruments, often make the beneficial medical procedures unaffordable to different individuals, or communities, deepening existing inequalities and health divide/s, possibly worsening actual social tensions, especially in situations of crisis (e.g., Covid-19 pandemic).

Being proposed as useful rationing solutions of actual shortages of physicians, which seriously threaten the health care delivery in both wealthy and less well of countries (and are of catastrophic nature in developing ones), various kinds of "outsourcing" of physicians' work to other health professions (e.g., to nurses, pharmacists, physiotherapists, health economists, IT specialists, technicians, etc.) is being observed in increasing numbers of instances. Albeit this may work for good, when duly managed and well prepared, including the necessary trainings, clear competencies definitions etc., it may put the medical profession under additional, undue pressures, end even to struggles to maintain both the necessary „ownership" of the medical profession's unique competencies (being infringed upon sometimes without adequate, sound reasons), and even to "compete" with other health or helping professions to maintain the work posts 'normally' reserved for the medical profession.

Moreover, as the real-life conditions for health care delivery functioning are dependent on decisions regarding the allocations and flow of the necessary resources, including funding, the medical profession and standards of medical care are put under increasing pressures from the health care regulators (structures of state, lawmakers, politicians etc.) and payers (health insurance clerks and 'experts'), including "out-of-pocket" payers (patients or rather "clients"), demanding various "medical services" according to their personal wishes.

To just mention a handful of some other examples, let us just briefly enumerate at least the following: pressures from various types of 'alternative medicine' and 'traditional medicine' practitioners and organizations (representing already a huge, local to international business enterprise), pressures from 'Dr Google', social networks (e.g., Facebook, Twitter, Tik Tok etc.), internet 'influencers', and various kinds of contemporary 'celebrities', spreading very

problematic health-related, life-style, 'wellness', and fashion trends messages, hoaxes, and ill-advertising for various problematic goods, including various ineffective, or even dangerous (toxic) 'miraculous' treatments. During the Covid-19 pandemic, the detrimental consequences of enormous hoax and misinformation spreading has become a bit better understood, together with dreadful influence of various anti-system/anti-any-authority movements (e.g., already notorious anti-vaccination, but also anti-psychiatry, anti-science, 'pure natural only', and others).

As already indicated, there are mounting pressures against the tenets of medical ethics, stemming from 'postmodern' ways of reasoning, communication, and decision-making, plethora of competing ideologies (often fuelled by economic or other power interests), 'social engineering' efforts, and various kinds of (bio)ethical pluralism becoming a 'policy'. An especially worrying example of those are continuing attempts to diminish or eliminate the physicians' professional autonomy in practicing their profession, including attempts to abolish their right to the conscientious objection.

4. Contemporary Health Care Systems under Pressure/s

The above-mentioned pressures and newer, serious challenges faced by the medical doctors and other health professionals, are closely related, or reflected, or even sometimes caused by the pressures upon the contemporary systems of health care provision, their structures, organization, and functional elements.

It is a well-established fact that the real health care needs in any country do exceed considerably the available health care resources. There are multiple reasons for this, let us list here a few telling examples: e.g., increased occurrence of deadly epidemics or pandemics (such as Covid-19 and others), microbial resistance, populations' aging and various consequences of rapid demographic changes, growing health care demands from the patients, their relatives and 'significant others', from different 'special groups' (e.g., 'disadvantaged', disabled, stemming from various minorities, 'trans-gender' etc.), growing demands for very expensive treatments (e.g., orphan diseases/orphan medicines, innovative medicines/special materials/new treatment procedures/instruments/technologies, increasing demands for 'life-style' treatments, and many others. Together with those, new scarcities of health resources are developing or the 'older ones' are worsening (e.g., scarcity of health personnel, health care funding, lack of necessary material resources - incl. health care facilities, instruments, life-saving equipment/s, medicaments (incl., somewhat paradoxically, the 'cheap/er ones').

This brings in the necessity of rationing, or even triage (esp. during the disasters, pandemics), and the newer/old physicians' role as the resource's flows 'gate-keepers'. As indicated above, a whole set of new/old decision-makers, mostly or exclusively non-physicians, do have an increasing say in the very provision of health care, and mostly indirectly, but importantly exert a growing impact upon the clinical decision making and standards of available care (e.g., health insurance/health administrators, health managers, engineers, lawyers, regulators, politicians, media representatives, etc.). The picture is ever more complicated by tensions between the public *versus* private health care sectors (incl. the questions of patients' co-payments), and by the pressures from various, strictly imposed public health policies, legislations, and sometimes even ill-developed clinical practice standards. Unfortunately, these factors (among possibly many others) contribute to what might be rather frequently perceived as an unfriendly (or

almost hostile) health care system environment, both for the patients and for the health care professionals.

