Recommendations–Social Statement:

Caring for Health: Our Shared Endeavor

"Caring for Health: Our Shared Endeavor" is the text of the proposed social statement on health, healing, and health care. Work on this statement was authorized at the 1999 Churchwide Assembly, with the understanding that the statement would address four areas: (1) biblical and theological background; (2) issues of access to health care and equity of health care; (3) the church and its affiliated health care institutions; and (4) the role of congregational health ministries. If approved by the 2003 Churchwide Assembly, it will be the eighth social statement of the Evangelical Lutheran Church in America.

The development and adoption of social statements by the Evangelical Lutheran Church in America are guided by the revised document *Policies and Procedures of the Evangelical Lutheran Church in America for Addressing Social Concerns,* which was affirmed by the 1997 Churchwide Assembly. These policies and procedures give responsibility to the board of the Division for Church in Society to: name an appropriate group to study the topic; encourage broad participation by congregations and members of this church; and provide for a study document and/or preliminary draft, designed for study and response, which is available at least 18 months prior to consideration by a Churchwide Assembly. In addition, synods receive copies of documents for review and counsel. The Conference of Bishops serves as one forum for deliberation on preliminary documents.

Work on this social statement began in 1999 with the appointment by the board of the Division for Church in Society of a task force to oversee development of study materials, a first draft, and a final draft on the topic of health and health care. Members of the task force included Dr. Norman Aarestad, Denver, Colo.; Pr. Herbert E. Anderson, Seattle, Wash., (chair); Pr. Ronald K. Chelton, Columbus, Ohio (deceased); Dr. Helen Doerpinghaus, Columbia, S.C.; Mr. Randall Foster, Carson, Calif.; Pr. Frederick J. Gaiser, St. Paul, Minn.; Pr. Stephen L. Ganzkow-Wold, Madison, Wis. (through 2000); Dr. Kristine Gebbie, New York, N.Y.; Pr. Stewart D. Govig, Tacoma, Wash.; Dr. Mark J. Hanson, Missoula, Mont.; Dr. Cynda Ann Johnson, Iowa City, Iowa; Pr. Mario C. Miranda, Bayamon, Puerto Rico; Ms. Nancy Nielsen, Berkeley, Calif.; Bp. Richard R. Omland, Great Falls, Mont.; Ms. Mary Page, Olivia, Minn.; Ms. Jill A. Schumann, Gettysburg, Pa.; Pr. Roger E. Timm, Riverside, Ill.; and Bp. Gary M. Wollersheim, Rockford, Ill. (through 2001). Staff members included Ms. Sally A. Camp, Pr. Ronald W. Duty, Pr. Donald A. Stiger, Pr. John R. Stumme, and Ms. Marilyn Campbell.

In 2000, the task force scheduled listening posts in a variety of locations in this church. It prepared and distributed a study, "Our Ministry of Healing," in 2001. This document was the basis of study, discussion, and responses that helped to inform development of the first draft of the social statement.

The first draft of the social statement, called "Health, Healing, and Health Care," was distributed in the winter of 2002. About 300 written responses to the first draft were received. In addition, 28 synods hosted 29 hearings on the first draft. Some additional meetings with interested parties were held by members of the task force.

The proposed social statement, "Caring for Health: Our Shared Endeavor," was reviewed by the board of the Division for Church in Society in February 2003. The board voted to approve the proposed social statement and to recommend, through the Church Council, that the social statement be adopted by the 2003 Churchwide Assembly.

Recommended for Assembly Action

1. To adopt "Caring for Health: Our Shared Endeavor" as a social statement of the Evangelical Lutheran Church in America, in accordance with *Policies and Procedures of the Evangelical Lutheran Church in America for Addressing Social Concerns* (1997), with the addition of a new sentence to line 34 to read:

    Increasing malpractice costs force medical professionals to leave poorer areas of the country, creating shortages of qualified workers in rural and inner city locations.

2. To call upon members of the Evangelical Lutheran Church in America to renew their prayer for the health and healing of all people, to strengthen their congregations as communities of healing, to study the scriptural witness to the God of healing, and to participate in the shared endeavor of health care in their daily lives, using the social statement "Caring for Health: Our Shared Endeavor" to help form their judgments and carry out their commitment;

3. To challenge all members of this church to become good stewards of their own physical and mental health by attending to preventive care, personal health habits, diet, exercise, and recreation, and by making prudent use of health-care resources;

4. To urge all members of this church to develop reasonable expectations for their own health and for the health care they receive at each stage of life and to engage in thoughtful preparation with health-care professionals and loved ones for difficult choices in their health care;

5. To encourage congregations and church-related institutions to be centers for dissemination of health education for their members and their communities;

6. To call upon all pastors, other rostered leaders, teaching theologians, bishops, and other church leaders to give renewed attention to the healing dimensions of Scripture, liturgy, hymnody, prayer, pastoral care, and other forms of ministry;

7. To exhort all church leaders to help members of this church in vocations of health, healing, and health care to see their work as a part of God's healing work in the world, and to encourage members to enter these vocations;

8. To challenge all congregations, synods, social ministry organizations, public policy advocacy ministries, other affiliated organizations of this church, and all churchwide units to carry out the substance and spirit of this statement, and to intensify their work with Lutheran Services in America and various ecumenical, interfaith, and secular groups in pursuit of its commitments;

9. To urge all members of this church to study the policy statement on health ministry of the Division for Global Mission to increase understanding of global health issues;

10. To direct the Division for Church in Society, in cooperation with other churchwide units, to provide leadership and consultation on the basis of this social statement;

11. To request that the Division for Congregational Ministries, in consultation with the Division for Church in Society, develop worship and educational resources to interpret this social statement;

