Michael Moore’s Sicko Healthcare Perspective

June 29, 2007 marked the official opening of Michael Moores newest mockumentary, Sicko. And in true Moore form, it is controversial and in-your-face. The subject this time is a critique on the American Healthcare system, and as before, Moore takes a liberal stance on a pet cause: healthcare reform. Here is a summary of his proposal:[1]

1. Every American must have full, uninterrupted healthcare coverage for life.
2. Private, for-profit health insurance companies must be abolished.
3. Profits of pharmaceutical companies must be strictly regulated like a public utility.

After researching several movie reviews from every part of the political spectrum, I am concerned about Moore’s use and misuse of statistics and convolution of facts that are taken out of context. However, I think this provides an excellent opportunity to open the discussion on the Christian perspective on healthcare. I will mainly address the idea of universal healthcare coverage (Moore’s point 1) and offer a slightly different perspective on private health insurance companies (Point 2). I’ll save pharmaceutical company regulation for another article.

The Biblical Perspective

Before we can apply biblical truth to today’s cultural issues, let’s make sure we know what is biblically clear about healthcare. Several places in the Bible, God admonishes his people to care for the orphans and widows.[2] Orphans and widows are the vulnerable in society. In today’s society, that status falls mainly to the elderly, the chronically ill, the poor, etc. The Bible is quite clear about the need to care for these people as well as an individual’s responsibility in the matter:

When you reap your harvest in your field and have forgotten a sheaf in the field, you shall not go back to get it; it shall be for the alien, for the orphan, and for the widow, in order that the Lord your God may bless you in all the work of your hands. When you beat your olive tree, you shall not go over the boughs again; it shall be for the alien, for the orphan, and for the widow. When you gather grapes of your vineyard, you shall not go over it again; it shall be for the alien, for the orphan, and for the widow. And you shall remember that you were a slave in the land of Egypt; therefore I am commanding you to do this thing.[3]

This principle is exemplified when Boaz allows Ruth to glean from his field, drink from his water vessels and eat at his table.[4]

The biblical model seems to be that those with plenty are to take responsibility for those that are vulnerable. While government intervention is not explicitly mentioned, the mention of orphan- and widow-care in the Law implies a universal understanding of a duty to care for the least of these. It also seems to indicate that those who are healthy (i.e. who can work in the field, harvest their own crops, etc.) are to be held accountable and responsible for themselves. In practical terms, how do we apply this to our own culture and healthcare systems?
Modern-Day Applications

In Kerby Anderson’s article on National Healthcare, he suggests three needs in today’s healthcare structure, each related in such a way that one would perpetuate the others:

The Need for Personal Responsibility

He brings to light an important point about human nature: when someone else pays, we are less likely to consider the quality and cost before buying. When the government subsidizes healthcare or health insurance, people tend to be less thoughtful on cost, and the result is the high prices of healthcare. If there were more personal accountability, people would comparison shop and bring market pressures to bear on some of the healthcare costs.

I find it fascinating that health insurance requires so little personal responsibility, while car insurance demands so much. When I buy car insurance, it is only used in the event of an accident, either caused by nature or another driver. I have my own account that I use for my basic car care needs (gas, oil change, registration, tires, cleaning, brakes, etc.). I shop for the cheapest gas prices, the best bang for my buck on oil changes, and will go out of my way for a cheaper car wash. Why? Because it is coming out of my pocket. When I was in an accident, the insurance company was paying, so my car went to the body shop they specified and the company paid the price the shop requested. Honestly, I was less concerned about how much the insurance company paid than whether I got my car back in one piece.

Why is it that most people want insurance to pay for their basic check-ups that occur annually or biannually? If individuals paid for their regular maintenance, this would not only decrease the cost of health insurance, but it would also free up some resources for the orphans and widows of our society so that they, too, might have regular, preventative healthcare.

The Need for Portability

Anderson continues:

Americans usually cannot take their health insurance with them if they change jobs. A fair tax system would offer no tax subsidy to the employer unless the policy was personal and portable. If it belongs to the employee, then it would be able to go with the employee when he or she changed jobs. Health insurance should be personal and portable. After all, employers don’t own their employees’ auto insurance or homeowners insurance. Health insurance should be no different.

