The discussion of money and health care has been dominated in recent years by the phenomenon of managed care, how it has replaced traditional fee-for-service medicine, and the debate over the costs and benefits of such a system. Many physicians who are now entering practice come in under a variety of managed care payment plans and know very little of standard fee-for-service medicine. This will be increasingly true for the next generation of health care professionals.

Looking into the future of money and health care can be alarming, but it is important to take note of areas in which money and health care will continue to intermingle, raising significant ethical issues. Questions concerning the criteria by which health care is distributed—such as those based on need, merit, social worth, ability to pay, or some combination of these—are at the heart of the current discussion of health care reform. The door is open for theologians and philosophers to bring distributive justice reflections into the current health care debate.

Upon entering this debate, people first need to admit that the scarcity of resources for health care is real, not imagined. Second, they need to address the issue of whether health care should be viewed as a right—where people expect all they need with- out having to worry about paying for it—or a commodity. The traditional medical ethic has been to put the patient's interest ahead of everything else and to seek the patient's best interests irrespective of the costs involved. However, since managed care has brought the scarcity of medical resources to the forefront of society's attention, physicians' obligations have become divided. Physicians are now confronted daily with the prospect of conflict between the patient's best medical interest and the physician's/hospital's financial interest. It seems clear that the fiduciary relationship between physician and patient demands that the physician put the patient's interest ahead of his or her own self-interest. However, the more difficult conflict raised by scarcity of medical resources is the conflict between the inter-
Research published a study demonstrating that stem cells taken from adult bone marrow had been transformed into nerve cells. This was previously believed to be impossible. Other long-held beliefs, such as the idea that the brain was incapable of regeneration, are being overturned because of research on stem cells derived from non-embryonic sources. Those who are involved in ethical reflection in hospitals and from medical centers will be asked to blend business ethics and medical ethics to formulate an ethic that will benefit both patients and the organization that serves them. It would be in the interests of those in the bioethics community to become more educated about the sister field of business ethics so that they may better serve their institutions.

Fourth, people should develop a knowledge of and expertise in business ethics. In the last 2-3 years, ethics committees increasingly have been asked to shift their focus from strictly clinical ethics issues to those that deal with the business side of health care, or organizational ethics. Those who are involved in ethical reflection in hospitals and from medical centers will be asked to blend business ethics and medical ethics to formulate an ethic that will benefit both patients and the organization that serves them.

It is indeed difficult to accept the disability or premature death of any human being because such tragedy marks the loss of potential. Who might this person have become? What might he or she have accomplished? Yet precisely the same potential is lost when a human embryo, cloned or not, is torn apart to supply stem cells for the benefit of another. Who would these embryonic beings have become, if only they had been protected and nurtured? Instead of sanctioning their sacrifice, those who brought these embryos into being should act as caretakers, nurturing and protecting these tiny human lives. In that way, they act as faithful agents of God, reflecting His character to the world. Endorsing the destruction of human embryos fails miserably to reach this end, as it makes it ever easier for society to abandon its responsibility to abide by the divine order in a way that is justifiable at all stages of development. Policies which promote human cloning and research on stem cells derived from human embryos reflect ominously on the state of a society and the values which characterize it. •

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MONEY AND HEALTH CARE IN THE NEW MILLENNIUM (CONTINUED FROM PAGE 1)

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Third, people need to be able to recognize the point at which medical treatment is futile. Virtually every day in hospitals and medical centers around the country, families are making inappropriate requests for aggressive treatment at the end of life. More often than not, physicians accommodate these requests out of a fear of being sued or to avoid vexing in dealing with the family. The result is that resources are unnecessarily spent at the end of life on futile or burdensome treatments which are very expensive but offer, at best, only minimal benefit. In the vast majority of these cases, there is clear disagreement about the best course of action for the patient to stop aggressive treatment and initiate a regimen of palliative or hospice care instead.

The stem cell/cloning controversy raises, once again, the fundamental issue of personhood and the ensuing considerations of how human images are created, reflected, and treated. Unfortunately, Christians cannot turn to the Bible for a specific verse to tell us if the embryo has the same rights as other humans. However, when Scripture speaks of human beings, the common theme is almost always one of God’s protection for them and His vision for their lives (Psalm 139:13-17; Isaiah 44:1-2; 1 Isaiah 1:3). Human dignity arises from our being created in the image of God. If we ask who “is an image of God, we might receive no easy answer. But Jesus was asked, “Who is my neighbor?"