12. To encourage all churchwide units to model the principles of this social statement in their ongoing work and relationships with employees, and to exhort all congregations, synods, and affiliated organizations to do the same;

13. To direct the Lutheran Office for Governmental Affairs to advocate that all people living in the United States of America and its territories have timely access to a basic level of preventive, acute, and chronic physical and mental health care at an affordable cost, to call upon all state public policy offices of this church to do the same, and to urge congregations and members of the Evangelical Lutheran Church in America to share in this endeavor;

14. To request that the Division for Ministry (a) study the current trends and future needs for ministries in health-care chaplaincy, pastoral counseling, and clinical education; (b) examine the clinical and academic education need for the future of these ministries; and (c) present the findings and possible recommendations for action to the board of the Division for Ministry by the end of the year 2005; and

15. To urge that the Division for Global Mission continue (a) to cultivate connections with churches and social ministry organizations worldwide; (b) to stimulate awareness in this church of global health issues; and (c) to call upon partner organizations to do the same.

A Proposed Social Statement on
Health, Healing, and Health Care

Introduction

Health is central to our well-being, vital to relationships, and helps us live out our vocations in family, work, and community. Caring for one's own health is a matter of common sense and good stewardship. Caring for the health of others expresses both love for our neighbors and responsibility for a just society. As a personal and social responsibility, health care is a shared endeavor.

The Crisis in Health Care

Advances in prevention and treatment offer improved health, cures for some diseases, and longer lives for many people. Community investment in public health and prevention adds to the length and quality of life for many. Medical progress promises revolutionary benefits for our future. We are grateful for all of this.

Human beings are still finite, however, and therefore vulnerable to sickness, injury, and death. Yet we live in a culture that often denies death and suffering and places its faith in technology to overcome them. Such cultural attitudes lead to increasing reliance upon expensive curative medicine without significantly extending life span or improving quality of life. They also too often leave individuals to struggle alone with the ethical challenges raised by advances in medicine.

Health care in the United States, its territories, and Puerto Rico suffers from a prolonged crisis. People unnecessarily endure poor health. Rising health care costs leave a growing number of people without adequate health care. Health care resources often are rationed based on ability to pay rather than need. Finding access to quality health care services is difficult for many. The growing number of elderly people adds another stress on health care resources. Fear and self-interest defeat social justice in the political processes of health care reform.

The stress on individuals and families because of society's inability to fashion an adequate health care system makes action increasingly urgent. The breadth and complexity of the challenges require serious conversations and bold strategies to establish the shared personal and social responsibilities that make good health possible. The health of each individual depends on the care of others and the commitment of society to provide health care for all.

The Church and the Health Care Crisis

The Christian Church is called to be an active participant in fashioning a just and effective health care system. Responding to those who were sick was integral to the life and ministry of Jesus and has been a central aspect of the Church's mission throughout its history. Health care and healing are concrete manifestations of God's ongoing care for and redemption of all creation.

We of the Evangelical Lutheran Church in America have an enduring commitment to work for and support health care for all people as a shared endeavor.* Our commitment comes in grateful response to God's saving love in Jesus Christ that frees us to love and seek the well-being of our neighbor. It is shaped by the witness of Scripture—including the ministry of Jesus—and the Lutheran Confessions, together with the Christian Church's historical and contemporary ministry in healing and health. Our commitment draws upon God-given abilities to understand our situation and discern our response.

As members of the Evangelical Lutheran Church in America, and as a corporate body, we support:

- a comprehensive approach to health care as a shared endeavor among individuals, churches, government, and the wider society;
- a vision of health care and healing that includes individual, church, and social responsibilities;
- a vision of a health care system that is based on understanding health, illness, healing, and health care within a coherent set of services[1];
- equitable access for all people to basic health care services and to the benefits of public health efforts;
- faithful moral discernment guiding individual participation and public policymaking in health care services.

God continues to call the Church—its institutions and believers—to work in society for individual and collective actions that promote health and ensure care for those who suffer. Understanding health care as a shared endeavor compels the Church and all people of good will to join in efforts for change.

Biblical and Theological Perspectives

Health

God creates human beings as whole persons—each one a dynamic unity of body, mind, and spirit. Health concerns the proper functioning and well-being of the whole person. A Christian perspective on health, therefore, shares the concern of the apostle Paul that "our spirit and soul and body be kept sound and blameless" (1 Thessalonians 5:23). This understanding of human wholeness means that concern for health should attend to the physical, mental, spiritual, and communal dimensions

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* Note: Boldfaced sentences will appear as "pulled quotes" in the final printed version of this proposed social statement, if it is adopted at Churchwide Assembly, in order to draw attention to significant content and to enhance visual interest.

[1] For a description of "a coherent set of services," see "Toward a Better System of Health Care Services" below.

of a person's entire well-being. **Health is good for its own sake; it also is good for living abundantly in relationship with God and in loving service to our neighbor in the vocations to which God has called us.**

Because human beings are mortal, suffering and death are a part of life. Perfect health eludes us. Although health depends in part on individual behavior, it is also to a significant degree beyond individual control. Many factors contribute to health or its absence: genetics, physical and social environments, individual behaviors, and access to care.[2]

Because of our sinful nature, we often turn in on ourselves and away from God and neighbor. We frequently become unfaithful stewards of our health, tending at times to disregard it and at other times to idolize it. Sin also corrupts our social systems and relationships in ways that directly and indirectly threaten health. We see sin at work in the environmental damage, poverty, social isolation, discrimination, oppression, and violence that degrade health and the relationships necessary to support it.

When we understand health in this larger context, we realize that we cannot be healthy by ourselves. We help each other attain good health through our ways of living together and through supporting those who provide all forms of health care services and healing. Health care, therefore, must be a shared endeavor.

