

Call for a Righteous Justice

■ A Christian Bioethics for the Poor

Michael Cheng-tek Tai.Ph.D(1) Wen-cheng Chang,M.D.,Ph.D.(2)

Mao Chuang. M.A(3)

(1).Chairman, Department of Social Medicine, Chungshan Medical University,
Taichung,Taiwan.

(2).Chairman, Department of Sport Medicine, China Medical
College,Taichung,Taiwan.

(3).Lecturer, Faculty of General Education, Chungshan medical University.

I. AN OVER VIEW OF CHRISTIAN BIOETHICS

Describing a distinct Christian bioethics system is not easy. Most of the contributions Christian thinkers made to modern bioethics has occurred through history in a subtle way. Autonomy, for instance, is generally accepted as one pervasive Christian ethics. Christians have played an important historical role in articulating and promoting this concept but it is now so widely accepted as a principle of secular bioethics and , not considered as a unique feature of Christian bioethics. One of the foundational ideas of the Reformation was that earthly authorities are fallible and that believers should read and understand scripture themselves. This emphasis on personal freedom has contributed to the establishment of respect for the individual or autonomy as a foundational concept in modern bioethics.

Justice is another example. The biblical conception of God depicts him as one who is just or righteous and who as such remains faithful to the demand of a relationship with human beings. God's justice may be expressed in deeds that liberate the weak and vulnerable from bondage, as well as in judgment on the unfaithful of the people. In Thomas Aquinas' theology, justice is even listed as one of the cardinal virtues along with prudence, temperance and fortitude. Justice, like autonomy, has been accepted today as one of the most important principles of secular biomedical ethics. Still significant differences exist between secular and Christian conceptions of autonomy, many secular formulations emphasize personal freedom and argue that autonomy is best served by minimizing restriction on individual choice. Christian would argue that autonomy can be fully expressed only in the context of a relationship with God and that individuals must account for their personal relationships and their

responsibilities to the larger community.

The influence of Christian scholars on modern bioethical thought is pervasive and among them, such as Paul Ramsey, Joseph Fletcher, James Gustafson and the Catholic theologian, Bernard Haring...etc., have been particularly influential. Ramsey described a deontological approach to bioethics in which he articulated unexceptional moral principles between physicians and patients. Fletcher advocated a situation ethics that closely resembles act-utilitarianism. Fletcher emphasized the need to understand moral issues from the patients' perspectives and felt that human freedom and choice were of the most importance. Ramsey and Fletcher represented the opposite ends of the polarities of principles versus situation, deontological versus consequential and norms versus context. Gustafson helped to move the debate forward. He emphasized the web of human relationships in which each individual as agent is related responsibly to others. The starting place for his ethical reflection is ordinary human existence rather than church doctrines or scriptural passages. After describing a situation in terms that do not presuppose distinctive religious teachings or authority, Gustafson then asks how a situation is being described and what weight should be assigned to different values and consequences. Gustafson provides useful guidance for understanding the thought pattern of many Christians in the clinical setting.

The fundamental belief to Catholic bioethics however, is in the sanctity of life, the value of a human life. Life is a creation of God and a gift in trust that is beyond human evaluation and authority. God maintains dominion over it. In this view, we are stewards not owners of our own bodies and accountable to God for the life that has been given to us. Life, however is not an absolute value for the Catholic understanding of its meaning and purpose. This purpose and meaning rather is founded in a belief in the resurrection of Christ and the hope of an afterlife. Person is a composition of body and soul. As long as there is a living body even if the mental capacities are reduced or absent there is still a person present. A human being is considered to be a person from conception to the death of the whole. In contrast, modern society sometimes tends to take a developmental view that personhood begins sometimes later than conception and can be lost well before the physical death of the individual occurs. The difference between these stances is of profound ethical significance for both beginning of life and end of life decision.

Christian ideas about work and vocation have important implications for how the physician-patient relationship is viewed. God's love and compassion is revealed in many different jobs, not just the work of the priest. Medicine is seen as a calling and the language of covenant is used to describe the relationship between doctor and

patient. Physicians are to be more than technical experts. They are called to empathize with their patients' suffering and to establish relationships of care and respect that allow them to enter into their patient's world.

