SPEAKING TRUTH TO POWER:

THE HEALTHCARE CRISIS AND THE REPRESSION OF CHRISTIAN CAREGIVING

Kenneth Alonso, MD

Richard Deibert, MDiv, MD, Ph.D

This presentation was a keynote address at the Clergy-Laity Assembly of the Diocese of the South of the Orthodox Church in America, Dallas, July 23, 2014. It is an outgrowth of a paper presented at SOPHIA in February 2014.

Dr. Alonso is a Clinical Professor at the Morehouse School of Medicine in Atlanta. Dr. Deibert is a palliative care physician in Bradenton, Florida.

No one should argue that the structure of the healthcare system, the provision of healthcare, and the extent to which healthcare is accessed in the United States is dysfunctional. There is no single public issue about which there is more agreement regarding need for reform, yet more disagreement regarding what to do. This is because the current health care debate whose driving force is one of who pays and which segment of the system benefits, has been formulated to strike directly at the myth of American identity by raising fundamental questions of individual and economic liberty, power, and responsibility. Increased inequality is couched as virtue. (1)

The first step required is to examine the American myth. The American icon of the Thanksgiving dinner is a lie and must be acknowledged as such. Beginning at Plymouth and Jamestown, the European settlers began a systematic program of genocide, on theological grounds, of course. America, the "City on a Hill, the New Jerusalem," is built on genocide and the enslavement of black Africans. The War against Spain was

needed to prevent the establishment of another black republic in the Caribbean. The Philippines were taken to prevent their falling under the control of another colonial power. Unlike Hawaii, annexed for the same reasons in 1892, it was necessary to kill two hundred thousand natives (1899-1902) and 90% of their livestock to establish the American colony. In 1942, those of Japanese ancestry in the Western United States were interned and property confiscated; those whose ancestry was of the European belligerents were left alone. (2)

How did we reach this state? In the United States, Protestant Christianity was de facto the generally established religious faith. The theologic process of John Calvin practiced by the Puritans gave rise to the American way of approaching moral problems: absolute, clear principles, abandoning thoughtful casuistic analysis. (3)

While it is acknowledged that there are various Reformed gradations of "Calvinism" that downplay double predestination with all that such a doctrine implies about the absolute sovereignty of God and man's inability of contributing to his own salvation. Implicit, however, is the necessity of the poor to justify their existence; Implicit also in the concept of the total sovereignty of God is that one cannot participate in his own salvation, thus removing any obligation to assist another apart from the necessity of social order. England is an example. With the dissolution of monasteries in England in 1536-1540 and the disruption of the institutional fabric that provided charity to the poor, coupled with the famine of 1595-1598 led to the Acts of 1597-98 and 1601, the English Poor Law, and the Settlement Act of 1662 as a means of controlling public order. The able-bodied poor were thus identified as a separate class of poor not necessarily deserving of support. (4)

When was the sense of community lost? With the widespread acceptance of the social Darwinism of Herbert Spencer? In the 1950s, suburban development began with the construction of Levittown. There is self segregation by socio-economic status (often a construct for race). A culture of personal autonomy is fostered as the town culture of rich and poor mixed together is displaced. Ethnic differences are submerged in the new emphasis on socio-economic status. This ideology is reinforced with the nationwide extension of television that at the time disclosed the abuses of the governing classes in the fight for civil rights for black Americans, the Vietnam conflict, and the Church Committee investigation on spying on Americans? With the rise of the walled subdivision, those whose presence makes one uncomfortable are now excluded with physical barriers. Social intercourse becomes more limited.

Institutional racism is embedded in the American culture and must be confronted. The lack of understanding of what it is to be a person created in the image and likeness of God is the root of this pathology. The problem is sin. It requires repentance.

Modern society "rejects the very idea that there is a truth of creation that must be acknowledged, or a plan of God for life which must be respected...it is clear that the loss of contact with God's wise design is the deepest root of modern man's confusion, both when this loss leads to a freedom without rules and when it leaves man in 'fear' of his freedom. By living 'as if God did not exist', man not only loses sight of the mystery of God, but also of the mystery of the world and the mystery of his own being." (5)

"The eclipse of the sense of God and of man inevitably leads to a practical materialism, which breeds individualism, utilitarianism, and hedonism...The values of being are replaced by those of having. The only goal which counts is the pursuit of one's own material well being. The so-called 'quality of life' is interpreted primarily or exclusively as economic efficiency, inordinate consumerism, physical beauty and pleasure, to the neglect of the more profound dimensions – interpersonal, spiritual and religious - of existence. In such a context suffering, an inescapable burden of human existence but also a factor of possible personal growth, is 'censored', rejected as useless, indeed opposed as an evil, always and in every way to be avoided. When it cannot be avoided and the prospect of even some future well being vanishes, then life appears to have lost all meaning and the temptation grows in man to claim the right to suppress it. Within this same cultural climate, the body is no longer perceived as a properly personal reality, a sign and place of relations with others, with God and with the world. It is reduced to pure materiality: it is simply a complex of organs, functions and energies to be used according to the sole criteria of pleasure and efficiency." (6)

Modern society is living the lifestyle of the Prodigal Son.

This talk will briefly explore the increasingly hostile milieu facing the Christian physician but does not offer a political solution which by its nature is only temporary. That is not to say that one should not employ the methods provided by western democracies to influence policy nor is it to say that the authors have not explored solutions in other fora.

However, as no less an astute observer of human behavior, Machiavelli, noted, " … [W]hoever wishes to foresee the future must consult the past; for human events ever resemble those of preceding times. This arises from the fact they are produced by men who ever have been, and ever shall be, animated by the same passions, and thus they

necessarily have the same results." (7) The shared forgetting of the dark side of our history must be overcome if we are to be able to move forward and grow in Christ.

Our task is evangelization: To 'exorcise' the world .

BACKGROUND

No idea is free from ideology. Modern medicine, as reconstructed by the French philosopher Michel Foucault, stems from the ideals of the French Revolution and the vision of Claude Bernard. The clinical method became the "study of cases ...and, therefore, it authorized all subsequent simplifications whereby clinical medicine became simply the examination of the individual…. Observation is bound up with a certain silence that enables the physician to listen. The ... discourses of systems must be interrupted; all theory is always silent or vanishes at the patient's bedside... All truth, then is sensible truth." (8) What is constructed is a nosology based on how organs are affected. The great pathologist and clinician William Osler exemplified this approach and so influenced medical teaching that followed. The laboratory tests, the x-rays, and the biopsies reveal all. They are quantifiable and reviewable. The statistical outcome of incremental experimentation with large-scale populations determines clinical practice. What is ignored is the nature of the interpersonal physician-patient relationship.