Illness

Those who are ill experience a loss of well-being or wholeness. Illness disrupts lives, limits activities, disturbs relationships, and brings suffering. Illness may bring one closer to God and neighbor, but not always. People with serious or chronic conditions may experience their own bodies or mental states as lacking wholeness and unity. Some may even feel as if their bodies or minds are beyond their control.[3] They may feel isolated from others. Ultimately, ill persons may even feel separated from God. They may labor to understand their suffering, as the psalmist did: "O Lord, why do you cast me off" (Psalm 88:14); "I am shut in so that I cannot escape" (Psalm 88:8); "my companions are in darkness" (Psalm 88:18).

Healing

Healing is restoration of wholeness and unity of body, mind, and spirit. Healing addresses the suffering caused by the disruption of relationships with God, with our neighbors, and with ourselves. It involves curing when possible, but embraces more than cure. When we limit illness to disease and health care to cure, we miss the deeper dimensions of healing through restoration to God.

The Scriptures speak powerfully about healing. At the beginning of Israel's history, God announces, "I am the Lord who heals you" (Exodus 15:26). God promises to come at the end as "the sun of righteousness . . . with healing in its wings" (Malachi 4:2). Ultimately, God will heal all who call upon the divine name. God will "swallow up death forever" and "wipe away the tears from all faces" (Isaiah 25:7-8; see also Revelation 7:17). When the Bible speaks of healing, it frequently anticipates this "perfect health" that God holds in store for people through faith in Jesus Christ (Acts 3:16). In such passages healing includes curing, restoring, saving, forgiving, transforming, achieving peace, and gaining victory over death itself. God's healing, however, is not limited to the end of life or time. The Bible also proclaims a God who heals illness and cures diseases in the present time—the healing of the sick and the alleviation of suffering that all people seek in their everyday lives.

The triune God heals within and through the work of creating, redeeming, and sustaining humankind. God the Creator heals through the natural processes of the body and is active in the work of healers everywhere. Human healing activities in all their variety—medicine and other biomedical technologies, cultural and religious practices, governmental and social organizations, human behavior and decisions—can be avenues of healing blessed and empowered by God. Because human beings are finite, none of these activities will produce perfect health; because of sin, each of them can be abused. Nevertheless, God gives us curiosity and intelligence, skills and talents to enable us to meet our responsibilities for our own health and for the social and physical environments that affect our health. This traditional Lutheran understanding leads us to give thanks for God's healing work in and through creation and human vocation.[4]

God's redemptive work also includes a healing dimension. The New Testament proclaims Jesus as the incarnate presence of God and thus the Savior and healer of all. The Gospels introduce Jesus as a healer (Matthew 4:23-25) and are filled with stories of his forgiving and healing work. Jesus healed because in him was the full presence of God, and we continue to proclaim the forgiving and healing presence of Christ in Word and Sacrament. Offering hope of the resurrection to come, Jesus continues to stand with us in our illness and suffering with his healing presence. We give thanks that

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[2] Institute for the Future, *Health and Health Care 2010: The Forecast, the Challenge* (San Francisco: Jossey Bass Publishers, 2000).

[3] S. Kay Toombs, *The Meaning of Illness: A Phenomenological Account of the Different Perspectives of Physician and Patient* (New York: Kluwer Academic Publishers, 1993).

[4] Martin E. Marty, *Health and Medicine in the Lutheran Tradition* (New York: The Crossroad Publishing Company, 1983), pp. 23-32 and 85-86. See also James P. Wind, *A Letter on Peace and Good Health* (Inter-Lutheran Coordinating Committee on Ministerial Health and Wellness, 1998).

our final healing, salvation from sin and death, has been won for us irrevocably in Christ's death and resurrection.

God's healing comes through the Holy Spirit who heals, sanctifies, and transforms through a variety of gifts. In and through the Church, the Holy Spirit works to heal through the ministry of Word and Sacrament, intercessions and liturgies for healing, prayer and the laying on of hands and anointing with oil, pastoral care and servant ministries, the mutual consolation of Christian sisters and brothers, and congregational and church-related health ministries that reach out to all people.

The healing work of the triune God is the basis for the Church's commitment to good health, healing, and health care. God gives us health and healing within the community of relationships on which we depend as creatures. This community, though broken, God restores in Jesus Christ. **Our calling to be faithful stewards of our own health and to fulfill our obligations for the health of others comes from the God who heals and redeems the whole creation.**

Health Care

Health care is a shared endeavor. Just as each person's health relies on others, health care depends on our caring for others and ourselves. Broadly speaking, the term "health care" encompasses the wide range of services used to treat symptoms or diseases or to maintain health. Patients and caregivers are more than consumers or providers; they are whole persons working together in healing relationships that depend on and preserve community. Although health care goods and services may be bought and sold, health care is above all an activity of caring that grows out of relationships of mutual responsibility, concern, and trust—and that cannot be reduced to a commodity.

Regardless of the means used to provide health care and ensure access to it, we must diligently preserve the nature of health care as a shared endeavor. This means that we recognize our mutual responsibilities and guard against the ways in which motivation to maximize profit and to market health care like a commodity jeopardizes health and the quality of health care for all.

"Being well" for Christians does not mean we are untouched by pain and suffering. Human beings are finite and vulnerable, and so we recognize limits on what we expect of health and health care for our families and ourselves. "Being well" means that we participate in Christ's own "greater love" (John15:13) by giving ourselves for others and sharing their suffering in response to Christ who bore the suffering of all. Like the good Samaritan, we are to bandage the wounds of our neighbor in need of healing, whoever the neighbor may be (Luke 10:29-37).