Although bioethical principles of beneficence, non-maleficence, autonomy and justice are compatible with Christian beliefs, some patients will be guided by their theological requirements of faith, hope, love and fidelity and by more specific religious requirements that are not completely captured in the principle of secular bioethics.

One particular characteristic of Christian concern to human existence is its sympathy to the poor. From the 8th century B.C. onward there is sharp criticism of unjust oppression of the poor (Amos 2:6f). Failure to uphold the rights of the defenseless is also criticized (Is 1:23) as is the withholding of wages (Jer 22:13). The poor are contrasted with those who oppressed them and see themselves as having a righteous claim on God. In the law there is also concern to protect the poor by legislative enactment. In the New Testament there is a very positive good news for the poor as God's kingdom will transform the existing order and already brings hope and healing through activities of Jesus and his disciples to them .

In recent decades, analysis of the causes of poverty was followed by legislation to provide pensions, social insurance, unemployment relief and health care. At first glance, a kingdom of God in which the poor can also claim their rights seems to be in the making. But this is not quite the case.

II. A CHRISTIAN BIOETHICS FOR THE POOR – A CALL FOR RIGHTEOUS JUSTICE

In this highly developed world, poverty remains one of the most acute and devastating problems of third world countries. Economically speaking, poverty is the deprivation of certain basic needs of life—chiefly food, shelter, clothing, health, education, transportation and recreation. For health and medicine, it is an inability to seek medical attention when ill due to lack of financial resources to pay the bills. Since the poor usually is forced to live in a slum or unhygienic environments, they tend to be more vulnerable to diseases. In Asia, the problem of poverty can be summarized as follows:

1. the abject poverty of the majority is a consequence of the large accumulation of wealth by a few.
2. the poor suffer from inadequate income, malnutrition, sub-human living conditions, harsh labor and exploitation of child-labor and

of old-women-labor because:

- a. ownership of the means of production is concentrated in the hands of a few and carried through the family relationship;
 - b. control of local and international markets is not in the hands of the working people but in the hands of the rich who often have access to the decision-making body of the government;
 - c. the poor are too oppressed to realize their potential and capacity for changing the set-up;
 - d. profit-making motive dominates the minds of the rich who regard labourers as tools rather than as persons.
3. a common belief that this life's living situation is determined by their previous lives. Karma, either good or bad can only effect the life to come. Thus they have to accept what their previous Karma determined for this life.

Obviously, poverty is economic injustice imposed on the poor by the rich and the conspiracy of the rich to take advantage of other people's weakness for their own profits. This economic injustice inevitably effects the medical right of the poor.

Evidence has been found (though documented proof is still unavailable) that in Asia some poor people have to sell their body organs to supply transplant operations for the rich. This is in order to pay bills for their daily survival. Web Sites even carry a plenty of information for those seeking to pay for good organs to transplant. Stories have been told that guaranteed trips for organ transplants have been organized simply for this purpose in some wealthier countries. This sale of organs, though officially forbidden, has been promoted in a semi-publicized fashion. Who provides the organs ? No other than the poor and the unfortunate laborers. The poor is not only exploited in economic terms, but also medically. They are victimized becoming the suppliers of body organs for those people who can afford these operations. Besides organs, some women chose to rent their wombs to bear babies for the rich in order to win wages. Life is no longer precious but a commodity to be bargained and traded in this highly developed biotechnological age. The more medical technology advances, the more the poor are exploited as tools in the name of progress. In a similar vein another issue is health insurance system which most countries of the world have adopted. Despite the implementation of this so-called universal health program, many poor people remain outside this health protection umbrella as they cannot afford to pay to be insured.

Facing these heart-breaking issues confronted by the poor, Christians must call for a special justice to ensure that the poor are no longer being exploited and

deprived of their basic human rights and that all people, rich or poor alike can equally be insured without discrimination regardless if they are financially capable to pay the premium or not. This is the justice Christians must advocate.