Until recent years, when it again fell into disfavor, graduating medical classes took the Hippocratic Oath. This was to remind one that healing is a divine gift; that there are proscriptions on its use; that one must never harm another human being.
Despite the relentless secularization of the society of the developed economies, the reality of death is still confronted by physicians on a personal level. As the primary physician David Loxterkamp first noted decades ago, "We see ourselves in our patients... Whenever I am reminded of death, I think of my own...A doctor is the familiar of death. When we call a doctor, we are asking him to relieve our suffering, but if he cannot cure us, we are asking him to witness our dying." (9) While in many ways this echoes Maimonides, Loxertkamp continues, "We bring only ourselves. We offer to sit with the family in their pain, grief, confusion and isolation, to love them and share in the responsibilities. If they use the occasion to explore hidden conflicts or unspoken fears, so much the better. If we gain insight and direction for implementing care, it is a bonus… We do it for sacred ends." (10)

The development of new technology in the 1970's - the automation of laboratory testing with its use of microsamples; the development of the CT scanner (and, in the 1980's,

MRI) - has led to the explosion in health care costs. Now every aspect of health care in the United States, from education to research, to provision of care, to dying, to ethics, has become a market good (11)

Moreover, death is real. Resources are finite. At a policy level, rules limiting the allocation of resources may be appropriate, but not if the need is solely to limit spending. Whom do we not treat?

A data-dominated system of health care, that ignores "listening with the heart" [the use of the nous or the "spiritual intellect], trains, practices, and reimburses as if this measurable world is total reality. But is it money well spent when a deformed delivery system leaves life expectancy and infant death rates unchanged? (12)

Medicine has become a cultural obsession: anti-aging regimens, plastic surgery, in vitro fertilization (the baby has to have my DNA), and cloning (another me) are manifestations of this pathology. What is lost is the understanding that "it is not worldly cure, care, and health that are most important. They have enduring significance only if they lead to the only true cure of death: salvation. If not aimed at this ultimate goal, they lead to ultimate death." (13)

Christianity preserved and transmitted by the Apostles and the Fathers understands that reality is not simply physical and sensible, but is truly accessible through the spiritual intellect. (14) There is a mystery in the intimate encounter between two human beings that lies at the heart of healing. "The health of the body becomes secondary to the health of the soul ... The provision of health care is subordinated to the pursuit of holiness ... The pursuit of the kingdom of heaven has moral and ontological priority." (15)

Thus the Christian physician is facing an increasingly severe dilemma: how to avail the power of divine healing for an interpersonal transaction in a context that is numerically defined and determined? How even to structure a practice that is governed by priorities that emanate from a spiritual, rather than numerical, view of reality? It is becoming clear that to practice health care by such priorities requires a commitment to speak truth to power. It is probable that such an act
will lead to reprisal:

One need only recall those who died in the non-violent struggle to bring black Americans the full civil rights promised in the Constitution. Further, there is the

experience of the United States Conference of Bishops as to adoption services: in Boston and San Francisco (2006), the District of Columbia (2010), and Illinois (2011) where refusal to recognize same-sex unions led to loss of license to deal with adoptions. (16)

EPISTEMOLOGY

Human beings are not autonomous. To be a human being is to be a contingent being. Human beings neither self-will birth nor willfully escape death.
Humans — male and female — are created in the image of God and with the destiny of becoming the likeness of God (viz. Genesis 1-11). As such, the human being is the steward and priest of all Creation, as well as his brother's keeper. This is our divine vocation; it is our value; and it orders all our relationships. (17) The words of Jesus about the Judgment make that abundantly clear (Matthew 25:31-46).

"In their essence, Christ's commandments are the self-revelation of God." (18) The consubstantiality of the human race, the sharing on an ontological level of all of our human existence is reflected in Matthew 12:31, "Love your neighbor as yourself." The divine image in man is revealed to us in the hypostasis of Christ (viz. John 13:15). "For us Christians, the problem facing us is an absolute one: if possible, to become like Christ in everything, in order through this likeness to the man-Christ, to attain likeness to God, which is the ultimate aim and meaning of our existence." (19)

However, there is a central moral dilemma into which humanity has fallen and dragged along the garden of creation. We desire to be God apart from the necessity of God. With darkened spiritual intellect, we vainly imagine that our humanity is defined entirely by individual and collective choices or actions. We wantonly act as if there is no prior Actor and no consequences of action: that a way of living that does not have God cannot expect to recognize the obvious consequences of sin even when confronted by them. (20) Rather than relentlessly choosing life as a glad expression of the indwelling Spirit of Life, the driving force within human history has become the distorted necessity to negate death. (21) From ancient monuments to the cloning of stem cells, we refuse to acknowledge, much less contemplate, our contingent state.

God created man in his own image. Of all creatures only man is able to know and love his creator. He is the only creature on earth that God has willed for its own sake, and he alone is called to share, by knowledge and love, in God's own life. It was for this end that he was created and this is the fundamental reason for his dignity. As man is in the

image of God the human individual possesses the dignity of a person, who is not just something, but someone. He is capable of self-knowledge, of self-possession, and of freely giving himself and entering into communion with other persons. He is called by grace to a covenant with God, to offer God a response of faith and love that no other creature can give in his stead. (22)

Even though "we are empirically a distorted and fallen image, and although God's image in us is 'corrupted' by evil, the Church Fathers (as well as the Jewish sages) continuously and forcefully affirmed that we are still an 'image of God' whose ultimate purpose is to bring to fruition our divine-likeness, the 'likeness of God,' to become saints. Because the anthropology of Christianity is essentially therapeutic rather than legal, the healing of the human person is always a continuum of God-likeness:

The combination of human body, mind, self-determination, and heart in the Orthodox and Catholic understanding of the 'image' means that what we do with what we are given is a much greater determinant of our humanity than the rating of our level of intelligence or any other quantitatively measurable characteristic ... All individuals conceived of human parents possess an intrinsic worth, based on what they are and what they are called to be rather than on what they can accomplish or achieve or contribute ... This intrinsic worth emerges from the understanding of human beings as having the potential for Godlikeness. It is that potential, never fulfilled in this earthly existence, always open to both a measure of distortion and a measure of fulfillment, which makes us human. (23).