A Vision of Health Care and Healing as a Shared Endeavor

In light of these biblical and theological perspectives, we address the health crisis in the United States with its disjointed health care services, its high costs of treatment, and its failure to provide access for many. Although necessary, piecemeal efforts to reform health care without a clear goal will be inadequate to the task. We offer a vision of health care as a shared endeavor that builds upon the basic dimensions of health, illness, healing, and health care in relation to the interdependent responsibilities that must be addressed if progress toward better health care is to be achieved.

Personal Responsibilities

Each of us has responsibility to be a good steward of his or her own health out of thankfulness for the gift of life and in order to serve God and the neighbor. This means taking effective steps to promote health and prevent illness and disease (for example, eating well, getting adequate exercise and sleep, avoiding use of tobacco and abuse of drugs, limiting alcohol, and using car seat restraints). It means balancing responsibility for health with other responsibilities It also means seeking care as needed, recognizing that disability, disease, and illness do occur, even to those who are good stewards of their health.

Health is a blessing from God. It is good and proper that we attend to our health and healing; however, we show sin's power when we become unduly absorbed in our own selves and make health an idol by denying our own mortality. The temptation to make health our god may show itself in excessive preoccupation with physical appearance and a denial of aging or the inevitability of death. It also may lead us to demand unlimited resources for services that go beyond responsible stewardship of good health.

Patients and health care professionals share responsibility to use health care resources wisely. Simply because a treatment or procedure exists does not mean that should be used in every instance. The patient, family, and health-care providers need to make thoughtful decisions that serve the patient's goals and well-being and that take seriously the limits of health care resources. This might mean, for example, that persons near the end of life choose to forego expensive treatments, the effectiveness of which might be very limited. We encourage people to talk together with their families and health care providers

about treatment goals and types of care, and to make decisions that reflect their responsibility to be good stewards of their health and the resources that are available. We live with the tensions created by the limits of resources for health care, hoping for healing in this life and trusting in God's promise of wholeness in eternal life.

Adults and families do well to prepare for future health care choices they may need to make, especially regarding end-of-life care or in situations when they are no longer able to speak for themselves. Conversations with loved ones and health care professionals about wishes and values, along with the use of advance directives, help others respect a person's desires and minimize the tremendous stress and suffering that later treatment decisions may entail.

Our personal responsibilities for health also extend to helping others meet their needs while supporting them as they take responsibility for their health care. We all have opportunities with our family, friends, and neighbors to provide meals, transportation, or comfort for those who are ill and to support professional and volunteer caregivers. We also have opportunities to pray for one another. We should take care not to blame people for their health problems, and work to minimize both the stress of coping and the potentially isolating stigma of some conditions. Most of all, we stand ready to be present with and care for those who suffer, whatever the reason.

As citizens, we ought to support those disease-preventing and health-promoting public health measures that can be taken only at community, state, and national levels. We also have responsibility to support similar efforts that address disease prevention, health promotion, and treatment on a global scale.

The Church's Ministry

A ministry of healing is integral to the life and mission of the Church. It expresses our faith in the power of God to create and to save, as well as our commitment to care for our neighbor. The Holy Spirit empowers us so that we can care for all people as God's children and seek their healing. The Church promotes health and healing and provides health care services through its social ministry organizations and congregation-based programs. The Church's ministry may offer healing or forms of health care in ways not found or adequately addressed within a health care system. The Church also supports the just obligations of a society to serve those who are often left out and to be present with those who suffer. Because it originates from and carries out Christ's healing work, the Church's ministry is freed to contribute to the health care system as well as to address its injustices.

Congregations

Worship stands at the center of the congregation's ministry of healing. Holy Communion strengthens, sustains, and refreshes us and heals the troubled conscience of believers through the gift of grace. The preaching and hearing of the Word enliven us by the promise of reconciliation with God through Christ. The liturgy provides a structure of meaning that nourishes and sustains. Education and pastoral care equip people to understand better and cope with illness within the biblical story of God's salvation. Congregations provide people with community and support, listening to those who are ill and bringing their suffering, injustices, and concerns to God in prayer. Congregations hold up these dimensions of healing in all aspects of their life together and in special liturgies of healing.[5] They make special provision for those who are ill to hear the Good News and receive Holy Communion. Members visit the sick and dying; they encourage and pray for those who are in health care occupations or are voluntary caregivers. Some congregations develop specific health ministries that include counseling centers, wellness programs, and parish nurse ministries. As part of their ministries of health and healing, congregations can also:

- inform themselves of global health concerns and support global ministries of health;
- provide members with education and opportunities for deliberation and advocacy about health issues;
- help people evaluate avenues of care and treatment, whether those of standard Western medicine, various complementary systems, or those based in religious claims or faith communities, and to distinguish between means that are appropriate and beneficial and those that are potentially inappropriate or exploitive;
- seek ways to collaborate with and support our church's social ministry organizations;
- provide physical access and other vital links between people and the health care they need, especially in rural communities and inner cities;
- strengthen efforts to be places where people seek help in times of crisis or need, where spiritual needs are understood and met, and where traditions are honored and shared;
- pay particular attention to the health of all staff, providing a working environment that is physically and emotionally safe and supportive, as well as a

[5] *Occassional Services: A Companion to* Lutheran Book of Worship (Minneapolis: Augsburg Publishing House, and Philadelphia: Board of Publication, Lutheran Church in America, 1983) offers, "The Service of the Word for Healing," pp. 89-98. *Life Passages: Marriage, Healing, Funeral. Renewing Worship*, Vol. 4 (prepared by the Evangelical Lutheran Church in America for provisional use, 2002, administered by Augsburg Fortress), offers a rite for "Healing," pp. 23-39.

work schedule that allows for adequate recreation and stress reduction;[6]
- ensure that all paid staff of the congregation have access to health care services.

