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The Missing Peace

by Dennis M. Sullivan, M.D.

When it comes to health care, the problems are many and the answers unclear. But restoring shalom should be our highest priority.

Ask someone about health care, and you are almost certain to receive a passionate response. We've created a national tug-of-war as we debate one of the most divisive issues in our modern public discourse. And the new health care reform bill has only intensified the conversations. Since we often discuss political solutions without really understanding the problems, it would benefit us to define some ethical concerns about our health care system.

First, the good news: our modern system of physicians and hospitals stands as one of the

most sophisticated in the world. It has a strong private sector orientation, which facilitates easy access and encourages ongoing innovation. Highly trained specialists are readily available in most regions of the United States.

Then there's the bad news: we have a terribly inefficient and costly system. Preventable illness makes up approximately 80 percent of illness, accumulates 90 percent of all health care costs, and accounts for eight of the nine leading categories of death. The U.S. spends more on health care than any other industrialized nation, and yet its citizens are not the healthiest.

Restoring Shalom

As a result of the Fall, “the whole creation has been groaning as in the pains of childbirth right up to the present time” (Rom. 8:22).

The sickness of creation is evident, not only by the ultimate toll of death but also by daily suffering and disease. For humanity, shalom has been lost.

The Hebrew word “shalom” describes the essence of health as wholeness, completeness, and well-being. Often used as a blessing or greeting, shalom implies both physical and spiritual aspects. In his book *The Hebrew-Greek Key Study Bible*, Dr. Spiros Zodhiates described it as “a harmonious state of soul and mind, both externally and internally.” The full embodiment of biblical shalom is perhaps best summed up in Isaiah 26:3: “The steadfast of mind You will keep in perfect peace [shalom], because he trusts in You.”

More than physical health — though that is indeed included in the concept — shalom cannot be accomplished by men, for it is a gift from God. John Wilkinson, in his book *The Bible and Healing*, points out, “True shalom or well-being comes from God. ... In God alone can we know the wholeness of our being and the rightness of our relationships which make up what the Old Testament means by health.”

In its essence, shalom is the restoration of bodily and spiritual integrity in the face of suffering brought on by the Fall. Because of His compassion and love for humanity, God sent His Son to make us whole once again. The fullest expression of shalom comes from the blessing and promise expressed by the Lord Jesus: “Peace I leave with you; My peace I give to you. I do not give to you as the world gives” (John 14:27). In this regard, the title “Great Physician” seems inadequate, for He does so much more than bring physical healing to the world: He is the Prince of Shalom.

With this understanding of biblical health, the role of the healer is to help reverse the effects of the Fall and to imitate God in restoring shalom. This idea has found its way into secular health concepts as well. For example, Article 25 of the United Nations

Universal Declaration of Human Rights states, “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family.”



Increasing Access

Yet, everyone does *not* participate in this right. A considerable portion of the U.S. population simply does not have access to health care. Despite expenditures in excess of \$1 trillion, the number of those without health insurance continues to increase, reaching to as much as 16 percent of our population. If the underinsured are added to this, the number of Americans with inadequate health insurance rises to as much as 25 percent.

The lack of social justice in health care should concern us. In Isaiah 58, the Lord directs the prophet to rebuke the religious pretensions of the Hebrew people. They were whining because God would not answer their prayers (v. 3): “Why have we fasted ... and You have not seen it? Why have we humbled ourselves, and You have not noticed?” The answer was simple. They had neglected the needy in their midst: the poor, the oppressed, and the hungry (vv. 6–7). As a result, God was not interested in their empty rituals. Only when they dealt properly with the less fortunate among them would God say, “Then you will call, and the Lord will answer; you will cry for help, and He will say: Here am I” (v. 9).

Given this scriptural example, providing adequate health care for our citizens is consistent with our duty to show compassion and mercy to those who suffer. If we callously make no provision for the poor and needy, our prayers may be hindered, just as in the case of the Israelites. Therefore, inequality of access takes its rightful place as one of the major ethical issues in the health care reform debate.



Controlling Costs

Another problem is cost, which several factors contribute to. As the baby-boomer generation hits retirement age, this large population demographic is straining the system. Fear and public expectations fuel an increased desire for CAT scans and other high-tech tests. Tobacco and alcohol abuse are rampant. We have a nationwide epidemic of obesity. Our litigation-prone society means the malpractice crisis has driven up health care premiums, with a tendency toward “defensive medicine.” And the current economic recession and high unemployment rate only add to the problem.

Why is this all so hard to fix? As an employment-based system, health insurance “belongs” to the employer, not to the worker. Employees cannot shop for the best plan, which reduces competition among insurers. This also means employees cannot carry their health insurance to other states and to other companies. When they try to get fresh coverage elsewhere, they may be turned down because of pre-existing conditions.

These ethical concerns are deep-seated failures of our current health care system. The political solutions will be complex, and the answers will require compromise and some sacrifice, especially as we remember the principles of Isaiah 58.

Along the way, our Christian commitments demand we reject any health care plan that funds abortion, encourages assisted suicide, or mandates the premature withdrawal of life-sustaining treatments. We should reject health care rationing, which would discriminate against the disadvantaged. And we cannot remove conscience protections for health care professionals, which give them the right not to participate in morally objectionable procedures.

How does the new legislation address these issues? The full impact may not be known for many years. However, it seems fair to report that the bill deals primarily with access, namely by providing an additional 32 million Americans with health insurance. It does little to reduce health care costs. How it will fare in terms of abortion coverage and protection of conscience rights is yet unclear.

As Christians, we should intentionally and knowledgeably get involved in the health care debate. Our political representatives need us to remind them of their duty to *all* citizens. And they need to restore the primary purpose of health care — to help restore shalom. ■

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