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THE CHURCH AND HEALTH CARE
A Theological and Ethical Rationale for Involvement

Strategy and Action Commission
Massachusetts Council of Churches

In order for the Church to express fully its mission as the messenger of the kingdom of God, it must work toward establishing love and justice among the people of the world. In this way, the Church reflects God's continuing commitment to His Creation, the human community. Through much of the history of the Christian Church, care and concern for the sick have been chosen as appropriate expressions of witness to the healing and fulfilling love of God.

We find ample precedents for the Church's involvement in health care in Jesus' ministry, which was filled with acts of healing whereby He demonstrated the power of God's love.

When Jesus commissioned His disciples to spread the gospel, the healing of the sick was central to His works of instruction (see Matt. 10:8). In fact, we are told that ministering to those in need is a ministry to Christ, Himself: " 'And when did we see thee a stranger and welcome thee, or naked and clothe thee? And when did we see thee sick or in prison and visit thee?' And the King will answer them, 'Truly, I say to you, as you did it to one of the least of these my brethren, you did it to me.' " (Matt. 25:38-40) The Apostle Paul repeats this theme when he counsels Christians to "Bear one another's burdens, and so fulfill the law of Christ." (Gal. 6:2)

Historically, the Christian Church has taken this message seriously. Care of the aged, the poor, and the sick was a major concern of the early church community, and members were urged to make generous contributions to help those in need. During the Middle Ages, religious orders often supplied the only medical care available. The provision of spiritual counseling, health care, and medical education have been a central concern of the American missionary movement, both at home and abroad. Direct comfort and care of the sick continue to be a vital form of Christian mission. Thus, churches long have been associated in a variety of ways with health care.

However, in contrast to earlier eras, the present system of health care in American involves a complex of institutions, both church-related and secular, including hospitals, nursing homes, private and public health service agencies, the federal and state governments, and the insurance industry.

This system has posed certain moral dilemmas for health consumers, professionals, and the institutions with which they are involved. Some of the questions being raised are, "To what extent should public funds be used to pay the cost of health care?"; "How should that care be distributed?"; "What is the fairest way to allocate public health care funds?"; and "Should limits be established for health care costs?"; These are moral questions because they affect the quality of life of every member of our society.

The Church can exercise a significant function in the current discussions by interpreting the implications of the values of love and justice for the establishment of health care priorities, and by helping to shape a system which is maximally just. By focusing its energies on the just resolution of such problems, the Church can continue to meet some of its responsibilities to the aged, the poor, and the sick.

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Many have charged that health care in American is costly and inequitable. The cost of medical services has risen markedly in the last several years, increasing by 114% in Massachusetts since 1969. Families which can afford health insurance experience the rising costs in escalating insurance rates. For example, comprehensive family group coverage for the typical American family presently costs from \$1200 to \$1400 a year. Blue Cross premiums in Massachusetts rose 40% from 1974 to 1975.

One out of seven Americans, however, has no health insurance - either because it is too costly, or because of a medical problem that makes him/her uninsurable. In times of illness, these people must rely on personal payment or government assistance. In such cases, or in instances when insurance coverage is used up, a catastrophic illness not only involves the personal anguish of sickness or death, it also imposes financial burdens which can result in bankruptcy.

The high cost of medical care functions as a barrier for the poor, restricting their access to the system. As one physician recently said, "we have two classes of medical care - one provided for full-pay patients, and the other provided for government part-pay patients and the poor. For example, in Massachusetts, governmental efforts to control public health care expenditures have resulted in the restriction of services to the poor classified as reimbursable, and the reluctance of some health care providers to treat indigent patients.

Although many would debate the form which changes in the system should take, few would question the need for change to remedy such injustices.

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The call for justice is at the heart of God's Word. "He has showed you, O man, what is good; and what does the Lord require of you to do justice, and to love kindness, and to walk humbly with your God?: (Micah 6:8) When the Church is visible in the pursuit of justice, it comes closest to fulfilling a major part of this divine decree.

The spirit of justice is evident when the rights, privileges, and obligations of persons are balanced fairly, so that no individual receives preferred treatment unless relevant differences make such treatment defensible. Proposals to change the American system of health care delivery should move us as close as possible to the ideal of justice.

