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Health care systems



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Euripides concludes nearly half a dozen of his plays with an observation concerning the uncertainties of human life and the unexpected twists of destiny. The message is more or less that much is unknown, much of what we expect is not realized, and that God finds a way for what no one foresees. My year at the Wissenschaftskolleg confirmed Euripides in my own case, and from my observations of many of my colleagues, with their work as well. Nothing was finished on the schedule or with the focus I had anticipated. However, the outcomes were, with few exceptions, better than I had envisaged.

I began the year early, at the end of July, 1988, with the hope of completing by November a study of the concept of secular humanism and its implications for contemporary health care policy. It was a work I had initiated years beforehand. I wanted to complete that early volume not only because of my intrinsic interest in the project (and because of extrinsic concerns such as an importunate publisher), but because I saw the volume as providing the philosophical foundations for the proposed major focus for my year's study at the Wissenschaftskolleg: a comparison of the moral foundations of American and West German health care systems. The comparative foundations of health care systems still provided the topic for my Colloquium at the Wissenschaftskolleg and formed one of the major foci of a symposium I organized with another Fellow, Prof. Christoph Sachße. However, my work with the secular humanism volume had a much more profound influence on the rest of the year than I anticipated. It also took much longer to complete than I had expected. In fact, it was finished on the day before my departure in July, 1989.

The symposium "Freiheit, Gleichheit, Sicherheit: Ethische Grundfragen der Sozialpolitik" addressed the problem of determining a canonical ranking for such important social desiderata as freedom, equality, and security. It raised (inter alia) the foundational moral issue of determining the proper lexical ordering of cardinal societal goals, so as to be able to identify which of the range of possible health care policies is fair, just, or appropriate. This foundational issue depended on the conclusions of my work on secular humanism: the task of determining whether enough of moral content can be established generally to give moral justification to public policy in a secular pluralist society, where citizens meet as moral strangers. In this context, a very depressing conclusion appears unavoidable: it is very dubious whether a general content-full moral narrative can be discovered by reason or justified by rational arguments to which moral strangers owe assent. Yet, in secular pluralist societies, we meet as strangers.

The problem is, to quote Foucault, not only that God is dead for modern (or post-modern) society, but man is as well. That is, as moral strangers we are bereft of content-full moral principles grounded in human nature or the human condition that can identify a particular health care policy as the one to be endorsed morally. Instead, we must hope that the procedural rules of limited democracies with their accent on rights to privacy and on free and informed consent will suffice. The lineaments of contemporary public policy must thus be directed more by the hope of gaining authorization from consent rather than by an aspiration to rational discovery of a prior lexical ordering appropriate to liberty as a value (or from any other rationally discoverable, normatively canonical ranking of values or societal desiderata). Liberal public policy is thus more securely justified on the basis of a strategy of despair (i. e., in terms of turning to persons as the only source of authority, if God is silent and secular moral reasoning vacuous), than in terms of an appeal to one among many possible rankings of values as the only rationally defensible ranking. The concept of a normative human nature is now largely, if not entirely, empty. Insurance metaphors are thus much more appropriate than appeals to justice when establishing health care policy.

The volume on secular humanism, along with the historical studies and philosophical arguments that led to and secured its conclusions, took shape only after much more labor than I had anticipated. Euripides was right. The manuscript stayed with me as a Fury through the entire year, as I concurrently gathered information for the book on the comparative moral foundations of the American and West German health care systems. The old book is now completed, the new one is substantially along in its gestation, but not as near to birth as I had hoped.