



## Christian Reflection

A Series in Faith and Ethics

### Focus Article:

- 📖 What Would the Good Samaritan Do?  
(*Health*, pp. 74-80)

### Suggested Articles:

- 📖 Peter's Shadow  
(*Health*, pp. 44-46)
- 📖 The Healing Congregation  
(*Health*, pp. 88-92)

### What do you think?

Was this study guide useful for your personal or group study? Please send your suggestions to [Christian\\_Reflection@baylor.edu](mailto:Christian_Reflection@baylor.edu).

### Christian Reflection

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# What Would the Good Samaritan Do?

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?

### Prayer

God, we confess that we have not loved our neighbors as ourselves.

You embodied yourself in a human body. You lived out your life among those who were sick physically, mentally, and spiritually. You reached out to touch them, spoke words to comfort them, performed miracles to heal them.

Heal us we pray from the sinsickness that grips us. Heal us and help us to work for the healing and wholeness of our neighbors as well.

Just speak the word of your peace, and we shall be healed.  
Amen.

### Scripture Reading: Acts 5:12-16

### Reflection

In his wonderful *Peter Healing with His Shadow* (1425-1428), Masaccio transposes the Apostle's healing ministry into a fifteenth-century Florentine alley. Some art historians think the face of the young man in the painting, who lies across the dirty alleyway and is unable to stand, is a self-portrait of Masaccio. Is the artist pointing us to the community that has sustained him? "[This] compelling visual narrative of the healing power of the apostles continues to call viewers to care for one another's health through the community of the apostolic church," Heidi Hornik notes.

As more and more congregations today take concrete steps to heal bodies as well as souls, some are adding a parish nurse, health educator, or health counselor to their ministry staff or sponsoring a free clinic or elder care center for the community. Through these ministries of health, and as they support members who face serious illness and death, they are "living out the truth that Christ calls us together in community," writes pediatrician Dr. Brian Volck. He prays they "may be granted the further grace to transcend our cramped and culturally determined vision of health... [as] something individually held."

Encouraging this fundamental examination of healthcare in the United States is the goal of Ann Neale and Jeff Tieman when they ask, "What would the Good Samaritan do?" It is an apt image, they note, because "the Samaritan's...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."



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The current healthcare debate is deadlocked about specific reform proposals, Neale and Tieman suggest, 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.” This is not a technical problem requiring experts for its solution, but an issue of values that needs the sustained attention of all citizens.

Thus, they are supporting congregation-based town-hall meetings across the country to build consensus on the basic goals of healthcare. What is more important: fostering advances in medicine, or making healthcare available for all? Should we build on the current healthcare system (i.e., expand and improve job-based insurance and public programs like Medicare and Medicaid) or provide comprehensive services? Should we treat healthcare as a consumer good (i.e., make it available to the extent that you have money to buy it), a business (i.e., encourage healthcare businesses to use the market to create a more efficient and effective system), or a national concern (like homeland security and interstate freeways that need national planning and financing)? Should we minimize the role of government, emphasize patient choice, or spend health dollars for direct patient care? What should be our priority: prevention, quality of healthcare, responsiveness, stable costs, or uninterrupted care? Until we reach some consensus on what is morally best, we will make little progress on building a just healthcare system.

“The church has too long settled for health promotion and health care as the purview of the health care delivery system,” Jean Denton has observed. If the church is going to recover its apostolic healing ministry, she urges, “It’s time to reclaim health ministry at the congregational level. It’s time for people to see, incarnated in the neighborhood church, ‘the true compassion of [Jesus’] face.’”<sup>†</sup> In the health ministries canvassed in this study – from employing staff and sponsoring local clinics to encouraging a deeper conversation about national healthcare – we can see that congregations are responding creatively to her challenge.

### Study Questions

1. Why, according to Ann Neale and Jeff Tieman, is it particularly apt to ask what the Good Samaritan would say about our system of healthcare?
2. What are the major barriers to reaching consensus on the basic goals of healthcare in the U.S.? Do you think these can be overcome by caring and open discussion?
3. Of the fifteen values listed by Neale and Tieman, which five would a contemporary Good Samaritan emphasize? Why?
4. “That churches might become active participants and advocates in healthcare systems will strike even some Christians as a potentially troublesome blurring of boundaries,” Brian Volck writes. Should congregations become more involved in healthcare? And if so, then how?

### Departing Hymn: “Silent Faces”

<sup>†</sup> Jean Denton, *Good is the Flesh: Body, Soul, and Christian Faith* (Harrisburg, PA: Morehouse Publishing, 2005), 129.

# What Would the Good Samaritan Do?

## Lesson Plans

<i>Abridged Plan</i>	<i>Standard Plan</i>
Prayer	Prayer
Scripture Reading	Scripture Reading
Reflection (skim all)	Reflection (all sections)
Questions 1 and 3	Questions (selected)
Departing Hymn	Departing Hymn

## Teaching Goals

1. To examine national healthcare in the United States through the eyes of “a contemporary Good Samaritan.”
2. To discuss the competing fundamental values of healthcare in the United States.
3. To consider how congregations can become active participants in the healthcare system.

## Before the Group Meeting

Distribute copies of the study guide on pp. 12-13 and ask members to read the Bible passage in the guide. Distribute copies of *Health (Christian Reflection)* and ask members to read the focus article and suggested articles before the group meeting.