When we apply the concept of justice to health care delivery, several guidelines emerge, which fall into the general categories of equality, quality, freedom, and efficiency:

1) All individuals have a right to receive adequate, quality health care, regardless of their income. This means that each person should have equal access to health facilities, and should be treated according to this or her need.

The Creator, exemplified in Jesus Christ, values the life of each person - expressing special concern for the poor and powerless - and charges us to do likewise. Thus, income should not be a relevant difference when balancing the rights of persons as they apply to health care. Because one's ability to pay is related to accessibility and quality of care under the present system, efforts to address this issue are of primary importance in creating a more equitable health care system.

2) An adequate health care system should have the capacity to provide essential services which meet the reasonable needs of all citizens. For example, one should not be deprived of care, or be forced to go to great lengths to receive care, because of one's geographical location.

The fruits of God's Creation were intended for all - not a select few. As children of God, each of us has dignity and worth, and is entitled to live as fully as possible. An adequate health care system enhances one's ability to lead a full life.

"Essential services" include those forms of care and treatment which are life-sustaining, or which aim toward the maintenance of physical and mental faculties. The potential for utilization of all forms of medical treatment within the realm of technological capability does not automatically constitute a just claim of all citizens to receive such treatment. However, if a form of treatment generally is acknowledged to be useful, its application should be universal, based on need, rather than on social or economic status.

3) A health care system should be structured to minimize the possibilities of making undue profits from the system. Excessive fees for services rendered, the operation of facilities for financial gain with little regard for the quality of care, the unscrupulous use of malpractice suits - such practices may be profitable for some, but they contribute to the high cost of medical care for the general public, and should be discouraged.

Human ownership is conditional, derived from the benevolence of God, the Creator and Sustainer. Thus, as providers and consumers of health care - a commodity necessary for the proper maintenance of life -we are called to be wise and just stewards of our God-given resources, seeing that they are used to promote the well-being of all God's children reasonable expense.

4) A health care system should be efficient, in addition to being equitable and adequate. For example, the construction of additional facilities should be coordinated so that no unnecessary building occurs which would add to the overall cost of health care. Presently, America has approximately 67,000 unneeded hospital beds. It has been estimated that each bed, full or empty, costs \$60,000 a year to operate. By supporting a system of coordinated planning, we can exercise corporate stewardship of our resources, to insure that they give the community maximum benefits at minimum cost.

5) A health care system should be both accountable and responsive to the needs of the people whom it serves. This flexibility, demonstrated by an openness to future needs, the capacity to respond to unanticipated consequences, and the allowance for error and innovation, can best be fostered by involving consumers, as well as administrators and health care professionals, in planning and reviewing policies which affect them. Without such a role, it would be difficult for consumers to exercise their corporate responsibilities as stewards of this country's health care resources.

6) The provision of preventive health care services should be an integral part of a health care system. For example, the system should encourage families to seek immunizations, and to undergo periodic screening for problems common to their age-group.

In addition, the Christian understanding of the worth of individuals as children of the Creator challenges us to be wise stewards of our own lives and health, by exercising restraint in our use of drugs, alcohol, and tobacco, by driving carefully, and by eating sensibly. There is no substitute for personal acceptance of this responsibility.

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The resolution of this country's health care dilemmas would free Americans from the fear of being financially ruined by illness. It would bring comfort to the poor and the elderly, who could be assured that their health care needs would not go untended. It would raise the general

level of health, by increasing the availability of preventative care.

The Church is called to speak in behalf of those who presently receive inadequate or costly health care, as witness to the judgment and love of God. The reordering of our health care system is a complex undertaking, which will involve adjustments and accommodations by government, private agencies, health care professionals, and private citizens. Nevertheless, we have confidence that the conflicts are resolvable, and that the Commonwealth and the nation can reorder their priorities to reflect both quality and equality in health care.

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The preceding statement was prepared by members of the Strategy and Action Commission (SAC), which is the research, education, and social action arm of the Massachusetts Council of Churches.

Health care has been selected by the Council's Board of Directors as a priority concern. SAC is distributing this statement to the churches in Massachusetts as a foundation for further education and action.

April, 1977

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