

FOREWORD BY ANDY CROUCH

Pursuing Health in an Anxious Age

BOB CUTILLO, MD



“Based on his Christian convictions and years of treating the marginalized, Dr. Cutillo calls for reorienting the philosophy and practice of medicine. A society consumed by a delusional drive for invulnerability needs to look to the truths of creation and the fall and of the incarnation and resurrection of Jesus: humans are finite and mortal, yet there is hope in the fact that God took on flesh and conquered death. Eloquently argued with references to philosophy, literature, and theology, this volume urges readers to redefine the relationship between faith and medicine. A profound, timely book.”

M. Daniel Carroll R., Professor of Old Testament, Wheaton College Graduate School; author, *Christians at the Border*

“Dr. Cutillo challenges his medical colleagues and the Christian church to look at how health care is provided in the context of modern medicine and in light of what the Bible teaches about caring for one another in today’s global society. His heart for and experience in caring for the poor and underserved along with his study of the Bible inform this excellent presentation of the issues as they have evolved historically.”

Grace J. Tazellar, Missions Director, Nurses Christian Fellowship; author, *Caring Across Cultures*

“Few people could have written this book with the penetrating perspective of Dr. Cutillo. He has a unique viewpoint from medical practice in some of the best Christian health centers in the US and abroad that helps him to understand health care. His medical perspective leads him to an eloquent but gentle lament for medicine’s impersonal ‘disembodiment,’ as it divides patients into organ systems, statistics, and computerized templates. However, his theological training and wide reading of the classics help us clearly see ways in which the integration of faith into health care can make it more truly caring. Dr. Cutillo’s conclusion draws on the hope he has learned from suffering patients and the joy he has witnessed as the result of true Christian community. He offers a positive change of direction I find very compelling. Read and be inspired.”

John Payne, MD, President, Medical Ambassadors International; Former Family Medicine Residency Director, University of California, Davis

“Health care has begun to feel like a zero-sum game. Struggles over coverages and copays have often supplanted thoughts about health itself. Our focus on the technologies, institutions, and politics of health care delivery have superseded considerations (and conversations) about the integration of health with biblical faith, community, and justice. Into this fraught space, Dr. Cutillo has introduced an astute thoughtfulness that is challenging, refreshing, and deeply grounded. His incisive analysis is delivered in a way that is caring, open, and inviting. This doctor has great bedside manner!”

David M. Erickson, President and CEO, Echo, Inc.

“This excellent resource, beginning with the simple conviction that health is a gift given by God, will challenge the way you and our culture look at medicine and health care. Whether Dr. Cutillo is discussing the proper care for our bodies, the proper place of science in health care, how we face death, or how to properly steward precious health care resources for the good of all, this book will inform and challenge some of your most basic, and perhaps incorrect, assumptions about medicine and health care.”

Walt Larimore, MD, best-selling author, *10 Essentials of Happy, Healthy People and Workplace Grace: Becoming a Spiritual Influence at Work*

“Cutillo’s vision of how faith and medicine can cooperate offers an anecdote to the anxiety that diminishes personal health and contributes to defensive medicine. Of particular interest is Cutillo’s treatment of how anxiety and fear lead to self-absorption, consequently contributing to health disparities and injustice. With the church having the antidote to anxiety in the gospel, what might happen to the health of our communities if we lived fully into that message? A must read for those who are concerned about integrating faith and health in their professional practice or ministry.”

Mary Chase-Ziolek, Professor of Health Ministries and Nursing, North Park University and Seminary; author, *Health, Healing, and Wholeness*

“Bob Cutillo is an amazing doctor with vast experience in delivering health care in several contexts. He is extremely well qualified to guide us in our understanding of health care in the anxious days ahead. Dr. Cutillo uses his expertise and experience to help us think through health care with a hopeful mind-set. I highly recommend *Pursuing Health in an Anxious Age*.”

Wayne “Coach” Gordon, Pastor, Lawndale Christian Community Church, Chicago

“Reflection on the moral meaning of medicine sometimes results in contrived collections of guidelines or flowcharts to assist in making difficult medical decisions. In a refreshing alternative, Dr. Cutillo has woven a wise and engaging meditation with the power to transform how we imagine the meaning of health and of community. By situating the practice of medicine in the context of modernity’s preoccupations, obsessions, and blind spots, he reminds us that health is neither an entitlement nor a reductionist solution to an engineering problem. It is, rather, a gift—given by one who took on human form himself—to be received and cherished with wonder and love.”

Ken Myers, host and producer, *Mars Hill Audio Journal*

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Bob Cutillo, MD

Foreword by Andy Crouch

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To my mother, Francine

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Foreword

Perhaps once a year, if I am lucky, I encounter a book that addresses a supremely important topic and does so in a supremely helpful way. This is such a book, and I am thrilled to be introducing it here.