Social Ministry Organizations

For generations, Lutheran individuals and congregations have identified unmet needs in their communities and worked to meet them. As congregational programs of service have grown, they often have become more formalized to engage resources and partners beyond the congregation. These social ministry organizations continue to arise from congregations and are an integral part of our church's work in the world. By coordinating efforts and sharing strengths, congregations, social ministry organizations, synods, and other partners reach out more effectively to meet the health needs of the neighbor.

Lutheran social ministry organizations provide a wide range of services. These services help to treat acute and chronic illnesses of body and mind, provide care for the whole person in need, and strengthen and empower individuals and families to care for themselves, for one another, and for their communities. Within these and other health-related ministries, staff members and volunteers exercise vocations of healing in administrative, direct care, pastoral care, and governance roles. Supporting and developing these institutions and vocations are the work of our whole church.

As institutions of this church serving in Christ's name, social ministry organizations are accountable to live out that identity in their daily work and decision-making. Lutheran social ministry organizations witness to a church in action in many ways: by protecting the health and well-being of those who serve; by careful stewardship of resources; by respectful and equitable attention to the physical, mental, and spiritual needs of those persons served; and by establishing ways to ask and answer questions of ethics, identity, and relationship. We also encourage social ministry organizations to pay attention to the global context of their work and to seek out opportunities for partnerships with their counterparts in other countries for mutual learning and benefit.[7]

Social ministry organizations face challenging operational environments, complex in their mix of financial, staffing, competitive, and regulatory pressures. As these organizations collaborate with others to provide health care, they seek to preserve and enhance access to basic health care and extend services to those in need. In cooperating with government, they are to "work with civil authorities in areas of mutual endeavor, maintaining institutional separation of church and state in a relation of functional interaction."[8]

The Evangelical Lutheran Church in America calls upon government at all levels to provide sufficient and timely reimbursement to social ministry organizations for the services they offer on its behalf, allowing them to fulfill their missions with integrity and faithfulness. We also call upon leaders of these organizations to promote public policies that tailor services in greater measure to those whose needs for healing and access to health care are most often neglected. Advocacy to change unjust social structures or systemic problems that exacerbate or perpetuate human misery is a shared responsibility of social ministry organizations and people in this church, together with others of common purpose. As people of faith, we must heed the call to attend to the needs of our neighbor and also to envision boldly what we might accomplish together, with God's help.

Advocacy

Advocacy is a ministry of the Church and its members in the public realm. Advocates use their voice and action to influence private and public decision-making on behalf of the neighbor. Such advocacy gives present voice to the prophetic cry, "Why then has the health of my poor people not been restored?" (Jeremiah 8:22). This voice addresses both public policy and the policies of corporations. Advocacy for public policy is carried out for the churchwide and synodical expressions of this church by people called both to speak to lawmakers on its behalf and to provide information and encouragement to church members to contact their own representatives. Continuing advocacy by the Evangelical Lutheran Church in America is one expression of the shared endeavor of health care in the human community and is based on existing social policy statements.[9] Advocacy for public policy is also a responsibility of individuals acting in their calling as Christians and citizens.

This social statement continues and strengthens our church's advocacy for health care. Improving access to health care and finding adequate support for public health and preventive, acute, and long-term care services for all

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[6] Division for Ministry and Board of Pensions, *Ministerial Health and Wellness 2002* (Chicago: Evangelical Lutheran Church in America, 2002).

[7] Board of the Division for Global Mission, "Policy Statement on Health Ministry" (Chicago: Evangelical Lutheran Church in America, March 22, 1998); also available at *www.elca.org/dgm/policy/health.html*.

[8] The constitution of the Evangelical Lutheran Church in America, provision 4.03.n.

[9] In addition to this social statement, see: resolution on "Health Care," Churchwide Assembly action CA89.02.04 (1989); resolution on "Health and Human Resources," Churchwide Assembly action CA91.07.59 (1991); "A Resolution on Universal Access to Health Care" (board of the Commission for Church in Society, March 14-16, 1992); "A Resolution on Health Care System Reform" (board of the Division for Church in Society, March 6, 1993); the ELCA social statement, "Sufficient Sustainable Livelihood for All" (1999); and the ELCA message, "Suicide Prevention" (1999).

480 are critical advocacy challenges. They require thoughtful
481 deliberation and bold, continuing advocacy by Christian
482 citizens and all expressions of this church.

483 Toward a Better System of Health Care Services

484 A health care system should have the explicit purpose
485 of: promoting and improving the health of all people;
486 reducing the impact and burden of illness, injury, and
487 disability; and promoting healing, even when cure is not
488 possible. Too often, however, the various sectors of health
489 care and health promotion are fragmented and disjointed.
490 This inhibits equitable access to health-related services
491 and good quality care, especially when individuals are
492 unable to obtain the treatment they need. This system
493 should be coherent, with the different services being
494 functionally interrelated and mutually accountable. No
495 one group—public or private—can design the structure or
496 financing of such a system alone; representatives of all
497 groups that provide services and financing must together
498 seek a solution that enhances interdependence.

499 **Health care as a shared endeavor entails a**
500 **comprehensive and coherent set of services of good**
501 **quality care throughout one's life span.** At a minimum,
502 each person should have ready access to basic health care
503 services that include preventive, acute, and chronic
504 physical and mental health care at an affordable cost.[10]
505 The United States does not currently have a health care
506 system that is capable of care for all people. Significant
507 changes in financing and structure are therefore required.
508 Discerning what these changes might entail within the
509 limits of what is economically and politically feasible
510 needs to be worked out as a shared endeavor in the
511 democratic process.

512 Without attempting to describe all components and
513 attributes of a system in detail, the following highlights
514 some particular concerns that require our attention.

