The NHS is failing for socioreligious reasons, argues Nick Spencer

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Health and the nation

Biblical anthropology recognises human beings as autonomous and therefore heavily responsible for their own health

Nigel Lawson once described the NHS as the closest thing the English have to a religion. This may be somewhat rhetorical but it is still rooted in reality. Health has been the top spending priority in the British public mind for every single one of the last twenty years. The National Health Service (NHS) employs nearly one in 30 of the working population. 95% of families have contact with their general practitioner in any given two-year period. The NHS is always considered the most important issue facing the nation, except when war or recession loom.

Yet this national icon appears to be in rather poor condition. Beset by medical scandals and funding crises, the NHS is more of a national soap opera than the crowning glory of the welfare state. The reasons for its ill health extend a long way beyond government healthcare policies to incorporate our changing attitudes to health and humanity and in particular the social and cultural climate in which the West finds itself at the dawn of the third millennium.

Health and humanity

The 20th century was the age of medical triumph in the West. British life expectancy rose from 47 to 77 years and infant mortality fell from 14% to 0.5%. History's great killers were conquered and millions were provided with inoculations, regular medical check-ups and accurate dietary advice.

Yet medicine became a victim of its own success. As acute infectious diseases were defeated, 'lifestyle conditions' such as lung cancer or coronary heart disease took their place. This change in demand was accompanied by medicine's ever-growing capability and resulted in something of an ideological crisis in the medical world. With its historic remit largely satisfied, what was Western medicine's future role? How far should medics be responsible for preventing 'lifestyle disorders'? Indeed, where was the dividing line between a medical disorder and sense of personal disaffection?

The medicalisation of life effected by this growing competence and changing need has inevitably increased the pressure on Western health services. In the 20th century, medical enterprise combined with popular reductionist notions to result in patients seeing medics as dealing in happiness rather than health. Increasingly, people think of 'my problems' as 'my body's problems', or 'my mind's problems'. 'I' and 'my responsibility' are removed one step away and it has become much more reasonable to expect someone else to fix my problems. As Christian media personality Malcolm Muggeridge wryly observed, our song today is 'I will lift up mine eyes unto the pills'.

The nation

The social and cultural conditions in which Western health services operate have also transformed. Over the next two decades, Western nations will experience unprecedented demographic rebalancing as the elderly rise to outnumber the young. This creates a double bind for the NHS: rising demand coupled with a falling number of people to pay for it.

Secondly, our ingrained consumerist culture influences healthcare provision. Health may have very little in common with high street goods but the consumer's worldview is pervasive, promising personal fulfilment by means of financial exchange.

As patients become customers and choice becomes a birthright, the NHS is under increasing pressure to deliver to the standard demanded by the marketplace. Failure to do so has resulted in the rapid growth of legal claims, an immensely costly trend in terms of money and morale.

A third important factor is that current British society has a very different attitude to trust and authority than it did in 1948 when the NHS was founded. Authority is automatically questioned and scepticism is the accepted norm. Operational transparency is a necessity: anything that goes on behind closed doors is automatically suspect. Medics are no longer the authoritative and trustworthy figures they once were. Whilst this may not sound too acute a problem, philosopher Onora O'Neill pointed out that no society or organisation can operate effectively without trust.[1] In an institution that employs 1.5 million people and treats ten times that many every year, an atmosphere of mistrust can have seriously detrimental effects.

Finally, there is the effect of liberal humanism whose most successful myth claims that we will only make the most of this life once we have recognised that there is no other chance. Evolving against the background of 19th century Christianity (with its afterlife being the reward that sanctioned poverty in this world), the idea sounded admirable. Liberated from the bribe of eternal bliss, mankind was free to build his heaven on earth. 150 years later, utopianism has gone sour but its personal implications remain strong. With the loss of any widely accepted concept of resurrection, afterlife or eternity, Western man has developed a perfectly reasonable idolatry of health, not to mention beauty and appearance. We naturally think that if the here and now is all I'll ever have, I need to make absolutely certain that it will be perfect!' Failure will not be tolerated. Believing that we have no other life ensures that we demand the most from this one. And this means demanding the most from those who are in a position to optimise our health and happiness.