In this discussion of the short-fall of God's intended glory by all human beings (Romans 3.21-26), it is crucial to recover the organic relationship between sin, sickness, and death, if only to remind Christian physicians that their vocation is to attend to the whole human person (in the terminology of the Greeks): body, soul, and spirit. We are all sinners and must never approach illness in total isolation from the understanding of sin as the primal origin of illness: "Illness... is like a short and difficult pathway down which sin has led the human race, and the end of this pathway, its ultimate limit, is death" of the soul. (24)

Humanists of the late 15th and 16th centuries claimed a basis for human unity apart from the unity in Christ by idealizing the classical Greek and Roman pursuit of perfection. In the 18th and 19th centuries, Hume, Kant, and Hegel developed the idea that through morally disinterested, discursive secular reasoning, a secular morality could be derived that was generally coincident with Christian teaching but severed from

Tradition. As a result of this separation of philosophy from its vital source, utilitarian views quickly gained ground as the proper and universal values and goals for humanity. It was not long before self-satisfaction and an autonomous life style became the clothing of social justice. It is no little wonder that human life can now claim to be highly valued, while effortlessly justifying abortion, capital punishment, euthanasia, suicide, economic exploitation of the weak, torture, and war. It furthers economic ends. It is no wonder that ethics in economically developed countries focuses on process, with little to say about personhood. (25) This is a trend that continues to accelerate with modernization and global economic integration.

When is a human being a person? At conception? When the conceptus implants and is theoretically an independent being (day 4)? When the notochord forms, the precursor of the nervous system (day 10)? When organized brain wave activity is noted (week 32)? But that activity is not effectively organized until 2-3 months after birth. When language skills develop (by age 2 years)? When memory is lost? Such conclusions follow logically from the reduction of man to his body alone.

Conception and genetic manipulation outside the uterus ostensibly to eliminate life-threatening conditions may be used to create a super-race. As to a clone, what legal rights should attach?

The loss of personhood is the root cause of this ethical schizophrenia in modern society. In the absence of a common understanding of what constitutes personhood, there are no agreed upon fundamental virtues such as justice, fairness, and the preservation of human dignity. The fundamental question that no ethics committee or consultation can resolve is, What is a person? No legislature or court can truly decide when human life becomes a person. (26)

A true understanding of personhood in the person of Jesus Christ is the hub from which radiate all the spokes of traditional Christian moral theology. Human personhood is both the immanent and transcendent reflection of God's image. That is what must be recovered for society. This is our obligation to preach.

CHALLENGE

Because of our training as physicians we have a good understanding of the physical origins of illness and its likely long-term outcome. It is a perspective that differs from short-term patient concerns. A Christian physician who appreciates his own sinfulness

and is aware that he too will die, perceives the patient as a person and not as an object to be manipulated. This profoundly limits the degree to which one may abide by the demands of the patient and the dictates of a clinic or hospital governed more by economic priorities than by healing.

Factors shaping the modern clinical workplace include: 1) Scarcity of practitioners; 2) A shift from ownership of practice to employees of a business; 3) An enforced secular clinical ethos; 4) Dislocation of accountability from patient to third-party payer; 5) The illusion of pharmaceuticals as panacea; 6) The technological disintegration of continuity of care; 7) The emergence of costly lifestyle-generated multi-system pathologies; 8) The lack of transparency in health care pricing.

1) Scarcity of practitioners. The statistics are bald: only 31% of physicians practice primary care; only 9% of medical school graduates choose primary care specialties; by 2020 there will be a projected shortfall of 40,000 primary care physicians, with many states having no primary care physician access somewhere in all of their counties. (27) Factors include inadequate numbers of post-graduate residencies (28) and less economic success relative to specialists manifest as declining satisfaction among primary care physicians, relative to other specialties. (29) Consequently, this gap in providers is filled with "mid-level" practitioners: registered nurse practitioners and physician assistants. In some ways, this is beneficial, as it leads to increased health care utilization in primary care settings rather than inappropriate use of emergency facilities. On the other hand, mid-level providers, lacking the preparation for and the opportunity to practice independently of the institution, are often expected to produce more rapid, lower-level care that maximizes patient visits per unit time, absent, of course, any significant interpersonal encounter. (30)

2) A shift from ownership of practice to employees of a business. In 2012, only 18% of physicians are in solo practice; only 53% are full or part-time owners of their practice; 42% are employees. (31) Physicians who practice as employees are no longer in administrative control of their practice. Their practice is determined by the standards and values of the business model by which the clinic or hospital operates, which is usually numerically driven in terms of maximizing numbers of patient visits per day, with minimal time per patient visit, and diagnosis and treatment coding geared to maximize reimbursement. Less autonomy in patient care and the economic incentive of the business limit the time one can spend with a patient listening with the hearts. The shift has been accelerated by federal subsidies to private health maintenance organizations and to hospitals to permit such consolidation.

Where are the Catholic, Lutheran, Presbyterian, Methodist, Baptist, Salvation Army or Jewish hospitals today? The name exists only as a brand. The older patient centered care with its religious roots is obviously not feasible economically. (32)

3) An enforced secular clinical ethos. The "public" character of business or institutional clinics often quietly prohibits any serious coalescence of Christian concerns or practices. The sad irony is that the majority of a clinic's personnel are often believers, but they are firmly expected to keep these convictions and practices private or personal. This is the unwritten rule in many sectors of American life. The "separation" of church and state as a constitutional principle of government has dramatically spilled into every area of public and private life. (33)

4) The dislocation of accountability from patient to third-party payer. The dramatic escalation of health care costs and the resultant systematic necessity of third party payment is shifting accountability. What used to be a sacred face-to-face transaction between the persons of patient and physician has now become triangulated with an impersonal corporate insurer, who usually holds disproportionate power in a numerically prioritized practice. The physician is now arguably more accountable to the impersonal corporation than the patient in terms of drug selection, lab test, radiology choices, and referral options.

