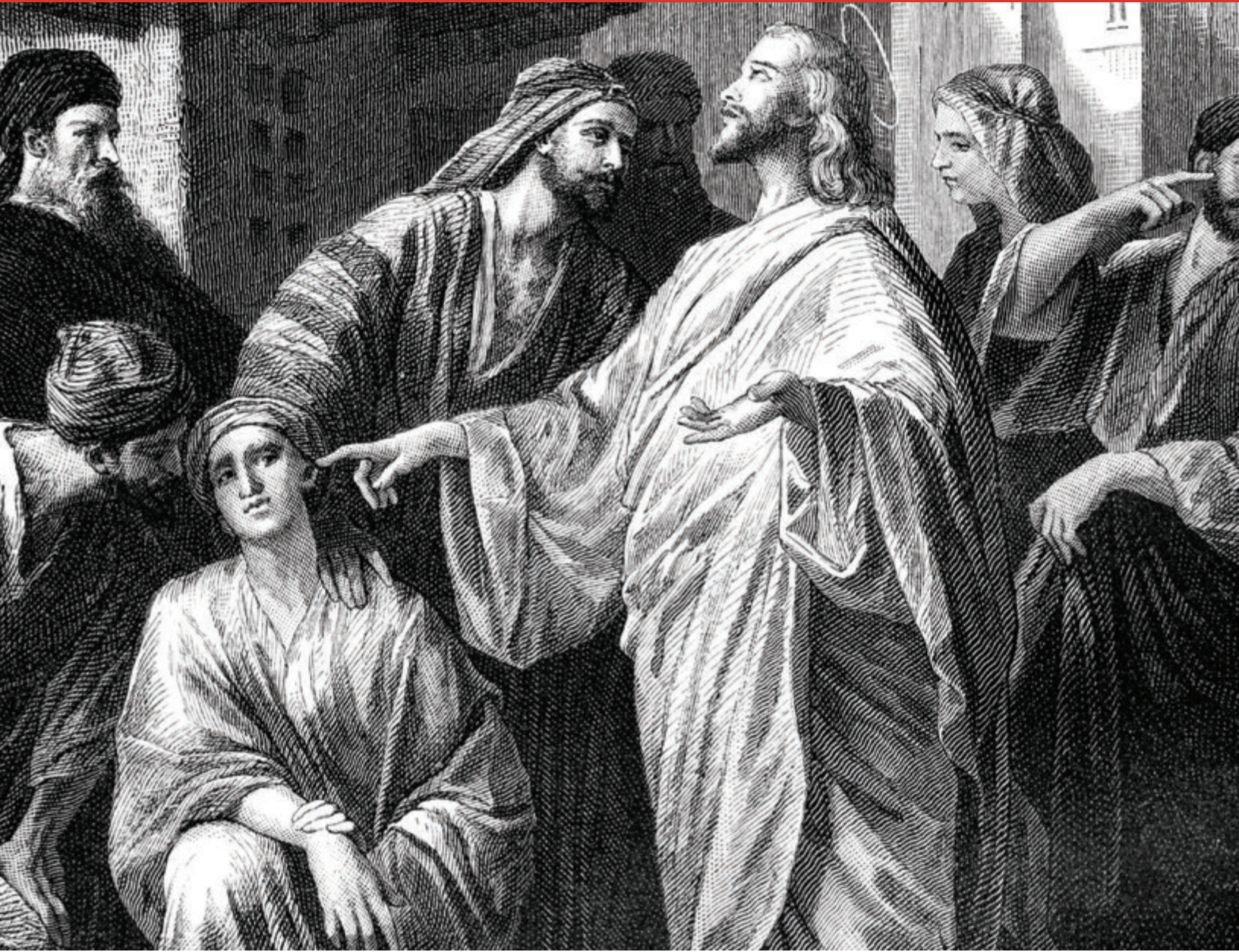


# Why Christians Should Stay Involved in Canada's Health Care Debate



**Address:** 47 Queen's Park Crescent East Toronto, ON M5S 2C3

**Phone:** 416-972-9494 | 1-866-822-7645

**Email:** [info@councilofchurches.ca](mailto:info@councilofchurches.ca) | [noteboom@councilofchurches.ca](mailto:noteboom@councilofchurches.ca)

