

What Would the Good Samaritan Do?

BY ANN NEALE AND JEFF TIEMAN

Fidelity to the gospel impels us to work for a just and sustainable national health policy. But how can congregations and local communities transform the national debate so that it is less polarizing and more conducive to thoughtful consideration of the differing perspectives?

Everyone has a healthcare story. Many of them are heartwarming stories—about very sick children being made well by modern medicine, or dedicated healthcare providers working tirelessly on behalf of their patients. But there is another, darker narrative any one of us could relate about widespread quality problems and steeply increasing costs.

The story that should shame us most concerns forty-six million of our uninsured neighbors left by the wayside. They delay getting care or do not seek healthcare at all because they lack health insurance. We must disabuse ourselves of the notion that, in the end, they get the care they need. They don't. Eighteen thousand uninsured persons die for lack of health insurance each year and many thousands more suffer serious health consequences because their treatment has been delayed or is inadequate.

Many insured people, having exhausted their resources on co-pays, deductibles, and out-of-pocket maximums, face bankruptcy. Meanwhile, the system is beset with quality problems. Even in the "best" hospitals, quality care is not guaranteed. Each of us is likely to receive the standard of care for many common conditions only 55% of the time. As many as 100,000 people die each year from avoidable mistakes in hospitals.

Healthcare disparities abound. In our nation's capital the infant mortality rate in the poorest sections can be twenty times that of the more affluent

sections. Studies that have controlled for income and health insurance have shown that persons of color are less likely to receive the same standard of care as white persons. Thousands die each year because of these discrepancies in treatment. Despite the fact that we spend far more per capita than other advanced, industrialized countries, our performance lags behind many of them.

THROUGH THE SAMARITAN'S EYES

In *Reading the Bible in the Strange World of Medicine*, Allen Verhey invites us to examine this overall story of healthcare in the United States through the eyes of a “contemporary Good Samaritan.”¹ It is an apt device for several reasons. Foremost among them is the Samaritan’s recognition of the stranger as neighbor. Such sensitivity to our common humanity and need for healthcare is a much needed antidote to modern medicine’s individualism and market orientation, which easily loses sight of how important it is for each of us to live in a community where everyone is healthy and has access to the services they need to stay that way.

From the perspective of the contemporary Good Samaritan concerned about vulnerable people, U.S. healthcare is a “horror story.” It is part of a larger narrative of neglect of neighbor that threatens the social fabric of our nation, for it belies who we claim to be as a people. Indeed, the health status of our country is a barometer of our national well-being in a much broader and deeper sense.

In the parable of U.S. healthcare there are literally millions of suffering neighbors abandoned along the side of the road. Rewriting the story line so healthcare works well for all will be a daunting task. It involves not just a greater sense of solidarity, but a critical look at the very claims and aspirations of modern medicine and sustained attention to citizen engagement if policy reform is to be just and sustainable.

Contemporary Good Samaritans realize that more just wages and better education and housing will improve community health more than will discovering a new drug, making a dramatic medical breakthrough, or building another specialty hospital. That realization is important to keep in check the call for limitless resources for healthcare since other social goods are more important to *community* health than are individually-focused medical treatments.

THE DEBATE WE HAVE

Good Samaritans need to be ready to challenge the prevailing social and medical cultures which celebrate technology and the market and deny limits, including death. Not surprisingly, U.S. healthcare is a reflection of the times. The unsustainable cost increases in U.S. healthcare are primarily attributable to our heavy use of medical technology and our growing, aging society, which becomes more averse to death as new treatments and tech-

nologies are made available. Providing technological, death-defying interventions for some distracts us from attending to what is needed for the community as a whole.

Modern medicine has made incredible strides in treating all manner of disease and infirmity. Many of us enjoy longer, healthier lives because of its achievements. Undoubtedly, we will benefit from its continued progress

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and breakthroughs. Therein lies the rub, however. Much of the research agenda is set by private companies whose endgame is profit, not community well-being. Our health system is medically oriented and focused on the health of individuals who can pay. Our social insurance mechanism is being eroded by market tactics promoted under the guise of consumer choice and ownership. For those concerned about the health of the community and

about vulnerable persons who presently do not receive basic healthcare, it is hard to justify the increasing portion of the healthcare budget consumed by medical technology.

