

Healthcare and the Common Good

One of the hot topics in the presidential election campaign is healthcare and healthcare reform, but is there a Christian perspective on healthcare? If so, what is it? I had the privilege of attending the annual bioethics conference hosted by the [Center for Bioethics and Human Dignity](#) and Trinity International University this past July. Guided by this year's theme, "Healthcare and the Common Good," some of the health profession's leading practitioners discussed issues of healthcare and the health profession from a Christian perspective.

What Is "The Common Good"?

Dr. Edmund Pellegrino, chairman of the President's Council on Bioethics, began the conference by distinguishing between first-order healthcare questions and second-order healthcare questions. First-order questions in this case involve the moral or ethical implications of healthcare. These questions include: What do we do with the poor and ill? What are our moral obligations to them? By what criteria do we judge healthcare programs? And, is the healthcare system providing for basic human needs? Second-order questions, often covered by the media, include economic issues, systems, and politics. Usually, this level of inquiry seeks to answer questions like "How is healthcare to be structured?"

Dr. Pellegrino used Aristotelian philosophy to discuss the idea of common good. He describes common good as everyone being enabled to fully achieve their own perfection as men. Essentially, everyone is valuable because he is a human being, and part of giving them value is to provide for them relief from suffering and the opportunity to flourish, whether they merit it or not. Dr. Pellegrino asserts that this is similar

to the biblical idea of being not only your brother's keeper, and your enemy's keeper, but also ministering physically to those who are irresponsible. As Christians we have an obligation to care for the weak and the infirmed, and we, furthermore, cannot make value judgments on the worth of someone's life because of their personal behavior.

Human Dignity

Underlying any area of bioethics based on a Christian worldview is the concept of man as a special part of creation made in God's image.[{1}](#) This means that our views on healthcare should reflect the inherent dignity of the individual. Dr. Pellegrino discussed this essential element that part of common good is valuing man because he is man, and I would add that it is expressly because he is made in the image of God.

Many of the sessions at the conference, whether they were on doctor/patient relationships or public policy, centered on this point that man is made in the image of God and that individuals should be valued as unique and important. This presupposes a theistic worldview.

During my paper session at this conference, I emphasized the importance of a worldview approach for laying the foundation of how to evaluate specific bioethical issues. This is also essential in evaluating healthcare policies and our moral obligation to the weak and infirmed. How does one's worldview affect their various views on healthcare?

As Nancy Pearcey points out in *Total Truth*,[{2}](#) every worldview answers three basic questions: Where did we come from? What happened to us (why is there evil)? And, how can things be made right? As Christian theists we would answer these questions with "Creation-Fall-Redemption." Naturalists, on the other hand, would answer with the triad "Darwinism–Evil is an illusion–Survival of the fittest." A naturalist's creation

story is that of Darwinism.[{3}](#) Therefore, man is nothing more than a product of natural selection. He does not hold a unique position above other animals, and he was not specifically created with a purpose.

One's view on origins is fundamental to how man is regarded, and it determines which ethical system is used to determine right and wrong views on healthcare. The tension is between the theistic view that man has inherent dignity and worth, despite his capabilities or lack thereof, and the naturalistic view that man's worth is based on whether or not he is a burden on society as a whole.

One view places an absolute value on a person while the other places a relative value. This, in turn, determines whether or not we share a moral obligation to help the weak and infirmed.

But We Vote on Second-order Questions!

While the ethical implications on healthcare are of primary importance, usually we are asked to evaluate healthcare based on second-order questions: How much does healthcare cost? Who should get subsidized? How are they subsidized? Should healthcare and health insurance be privatized? Which candidate's plan do I agree with?

Several of the speakers at this bioethics conference addressed specific plans by candidates and their opinions about them (For more information on second-order analyses, see the [Women of Faith Blog post](#) which summarizes Dean Clancy's discussion on McCain/Obama Healthcare plans. See also James Capretta's [discussion on policy analysis](#), PowerPoint® [presentation](#) from the conference and a related [article](#).) But the emphasis at the conference was not in endorsing one candidate over another as much as evaluating healthcare from the perspective of a Christian worldview. In other words, we first must answer the primary questions and then use that analysis to guide our views on the secondary questions in healthcare.

I came away from the conference with an understanding that there are several problems with the current healthcare system, from overuse of technology to doctor/patient relationships to how the government subsidy system works. However, these problems are really the fruits of a deeper problem having to do the worldview approach that medical health professionals, politicians, and we, as a culture, take on the issue of health and healthcare. Healthcare is becoming more and more a consumer business or a commodity, and less and less a moral obligation to help those that are weak and infirmed (or a moral obligation to help prevent people from becoming weak and infirmed).

There is no one solution; thus, no one candidate has *the* solution to all of our healthcare problems. And deciding between expanding government subsidies and privatization is not the root of the problem, so it is not the ultimate solution. As Dean Clancy, former member of the President's Council on Bioethics, pointed out in his session on "Solutions," society can achieve four levels of "happiness": 1) the ultimate good, 2) good beyond oneself, 3) personal achievement, and 4) immediate gratification.

As a culture we are stuck at levels 3 and 4 (personal achievement and gratification), and this means our priorities and decisions are stuck there. This is directly tied to our worldview. From a naturalistic vantage point, it would be logically inconsistent to move beyond levels 3 and 4. However, on a theistic worldview, 1 and 2 follow from the biblical perspective on priorities such as, "You shall love the Lord your God with all your heart and with all your soul and with all your mind...You shall love your neighbor as yourself." [\[4\]](#) God is the ultimate good, and then we are to love others by doing good beyond what benefits ourselves.

What Can I Do?

We can serve a witness to our culture by modeling the biblical perspective on healthcare and human dignity. Maybe not necessarily on the voting ballot, but oftentimes this mindset is modeled on a very personal level by providing for the weak and infirmed in our churches and communities. Or by treating individuals with value, even if they are irresponsible with their health. Or through the way doctors and nurses treat their patients. These are all very tangible ways that people can see the love of Christ and may very well be one way to change some of the problems in our healthcare system from the grassroots level.

Notes

1. "So God created man in his own image, in the image of God he created him; male and female he created them" Genesis 1:27 (ESV).
2. Pearcey, Nancy, *Total Truth: Liberating Christianity from Its Cultural Captivity*, Crossway Books, 2004, pgs. 45-46.
3. This is referring to Darwinism as a philosophy: The presupposition that there is no God, only nature.
4. Matt 22:37, 39 (ESV).