**Website:** [www.councilofchurches.ca](http://www.councilofchurches.ca)

**Facebook:** <https://www.facebook.com/CCC.CCE>

**Twitter:** <https://www.facebook.com/CCC.CCE>

# *Why Christians Should Stay Involved in Canada's Health Care Debate*

By Janet Somerville

## **The Challenge**

It's not exactly a neglected topic, is it? Health care in Canada is the subject of more federal-provincial conferences, more newspaper ink, more political campaign threats and promises, and more media noise than any other issue of public policy.

It's easy to provide frightening statistics about what health care costs in Canada. In provincial and territorial budgets, health care trumps every other public expenditure, sometimes consuming close to 50% of programme costs<sup>1</sup>. Through transfers to the provinces under the Canada Health Act, health care weighs mightily on federal coffers as well. The numbers can be terrifying, unless they go on to document what happens where there isn't a public system like Canada's. One careful report<sup>2</sup> notes that the high level of total health care spending in the United States translates into far more spending per capita than in Canada—like paying for national health insurance, but getting instead only a fragmented system with serious gaps in coverage. Americans spent \$5,267 (U.S.) per capita on health care in 2002, compared to Canadians who spent \$2,931 (Canadian). Families USA, a health-care advocacy group, reports that more than 14.3 million Americans now spend more than one-quarter of their take-home pay on health insurance, even though coverage is shrinking and employers are capping the employer contribution to soaring insurance costs. Meanwhile 45 million Americans are without any health coverage, and medical bills account for almost half of all U.S. personal bankruptcies.<sup>3</sup>

Analysis and comparison can make Canada's system look wonderful, but the raw numbers by themselves can still be terrifying. One estimate says that we spend about \$130 billion per year on health care. People can easily conclude that we can't go on affording this. And indeed, there are many voices saying: It'll ruin us! Medicare is unsustainable!

But is the assertion that Medicare is not sustainable borne out by the evidence? Not according to a study by the federal government's Dept. of Finance. In a speech to the Registered Nurses' Association of Ontario on April 23, 2004, The Honourable Roy Romanow quoted this study. It stated that "The analysis discounts... theories that rising health care costs will bankrupt federal and provincial governments... The aging population alone will not drive up costs astronomically... As the country gets richer, it will be able to afford more health care as well. Governments' share of total health care spending for the country will likely remain less than 10% of the size of the Canadian economy". The time frame for the study is 40 years. (4. "Alice Through the Looking Glass: Standing Up for the Future of Medicare", The Honourable Roy J. Romanow, P.C. Notes for Keynote Address, RNAO Annual General Meeting, April 23, 2004).

---

1 Healthcare spending is taking greater slice of provincial budgets but that is because other program areas have been reduced. It has increased since 1981, but there has been limited growth since 1992. In 1981, spending on health care as a % of GDP for provinces, territories and the federal government was: 7.3%. In 1992 it had grown to 10.0%. It is estimated that in 2004 it will be 10.1%. So in the past ten years, health care costs have kept pace with growth in the economy.

2 *Building on Values: The Future of Health Care in Canada*, Roy J. Romanow, Nov. 2002, p. 27.

3 *Stop Moaning About Medicare*, by Andre Picard, *The Globe and Mail*, April 7, 2005, p.A17.

So why do so many representatives of churches in Canada encourage our governments to stay the course in their commitment to publicly funded health care? Why do church spokespersons encourage governments to consider expanding the public system to include home care and pharmacare?

Well, you can make a pretty good case for our health care system by starting from the numbers. But it gets even more interesting when you look at choices for our system as a matter of applied ethics.