Good Samaritans ask, “Who will benefit from current research in designer drugs, aging research, efforts to understand and mitigate the effects of dementia and Alzheimer’s? How can we overcome the medical bias of our current system such that public health measures—health education and promotion and disease prevention—receive their due?”

Good Samaritans might challenge us to question the hubris of modern medicine which promises, in effect, not only to eliminate all disease, but even to overcome death.² They are wary of the current healthcare reform debate, taking note of who’s engaged in that debate, what they are talking about, and how that conversation is conducted.

THE CONVERSATION WE NEED

Currently, experts are arguing for one health policy or another, attempting to promote this or that specific reform program. But, regrettably, this conversation about particular solutions overlooks a prior and more fundamental one. As Daniel Yankelovich makes clear, the fundamental challenge presented by major social issues like healthcare, the environment, and racism, is moral—not technical.³ Our society remains gridlocked on these

issues, not because we cannot fathom programs to deal with them, but because we have not, as a community, sufficiently grappled with the moral and social issues at their core. We need a national conversation about the purpose and priorities of a good healthcare system. Healthcare reform challenges our national character, not our technical ingenuity! Unless the healthcare debate is shifted to this deeper level, we will continue to lurch from one unsatisfactory, incomplete “solution” to another. When neighbors of all kinds come together to grapple with the moral and social challenges at the core of our dysfunctional healthcare system and find sufficient common ground across our ideological and cultural differences, appropriate policy will follow.

Furthermore, because the core challenge is a moral one, the general public needs to engage the issue. If achieving a more just, sustainable health system is fundamentally a values issue, not a scientific, technical one, then we need to draw on the moral insight of the American people. The key “stuff” of healthcare reform—considered principles, moral judgments, and right relationships—is a kind of knowing different from and more profound than the narrow rational and empiric information of the expert. It is the purview of all the people and not just health economists, policy wonks, special interests, and legislators.

Finally, the nature of the conversation has to change. The current debate is conducted in a nonproductive, polarizing fashion, hardly conducive to thoughtful consideration of the differing perspectives and the choice-work entailed in arriving at a just, sustainable national health policy.

To involve the general public in a deeper, more productive debate about healthcare in the United States, we have joined with others to design the Our Healthcare Future dialogue process. Twenty-five to forty participants gather in local town-hall meetings to share their experiences and explore what is important to their local communities as they help create our healthcare future. An on-line forum allows the conversation to continue and others to join it. A key tool in these dialogues is the value priorities survey in which participants rank their top five values that should shape the future of healthcare in the United States. Through this process we are gathering empirical evidence that diverse groups share many of the same hopes and aspirations for our healthcare future.⁴

TOWARD A SOCIAL REFORM MOVEMENT

Gospel teaching about the dignity and value of all persons made in the image of God, a preferential concern for poor and marginalized persons, and the witness of God’s love for us in Jesus, the healer, should make Good Samaritans of the entire Christian community. Fidelity to the gospel impels us to work for health and other social policy reform that will create the conditions in which everyone can flourish. Tolerating the status quo is simply unacceptable.

Of course, the Christian community has been engaged in traditional methods of healthcare reform: national denominations and local faith communities have spoken to, issued statements about, and lobbied for just health policy. But these measures have not proved sufficient to dislodge the status quo. No wonder! The current system is deeply embedded in the

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venerable medical profession, the medical-industrial complex that has grown up around it, the provider organizations, and all of us who use it. It will take large scale social change to help all these stakeholders “let go” of the status quo.

The times call for innovative Good Samaritans, who are ready to roll up their sleeves and call the American community to an examination of the values-

disconnect between what we profess to stand for as a nation and the healthcare reality we condone in practice.

In the early nineteenth century William Lloyd Garrison did precisely this for the abolition movement.⁵ With his weekly *Liberator* and his orations about the scandal of slavery in a country professing to guarantee life, liberty, and the pursuit of happiness, he helped our nation confront the moral disgrace of the institution of slavery. A century later, Martin Luther King led Christians and the larger community in a similar social movement to address slavery’s legacy.