5. The Goals of Medicine and Health Care – Old and New, and the UN Sustainable Development Goals

Within the current medicine's and health care/systems' developments, briefly sketched above, also changes within the very goals of those could be observed. Still, the contemporary medicine is rather strongly preoccupied with saving lives, restoring or improving health, renewing or improving quality of life, sometimes more with diagnostics, treatment or healing *versus* care and accompanying, or *versus* prevention. It is also seriously concerned nowadays with safety, quality, effectiveness, and economic efficacy (and plethora of indicators and policies thereof), as well as (at least 'verbally') with equality, accessibility, and (sometimes even with long-term) sustainability.

Already nowadays, however, the novel sets of goals are appearing to enter the scene, possibly previewing the preoccupations of future medicine and health care/systems that are growing from within their current versions. One may think about various attempts in the direction of 'human enhancement' (aiming at creating in trans- or post-human race enhanced or brand new abilities, and characteristics), even tackling the problem of updating or changing the already outdated human nature, embarking more effectively upon further medicalization of 'happy life', its prolongation of life towards longevity or almost 'immortality', looking for a kind of real "fountain of eternal youth" and so on (possibly making the classical considerations of Aldous Huxley's Brave New World **(1)**, or other sci-fi dys-/u-topias, fulfilled or outdated).

Facing those numerous pressures and challenges and considering an indispensable character of medicine and health care/systems for contemporary (and future) societies, the notion of "responsible (bio)medicine" is sometimes put forward. This responsibility is understood in a particularly broad sense, extending from an individual patient, his/her relatives and 'important ones', and medical/health care profession/s (keeping high the practice standards, ethics, etc.), to the respective societies (incl. the future generations and "mankind"), environment (e.g., questions of biodiversity, pollution, Global warming, etc. – "towards an ecologically sensitive/sustainable" or "carbon neutral" medicine/health care). While pushing the medicine/health care system/s toward an increased effectiveness, efficacy, safety, sustainability, the 'old' and 'new' tasks and goals are being re-defined in/for the society, those including the need for somewhat more attention and effort to be directed to the protection and development of its constitutive ethical and social values, as well as the means of an early detection and effective prevention of potential misuse or abuse.

One of the most important global initiatives that pertains to the field of medicine and health care/systems is at present the one championed by the United Nations (and its various Agencies) entitled "Sustainable Development Goals 2015 – 2030" (SDGs) **(2, 3, 4)** – **Table 1**. Though the SDG 3 "Good Health and Well-being" is listed as outstanding SDG itself (marked by a full square), also other SDGs, of course, have a very close relationship to this SDG possible fulfilment (marked by dotted squares). Interestingly, in the usual graphical layout of the SDG table (**Table 1**) **(4)**, it seems one additional SDG (No. 18) is missing (its omission marked by a full square in the table).

Our proposal is to consider this "**missing SDG 18**" reserved for the essential, much necessary, albeit nowadays often neglected and underserved, **spiritual contributions** toward achieving the UN SDGs in their entirety and possibly full strength. Thus, a more appropriate care to be given to the fulfilment of the people/s' (incl. patients') fundamental "spiritual needs" (sometimes called also "existential" or those of "meaning" **(5)**). Moreover, we strongly believe that serious, continuous, and truly creative work in this area must be regarded as one of the most strongly perceived moral obligations of contemporary physicians and health care/other helping professions who root their ethical/moral professional and existential foundations in the Christian, the more in the Catholic Christian faith.

Table 1

Table Legend: "fully-squared SDG 3" – directly concerned with health, medicine, and health care systems, "dotted-squared SDGs" – indirectly but substantially concerned with health, medicine, and health care systems, "fully-squared SDG 18" – a newly proposed SDG (see the text). The table is based upon the Icon Grid, taken from the Global Goals webpage (4) at: https://www.globalgoals.org/resources/

6. Instead of Conclusions: The Responsibilities and Opportunities for Christian (esp. Catholic) Physicians and Other Health Care Professionals

Being an integral part of contemporary (and future!) medicine, health care/system/s, the Christian (esp. Catholic) Physicians and Other Health Care (and Helping) Professionals are clearly called nowadays to adequately face their specific, unescapable responsibilities and, doing that effectively and in morally sound manner/s, to harness as much as possible the old

and new opportunities present in their every day's professional, working place, and spiritual engagements.

The necessary pre-requisites for a successful fulfilment of this distinctive mission surely entail to know well what is going on **(6)**, what others are doing, even what others are planning (to join, or, if necessary to resist or amend), to be able to discern, to distinguish, and to understand as well as possible of what's the Good, the Bad, and the Evil. To use their own 'brains' and conscientious discernment; their communities' and small support groups' helping hands; the freely offered contributions and inspirations of the Moral and Social Teaching of the Catholic Church, enriched by the well-considered impulses and good works of genuinely Christian/Catholic organizations (including Academia, relevant NGOs); the works of the various Institutions, Bodies and Organizations of the Catholic Church (including those taking part in elaborating and promulgating the teachings of the genuine Church Magisterium, i.e. being in true connection with Pope and bishops with him united), including the invaluable teachings of the Popes, to orient themselves well and right in the complex and dynamically changing nowadays realities. Indeed, they (we all) are invited (and must be properly encouraged and (not least strongly spiritually) supported) to act. To deal with all those "practical issues" here and now. Wisely, competently, effectively, ethically-morally, responsibly, and adequately. As genuinely Christian/Catholic Physicians and Health Professionals. With compelling reason, wit, and compassion!

