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Father Schall, a Jesuit at Georgetown University, has previously contributed articles to Linacre.

On the Origin and Meaning of Health Care and Services

The trend is part of a movement toward chain-ownership of hospitals and reflects the growth of both for-profit and non-profit concerns. For-profit, investor-owned chains are growing especially rapidly and find take-overs of public facilities one way to expand.

— Jennifer Bingham Hull, "Ailing Hospital in South," *The Wall Street Journal*, Jan. 28, 1983.

People are individuals and must be treated as such. . . . Their bodily responses will differ; what works best for one patient may not work best for the next. Their preferences will differ, too. The decision of whether to treat with surgery or drugs — and, if the latter, which drugs — is often a hard one. . . . Both patients and doctors ~~should~~ also be willing to seek second opinions when in doubt. In the end, trust in a doctor's good judgment remains the heart of the matter.

— "Science and Technology: Heart Attacks," *The Economist*, London, Jan. 8, 1983, p. 87.

For, by perpetuating itself, the strike bears more and more to the prejudice of the sick. . . . In the confluence of contradictory aspirations — security of employment and a brilliant career — the discontent of those doctors under thirty-five strikes at a moment when the price of health is placed in question, and when a new Minister of Health is named to tighten the screw. In a period of austerity, health services also ought to come into line.

— Sylvie Pierre-Brossolette, *L'Express*, Paris, April 15, 1983, p. 41.

The cost of medical care and hospitals is a striking example of the limits of justice. We are perhaps unmindful of the exact meaning of the difference between justice and charity in our historical culture though it was because of that distinction that hospitals largely came to exist in the first place. Recently, even in religion, we are coming to grips with concerted efforts to place "justice" at the center of all public considerations, unattentive to what this might ultimately imply about the structure of society itself. At the heart of the cost of health care looms this absorption of charity into justice. One side of our society speaks glowingly about the poor and needy, of our duty to "do" our utmost for them, for the least, whatever the consequences of this for the poor themselves and for the state. The other side knows that actually delivering these "free" or "inexpensive" services is very costly and must come from actual wealth and skills produced within a society by its individual members, the majority of whom are large, healthy and work from a wide variety of motives.

A society which does not know how to produce wealth in general, then, can expect a very low level of health services, no matter what other values or institutions it may have. On the other hand, in western societies, if the *only* reason why people engage in the health enterprises is one of self-interest, then, because this area is so anguishing and unpleasant in itself, we can expect costs of health to be very high to attract enough people into the field. The only other alternatives, on the same premises, are those connected with the all-caring, absolute, coercive state, which commands and allocates all jobs, including those in the health services.[1]

The people who actually "deliver" health services have become almost totally "professionalized," even in non-profit institutions. The "litigious" society, moreover, has required that the price of failure be covered at each step by a further economic cost, calculated in the service rendered. With unions and associations of various sorts, the "health providers" tend to consider the sick as the "causes" or sources of their "rights" for income and status. The provision of modern medicine or care is thus conceived to be largely contractual, so that services rendered are exchanged for salaries or pay, itself on a supply-demand criterion. Every item in the contract must be listed and accounted for, a method which is, ironically, often more inexpensive in practice than a sort of loose generosity or even a bureaucratic inefficiency. A sister of mine recently had her colon removed in a California private institution. The enormous print-out of computerized items and costs accounting for the particulars of her final bill was at least an inch thick. When health services are run by the city or the state, the actual "costs" of such endeavors are often hidden in grants from taxes. This latter makes public health services appear more inexpensive than privately run, for-profit and non-profit organizations. The fact is that public institutions are very expensive in real terms.

Theoretically, perhaps, public services ought to be more inexpensive, when all is accounted for, than private ones. That they almost never are raises the question of *why*. As it turns out, even hospitals run frankly for profit are often much more inexpensive in real cost than those run by the public.

The question is as old as Aristotle's response to Plato's theory of communal property, namely, that nobody really cares for the particular if he does not own it or is not specifically responsible for it. But the case of hospitals and health seems to be related less to the question of private property than to the theoretic reason why some human beings "ought" to care for others. Self-interest theories, so prevalent in the universities, seem insufficient. Something more than justice seems to be in place here. Where there is no rationale for specific care, there will, of course, be no health services. If we have a fatalistic philosophy which holds that we have no freedom, that things just "happen," we will not strive to change our lot nor that of others. Thought lies behind action. Today, we look on this "care" aspect as a question of "justice." Someone, if only the state, "owes" someone health. Health, as almost an absolute good, justifies great expense, great slices of the gross national product. The state (the citizens) is legally obliged to pay for this "right" each one has to health.