### **Shared Values & the Common Good**

When (former Premier) Roy Romanow presented his historic report of Canada's health care situation in 2002, he called it *Building on Values: The Future of Health Care in Canada*. In the title and throughout the report, Romanow insists that the guarantee of a high-quality, universally accessible and trustworthy health care system in Canada will not come primarily from wonder drugs, or dazzling new technology, or even from a great deal more money. It will come from shared values and ethics: from the commitment of Canadians to continue to care for one another in need. It is a covenant with each other – that's the word he uses – that sustains medicare. Romanow thinks that we need to introduce the covenant publicly, adjusted and updated for the 21st century, but reaffirming the commitment we made in the mid-20th century.

The Romanow Report gives ethics a front-row seat. It often draws attention to values that must be practiced by patients, by health care providers and by governments for the sake of a humane health system. The commitment to mutuality needs to be complemented by personal responsibility (for one's own health, for example), or the system sickens. Personal virtues – for example, mutual respect by patients and professionals for each other, and by different levels of government for each other, are seen in the report as necessary for the survival of the system.

There is no “invisible hand” that will keep our health care system automatically pruned and balanced, Romanow reminds us. Decisions about adequate resources must come from good political processes, supported by governments and by voters. “Maintaining the balance [between needs and resources] is, in fact, a deliberate act of will on the part of society”, writes Roy Romanow.

Other commentators have shown how conflicting visions of what human society is all about are at the root of debates about health care. Sister Nuala Kenny is a bioethicist at Dalhousie University in Halifax. Accustomed to dealing with the complex decisions faced by health care workers using new technologies that “can do great good but often at great risk and great price”, Kenny knows that bioethics is about more than individual medical benefit. It is also about social ethics: a rigorous search for the common good, harder now to discern because of rampant individualism and because so many different world views jostle each other daily in Canadian life.

Kenny considers that we won't be able to sustain and/or improve the health care system unless we understand human life in society as, fundamentally, a commitment to care for each other rather than a struggle for advantage over each other. “The challenge we face for the next century is in public policy and organizational ethics. Canadians need to develop new approaches to health decisions that respect individuals but also address issues of community, society, and choices for the “common good.”

Long ago, Canadians decided that their health care system would be about the common good in the following way: it must make good health care equally accessible to everyone, not according to a person's ability to pay, but only on the basis of medical need.

These days, most public talk and public policy sees human society as a market. In a market, need is not the deciding factor. Demand is what makes markets move: and demand is buying power rather than need. If

Canada's health care system were to be restructured along the lines of a market, it would have to shed the insistence that the goods of health care be equally available to everyone on the basis of need.

Market thinking is so dominant these days that the Canadian decision to operate our health care system mostly on non-market principles looks positively counter-cultural. Indeed, it rouses the ire of some powerful and energetic elites who think that the whole world should be their market. Can a radically non-market approach be sustained in the real world of today?

Well, there are some thoroughly practical advantages ("competitive" ones, even!) to the single-payer, universal system chosen by Canada and by a reassuringly large number of other OECD countries. They are described in the Romanow report and sometimes even in the business section of your newspaper.

But there is a quieter reason for the tenacious appeal of the "everyone, equally, on the basis of each one's need" approach of the Canada Health Act.

It's this. Canada still has a great many people who are religious believers. Even if most of us are shy about saying so in public, we think that the major tenets of our faith should affect our lives as citizens, not only our personal life. And the principles guiding our health care system have an unmistakable affinity with the love of neighbour urged on us by God's word in Scripture.

What does a biblical lens reveal about health care?