However, to be able to rise to and satisfy these, sometimes extremely demanding obligations, the contemporary Christian/Catholic Physicians and Health Care Professionals are in essential, existential need of the moral and spiritual care and support from their faith, and notably from their Church. Unfortunately, despite some very valuable initiatives and activities (e.g., numerous papal addresses, references and specific chapters in Church and papal documents, observance of the International Day of the Sick, etc.), they may sometimes feel like being left behind in the middle of their every day's struggles. Deficiencies regarding the availability, accessibility, and expected quality of the spiritual care delivery in hospitals, nursing homes, and other institutions, low status of hospital chaplaincies, deficits in training and education of the hospital chaplains and lay volunteers, are sometimes truly worrisome. Notably, when those are not caused primarily by the worsening shortages in numbers of available priests and members of dedicated religious orders, but being the consequences of a neglect, ignorance, inner fears, and/or improper or missing leadership. This is even more paradoxical, as the fields of contemporary and emerging medicine and health care/system/s, being under considerable pressures, challenges, and (possibly paradigmatical) changes, are indeed the much contested, true battlefields for 'immortal souls', where genuine, fateful clashes of the individuals and companies of the *Culture of Life* are facing those of the *(Pseudo)Culture of Death/Waste/Exclusion*, are taking place on a day-to-day basis.

It is our strong conviction therefore that **the health care sector needs to become again the true, genuine pastoral priority of the Catholic Church**. Today, and in the future.

This **genuine shift in attention and emphasis** would need, among various novel initiatives, well considered measures, and activities – the ones, and only those inspired by the Holy Spirit (i.e., devoid of empty activism and other noxious "-isms"), some of them just in need of a gradual revival or a better addressed support – also some organizational ("managerial") changes might be useful within the church pastoral work itself, its contents, style/s, and accents. These may include, where the needs would require and conditions allow, considering the (re-)establishment within the National Bishops Conferences of the Ordinariates for

Pastoral Health Care (similar to those covering the Church ministry for the army, police, prisons, etc.) or appointment of the dedicated Church's representative (a bishop or priest, or even a competent layperson), and also strengthening of the actual Pastoral Health Care Section of the Dicastery for Integral Human Development (or even re-considering of the (re-)establishment of a fully dedicated Holy See body).

Notes and References

(1) Aldous Huxley. *Brave New World*. Doubleday, Goran & Co, Inc., Garden City (N.Y., USA), 1932, 311 pgs.

(2) United Nations. Transforming our world: the 2030 Agenda for Sustainable Development. Resolution adopted by the General Assembly on 25 September 2015 (A/RES/70/1). 70th session, Agenda items 15 and 116, 15-16301 (E). (Available at: https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E)

(3) World Health Organization (WHO). Progress Report on the Global Action Plan for Healthy Lives and Well-being for All: Stronger Collaboration for an Equitable and Resilient Recovery towards the Health-related Sustainable Development Goals, Incentivizing Collaboration. (Available at: https://www.who.int/publications/i/item/9789240050846)

(4) Global Goals, a dedicated webpage to SDG (https://www.globalgoals.org/)

(5) Viktor Frankl. *Man's Search for Meaning* (English translation of the original work). Beacon Press, 1959, 200 pgs. (Original in German: *Ein Psychologe erlebt das Konzentrationslage*. Verlag für Jugend und Volk, Vienna, Austria, 1st Ed., 1946, 200 pgs.))

(6) E.g., as taking place close to the Assisi FEAMC Symposium, two important examples might be mentioned here: 1) 75th World Health Assembly, Geneva, Switzerland, 22-28 May 2022, which shall, among other important issues, consider the "2022 Progress report on the Global Action Plan for Healthy Lives and Well-being for All - Stronger collaboration for an equitable and resilient recovery towards the health-related Sustainable Development Goals – Incentivizing collaboration" (available at: https://www.who.int/initiatives/sdg3-global-action-plan/progress-reports/2022); 2) The World Medical Association (WMA) ICoME (International Code of Medical Ethics) Conference – "International Code of Medical Ethics Revision: Dedicated Conference on Physician Conscientious Objection", Jakarta (Indonesia), July 4-5, 2022 (more information at: https://www.wma.net/events-post/international-code-of-medical-ethics-revision-dedicated-conference-on-conscientious-objection/).

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