Response to Needs

Yet, the origin of the idea that particular persons ought to respond to the needs of others was a religious one. By definition, its urgings were beyond justice, which did not by itself see these needs of others. As a result, western culture is historically filled with institutions, particularly in the health field, which were organized and staffed by people who were there for reasons *other* than justice, reasons beyond justice, as it were. When the civil society largely took over these health institutions, directly or indirectly, we still had elevated expectations built into them, but without the likewise elevated motivations. Though a kind of humanitarian benevolence motive did help, financial reward necessarily was called in to replace that which could not properly be paid for. Thus, the absence of charity became a cause for the growth of the state, however justified ideologically. Those who "give" the services "owed" by public "right" to the sick, also maintain that they have a corresponding "right" to receive generous compensation. In turn, this is based on the elevated notion that the worth of "life" is a basic good, but a good in practice now exclusively defined legally, not existentially, as in the case of charity, which saved those "legally" excluded from justice considerations. We are not allowed to save babies condemned to abortion as we were once allowed to save babies exposed because of deformities or surplus. Without the remnants of

this unarticulated presupposition about the worth of life, there would not be much demand for massive health facilities in the first place.

Hospitals, then, did not historically arise out of "justice." Both the idea that the sick need care because they are worthy and the idea that institutions ought to exist to do this caring came about largely because of religious charity, not civil justice, or at least only after charity had created the "demand" for health services. The original motives for those institutions were not monetary. They rather drew on origins that were more sacrificial, more demanding than justice. Somehow, we were called upon to give more than our "due." Modern civil society has sought to secularize this charity, yet at the same time, to keep its elevated principles, at least some of them, now refashioned into "rights" of health. The ultimate cause of the cost of health is the need to pay, in terms of justice, what arose and grew in charity. Both the medical profession and its nursing auxiliaries conceived their task to be rooted in the transcendent sanctity of human life as such. When the particular-oriented, generous nature of charity was replaced in modern philosophy by the necessarily abstract, impersonal equality of justice, the very reason for entering into and working in this area was changed. Health services came to be looked upon as something that had to be adequately rewarded or incited by salary. But the fact is that this does not happen. Pay never calls up usually the highest reserves of human output. Generosity cannot be purchased. What we have, as a result, is an enormous effort to retain the goals formulated in charity without its motivation or spiritual resources. Human beings do not act for the blind impersonal equality of justice, but for particular, non-calculating needs in charity. This latter is not measured exclusively by money or net value if it be authentic. Today's enormous medical costs are largely the results of "imitation" charity, where the ideals of sacrifice are set against the urgent demands of justice in its modern form, which looks normally to self-interest as a measure.

Eugene Poirier, S.J., recently wrote:

> It is extremely important to keep the problem of justice in the civil order distinct from the religious order to avoid the confusion too often created by modern day discussions of faith and justice, which fail to distinguish adequately between justice as the revealed Holiness and Sanctity of God and justice as a social virtue. The religious order, especially in divine revelation, is founded on an authority of service based on charity (love of God and neighbor) which knows no minimal standards, no sanctions and no penalties, but only the mercy and compassion of one who gives his life that others may live eternally. [2]

The "work" of health care is, thus, a function of what is perceived to be there to do. But as the Good Samaritan parable showed, not everyone recognized what was there. Moreover, this raising of the sights, as Machiavelli disparagingly called it, will prove to be dangerous to a society when the civil order subsequently retains these exalted

expectations based on charity, while it loses these same supernatural motivations in practice. The result will devolve heightened obligations on the state in terms of an embracing justice and rising costs. At the heart of the hospital costs, then, lie the deeper problems of mercy and generosity, things which have no proper payment but which, when they exist, humanize society. To attempt to replace the latter by concepts rooted in justice will result not merely in enormously increasing costs, but eventually in efforts to eliminate more and more categories of persons for whom "care" is "due." The link between totalitarianism and the hospital is not always as distant as we might piously like to believe. [3]

Dr. Charles Wolfe wrote,

> Approximately 53% of the hospital care dollar was used by 13% of the patients, and there was a very high association of these high cost patients with obesity, diabetes, heart disease (gluttony), lung disease (smoking), and cirrhosis of the liver (overdrinking). In effect, since 10% of Americans will be admitted to a hospital per year, 1.3% of Americans account for 53% of the hospital care dollar. This only accounts for the chronic effects of these habits and says nothing about car accidents related to drinking and drugs. [4]

On the other hand, De Mandeville, in the early 18th century, maintained that vice was the cause of prosperity, for without it, we would not produce fine wines and tobaccos! Plato, however, on whom I should like to dwell for a moment, held that there was a definite relation between virtue and health. Dr. Wolfe's statistics from the *New England Journal of Medicine* would have made sense to Plato.