III. JUSTICE – A BIOMEDICAL UNDERSTANDING

Justice in a secular bioethical understanding deals with the allocation of resources. It is the distribution of benefits and burdens, of goods and services according to a just standard. But how to determine what is a just standard remains perplexing. Basically speaking there are two kinds of justice, formal and material. Formal is non-comparative. What one receives is determined by a standard independent of the claims of others. It is a distribution or treatment based not on evaluation of the specifics of the case but on the needs of a legal rule. In non-comparative justice, the allocation, distribution or treatment are determined by principle, namely, equally shared and first come first serve, not by who needs help more urgently. The strength of this principle is that it gives us a clear rule. The material justice is comparative in that what one person or group receives is determined by balancing the competing claims of other individual or group. Here one receives his/her service by one's condition or needs and how those relate to similar needs of others in society. The point of this principle is a balancing of the needs of individuals competing for the same resources.

As we observe how medical resources and treatment are actually determined and distributed, there is evidently a third principle being applied, namely, a factor based upon social worth. Social worth criteria goes beyond needs and evaluates the status of an individual or his/her actual or potential contributions to society. This in fact is a privilege enjoyed only by the elites of society and its justification is questionable. This form of justice is distribution according to individual effort and worth. This is in contrast to formal justice to each according to an equal share and material justice according to individual need. These three models of justice seem to have satisfied the ethicists in the attempt to distribute resources equally and fairly, but as Christians we must also advocate a fourth model of justice which I call “righteous justice”.

IV. A CHRISTIAN BIOETHICS OF RIGHTEOUS JUSTICE

Righteous justice involves not only the common principle of justice, but more importantly, compassion as expressed in God's concern for the weak and vulnerable. In other words, this justice is for the poor and the underprivileged in society. It calls for three main principles:

1. Universality : all people are entitled to health insurance coverage
2. Accessibility : there should be no financial or other barrier for anyone to receive medical services
3. Comprehensiveness : all medically necessary services must be insured

Though most countries have implemented national health insurance system in today's world, still a majority of the poor are outside this protection due to being financially unable to pay. This righteous justice calls for the exemption of the poor to pay the premium. The costs of insurance must be covered through either a "the haves pay more, the have-not pays less" system or a governmental budget plan. It should be a universal health insurance regardless of rich or poor, colored or white, educated or illiterate, young or old..... It is out of compassion that this justice is called. Besides, this righteous justice will also advocate a national welfare system to help the poor establish themselves so that someday they will be proud contributors to the health insurance program.

As mentioned above, in some poor countries in Asia, word has been spread that some people have to sell their organs for transplants in order to "put food on the table" for their families. People in some richer countries have taken advantage of this easy trade to get their desperately needed life-sustaining organs. Righteous justice must ensure that poor people never have to sell their vital organs again for survival by making the world become aware that organs are precious gifts of God not to be traded.

Also, people residing in metropolitan areas enjoy a better access to immediate medical attention while the people in rural or remote areas often have to travel to city centers for care when needed. The righteous justice has motivated many Christian health professionals to travel in medical vans to remote areas to help those people. This voluntary medical assistance is good when no other alternative is available but not good enough. Righteous justice must appeal to the government that every township and village, so that remote or rural be provided with a more than basic medical clinic to meet the medical needs of people.

IV. CONCLUSION

Justice is a beautiful word. In ancient Greek and in the Catholic traditions it has always been regarded as a virtue. In Christian belief, God always advocates justice. In secular bioethics justice is one of the four major principles. Still, justice without compassion is inadequate. We must advocate a righteous justice for the poor

and the underprivileged so that their medical needs can be attended without delay.

REFERENCES

1. Ashley B and O'Rourke K: Health Care Ethics: A Theological Analysis, 3rd ed. St. Louise, CHA, 1989
2. Beauchamp TL and Childress JF: Principles of Biomedical Ethics. New York, Oxford, 1977
3. Colaco JM ed: Jesus Christ in Asian Suffering and Hope. Madras. India. 1971
4. Fletcher J: Morals and Medicine. Boston: Beacon Press. 1960
5. Haring B: Medical Ethics Fides Publisher, Notre Dame, 1973
6. Mealand DL: Poverty and Expectation in the Gospel. 1980. Westminster, Philadelphia
7. Ramsey P: The Patient as Person. New Haven. Yale University. 1970
8. Song CS: Christian Mission in Reconstruction. Madras. CLC. 1975
9. Tai MC: In Search of Justice. Griffin, Chilliwack, Canada. 1985
10. Tai MC: The Basic Biomedical Ethics. Kaoly, Taipei. 2nd ed. 2002