5) The illusion of the pharmaceutical as panacea. For many reasons, most of which are related to a non-spiritual view of reality and to numerical prioritization within health care, the value of pharmaceuticals in healthcare has become blindingly inordinate. This is perhaps most grievously evidenced in the abiding disaster of modern western psychiatry. Pharmaceutical fixation now virtually saturates the patient-physician encounter, such that it exerts controlling force over the physician. The primary care physician often faces broad onslaught from three forces: a) patient expectation for medication (often driven by seductive media hype); b) so-called "standards of care" within the practice discipline itself (a straight-jacket that often limits innovative approaches in difficult situations because of malpractice concerns); and c) pressures of patient lifestyle, which prefer the effortless short-cuts promised by "miraculous" pharmaceuticals. Physicians who hold their ground against this onslaught, who rightly refuse medication short cuts and who take time to counsel about lifestyle changes, pay the price of fewer patient visits, patient anger, lower reimbursement, and administrative chastisement. (34)

6) The disintegration (fracturing) of continuity of care by technology. The compulsory digitalization of patient records is a problem for the sharing of information and the privacy of that information, as well as how time is spent in a patient encounter (dominated by entry of patient data into a computer). That there is no uniform standard for electronic health records software systems guarantees incompatibility and creates the need to spend time to ferret out needed information.

7) The emergence of costly lifestyle-generated multi-system pathologies. It is now clear that chronic disease related to lifestyle choice has defined medical care since the development of major diagnostic, therapeutic, and pharmacological advances in the 1980s. The chronic health impact of willful choices related to diet, weight, inadequate activity, stress, substance abuse, and relational discord is now alarmingly clear. (35)

Ascetic practice is not simply for monks. Simply following a diet to limit the damage of diabetes, for example, is ascesis. So is the cessation of smoking. Ascesis is also the adjusting of the sexual activity of the married couple to the physiologic cycle of the wife. It is a re-education and limiting of one's passions. Unfotunately, it's not convenient.

8) The lack of transparency in health care pricing. Whether the medical fee-for-service or fee-for-consumable is borne privately by the patient or corporately by a third-party insurer, knowledge of this actual out-of-pocket cost is an important factor in the physician-patient relationship. With rising health care prices and increasing cost-shifting to patients through high deductibles, out-of-pocket cost for patients constitutes an increasing burden and poses a serious obstacle to compliance. The physician and patient both need to know the actual cost of medical visits, procedures, and products. Unfortunately, this information is virtually impossible to clarify. Too many parties in the health-care industry benefit from opaque definitions of price, cost, and profit margin. Hospital charges for identical procedures vary as much as a factor of ten, due to different accounting methods, varying socio-economic patient populations, and even hospital status. The "list price" (or "chargemaster" price) never reflects any party's actual cost, but is simply the starting price for proprietary and secret negotiation with an insurer. Ironically, the only patients for whom these intentionally inflated "list" prices matter are uninsured patients, whose medical bills often reflect the non-negotiated price. This fundamental economic dishonesty in health-care pricing infects the physician-patient relationship with complexity, confusion, anxiety, mistrust, and noncompliance. (36)

These are the primary obstacles in health care delivery. They are formidable.

Christian physicians have no choice but to tend to the salvation of their patients, which requires attention to the interplay of corporeal, psychic, and spiritual realities. Christian physicians have no choice but to avoid pharmaceutical shortcuts, to insist on necessary time with patients, to openly engage and implement in practice the Christian lives of staff members, to resist third-party domination of clinical decision making, and to demand coherent teamwork and accountability from the specialists enlisted in the patient's care. Moreover, Christian physicians have no choice but to tackle the lifestyle problem directly and forcefully, employing the whole host of spiritual weaponry discerned necessary for each particular patient.

For the Christian physician, there is an inextricable unity of belief and practice. The Christian physician understands that only by knowing truth is it possible to be good; and that without being good, it is impossible to know truth. (37) One must live the Gospel.

In the complex, antagonistic milieu of American health care, it is clear that at some point, the Christian physician will be called to boldly speak truth to power. The price of adherence to the truth is always dear. Christian physicians should not shrink from that witness.

FOOTNOTES

1. Those Americans in the bottom 10% of income will benefit from subsidies under the Affordable Care Act (increasing income by 7%); those in the next 10% will also benefit (up 5%); but at the expense, principally of those 30% of Americans with the next lower incomes. The union coalition, Unite Here, "The Irony of Obamacare: Making Inequality Worse," discusses these findings of the Brookings Institution. http://cdn.ralstonreports.com/sites/default/files/ObamaCaretoAFL_FINAL.pdf.

2. Zinn, H, "A People's History of the United States of America." Harper Perrenial Modern Classics. New York. 2012. See particularly the chapters: "Columbus, the Indians, and Human Progress;" "Drawing the Color Line;" and, "The Empire and the People."

3. Jonsen, A, "American Moralism and the Origin of Bioethics in the United States," Journal of Medicine and Philosophy 16: 113-130, 1991.

4. Slack, P, Poverty and Policy in Tudor and Stuart England. Longmans. London. 1988.

5. "Man is no longer able to see himself as 'mysteriously different' from other earthly creatures; he regards himself merely as one more living being, as an organism, which, at most, has reached a very high stage of perfection. Enclosed in the narrow horizon of his physical nature, he is somehow reduced to being 'a thing', and no longer grasps the 'transcendent' character of his 'existence of man.' He no longer considers life as a splendid gift of God, something 'sacred' entrusted to his responsibility and thus also to his loving care and 'veneration'. Life itself becomes a mere 'thing', which man claims as his exclusive property, completely subject to his control and manipulation. Thus, in relation to life at birth or at death, man is no longer capable of posing the question of the truest meaning of his own existence, nor can he assimilate with genuine freedom these crucial moments of his own history. He is concerned only with 'doing', and, using all kinds of technology, he busies himself with programming, controlling and dominating birth and death. Birth and death, instead of being primary experiences demanding to be 'lived', become things to be merely 'possessed' or 'rejected'. Moreover, once all reference to God has been removed, it is not surprising that the meaning of everything else becomes profoundly distorted." John Paul II, Evangelium vitae, March 1995, paragraph 22. http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html

6. Evangelium vitae, op. cit., paragraph 23. http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html

7. Machiavelli, N., "That men born in a province observe for all time almost the same natures," The Discourses. 1517. chapter xliii. English translation at http://www.constitution.org/mac/disclivy.pdf

8. Foucault, M, The Birth of the Clinic: An Archeology of Medical Perception. Pantheon Books. New York. (1973) pp 57, 67, 120, 129.

