

Tough Questions

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Last year, when I asked for your questions, I got two really hard ones—about belief in life after death and the supernatural. This year, none. Not a single question was submitted. I suspect that this is the end of the experiment in end-of-summer grab-bag “question box” preaching. Oh well.

And yet, your tough questions are necessary to shape my thoughts in worship this coming year. It’s part of the conversation that goes on between us—a conversation that ministers are trained to pay attention to even if no one else knows we’re having it. I need to answer your tough questions again and again in worship—and not just tell you what I want you to hear.

I guess I don’t get the easy way out on that conversation. Fair enough. Message heard.

The lack of pre-submitted questions for this Sunday left me looking at tough questions floating about in our society for inspiration.

I resisted taking on health care, despite the fact that proposals to reform our health care system dominate the airwaves these days. I even passed up the opportunity to be on a conference call with the President and ten thousand of my closest liberal religious colleagues, thinking that I didn’t have the energy for one more issue on the long list of things I’m signed up to fight about.

And then last week, I read in the newspaper that the Family Research Council, a socially-conservative and fundamentalist Christian lobbying and policy organization, has issued instructions for ministers about the appropriate way to engage in discussions with their congregations about health care reform, complete with agendas, press releases and even sample sermons and appropriate biblical verses to warn people about the impending government takeover of health care—their words, not mine.

The sample sermon begins with these words, carefully written both for maximum political effect and to deny that the line between church and state is being crossed: “This morning I am going to take on a hot topic: The government takeover of healthcare. You might say, ‘Pastor isn’t this a political issue?’ My answer is yes, it is a political issue, but it has ethical and moral dimensions to it that compel me to share how biblical truth applies and how committed Christians should engage it.”

I will say that I agree that profound moral and ethical issues are at stake. I agree that the place of the religious community is to confront moral and ethical issues head-on. I even agree that sometimes this makes us take on issues at the same time they are being debated in political circles—and that the very nature of our participatory democracy depends on voluntary associations such as congregations engaging in debate over policy questions.

But maybe, just maybe, we could or should do this without becoming mindless parrots, squawking the talking points of the political party we are personally closest to. Unfortunately, the rest of the Family Research Council's sample sermon proves only that rather than actually caring about families or churches or even Christian values, the FRC has become a mouthpiece for the conservative wing of the Republican Party.

Their packet is factually inaccurate, repeating scare tactics about things like “death panels” that have again and again been proven false rumors, and inventing mythical funding pathways to scare conservative congregations into believing that the government is out to make us all pay not only for killing Grandma but also for countless abortions.

In taking on this issue, it is my challenge not to make the same mistake in reverse. It would be too easy for me to cite facts and figures put together by the current administration—so I won't. It is not my place to—in this context—take a stand on who should pay for health care or how. If you'd like my opinion, I'd be happy to share that with you off-line.

Instead, I want to spend some time on the tough moral and ethical questions that I see are at stake here. Some of them are not so different from the issues the Family Research Council identified—but some of them are ones largely ignored by this group in seeking to define a single way that any Christian should think about this issue.

One of the issues I would agree with the FRC is important is the issue of end-of-life counseling.

I think it's important here, though, to understand what the House of Representatives' bill does and does not call for—because it's been taken more than a little bit out of context.

What the House has suggested is that Medicare—the government-run single-payer health care system available to people ages 65 and over—should be allowed to pay for consultations between a person and his or her doctor about issues regarding health care at the end of life.

In these appointments, people would be allowed to choose for themselves what medical interventions are and are not ones they want, in the event that they could not make their wishes known. Some might choose, for example, for any and all interventions that could possibly prolong their life to be used at all costs. Others might say that artificial resuscitation is

acceptable but that they do not want to go on if they are unresponsive and dependent upon a feeding tube.

The ultimate decision would be up to the individual in all of these cases—not a panel, or an expert or a single doctor, or a government bureaucracy in an underground room in Washington.

I firmly believe that people should be allowed and encouraged to make these decisions for themselves. People should be allowed to choose a course of treatment that preserves—in whatever way they see it—their dignity as they die.

This, of course, means that they need to have thought about the decisions—and discussed them with doctors and loved ones—long before they are in a situation where the decisions need to be made. And yet Medicare won't pay for consultation with a physician about these issues—meaning only people who can pay for it themselves get appropriate counseling on this issue.

This is a moral and ethical issue for me based in our mutual affirmation of the inherent worth and dignity of all people.

People with dignity and worth get to make tough decisions for themselves—and not have doctors, family members and sometimes even court systems debate their fate for them.

In my experience, I have been in many situations where people faced the end of their lives. Rarely did they have permission—from others or themselves—to do it with grace, with strength, and with dignity.