Plato's Concerns

In *The Republic*, Plato held that we mostly "choose" not to cure ourselves. He was quite concerned about the causes of disease and the relation of the medical profession to them. "But when intemperance and disease multiply in a state, halls of justice and medicine are always being opened; and the arts of the doctor and the lawyer give themselves airs, finding out how keen is the interest which not only the slaves but the freemen of the city take about them" (404-405). Plato was not against healing wounds or epidemics, but he did deplore the recourse to medicine "just because, by indolence and habit of life . . . men fill themselves with waters and winds, as if their bodies were a marsh, compelling the ingenious Sons of Asclepius (the god of medicine) to find more names for diseases." He praised the early doctors who refused to treat those "unhealthy and intemperate subjects, whose lives were of no use either to themselves or others; the art of medicine was not designed for their good, and though they were as rich as Midas, the Sons of Asclepius would have declined to attend them" (408).

This classic view of medicine also suggested that the cost of hospitals is a measure of the virtue of a society. If it is roughly true that a significant cost of medicine goes precisely to those who do not or are not willing to guide themselves, the Sons of Asclepius will be tempted to practice their arts for money, something which, in Plato's account, caused Asclepius himself to be struck by lightning! But this brings us back to another sort of problem about the relation of specifically revelational teaching, as well as ethics, to our public life, as it is reflected in the lives of the sick. Plato frankly taught that anyone who could not cure himself was not much good. Men ought to be absorbed in their purposes.

> If someone prescribes for him a course of dietetics, and tells him that he must swathe and swaddle his head, and all that sort of thing, he replies at once that he has no time to be ill, and that he sees no good in a life which is spent nursing his disease to the neglect of his customary employment; and therefore bidding good-bye to this sort of physician, he resumes his ordinary habits, and either gets well and lives and does his business, or, if his constitution fails, he dies and has no more trouble (406).

There is, no doubt, a kind of grim nobility in this, the same sort of logic that led Plato and Aristotle to allow the exposure of deformed or surplus infants, a not unheard of practice in contemporary hospitals.

Christianity did not disagree with the side of Plato that recounted the medical consequences of vice. Nor was it averse to the self-reliance inherent in each normal human being, even about his own health. However frail or finite we might be, we are not intended to be beings whose main purpose in life is "to be taken care of." But Christianity did recognize that even the deformed and those who "spend their lives nursing their real diseases" were of much account. *The Republic* was willing to let these latter pass away, since it saw no purpose for them in the polis. Aeschylus, of course, said that man learns by suffering, something Socrates also prescribed for the doctors in *The Republic*, so they would know in their bodies what all diseases were really like. But the primary thing that ought to be taught, even for the sake of health, was precisely personal virtue and the sources of sacrificial generosity, which see the worth of the sufferer.

Suffering, while it can be the result of vice, is also often a result of accident or someone else's injustice. It is, likewise, a mystery which calls for faith to meet it, faith more than economic reward, both in the doctor and in the patient. There is need for an energy beyond the natural as Plato described it. Thus, on a more global scale, the cost of medicine will not change until the *reasons* for virtue and sacrifice reappear in individual persons in the medical profession and among the sick themselves. The issue becomes doubly complex when we see that the focus of religion has shifted away from charity to justice, away from charity to political structures, while philosophy conceives its task in society to be that of guaranteeing our "right" to do what we choose, indifferent to natural ends.

In conclusion, then, we can suggest that the "cost" of mercy is very high in terms of sacrifice, but relatively modest in terms of money, whereas the cost of "rights" and "justice" is very low in terms of sacrifice but approaching infinity in financial terms. We cannot, in other words, as Pope John Paul II has so often remarked, begin to heal our society until we regain those primary spiritual and moral sources at which St. Matthew hinted, where we read, "It is not the healthy that need a physician, but the sick" (Matt. 9:12). The passage goes on: "Go and learn the meaning of the words, 'What I want is mercy, not sacrifices.' " We still look for this meaning whether we be the physicians or the nurses, the healthy or the sick. The "costs" of our health services remain related, as in the beginning, to our concepts of mercy.

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