Bishop, J, The Anticipatory Corpse: Medicine, Power, and the Care of the Dying. Notre Dame Press. Notre Dame, Indiana. (2011), extending Foucault, argues that medicine is shorn of a formal and final causality. The result is a nihilistic

attitude toward the ill and dying. He asks whether only a theological foundation can save medicine.

9. Loxterkamp, D. A Measure of My Days. Boston. University Press of New England. 1977. pp 46,126,289.

10. Loxterkamp, D, A Measure of My Days. Op. cit. p25.

    The Oath of Mainomides (thought to be from a German physician in 1736 and translated by Friedenwald, H, Bulletin of the Johns Hopkins Hospital 28: 260-261, 1917.): "Thy eternal providence has appointed me to watch over the life and health of Thy creatures. May the love for my art actuate me at all times; may neither avarice nor miserliness, nor thirst for glory, or for a great reputation engage my mind; for the enemies of truth and philanthropy could easily deceive me and make me forgetful of my lofty aim of doing good to Thy children."

    May I never see in the patient anything but a fellow creature in pain. "

    Grant me strength, time, opportunity always to correct what I have acquired, always to extend its domain; for knowledge is immense and the spirit of man can extend indefinitely to enrich itself daily with new requirements."

    Today he can discover his errors of yesterday and tomorrow he can obtain a new light on what he thinks himself sure of today. Oh, God, Thou has appointed me to watch over the life and death of Thy creatures; here am I ready for my vocation and now I turn unto my calling."
    http://guides.library.jhu.edu/content.php?pid=23699&sid=190571

11. Illich, I, The Limits of Medicine: Medical Nemesis, The Expropriation of Health. Pantheon Books. New York. 1976.

    See the provocative essays by Howard Waitzkin, of the Robert Wood Johnson Foundation, and Bernard Lown, of the Harvard School of Public Health, and Nobel Laureate for co-founding International Physicians for the Prevention of Nuclear War: "The Commodification of Health Care and the Search for a Universal Health Program in the United States" (Waitzkin) at http://www.rwjf.org/en/blogs/ human-capital-

blog/2012/10/the_commodification.html; and "The Commodification of Health Care" (Lown) at http://www.pnhp.org/PDF_files/spring2007newsletter_lown.pdf.

There are now 10 managers for every physician. Roy Poses, MD, distinguishes the thinking of health care MBAs from those of MDs. http://hcrenewal.blogspot.com/2014/07/money-vs-mission-how-generic-managers.html

12. From 2009-2013, health services amounted to 17.9% of the U.S. GDP, almost twice that of any other nation. Yet life expectancy (78.6 years) and near-bottom infant mortality rank the United States 46th of 48 nations in a Bloomberg efficiency study of expenditure versus outcome. See The World Bank (http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS), The World Factbook (https://www.cia.gov/ library/publications/the-world-factbook/rankorder/2102rank.html), and the Bloomberg study (http://www.bloomberg.com/visual-data/best-and-worst/most-efficient-health-care-countries).

13. Engelhardt, Jr., HT. The Foundation of Christian Bioethics, Op. cit., chapter 7, "Providing Health Care: Consent, Conflicts of Interest, the Allocation of Medical Resources, and Religious Integrity."

14. "The Kingdom of God comes by the way of the listening heart." Benedict XVI. Jesus of Nazareth. From Baptism in the Jordan to the Transfiguration. Doubleday. New York. 2007. p. 146.

15. Engelhardt, Jr., HT. The Foundation of Christian Bioethics, Op. cit., pp. 353, 366.

16. http://www.usccb.org/issues-and-action/religious-liberty/discrimination-against-catholic-adoption-services.cfm

Migration Relief Services (Catholic Charities) together with Lutheran Immigration Relief Services have provided the resettlement efforts for refugees, unaccompanied minor children, and led the effort against human trafficking for nearly 40 years. They are the effort. In 2011, the federal government sought to impose contraception, sterilization, abortion mandates on these organizations. These were withdrawn in the face of the reality that there were no others that

could deal with this human problem if these religious agencies were forced to cease their activities; however, in 2013, a private law suit was brought contending this exception was illegal. That matter remains in the courts.

The private litigation noted above influenced the current position of Health and Human Services regarding mandates in the Affordable Care Act. The United States Supreme Court has narrowly decided in Burwell, HHS, et al. v. Hobby Lobby Stores, Inc., (537 US ____, Syllabus 13-354, Slip Opinion of June 30, 2014) that closely held for-profit companies [ed. owned by a family or closely allied individuals (or a family trust)], whose religious beliefs prohibits them from paying for contraception, sterilization, and abortion services as mandated by the Affordable Care Act are not required to do so. The decision is based on the Religious Freedom Restoration Act of 1993, that prohibits the "government [from] substantially burden[ing] a person's exercise of religion even if the burden results from a rule of general applicability" [with limited exception] and it applies to "any exercise of religion, whether or not compelled by, or central to, a system of religious belief." 42 USC 2000bb-1(a), (b), and 42 USC 2000cc-5(7)(A)

Not decided is whether those service must be provided through a middle-man (via insurance coverage) after first filing a form with the Government declaring these religious beliefs.

It is noted that earlier the Court exempted the Colorado based charity, Little Sisters of the Poor, from filing the Government mandated form averring religious beliefs. The charity had objected that filing such a form was active participation in the provision of those services. A letter to the government was sufficient as this did not trigger the middle-man requirement. (Order List 571 US, 13A691, (January 24, 2014)

The Court must now decide whether religious schools, agencies, or hospitals are "religious employers" worthy of "conscience and protection" in their opposition federal mandates to provide contraception, sterilization, and abortion promoting drugs. It is likely they will have such protection in light of the Burwell v. Hobby Lobby opinion noted above, the Court clearly stated: "Business practices compelled or limited by the tenets of a religious doctrine fall comfortably within the understanding of the "exercise of religion" that this Court set out in Employment Div., Dept. of Human Resources of Ore. v. Smith, 494 U. S. 872, 877. Any suggestion that for-profit corporations are incapable of exercising

religion because their purpose is simply to make money flies in the face of modern corporate law. States, including those in which the plaintiff corporations were incorporated, authorize corporations to pursue any lawful purpose or business, including the pursuit of profit in conformity with the owners' religious principles. pp. 20–25."