515 Public Health Services

516 **Health as a shared endeavor makes public health**
517 **services, which focus on the population as a whole, the**
518 **foundation for any health care system.** We urge
519 renewed political and financial support for services
520 undertaken on behalf of the entire community to prevent
521 epidemics, limit threats to health, promote healthy
522 behavior, reduce injuries, assist in recovery from
523 disasters, and ensure that people have access to needed
524 services. Governments have an obligation to provide or
525 organize many of these services, but all services depend
526 on active collaboration with the entire community.

527 Since threats to health do not respect national
528 boundaries, nations and international organizations must
529 cooperate in public health efforts. In facing this global
530 challenge, the United States government and non-
531 governmental organizations have responsibility to work
532 with others in such areas as securing clean water and
533 sanitation, overcoming hunger and malnutrition,
534 preventing and combating infectious diseases, responding
535 to disasters, and providing health services for women,
536 men, and children who live in poverty.

537 Whole Patient Care

538 **Any person seeking health care ought to be treated**
539 **and respected as a whole person, not merely as a site**
540 **of disease or injury.** Health care should attend to the
541 physical, mental, and spiritual dimensions of the person
542 seeking care. In cooperation with religious and other
543 community organizations, pastoral and spiritual care
544 should be available at all levels of health care services.
545 We endorse efforts to incorporate mental health services
546 more substantially within the health care system and to
547 grant mental health needs parity with other health care
548 needs. The debilitating suffering caused by mental illness
549 for both sufferers and loved ones is intensified by the
550 labeling, isolation, and moral blame that often accompany
551 this illness.

552 Whole patient care also requires attention to the
553 following concerns:

554 ***Professional–patient relationships.*** Healing depends on
555 the relationship between the physician or other health care
556 professional and the patient. This relationship should be
557 a partnership of trust in pursuit of a shared goal
558 appropriate to each individual's circumstances. Central to
559 this relationship is recognition of the patient's
560 vulnerability and respect for patient confidentiality and
561 the privacy of medical information. Good care also
562 requires health care professionals and patients to
563 deliberate together on the facts and values in each option
564 for care. Doctors and hospitals should give full
565 information on measures that might be taken. All care
566 using either standard or complementary approaches
567 should serve the patient's best interest, recognizing the
568 patient's increased vulnerability during times of illness
569 and respecting ethnic and religious differences. Informed
570 consent is a moral and legal requirement prior to whatever
571 services are chosen. Professionals should never abuse
572 their power but always foster relationships of trust based
573 on a broad understanding of health and healing.
574 Diminishing the quality of this relationship—including

[10] More specifically, such a set of basic services likely will include: primary care services (including a relationship with a provider, routine well-child and well-adult examinations and prevention, age-appropriate screening for disease, treatment for acute problems, coordinated referral for more complex levels of care); dental care; in- and out-patient care for acute and chronic physical and mental illness; emergency care; treatment for substance abuse; and appropriate complementary and supportive services.

time available for the patient—primarily for financial or other reasons undermines good health care in all its dimensions.

Curing and caring. Cure is central to healing and often a major goal for health care. Our church celebrates efforts to achieve cures. Patients and caregivers should not, however, see lack of cure as a failure or cause for abandoning other forms of healing and care. We support both patients and care providers in making the difficult decision that they no longer will seek cure in particular instances. **We can always care, even when we cannot cure.**

Healing and chronic conditions. Many people live in need of long-term care because of chronic illness or disability. Successes in saving or prolonging life have led to an increase in these numbers. A health care system must attend to their needs. Healing for persons living with chronic conditions requires attention to loss of bodily integrity and wholeness, questions of meaning, disruption of relationships, new challenges of daily living and pursuit of vocation, altered living arrangements, and other features of chronic conditions. An essential part of this healing is the ongoing caring presence of health care professionals and chaplains, as well as informal caregivers and others in the community.

Other approaches to healing. Increasingly, people are also seeking approaches to healing that generally have been outside standard Western medical treatment models. This often reflects not only a desire for new cures, but also a longing for aspects of healing and care that have been neglected. This church encourages openness to such new ways of thinking but commends critical evaluation of all avenues of healing, caution in their application, and humility in their practice.

Palliative care. Palliative care reduces the burden of symptoms, provides comfort, and relieves pain and suffering. It is a vital component of health care. People often seek health care to relieve pain and suffering. Pain is often under-treated for various reasons, including failure to ask about and report pain, misconceptions regarding pain treatment, or inadequate pain-management practices. Caregivers should make every reasonable effort to alleviate pain, regardless of whether cure is possible.

Pain may cause suffering, but suffering also may occur in the absence of pain. Whole person care—including pastoral and other non-medical forms of care—recognizes suffering, seeks to relieve it when possible, and helps people understand it in the context of God's salvation. Suffering often causes people to ask why they have an affliction or why they may not be cured. Just as Jesus' path led through the crucifixion to the resurrection, faith does not guarantee the absence of suffering but promises God's presence in suffering.

Peaceful Dying. Through Christ, death has been defeated and lost its "sting" (1 Corinthians 15:55). In placing our trust in the Gospel's promise, we are freed from the power of death and the need to cling to life at all costs. Too often people die alone, in pain, away from home, without good care, and without having addressed important issues of relationships or domestic affairs. When death is likely or imminent, a peaceful death should become the goal of a health care system, sought as confidently and competently as its other goals through adequate palliative care and services such as hospice. Our health care services should not abandon those who are dying.[11]

Caregiver Support

Supporting physicians, nurses, paid health care workers, and volunteers is a central, not a secondary, obligation of a health care system. As growing numbers of people live with chronic conditions and as the average age of the population increases, there is an increased demand for caregivers in institutions and at home. Caregivers are at the heart of providing health care services and promoting healing. Both our society and church must pay ongoing attention to fostering health care vocations and supporting the recruitment of sufficient numbers of caregivers to meet the demand. Fairness requires that health care institutions provide adequate pay, benefits, and good working conditions to support and maintain a sufficient number of skilled caregivers.