This is a critique on the requirement of employers to provide health insurance, and also argues for private companies to be made available to individuals. My husband and I are young, healthy individuals, and were paying $450 per month on his prior health insurance, until he changed jobs. The problem is that $450 counted as part of his earnings, and when he left his job, we lost the amount paid into the insurance. Our car insurance and renters insurance was unaffected by his job change, but our health insurance ceased. We now see that it would have been more valuable to have a portable insurance option, such as a private company or a tax-deductible health account into which we would deposit money directly. This would also tie into the idea of individual responsibility for one’s health finances, and, again, applies to those that can afford it while the vulnerable are provided for.
The Need for Price Fairness

Anderson writes:

Price fairness is another issue. Proponents of socialized medicine would force people with healthy lifestyles into a one-tier system with people who smoke, drink too much, use drugs, drive irresponsibly, and are sexually promiscuous. A better system would be one that rewards responsibility and penalizes irresponsibility. Obviously we should provide for the very young, the very old, the chronically ill, etc., but we shouldn’t be forced into a universal risk pool and effectively subsidize the destructive behavior of those who voluntarily choose sin over righteousness. [7]

Going back to our car insurance/health insurance comparison, my husband and I have been with our car insurance company with a clean record for so long that our rates went down. Also, our rates decreased when he turned twenty-five because he was no longer a high-risk driver. This encourages cautious driving and places the responsibility on the driver. The universal healthcare model does just the opposite, because no matter your lifestyle, the government will take care of it. I think if we’re honest with ourselves about human nature, a monetary compensation or savings for maintaining proper health would be one effective way to combat behavioral diseases such as obesity and type II diabetes.

Problems with Universal Healthcare, or Why Michael Moore May Not Know What is Best for the Country

Business Costs

I am no economist or a business analyst, so I will defer to Anderson’s example of Herman Cain, president and CEO of Godfathers Pizza. Mr. Cain confronted President Clinton about many of the hidden costs of healthcare reform that affect businesses. He came with spreadsheets that pointed out just how much it would cost his business if employer mandates were put in place, and it also pointed out how President Clinton had vastly underestimated the cost on businesses.

Or what about Michael Moore’s suggestion of having totally socialized healthcare? He gives several countries as an example, including France, but never mentions that all of these countries pay significantly higher tax rates than we do. This would place a burdensome cost on individuals and companies.

As Kerby warns in his article, Healthcare reform may cost much more than we think it will. The direct costs may not seem like much, but don’t forget to count the indirect costs to you and to American business.

Moral Costs

There are several issues to consider here, but let us focus on the one that is already taking place in many other countries with socialized healthcare: rationing. Universal coverage of healthcare increases overall demand, which means that you will have to decrease the supply of health care benefits provided to each individual citizen, especially since there is less profit and hence less reason to increase overall supply. This is inevitable in a universal healthcare system, and, as recently reported in the Scotsman, is already happening in countries with socialized healthcare:
It is no longer possible to provide all the latest [medical technology] to absolutely
everybody without notable detriment to others. Rationing is reduction in choice.
Rationing has become a necessary evil. We need to formulize rationing to prevent an
unregulated, widening, post code lottery of care. Government no longer has a choice.
When it comes to the list of conditions, it’s all about quality of life. It would be about the
prioritization of clinical need. [8]

A utilitarian approach to a person’s quality of life is definitely not within the Christian worldview, [9]
but that is precisely and inevitably the direction of a socialized healthcare system.

Our current healthcare system does have some flaws, but I do not think throwing government money
at the problem is the best solution. Looking at the biblical model of individual responsibility, we can
glean from the text how God’s timeless truths can be effective when applied to our culture today.

Notes

1. www.michaelmoore.com
   (ESV).
4. Ruth 2:8,9,14-16 (ESV).
6. Ibid.
7. Ibid.
8. Moss, Lyndsay “NHS rationing is ‘necessary evil,’ say doctors” Scotsman, June 26, 2007,
news.scotsman.com.
www.probe.org/utilitarianism-the-greatest-good-for-the-greatest-number/

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