## Begin with a Story

“Stephanie, the Social Mission Director at my parish, delivered her first child a year ago,” writes Dr. Brian Volck. “In the following months, her parents often drove from their home in a nearby city to spend a day or weekend with their new grandchild. One night, though, returning home on the expressway, their car was struck head on. Stephanie’s mother was killed instantly; her father was seriously injured and quickly taken to a trauma center in critical condition. It has been a long struggle for Stephanie and her father since then, a tale of many small victories and disappointing reversals. Along the way, Stephanie and her husband learned first-hand some of the many shortcomings of what we in the United States glibly call the ‘healthcare system’: short-staffed hospital units; Byzantine regulations serving administrative bureaucracies far better than patients; surprise fees, ‘donut holes,’ and other hidden traps of medical insurance; appalling inequalities in care based on ability to pay; and doctors who never quite have the time to explain their decisions.

“Stephanie was the recipient of many prayers and well-wishes from the parish, as well as some important material support in her grief. She is also, I hasten to add, far more resilient than I. While shepherding her father through this catastrophe, she also channeled her anger and sadness into action, persuading a city-wide inter-church community group – in which she and other representatives of my parish take an active role – to take on the sorry state of healthcare in our city. The project has targeted renewal of a local indigent healthcare levy as its first priority, but has set its sights on larger issues as well, such as local healthcare policy reform. It intends to bring religious conviction and witness to the discussion” (*Health*, pp. 87-88).

## Prayer

Invite members to share their personal celebrations and concerns with the group. Provide time for each person to pray silently and then ask members to read aloud together the prayer in the study guide.

## Scripture Reading

Ask a group member to read Acts 5:12-16 from a modern translation.

## Reflection

Use this session to brainstorm how your congregation might become more actively involved in providing better healthcare for its members and the wider community. Ann Neale and Jeff Tieman offer resources for congregations to sponsor town-hall discussions in which citizens can work toward consensus on the basic

moral goals for the U.S. healthcare system. Brian Volck reviews new approaches to health ministry in congregations. Encourage members to see these as complementary ways to care for one another's health through the community of the church.

### **Study Questions**

1. Neale and Tieman are responding to this observation by Allen Verhey:

The test for justice in the story of Scripture is not the impartial and rational standard advanced as part of the project of a liberal society, the standard that simply identifies justice with "maximum freedom." When the contemporary Good Samaritan invokes the standard of justice imbedded in the larger story of Scripture, she encourages people to test policy recommendations not just against a standard of impartial rationality but against the plumb line of 'good news for the poor,' including especially the sick poor.

Allen Verhey, *Reading the Bible in the Strange World of Medicine* (Grand Rapids, MI: Wm. B. Eerdmans, 2003), 371-372 (quoted in *Health*, p. 62)

Neale and Tieman agree with Verhey that as Christians we should evaluate the healthcare system primarily on the basis of how it cares for the poor, rather than what it provides us personally. We should value mutual concern over personal freedom.

2. Members might mention very general barriers like comparative wealth, gender, or ethnicity. Consider more specific barriers, such as concern for diseases that we or our families are more likely to face, personal experience with the illness of friends and loved ones, and varying convictions about the value of life and about caring for others. After listing the barriers, ask whether members agree with Neale and Tieman that open and caring discussion can help people overcome these barriers and reach agreement about prioritizing the basic values of healthcare. Do they agree that congregations should host such town-hall meetings? Will this encourage open discussion (e.g., because members know and trust one another, come from varying social groups, etc.) or lead to further divisions in the wider community? Would it be better for several congregations and other civic groups to host the meeting?
3. Members might work alone or in pairs to prioritize five values, and then share the results with the group. The fifteen values are listed briefly in the study guide and footnote 4 of the focus article. Before the session you might print out a longer account of these values from [www.ourhealthcarefuture.org/participate/survey.php](http://www.ourhealthcarefuture.org/participate/survey.php). Print out the results chart so that members can compare their priorities with those of others who have taken this survey.

By defending *only five values* in light of the Good Samaritan story (Luke 10:25-37), members will have to make some hard choices. They should (1) explain why the value is fundamental from the Good Samaritan's perspective and (2) describe how that value would lead to some practical changes in the healthcare system. Even when they disagree about either point – on prioritizing values or describing their practical effects – members can gain insight from one another's ways of modeling the Good Samaritan's concerns and ways of thinking.

4. Consider six types of ministry: the congregation (1) directly provides/sponsors some healthcare for members, (2) directly provides/sponsors some healthcare to the wider community, (3) sponsors a discussion among members about reforming the healthcare system, (4) encourages a discussion in the wider community about reforming the healthcare system, (5) advocates with the government, medical community, etc., on behalf of members' health needs, (6) advocates with the government, medical community, etc., on behalf of individuals in the wider community. Which ministries is the congregation presently doing? How should these be expanded? Which ministries should the congregation begin doing? Are there types of ministry that the congregation is not equipped to do or would be opposed to doing?

### **Departing Hymn**

"Silent Faces" is on pp. 47-49 of *Health*. If you choose not to sing the hymn, you may read the hymn text in unison or silently and meditatively as a prayer.