And so we would call Christians to join a grassroots movement, fueled by communities in conversation, as an important method for achieving healthcare justice in this country. We have said that the current debate needs to be extended to the general public, deepened to reflect on the values foundation of a morally defensible national healthcare policy, and conducted in a more constructive, dialogic fashion.

It is our considered belief that a critical mass of Americans must come together to engage the issue of healthcare policy at the fundamental level of values. We need to engage one another, notice that many of our neighbors are abandoned along the wayside, and reflect on how a compassionate society shows mercy. When opportunities are provided and structured for coming together in such a fashion, there will emerge a wisdom and justice deeper than we might imagine. The grace and humanity of the experience will reveal ways to refashion U.S. healthcare that binds up all our wounds,

pours oil and wine on them, and brings us to a new, more just healthcare system.

This conversation, if it is sustained, can foster a social movement akin to the abolition and civil rights movement. Only a broad-based movement, grounded in deeply held values can provide sufficient leverage to liberate the entrenched, vested interests and make space for a more considered, thoughtful, public judgment about U.S. healthcare policy.

FOR FURTHER STUDY AND ACTION

Several organizations can help contemporary Good Samaritans create local forums for thoughtful conversations about healthcare reform in the United States. Through these informed discussions, congregations and the wider community will come to understand their social responsibilities with regard to healthcare. They also will experience civic engagement, a declining virtue, on which a vibrant democracy depends.

As mentioned above, Our Healthcare Future (www.ourhealthcarefuture.org) offers direction, support, and printed and video materials for hosting a congregation or community forum on healthcare.⁶ The National Issues Forum Institute (www.nifi.org), which has been sponsoring local forums on public issues of national concern since 1981, offers free discussion guides on topics of health and well-being, including “Examining Healthcare: What’s the Public’s Prescription?” (2003) and “The Healthcare Crisis: Containing Costs, Expanding Coverage” (1992).

You can gather good ideas for discussion from the online forum on healthcare reform sponsored by CodeBlueNow!TM (www.codebluenow.org); the September 29, 2006, report of the Citizens’ Health Care Working Group (www.citizenshealthcare.gov); and the community reports and blogs posted by The Archimedes Movement (www.archimedesmovement.org), a vision for healthcare system reform in Oregon.

NOTES

1 See especially the chapter entitled “The Good Samaritan and Scarce Medical Resources” in Allen Verhey, *Reading the Bible in the Strange World of Medicine* (Grand Rapids, MI: William B. Eerdmans Publishing Company, 2003), 259-293.

2 Daniel Callahan raises this challenge in *False Hopes: Why America’s Quest for Perfect Health Is a Recipe for Failure* (New York: Simon and Schuster, 1998).

3 Daniel Yankelovich, an eminent scholar of public opinion, describes decades of research to show that such common ground is possible in *Coming to Public Judgment: Making Democracy Work in a Complex World* (Syracuse, NY: Syracuse University Press, 1991).

4 The value priorities survey asks participants to rank their top five values from this list: (1) advances in medicine; (2) availability of healthcare for all; (3) build on the current system (i.e., expand and improve job-based insurance and public programs like Medicare and Medicaid); (4) provide comprehensive services; (5) treat healthcare as a consumer good (i.e., make it available to the extent that you have money to buy it); (6) treat health-

care as a business (i.e., encourage healthcare businesses to use the market to create a more efficient and effective system); (7) treat healthcare as a national concern (like homeland security and interstate freeways that need national planning and financing); (8) minimize the role of government; (9) patient choice; (10) prevention; (11) quality of healthcare; (12) responsiveness; (13) spend health dollars for direct patient care; (14) stable costs; and (15) uninterrupted care. You can participate in the survey and see the national results online at www.ourhealthcarefuture.org/participate/survey.php.

⁵ See Henry Mayer's *All on Fire: William Lloyd Garrison and the Abolition of Slavery* (New York: St. Martin's Press, 1998).

⁶ For more information about hosting a dialogue, contact Ann Neale at an38@georgetown.edu.



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