A biblical response

The idea of turning to the Bible to aid our thinking on healthcare may seem strange at first. Biblical teaching knows nothing of biomedicine and has no concept of an institutionalised healthcare service. What possible link is there? One answer to this can be seen in the structure of Roy Porter's magisterial history of medicine, *The Greatest Benefit to Mankind: A Medical History of Humanity*.[2] Loosely speaking, this has two plots that intertwine with one another in alternate chapters. The first is the story of medical discovery: anatomy and bacteriology, William Harvey and Louis Pasteur. The second is the tale of how such discoveries were used in society: the story of hospitals, slum clearances and vaccination programmes, Florence Nightingale and Aneurin Bevan. In the popular imagination, it is the former that saves lives. However, in the words of Ian McColl, former Professor of Surgery at Guy's Hospital, 'It often comes as a surprise [to learn] that the health of a nation is more dependent on public health and social issues that the clinical activities of doctors'. It is precisely this important social application of biomedicine that biblical teaching can help with.

The biblical concept of shalom must provide the starting point of any analysis. Shalom incorporates physical, mental, emotional and spiritual health, and when used of a community, it means societal and relational wholeness. It stands opposed to both reductionist concepts of health and humanity and to mystical dualist ideas in which the human essence or soul is considered separate from the body, as in Greek thinking two millennia ago. Biblical health is incarnate but more than simply meat.

The biblical model of covenant can be used as an antidote to modern consumerism. Models of covenant vary considerably according to situation and participants but the commonplace emphasis on mutual loyalty, obligation, trust and responsibility are instructive. Not only should 'consumers' not expect the same relationship with hospitals as with High Street retailers but they also need to recognise their own responsibilities.

The fundamental biblical principle that human beings have an intrinsic worth which is not contingent on their physical strength or economic viability will be of vital importance given the prospective demographic shifts in the West. In an organisation that is driven by economic considerations, it is all too easy for the 'uneconomical' elderly to be seen as 'bed blockers' who are a 'burden' and 'drain resources'. This problem is increasingly pressing, given the breakdown of families and community networks. The repeated biblical injunctions to honour the elderly and care for those who fall outside natural support networks need to be heeded.[3]

Biblical teaching provides other pointers. Radical other-person-centredness calls us to 'carry each other's burdens'.[4] Biblical anthropology recognises human beings as autonomous and therefore heavily responsible for their own health. The holistic nature of shalom recognises that emotional and spiritual health can profoundly affect physical health (and vice versa). None of these offers a panacea for the problems facing Western health services but they should guide and inform our thinking on this most iconic and 'religious' of topics.

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Nick Spencer's booklet 'Health and the Nation: A Biblical Perspective on Health and Healthcare in Britain today' is available free from The Jubilee Centre. To request a copy please e-mail jubilee.centre@clara.net or tel 01223 566319.

KEY POINTS

The failings of the NHS owe more to changes in the social, cultural and religious climate than to government policy or the clinical activities of doctors. The NHS is being swamped by a changing demographic balance, increasing consumerist expectations, loss of trust in authority figures and the rise of liberal humanism with its promise of 'utopia in this world'. A biblical response recognises that health is rooted as much in societal and relational wholeness as in good healthcare provision. A healthy nation results when individuals and communities take responsibility for their own health and for the care of those who fall outside natural support networks.

References

1. O'Neill O. *A Question of Trust: The BBC Reith Lectures 2002*. Cambridge: Cambridge University Press, 2002
2. Porter R. *The Greatest Benefit to Mankind: A Medical History of Humanity*. London: Fontana Press, 1999
3. Exodus 20:12; Isaiah 1:17; James 1:27
4. Galatians 6:2