The position of the federal government has been that if a religious organization serves the common good and is not "primarily for those who share their religious tenets", no exceptions should apply.

17. The imago Dei in humankind is generally spelled out in Genesis 1-10, specifically in 1:26-27: "Then God said, 'Let us make humankind in our image, according to our likeness; and let them have dominion over the fish of the sea, and over the birds of the air, and over the cattle, and over all the wild animals of the earth, and over every creeping thing that creeps upon the earth.' So God created humankind in his image, in the image of God he created them; male and female he created them." The profound implications of this divine image are illuminated in Jesus' eschatological vision of the Judgment in Matthew 25:31-46.

18. Sophrony (Sakharov), in Edmonds, R, (trans), We Shall See Him as He Is." Essex. 1988. p72.

19. Sophrony (Sakharov), in Philippou, A, (trans.), Principles of Orthodox Asceticism. Oxford University Press. Oxford. 1964. p20.

Nowhere does the Qu'ran acknowledge the creation of humankind in the image of God, as Islam wishes to preserve the complete transcendent dissimilitude of Allah from all created things (Surah 112:1-4). However, the Islamic tradition of Hadith does mention the creation of Adam in Allah's image, which Islamic scholars argue indicates only a limited and finite similarity to Allah's perfect attributes that serves to make knowledge of Allah's will possible. Islam is generally deeply restless with any serious notion of human deification, as in the journey of "theosis" for traditional Christianity, viz. the execution of mystics such as Mansur Al-Hallaj (10th Century) and Ain Al-Qudat al-Hamadhani (14th Century) as "pantheists."

20. Collins, S. Selfless Persons: Imagery and Thought in Theravada Buddhism.Cambridge University Press. Cambridge. 1982.

21. Milbank, J. "Can Morality Ever Be Christian?" Studies in Christian Ethics. 8:45-49. 1995.

22. Harakas, Op. cit. 1996. pp. 64-65. Harakas applies this continuum of humanity to the personhood of the fetus in utero in his Contemporary Moral Issues Facing the Orthodox Christian, Revised and Expanded. Light and Life Publishing Company. Minneapolis. 1982. p. 85.

23. Palamas, G., Homilies XXXI, PG 151.388BC, as quoted by Larchet, JC, in Breck, J, Breck, M (trans.), The Theology of Illness. St Vladimir's Seminary Press. Crestwood, New York. 2002. p.27.

    See Larchet's recently translated three-volume magnum opus, in Sprecher, K (trans.), Therapy of Spiritual Illnesses: An Introduction to the Ascetic Tradition of the Orthodox Church. Alexander Press. Montreal. 2012.

    See also Metropolitan of Nafpaktos Hierotheos Vlachos, in Williams, E (trans.), Orthodox Psychotherapy: The Science of the Fathers. Birth of the Theotokos Monastery. Levadia, Greece. 1994, especially chapter 4: "Orthodox Pathology."

    Bishop Alexander Meliant has provided a good summary of "The Holy Fathers on Illness" at http://www.fatheralexander.org/booklets/english/fathers_illness.htm

24. Much confusion exists over the separate trajectories of Western and Eastern thought. "Interpretation of the past defines the limits of what is possible in the present…Patient listening can uncover deep and wide agreement concealed by the polemics of the past." Chadwick, H., Chadwick, O., Oxford History of the Christian Church. Oxford University Press. Oxford. 2003. p275.

    The Orthodox construction of the "West" is colored by centuries of political oppression and demographic challenge. Curiously it is directed at Catholics and not at Protestants. "There is simply no surviving evidence that anyone in the late-ancient Roman world understood linguistic or geographical paradigms to be a marker for theological difference. But during the seventh and eighth centuries, new geopolitical realities forced the Roman world into permanent structural changes that would essentially estrange Eastern and Western Christian Communion. " The loss of Egypt, Palestine, and Syria to Islamic armies

devastated the [Byzantine] Empire. It was never again in a position to be a viable political force in the West. As a consequence, Rome, in need of military assistance, turned to the Franks. This opened the door for them to become permanent players in Christian theological discourse. The Greeks did not consider the Franks to be Romans. This evolved into Greek/Latin oppositional identification that was accelerated by extensive Byzantine dependence on the Franks and the Venetians to slow the Ottoman advance. Following Ottoman subjugation and their banning education and publishing of religious texts, reliance on Western Europe became more pronounced. The Ottoman millet system, well used by the Phanar, played off Catholic and Orthodox differences as well as fostered the ethnic identities of Slav minorities. In Russia it was not until the late 15th century that Moscow became the dominant center among the Rus'. The modernization that began with Peter the Great continued through Soviet occupation. Modernization came from the West. The failure to ground theology in the ecclesial experience of union with God has bedeviled the Church in both East and West. Demacopolous, GE, Papanikolau, A, "Orthodox naming of the other: a post-colonial approach," in Demacopolous, GE, Papanikolau, A, (eds.), Orthodox Constructions of the West. Fordham University Press. New York. 2013. pp1-22 (direct quotes at pp. 3-4).

Patriarch Daniel of the Romanian Orthodox Church noted, "Democracy as we experience it today is a Western invention, which relies a lot on respect for [individual] freedom, respect for human rights, institutions, but also on a contractual understanding of human relations. One has to abide by contracts, respecting their deadlines and obligations. Unfortunately, this is not how Orthodox society in general has functioned so far." Turescu, L, "Eastern Orthodox Constructions of the West in the Post Communist Political Discourse," in Demacopolous, GE, Papanikolau, A, (eds.), Orthodox Constructions of the West. Fordham University Press. New York. 2013. p214.