### **Health Care & Our Faith**

First of all, there's the work of health care in itself – not the system, but the vocation. It's very, very high on any Christian's list of good works. Care and healing of the human body is a work that lets us go deeply into some of our faith's most exciting truths. For example:

The human body is precious beyond words, beyond price: it is one of God's marvels. As Christians, we believe that God is the Creator of human bodies. Even better: we believe that we are created, body and soul, "in the image and likeness of God" (Genesis 1:26). Life and bodily health, in our faith tradition, are divine gifts. They deserve our utmost care, our most valuable resources. "For it was you who formed my inward parts; you knit me together in my mother's womb. I praise you, for I am fearfully and wonderfully made. Wonderful are your works!" (Psalm 139: 13, 14)

Our bodies are not "disposable"; they will share in our mysterious future. The New Testament struggles for words to convey its conviction that the dignity of the body is not obliterated by illness or even by death. Resurrection, not annihilation, is in our future. Though it takes us into the area of mystery beyond all proof, our faith in resurrection hints that there is more to the body than now meets the eye – even the eye of the electron microscope. Reverent care of the human body has a built-in affinity with eternity, with the very glory of God. From the beginning of our lives, as Jesus points out, "Every hair on your head is numbered" by the God who loves us body and soul. And when our mortal lives end, we will continue to be cherished, body and soul: "When this perishable body puts on imperishability, and this mortal body puts on immortality, then the saying that is written will be fulfilled: Death has been swallowed up in victory." (I Cor. 15: 54).

To face illness honestly and compassionately, and to work towards healing, is to walk in the paths of redemption. Jesus Christ came into our history as a healer. Though we are created "in God's image", we are also imperfect, fragile and disoriented. All is not well with us. Jesus entered deep into our weakness, our vulnerability, our mortality. He risked everything to heal sick and troubled people. He broke all kinds of

expected boundaries to meet the need where he found it – by hanging out with lepers and people possessed by demons; by healing even on the Sabbath; by healing pagans, Samaritans, Canaanites and others who were seen as outside the Covenant, even as enemies. Jesus was passionate about healing in all its layers, from the most physical to the most spiritual.

To labour in faith for healing is to walk closely with Christ. It's true that when we say "Jesus heals", the meaning is not the same as when we say "penicillin clears up bacterial infections". Yet Christians have always seen a special continuity between conscientious medical care and the merciful action of God invoked in faith. Doctors as well as evangelists have felt themselves summoned by Jesus' insistence that healing is a way of proclaiming God's saving love for everyone: "Whenever you enter a town and its people welcome you, eat what is set before you; cure the sick who are there, and say to them, 'The Kingdom of God has come near to you.'" (Luke 10:8)

So Christians see health care as a vocation and a challenge that takes us right to the edge of mystery. It is one reason why Christians (and many others) insist that health care is not a commodity, not something that can be sold like hardware or cosmetics. To serve human health embodies that love of neighbour which is the primal law of life. For exactly that reason, it's a great way to serve God.

But in real life, generation after generation, there was always the problem: how to look after everyone? What about the many who could not afford to pay doctors, or buy medicine; the many who would be bankrupted by a stay in hospital?

For centuries, men and women of conscience improvised, sacrificed, took vows, became medical missionaries, developed resourceful institutions and often lived on charity, all to bring at least emergency health care to people who would otherwise be left out. But there were always gaps. And for ordinary people, the fear of losing everything – even the family home – to serious sickness remained stark.

In the twentieth century some people began to dream that public authorities should be given the mandate and the resources to ensure that modern health care would be available to all citizens.

The dream grew in appeal through the shared experiences of the Great Depression, two World Wars, and the economic flourishing that made the dream possible.

But it needed something more. It needed the vision, courage and tenacity of an indomitable little Baptist minister-turned-politician. Tommy Douglas was the leader who said "Why not now?" as publicly funded health care glimmered on the horizon of the possible.