Research and Technology Development

This church commends the important work of medical research and supports investment in its goals of healing afflictions, relieving human suffering, and promoting well-being. We also affirm the important service to God and neighbor rendered by those who develop and use curative technologies and practices.

We caution, however, against unrealistic faith in technological progress as the primary solution for overcoming social problems and all forms of sickness, suffering, and physical death. The many communal components of health such as community environments and interpersonal relationships prompt us to address those dimensions to prevent disease and improve health, rather than disproportionately favoring technological solutions. We also commend continuing research into the broader dimensions of healing, such as health promotion, complementary therapies, bioethics, and quality living with chronic conditions. But we urge caution about

[11] See the ELCA message, "End-of-Life Decisions" (1992).

research that expands medical technology based primarily on market pressures. **Health care research first should address those medical interventions that are likely to improve substantially the overall health of the general population.** While this statement cannot explore the many questions raised about particular research endeavors, this church supports research that is consistent with the perspectives of this social statement and widely accepted standards of biomedical research.

Professional Education

Health care professionals should have access to affordable, comprehensive education. This education should involve learning technical excellence as well as the skills and traits that enable them to work with others to promote health and healing for all people, including the chronically ill and the dying. The cost of educating health professionals should allow qualified people from all backgrounds to pursue their vocation. Attention must be given to providing adequate, ongoing, and affordable training for support staff and volunteers.

Equitable Access to Health Care for All

A Matter of Love and Justice

The system of health care described above is far from a reality today. It will be achieved only through thoughtful engagement by all components of society. One major challenge is achieving equitable access to basic health care for all people. We of the Evangelical Lutheran Church in America commit ourselves to work with others to attain this goal.

At the center of Lutheran ethics is the love (*agape*) shown us by God through Jesus Christ, who laid down his life for us that we may have life and have it more abundantly (John 10:10). We hear what Scripture asks of us: "How does God's love abide in anyone who has the world's goods and sees a brother or sister in need and yet refuses help?" (1 John 3:17). In response to God's love, therefore, we work to promote the health and healing of all people.

We also are a people compelled by justice. Jesus called justice one of the "weightier matters of the law," too often neglected by religious people (Matthew 23:23). Our search for justice is a call from God, a concern especially for the "rights of the needy" (Jeremiah 5:28). Because health is central to personal well-being and functioning in society, a just society is one that supports the health of all its members.[12] Thus, our common effort to provide access to health care for all is a matter of social justice for all people.

Justice requires giving to each person his or her due. Health care is the kind of good most appropriately given on the basis of need.[13] Too often, however, health care is distributed on the basis of merit, social worth or contribution, marketplace value, or ability to pay. Many forms of access benefit some people at the expense of others. This happens because eligibility for services or funding may be defined so that some people are included while others are not. Governments or companies decide to pay for some services people may need rather than others. Caregiving organizations or individuals may decide to help some people but not others. These ways of distributing health care may result in a failure of justice. It is time to confront directly and urgently the issues of limits and resource distribution to develop solutions that are more just.

Justice also requires a fair distribution of the benefits and burdens of health care. This does not entail treating every person identically, but treating similar cases similarly. Currently, despite programs to provide at least some care for the poorest among us, the percentage of people with health insurance is lower as income declines. A growing group of individuals and families from many income levels are involuntarily without health insurance. Ethnic status also affects whether one has health insurance: Latinos, Asians and Pacific Islanders, American Indians, and Blacks are significantly less likely to be insured than non-Hispanic Whites.[14] Regardless of whether they have insurance, many members of disadvantaged ethnic groups tend to have poorer health than Whites, just as those living in poverty tend to have poorer health than those living on higher incomes. We call upon our society to give priority to people and groups who are not benefitting from access to health care services and research: people who are uninsured and underinsured, people living in poverty, those in rural areas, immigrants, residents of U. S. Territories and Puerto Rico, marginalized groups, and those suffering the consequences of our failure to implement adequate public health protection.

Moving toward Just Access

While the mandate for equitable access to health care for all is clear and compelling, questions about the best

[12] President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, "An Ethical Framework for Access to Health Care" (Washington, D.C., 1982).

[13] Gene Outka, "Social Justice and Equal Access to Health Care," *Journal of Religious Ethics,* vol. 2, no. 1 (1974), pp.11-32.

[14] U.S. Census Bureau, Health Insurance Coverage: 2001, Table 1: People without Health Insurance for the Entire Year by Selected Characteristics: 2000 and 2001, www.census.gov/hhes/hlthins/hlthin01/hi01t1.html and Robert J. Mills, "Health Insurance Coverage, 1999," *Current Population Reports* (U.S. Census Bureau, September, 2000).

organizational and financing mechanisms for achieving it leave room for legitimate disagreement in this church and in society. Because health care is one vital social good among many, people also legitimately differ over how to balance expenditures for health care with other social goods.

Our obligation could be met through any one of several combinations of personal, market, and governmental means, although none of these means alone can provide equitable access to health care. Taking personal responsibility for one's health and the health of others can meet some health care needs and provide care in important ways; however, many people are left without adequate care due to uneven distribution of health care and wealth. Markets of health care services may contribute to improved quality and efficiency, but they also may contribute to increased costs, unequal access, and both over- and under-treatment. Governments are shaped by political pressures and often function with inefficiencies; yet as representatives of all citizens they have a particular responsibility to ensure society's obligations to promote the general welfare. This includes such areas as security, education, and health care. Public health measures ensuring safe water and food, or preventing and limiting outbreaks of infectious diseases are so "communal" that they can be done well only from a governmental base with adequate tax dollars.