The rassourcement movement, the return to patristics as a source of theological investigation, that characterized the efforts of the great Catholic voices of the twentieth century: Jean Danielou, Henri de Lubac, Hans urs von Balthasar, and Yves Congar, had its immediate precursor in the Englishman, John Henry Newman and the Russian Sergei Bulgakov; but its epicenter was in Paris in the early 20th Century. Involved also were the Russian Orthodox theologians led by Georges Florovsky [who coined the term "neo-patristic synthesis"] and Vladimir Lossky. Lossky, in particular, had as his doctoral supervisor at the Sorbonne the

Thomist, Etienne Gilson. While Florovsky and Lossky searched as well for a Eurasian [Slavic] past to recover, often through the lens of German Idealism, it is apparent that their writings influenced the Catholics and were influenced by them in turn. Both groups were dissatisfied by the rigidity of neo-Scholastic thought that permeated theological thinking. Viz., Lossky, V, Review of Maascall, EL, Existence and Analogy, Sobornost, series 3, issue 7: 295-297. 1950.

The rediscovery of Aquinas, then, in the early 20th century is a reaction both to the rigidity of neo-Scholastic thought as well as to the empty philosophy of the Enlightenment. Leo XIII, Aeterni Patris. August 1879. http://www.vatican.va/holy_father/leo_xiii/encyclicals/documents/hf_l-xiii_enc_04081879_aeterni-patris_en.html

The bold medieval attempt of Thomas Aquinas to bring faith and reason into synergy has had a profound influence on Western Christianity and Russian Orthodoxy. Aquinas certainly recognized that corrupted cultures and minds could not fully appreciate the truth "written in their hearts" (Romans 2.15); nor did he fail to acknowledge that grace plays a role in all cognition. As did Palamas in a later century, Aquinas approached theology not only as a conceptual exercise based on revelation, but primarily as an expression of true Christian experience. Both insisted that theological discourse could reach apoditic (and not just dialectic) conclusions, that is Truth itself. Both are heavily influenced by Augustine. Hussey, M, "The Palamite Trinitarian Models," St. Vladimir Theological Quarterly 16(2): 83-113. 1972. Meyendorrff, J., "The Holy Trinity in Palamite Theology," in Fahey, MA, Meyendorrff, J, Trinitarian Theology East and West: St. Thomas Aquinas-St. Gregory Palamas. Brookline, Massachusetts. 1977. pp25-43. Williams, AN, The Ground of Union: Deification in Aquinas and Palamas. Oxford University Press. Oxford. 1999. Flugaus, R, "Inspiration-Exploitation-Distortion: The use of St. Augustine in the Hesychast Controversy," in Demacopolous, G, Papanikolau, A (eds.), Orthodox Readings of Augustine. St. Vladimir Seminary Press. Crestwood, New York. 2008. pp 63-80, detailing direct quotation and paraphrase from Augustine in the writings of Palamas. As the reknowned Orthodox theologian, Dumitru Staniloae, noted in 1988, the Orthodox and Catholics are not divided by essential ecclesial differences. Staniloae, D, in Balan, I (ed.), Convorbiri Duhovnicesti, volume 2. Editura Episcopiei Romanului si Husilot. Romania. 1988. pp92-93.

The resurgence of interest in Gregory Palamas, after centuries of having been ignored, perhaps because of political oppression, has led to the rise of hesychasm as a mooring of the Church. With the revival of [neo-Palamite] political hesychasm in the late 20th century, Orthodox thought appears to abandon its traditional Eucharistic mooring. Payne, DP, The Revival of Political Heyschasm in Contemporary Orthodox Thought: The Political Heysychasm of John Romanides and Christos Yannaras. Lexington Books. Lanham, Maryland. 2011.

Demacopolous, G, Papanikolau, A (eds.), Orthodox Readings of Augustine. St. Vladimir Seminary Press. Crestwood, New York. 2008; Plested, M, Orthodox Readings of Aquinas, Oxford University Press. Oxford. 2013; Alfeyev, H, Orthodox Christianity, volumes 1-2. St.Vladimir Seminary Press. Crestwood, New York. 2011 (volume 1) and 2012 (volume 2) are needed correctives to Sherrard, P, The Greek East and the Latin West: A Study in the Christian Tradition. Oxford University Press. Oxford. 1959, as well as to the distortions of Romanides and Yannaras.

As to the failure of secular ethics: Engelhardt, Op. cit., pp. 25-27.

For a secular view, see: Yanofsky, NS, The Outer Limits of Reason: What Science, Mathematics, and Logic Cannot Tell Us. The MIT Press, Cambridge, Massachusetts, 2013. Yanofsky highlights not only the limits of deductive human reasoning, but the limits of reason's richest fruit: quantum physics, logic, computers. He provokes wonder at the vastness of what we do not, and cannot, ever know about reality through reason.

25. Brothers, K., "Covenant and the Vulnerable Other," Journal of the American Medical Association, 288:1133, 2002.

26. "Clearly personhood is tied biologically to the time of genetic determination at conception," Alonso, K., Shall We Clone a Man? Genetic Engineering and the Issues of Life. Allegro Press. Atlanta. 1999. pp. 57-58.

27. "A Primary Problem," National Conference of State Legislatures: http://www.ncsl.org/ research/health/a-primary-problem.aspx#s

28. While there has been an increase in the number of those entering (and graduating) from US medical schools in the past decade, graduate training slots remain limited. In the most recent year for which data are available, 6.3% of US medical school graduates failed to obtain post-graduate training positions (http://www.nrmp.org/data/advanceddatables.pdf). In large measure this is attributable to the federal student loan program that has permitted the growth of private medical schools without their provisioning for clinical training of their students (it's costly). Medicare remains the major funder of postgraduate medical training; private insurance companies do not compensate for oversight of students.

29. http://newsatjama.jama.com/2012/12/04/author-insights-internal-medicine-residents-are-reluctant-to-pursue-primary-care-careers/

30. http://www.lafollette.wisc.edu/research/health_economics/Traczynski.pdf

31. American Medical Association, "Policy Research Perspectives," "New Data On Physician Practice Arrangements: Private Practice Remains Strong Despite Shifts Toward Hospital Employment": http://www.ama-assn.org/resources/doc/health-policy/prp-physician-practice-arrangements.pdf

32. The closure of Booth Memorial Medical Center in the Flushing section of Queens, New York, was necessitated by its outsized consumption of the annual budget for the Salvation Army Eastern Territory, a consumption that threatened to overwhelm the Church's resources and cripple the rehabilitation mission of the Army. Watson, RA, Brown, B, "Leadership Secrets of the Salvation Army," eChristian, Inc. Escondido, California. 2012. pp60-62.