Tommy Douglas believed that publicly funded medical care, available for everyone, has something to do with the priorities of Jesus as expressed in Matthew 25, the shared risk, the inclusive neighbourly concern, and the wide mercy that is built into the structure of a tax-supported system. Medicare can be the Good Samaritan parable writ large, with all of us getting to be that Samaritan of whose action Jesus said, "Go and do likewise"

The Christian community found common cause with Tommy Douglas in this commitment. For example, in 1955 the Anglican Church of Canada passed a motion at its General Synod noting: "Whereas, in the opinion of this General Synod, the highest attainable standard of health is one of the fundamental rights of all human beings and should be a primary care and responsibility of the nation, and Whereas Federal Health Surveys have indicated that the average wage earner is unable to meet costs of medical services for serious diseases or lengthy illness, this Synod again urges the Federal Government to establish a Commission to assess ways and means of providing comprehensive health care for all Canadians. In 1963 the Presbyterian Church in Canada, at its 89th General Assembly, noted "...all people have been created in the image and likeness of God and are

of infinite value in His sight. Every person, therefore, deserves to be treated with dignity and respect and is entitled to a decent standard of living and adequate medical care. When a national health service is provided for all people indiscriminately, the dignity of each is enhanced and the possibility of some being branded as second class citizens is eliminated. “Through the Canadian Council of Churches Christians work together to advocate for health care. Their Ecumenical Health Care Network made a passionate presentation to the Romanow Commission in May 2003 recommending a Health Care Covenant.

Medicare is as if our whole society had heeded John the Baptist explaining how to make straight the way of the Lord by consistent sharing in response to need: “Whoever has two coats must share with anyone who has none, and whoever has food must do likewise” (Luke 3: 11). Medicare gives us one reason to await with joy that day when we will hear the Son of Man in his glory say: “Come, you that are blessed by my Father...for I was sick and you took care of me.”

Medicare is a glimpse of what our society could be like if we all lived out in our public life the great commandment given from the beginning: ‘You shall love the Lord your God with all your heart, and with all your soul, and with all your strength, and with all your mind, and your neighbour as yourself. Do this, and you will live.’

But before we break into the Hallelujah Chorus, it is salutary to remember that we don’t in fact all live our national life in grateful obedience to the Great Commandment.

### **Community Responsibility**

Medicare is carried on all of our shoulders, which means that it’s run by fallible human beings. It has awesome principles of shared burden-bearing built into it, but it swims in a culture seething with individualism and greed, confused and rebellious about boundaries and limits, and indoctrinated into habitual wastefulness by incessant consumer-oriented advertising. It gets used as a partisan political football. It gets abused by attention-seekers and by prescription junkies. Its not-for-profit origins are continually threatened by various for-profit manipulations. Indeed, the fear that medicare might not be sustainable may well come true unless we as a society recover some old wisdoms and agree soberly on some new skills, limits and disciplines.

Real life demands constant moral alertness and readiness for conversion. Without widespread willingness to struggle for the good in the midst of our weakness, we will fail to sustain any of the blessings of responsible community.

So yes, our health care system has problems. Yes, sustaining it strains our faltering public and private virtue. Agreed, we need to discover and live within the limits that are appropriate to it, as with any finite common good. But that’s the way it always is as we make our way together, needing God’s grace and a good dose of wisdom at every step. On such challenges do we grow to moral greatness.

Everyone’s gifts are needed if we are to sustain a healthy health care system. We need not only dedicated doctors and nurses and pharmacists, conscientious hospital cooks and cleaners, careful research scientists, creative information-system builders and lots of excellent administrators. We also need critics of culture, good feature writers, teachers of virtue, visionary politicians, public-spirited voters, and faithful stewards of resources of every kind and at every level.

So that’s why many churches in Canada encourage governments and citizens to stay faithfully, critically and creatively with our national commitment to care for each other in sickness and to promote each other’s health.

Is it time for the hallelujahs?



*The Canadian Council of Churches:*

**Address:** 47 Queen's Park Crescent East Toronto, ON M5S 2C3

**Phone:** 416-972-9494 | 1-866-822-7645

**Email:** [info@councilofchurches.ca](mailto:info@councilofchurches.ca) | [noteboom@councilofchurches.ca](mailto:noteboom@councilofchurches.ca)

**Website:** [www.councilofchurches.ca](http://www.councilofchurches.ca)

**Facebook:** <https://www.facebook.com/CCC.CCE>

**Twitter:** <https://www.facebook.com/CCC.CCE>