Our modern American culture has placed a premium on “fighting” to stay alive at all costs—no matter the quality of life or the cost of that fight—financial, yes, but also emotional, psychological and spiritual. Families are left grieving over and over and over again, with no end in sight thanks to the marvels of modern medicine.

Long ago, spirituals and hymns sang of death as a return home—to a loving God, to a peaceful existence in heaven. Too often I have been in hospitals where no such home could be found—where a fitful, painful, sedentary and unresponsive life in the flesh was held up as a better scenario than the finality of death.

And why? I think that maybe it has something to do with a health-care system that makes money not from counseling us to make decisions for ourselves but by keeping us “alive” on machines and by extraordinary, artificial means.

We need to re-examine our relationship with death and the incentives our current system has for making decisions that allow for spiritual healing where physical healing is unattainable.

Predictably, the Family Research Council opposes end-of-life counseling, fearing it might lead to government-funded euthanasia—the ending of someone else’s life because they have a terminal disease. The House legislation actually doesn’t take up that issue, since euthanasia is, after all, illegal and would remain so. But it’s a slippery slope to the FRC—an argument that screams “scare your congregation,” and one that leads me to think that conflating end-of-life counseling with euthanasia is nothing more than a transparent political move.

The sample sermon says that “the culture of death must be resisted at every point without compromise.” Maybe they should sing some of their own hymns instead of the tune the insurance companies are humming.

The sample sermon notably leaves out the forty-five million American citizens with no health insurance at all.

Why? I don’t know—maybe it’s because there is no morally defensible position for a Christian of any sort to take that makes this reality OK. In fact, the only system under which such a situation can be defended is a purely libertarian one—in which every person is out for themselves, and inequality is a fact of life.

I admire people who are able to consistently advocate for such a system in all parts of life—and yet I think they’re out of touch. The hyper-individualist, rugged American mythos is not only damaging but also lacking in reality. The reality is that we are all connected.

Nobel Peace Prize recipient and liberal social reformer Jane Addams wrote, way back in 1902, that each generation has the responsibility to advance the moral thinking of our society, rejecting the moral tests used by previous ones. She concluded that “to attain individual morality in an age demanding social morality, to pride one’s self on the results of personal effort when the time demands social adjustment, is utterly to fail to apprehend the situation.”

This age demands social morality in health care. To attain this, I believe it is incumbent upon us to understand that none of us obtains health care in a vacuum.

Most of us have health insurance, and therefore access to health care, that we like (or at least tolerate). Most of us—through our employer or our spouse’s employer, or maybe the Veterans’ Administration or the Medicare program—have some sort of coverage for when we get sick or have an accident.

Our employer (or the government) pays most of the monthly premium, and we make up the rest. Insurance companies count on those premiums being higher than the cost of care, since they're driven by the sole motive of profit.

This Fellowship provides me with my health insurance—through the UUA health plan. It's a pretty good plan. If you fired me tomorrow, though, I'd lose my insurance in three months (thanks to the generous agreement we have) unless I came up with a way to pay for an individual insurance plan on my own—or pay the exorbitant extra taxes that it would take for me to be covered by Eric's plan. With no income either scenario would be difficult, and if I had a pre-existing condition, the former would be impossible.

But more than one out of ten in this country have no insurance at all. This is not to say they have no health care—it's just that they pay out of pocket for whatever they get. If they can't afford it, they either don't get it or they don't pay.

In the latter case, those of us with health insurance wind up paying for their health care.

Does an MRI scan really cost \$1000? No, it really doesn't, not even when all of the overhead is taken into account. But part of that cost has to pay for the emergency room services used by people with no health insurance and no way of paying the hospital either. Part of the cost has to pay for the likelihood that people with no or bad insurance coverage won't bother to see a doctor until their condition has worsened to a point that advanced procedures are necessary. Part of the cost has to pay for malpractice insurance for doctors who are routinely sued by insurance companies seeking to recoup the costs of large payouts for those advanced procedures.

If I were to collapse now with acute appendicitis, let's say, you might call an ambulance and get me to Northern Westchester Hospital. But my bill wouldn't just reflect the cost of my emergency appendectomy—it would reflect the out-of-control costs of a system in which people are regularly uninsured and underinsured, where profit motives drive insurance companies to ration care, and where the emergency room has become the only doctor's office available to the poor.

And because of that, my insurance premium might go up next year. And you would have to pay for that.

We are all connected—there is no way around that. And thus, we need to find a social morality of health care—and not an individual one.

The Family Research Council wants to scare people into submission. I think the system we have is scary enough to make us act.

How? That's the tough question. Maybe we'll discuss that one later. But only if you want to.

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