

**A call to humanize medical technology and
ensure health care for the poor around the world**

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The COVID-19 “pandemic has definitively shown how the global interconnectedness that is part of every human experience is particularly visible in the health-care sector; ... that the health of the wealthy and hyper-technological West is subject to planet-wide influences;” and that “even as we see the first fruits of exceptional and unimaginable scientific breakthroughs, we are still struggling to halt” the spread of the virus.

These were the opening reflections of a talk by Archbishop Vincenzo Paglia, president of the Pontifical Academy for Life at the Vatican. He delivered the keynote address Oct. 15 in Punta Cana, Dominican Republic, before an audience of some 500 doctors gathered for the annual SOMOS Community Care Symposium. The symposium, which offers participants—all doctors belonging to the SOMOS network—continuing education credits, was co-sponsored by the Albert Einstein College of Medicine, the Montefiori Medical Center, Healthfirst, and SOMOS.

The archbishop called on the West to “accept different points of view and different priorities” in dealing with “globalized health phenomena,” such as the COVID-19 pandemic.” A globalized approach confronts technical understanding of a disease with “power relationships, balance of forces, and value systems” that impact the development and the tackling of a health crisis.

Specifically, this means, said the archbishop, that the “challenge of global health care is the challenge of inequality.” He quoted Pope Francis, who has spoken in terms of “therapeutic inequality.” The Pope has charged that “progressively more sophisticated and expensive treatments are accessible to increasingly restricted and privileged groups of people [and] access to care risks depending more on peoples’ economic resources than on their actual health-needs.”

Speaking in terms of the “economic, social, and environmental” dimensions of “sustainable development,” the archbishop insisted that “protecting people’s health means working for a more just and therefore sustainable society.” To this end, the prelate called for the “creation of global coordination of health-care system,” operating according to what Pope Francis has called “international rules that are respectful of human dignity.”

The Pope has said that “life and health are both fundamental values for all and are based on the inalienable dignity of the human person.” A failure to “overcome inequalities,” the Pontiff has said, creates “the painful reality that not all lives are the same and health is not protected for everyone in the same way.

A major part of the challenge facing the medical profession, the archbishop continued, is the role played by evermore sophisticated technology. This is a boon for health care, but there are definite risks involved in the “hyper-technologization of medical practice,” which

“always runs the risk of marginalizing the body, avoiding physical contact, reducing the person, the patient, to a series of data and medical practices.”

On this point, the archbishop touches upon the heart of what makes SOMOS doctors so successful in caring for their patients—the human element, the strong patient-doctor bond. He reports on meeting a doctor who presents him with a “wooden stool” as a critical medical instrument, because it is “built to put the face of the doctor at the same level as the patient’s face during the examination;” it allows “for a human, warm, physical contact.”

By contrast, the pursuit of “the enhancement of efficiency” will make for “very expensive medicine,” said the archbishop, medical care “intended for only the few, functional in a society of performance and economic competitiveness, marginalizing populations that cannot access basic health services.”

Moreover, artificial technology (AI) and neuroscience let loose, suggested the archbishop, drive “the development of robotics and the integration of man with machine,” with “billions ... being invested on the assumption that more a more evolved human being can result from a human is who is simply technically more advanced. AI can offer “brilliant solutions,” but begs the question of the appropriate use of “sensitive personal data.” The Pontifical Academy for Life last year called for “human-centric artificial intelligence systems.”

A truly global, humanist approach to technology and health care, the archbishop continued, calls “for building ever wider alliances among peoples, cultures, and ethical perspectives.” “This means directing technology towards development, and not simply seeking progress for its own sake.” The problem is that “technical-scientific thought is not in itself able to put integral human development at the center of our concerns.” What is needed are “different disciplines”—“hyper specialization that characterizes all scientific research today is clearly showing its limits. It must be counterbalanced by a wise, comprehensive and holistic vision.”

However, it is not just a matter of developing a “humanities for sciences,” said the archbishop. Actually, the “anthropological challenge involved in every disease is beyond the reach of health-care science and technology.” What’s needed is a “greater depth of vision,” the archbishop said—ultimately “a spiritual vision.”

The archbishop concluded by citing Pope Francis’s concept of the Church as a “field hospital.” In that image Archbishop Paglia sees the role of doctors of faith and conviction as “becoming close to all men and women wounded by life and often put at the margins of attention and care, if not if not excluded entirely.”

Mario J. Paredes is CEO of SOMOS Community Care, a network of 2,500 independent physicians—most of them primary care providers—serving close to a million of New York City’s most vulnerable Medicaid patients.



Mario J. Paredes
Chief Executive Officer
mparedes@somoscommunitycare.
org 646.979.7613