    US Catholic Hospitals agree to birth control coverage. The US Conference of Catholic Bishops is "disappointed" in that action. http://www.ecumenicalnews.com/article/us-catholic-hospitals-agree-to-employee-birth-control-coverage-22330. Capitulation before the US Supreme Court decision in Burwell, HHS, et al. v. Hobby Lobby Stores, Inc., see footnote 14 above, clearly indicates where their hearts lie.

    One cannot easily withdraw from the system. A physician may be obligated as a condition of state licensure to participate in the system. Withdrawal places the

physician in a position of limiting the practice to those with means. The burdens of student loans, malpractice insurance, the rental and personnel costs of maintaining an office, and access to independent laboratory or medical imaging facilities (which may be limited if hospital owned) make it unlikely that the needs of the poor can be addressed. Even those clinics supported by religious organizations and the donation of physician time face that economic reality as well.

Single payer national health care ("Medicare for All") has the advantage of lower administrative costs. Presently Medicare is financed by a payroll tax; the program is administered by private organizations as a result of a bidding process. There is no need to generate a return to private shareholders. Historically, the cost of tax collection and administration is 7% (in contrast with the 20% maximum mandated by the Affordable Care Act for private insurers). Co-payment is required, but is dramatically lower than those of the plans established under the Affordable Care Act. A second benefit to "Medicare for All" is the removal of the Medicaid burden from states and the uninsured burden from local communities, items that account for substantial portions of state and local government budgets. Benefits are well defined and do not vary significantly between regions. If the Oregon Medicaid model is later employed to define what illnesses and procedures are covered by Medicare, the result is moral and rational as it is based on efficacy and is endorsed by the community in consultation. What must be opposed is the introduction of medical procedures for political goals (abortion, sterilization, transgender surgery) as well as limiting effective therapies for cost reasons (the use of the drug bevacizumab for the treatment of wet macular degeneration to prevent the onset of blindness). Finally, the Veterans Administration (with its recent scandals about delays to have appointments as well as extent of coverage) is the poster-child of MBA managed government operated national health care.

33. Among the countless issues related to the way the United States "separation of church and state" affects clinical environments is the way in which this "separation" is viewed by other cultures. Is it possible to honor cultural differences in decision making? See Brothers, 2002; also B. Brody, B., "Bioethics Consultation in the Private Sector," Hastings Center Report, 32: 14-20, 2002; Brody, B., "The Task Force Responds," Hastings Center Report, 32: 22-23, 2002; Dabbagh, S, Aramesh, K., "The (in)compatibility between Shiite and Kantian approach to passive voluntary euthanasia," Journal of Medical Ethics

and History of Medicine 2:21, 2009;. Hurst, S.A. Hull, SC, Duval, G, Davis, M., "How Physicians Face Ethical Difficulties: A Qualitative Analysis," Journal of Medical Ethics, 31:7-14, 2002.

34. These pressures are also present in medical research settings, where pharmaceutical research is often directed by commercial interests, even when funding comes from governmental sources that justify the research as "personalized medicine," i.e., customized for particular individuals. Research funding is highly politicized, as it dramatically affects academic appointment and public status. The well-funded medical researcher is often looked to for the formation of community opinion.

    See Alberts, B, Kirschner, MW, Tilghman, Varmus, H, "Rescuing Biomedical Research from its systemic flaws," Proceedings of the National Academy of Science, 111 (16) 5733-5777. With a reply to the above stakeholders whose institutions have thrived on federal grants, see Kelly, T, Marians, K, "Rescuing Biomedical Research: Some Comments on Alberts, Kirschner, Tilghman, and Varmus," Proceedings of the National Academy of Sciences, 111 (26): E2632-E2633, published ahead of print June 11, 2014.

35. To review the mortality statistics of chronic disease related to lifestyle, see the Center for Disease Control's "Health, United States, 2010: With Special Feature on Death and Dying" at http://www.cdc.gov /nchs/data/hus/hus10.pdf and the National Vital Statistics Reports' "Deaths: Preliminary Data for 2011" at http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf.

36. For a thorough review of this issue, see the proceedings of the Robert Wood Johnson Foundation-sponsored conference "National Summit on Health Care Price, Cost, and Quality Transparency," held December 2-4, 2013 at http://www.hctransparencysummit.com/agenda/index.html

    See also by Sinaiko, AD, Rosenthal, MB, "Increased Price Transparency in Health Care – Challenges and Potential Effects," New England Journal of Medicine, 364:891-4, 2011; by Princeton economist Reinhardt, UE, "The Disruptive Innovation of Price Transparency in Health Care", Journal of the American Medical Association. 310:1927-8, 2013; and Reinhardt's December 12, 2013 New York Times "Economix" blog post, "Health Care Prices Move to Center Stage" at http:// economix.blogs.nytimes.com/2013/12/12/health-care-

prices-move-to-center-stage/?_php=true&_type=blogs&_r=0. Finally, see "How to Bring the Price of Health Care Into the Open" by Melinda Beck in the February 23, 2013 Wall Street Journal, which includes the illustrative "The Anatomy of a Hospital Bill" by Avery Johnson.

37. This unity of thought and action is affirmed by the Halakic Midrash on Leviticus 19:1-2 "The LORD spoke to Moses, saying: Speak to all the congregation of the people of Israel and say to them: You shall be holy, for I the LORD your God am holy." See Sifra Weiss 86b in Hammer, R. (trans), The Classic Midrash: Tannaitic Commentaries on the Bible in "Classics of Western Spirituality," Paulist Press. New York. 1995.

As Gregory the Theologian declared, "Not to every one … does it belong to philosophize about God; not to every one … Not to all men, because it is permitted only to those who have been examined … and who have been previously purified in soul and body, or at the very least are being purified." "The First Theological Oration" in "Select Orations of Saint Gregory Nazianzen," trans., Browne, C.G., III,. Swallow, P.; Schaff, J.E., Wace, H (eds.), Vol. 7 of A Select Library of the Nicene and Post-Nicene Fathers of the Christian Church, 2nd Edition. Eerdmans. Grand Rapids, Michigan. 1885. p579.

Mark the Ascetic admonishes, "Understand the words of Holy Scripture by putting them into practice..." "On the Spiritual Law," chapter 85, in Palmer, G.E.H., Sherrard, P., Ware, K. (trans), The Philokalia, Volume I. Faber and Faber. London. 1979. p 116.