As the guarantors of justice and promoters of the general welfare, governments also have the unique role of ensuring equitable access to health care for all. This role does not necessarily entail a specific governmental program or one approach to health care coverage. It does mean, however, that governments have the obligation to provide leadership and coordination in balancing competing private and social interests in moving toward the goal of equitable access to health care. In ways that are fair in both process and outcome, citizen representatives in government must take on the challenging task of defining the level of health care services to which each person should have access.

Meeting Our Obligations

Achieving these obligations of love and justice requires sacrifice, goodwill, fairness, and an abiding commitment to place personal and social responsibilities of love and justice above narrower individual, institutional, and political self-interests. For some people, this may mean paying more in taxes or in direct payments to assure that everyone has care. As difficult as this may be, citizens should not shrink from these moral challenges. **We urge all people to advocate for access to basic health care for all and to participate vigorously and responsibly in the public discussion on how best to fulfill this obligation.** The chronic failure of our society to provide its members access to basic health care services is a moral tragedy that should not be tolerated.

Alongside the pursuit of justice, we in the Evangelical Lutheran Church in America recognize the biblical obligation that each person in society is responsible for the neighbor. No one of us is free to pass by "on the other side" (Luke 10:31-32) and assume that governments and other parties will take care of all obligations for health care. We therefore seek to participate in and supplement health care services out of love for all people who are in need (Matthew 25:36). All people of good will should be concerned especially to attend to the health care needs of those who, for whatever reason, lack adequate care or are marginalized in society. People without power and status such as the poor and needy, widows and orphans, and the incurably ill were the focus of attention of the biblical prophets (Isaiah 10:2) and of the healing ministry of Jesus (Matthew 4:23).

Ethical Guidance for Individuals and Families

Health care as a shared endeavor entails responsible ethical decision making by individuals and families. As people provide and receive health care, they likely will at some time face difficult decisions regarding their own or another's well-being. Decisions about life-prolonging treatments are among the most common and difficult, but they are not the only situations for which an ethical framework is needed.

1. Health and Finitude. Finding ethical guidance begins with being mindful of how we as people of faith understand health and health care and what it means to be healthy. We must accept the limits imposed by human finitude and have realistic expectations of health care because our resources also are finite. Health is a means for service to God and our neighbor in love. We can serve others in particular ways while we have health, even though we cannot do everything. Yet health eventually

fails; suffering and death come to us all. The promise of the resurrection means that suffering and death are not the final word for our lives.

2. Love. People ought always to act out of love, as exemplified by the life of Jesus Christ. Love means giving of ourselves for the sake of others' well-being, doing no harm, promoting the well-being of the neighbor, and treating people with respect and dignity as children of God and as whole persons.

3. Stewardship. The obligation to be good stewards of what God has given us should inform our use of health care resources. This means using health and health care wisely, judiciously, and in service toward God and God's purposes. Congregations are one place to which individuals and families can look for support and guidance in considering these decisions.

4. Justice. In addition, people should consider their individual health care decisions within the context of the just distribution of health care resources. Health care and its technological instruments increasingly are powerful and expensive. People should ask not only whether they are being served as individuals, but also whether anyone is being left behind in the ongoing advance of medical progress.

5. Self-determination. A dominant principle in health care ethics is the right of individuals to be freely self-determining with regard to their own bodies and medical treatment decisions (autonomy). This principle rightly protects against unjustifiable medical and familial paternalism. This church supports an individual's freedom to make health care decisions according to her or his own conscience and moral discernment.[15] Yet, ultimately people belong to God, and the exercise of self-determination should always be understood within that relationship.[16]

As Christians we discern our moral responsibilities through consulting Scripture, the experience of the community of faith, and the exercise of reason.[17] We deliberate about our decisions not merely as patients or caregivers, but as seekers of God's will. We recognize that the broader dimensions of health and healing compel us to consider our neighbors and our love for them as we make decisions. Above all, we ask God for guidance, mercy, and forgiveness in all our decision-making.

Conclusion

Christians know that health and healing are from God, "who forgives all your iniquity, who heals all your diseases" (Psalm 103:3). We wait patiently and hopefully for healing, which may come through cure or in reconciliation with God, our neighbor, and our own selves, even without cure. Sometimes reconciliation with God or the neighbor may be a prelude to physical healing: "Therefore confess your sins to one another, and pray for one another, so that you may be healed" (James 5:16). Such healing may not result in complete health, but it reflects God's goodness and mercy and anticipates the full healing of life and the peace that is to come.

Accepting health care as a shared endeavor requires commitment of all people to the well-being of their neighbor and themselves. It also requires the commitment of all to work for change in a political, economic, and cultural environment that often is more adversarial than cooperative. The Church is a community that, through Word and Sacrament and the actions of its faithful, can bear witness to the commitments of love and justice that change will require.

The Gospel offers the world the hope of abundant and everlasting life, that liberates us from idolatry of health and fear of death. Out of this freedom, Christians can accept the limits of this life and seek to realize a vision of health care for all people as a shared endeavor.

[15] For the ELCA's approach to abortion, see its social statement, "Abortion" (1991). For its approach to end-of-life decisions, see the ELCA message, "End-of-Life Decisions" (1992).

[16] This "yes" and "no" response to the principle of autonomy draws on Martin Luther's description of Christian freedom: "A Christian is a perfectly free lord of all, subject to none. A Christian is a perfectly dutiful servant of all, subject to all." See *The Freedom of a Christian*, translated by W. A. Lambert and revised by Harold J. Grimm, in *Luther's Works*, vol. 31 (Philadelphia: Muhlenberg Press, 1957), p. 344.

[17] The Evangelical Lutheran Church in America and its predecessor bodies have issued a number of social statements, messages, and studies to help guide ethical decision-making on a variety of health care issues. These social statements, messages, and many of the studies are on-line at *www.elca.org/dcs/studies.html*.