What are we to do with our bodies, fearfully and wonderfully made as they are, in times of illness, vulnerability, and death? That question has always been with us. But it is becoming especially urgent for the citizens of the technological world—or, more baldly put, subjects of the technological empire that holds out to us a vision of the good life buttressed by scientific knowledge but also demands from us ever more loyalty and obedience.

As a citizen of that empire, it feels almost subversive to observe that there is something uniquely tragic about our age of modern medicine—tragic in the old sense of genuine greatness and good intentions turned awry by a fatal flaw.

In so many ways, medicine has delivered real cures and relief of suffering. It's likely that I am here to write this foreword, forty-eight years into my mortal life, only because of the direct and indirect contributions of medicine, starting with the vaccines that warded off many a childhood illness, the antibiotics that effortlessly cured many another, the anesthesia that has made minor but essential surgeries possible, and the more mundane benefits of dentistry and ophthalmology, just to name a few. And for the most part, the human beings who have prescribed and delivered these treatments have been people of intelligence, wisdom, patience, and kindness—bearers of the *imago Dei* at their best.

Yet in so many other ways, medicine falls ever short of our

expectations that it will deliver us from the basic human condition, the morbidity and mortality that are our inheritance as fallen creatures. There is an abiding tension between medicine's achievements, which are tremendous; its promises, which at the limit are nothing less than "You shall be like God" and, above all, "You shall not surely die"; and its strangely persistent failure to bring the real flourishing that we long for, either for practitioners or for patients.

The increasingly crushing demands on many medical professionals, the dwindling time available for real encounter and empathy between physicians and patients, the costs that escalate year after year beyond many families' (and perhaps, ultimately, our whole society's) ability to afford, the heroic but expensive attempts to stave off the end of life that often lead to persons spending their final days enmeshed in a brutalist matrix of life-support machines—all of this seems to suggest that something has gone wrong in the story of medical progress. And on the horizon are potentially catastrophic developments, including the possibility that our time will be remembered as the single brief moment when antibiotics actually were effective, before the rise of invulnerable bacteria that escaped from the hospitals (where they are already alarmingly entrenched) into the wider world.

Then there is the question of what lengths we will go to, as our expectations from medicine continue to escalate, to keep the stream of medical breakthroughs coming. What if it turns out that creating, exploiting, and destroying human lives can provide us the raw material—from stem cells to entire organs—to cure the diseases, or even just satisfy the desires for enhancement, of the wealthy and powerful? Why and how will we resist that new and more sophisticated form of child sacrifice?

We will only realize the real promise of medicine, it seems to me, and resist its transformation into the most horrifying of idolatries, if we discover a new vision for being human, one that values vulnerability as much as control, community as much as autonomy, and mystery as much as certainty.

That is the way that Dr. Bob Cutillo offers in this book, and one of the many great gifts of this book is that rather than simply critiquing our current medical culture (as I fear I've done in these paragraphs),

he offers a positively beautiful account of how a human-scale practice of medicine can actually fulfill our deepest desires in ways that merely technological medicine, for all its grandiose promises, can never achieve. This is a vision of health that is far richer than mere test results or statistics—it is embedded in community, informed by story and literature, and ultimately rooted in prayer and praise.

It is crucial that Dr. Cutillo's own story, and the perspective of this book, includes providing care to the most vulnerable, especially those who live in neglected neighborhoods in our own country. By constantly reframing his assessment of medicine through the experience of people whose lives do not fit any neat picture of affluent flourishing, he recalls all of us to a picture of health that goes deeper than you'll find in carefully crafted pharmaceutical advertisements or expensive downtown gyms. By telling their stories of life and death, illness and health, with sympathetic attention, he invites us to pay deeper attention to our own stories, slowing down our frenzied pursuit of relief from every small distress.

What we see in these pages is the beginning of a better way for all of us, a kind of health that we've almost forgotten is possible. One of my favorite phrases in the whole Bible comes when Paul is instructing his younger partner Timothy in how to pastor the wealthy in his congregation. He urges Timothy to lead them toward "the life that really is life" (1 Tim. 6:19 NRSV). If there is a life that really is life, there must also be a health that really is health. If we read and heed this book, we may still be able to find it.

Andy Crouch,
author; executive editor, *Christianity Today*

Preface

It was during my years as a medical student in New York City that I first began to wonder: Why do we fragment a patient into pieces to give good medical care? And why do we segregate the rich and insured from the poor and uninsured to deliver good health care?

One night during the first year, worn out by the overwhelming number of facts I was learning in books about the human body, I took a walk to the hospital, where I met a young man from Harlem. He was in the medical ward, a large room with fifteen to twenty beds, where the only privacy available was a curtain pulled around the bed. (Not surprisingly, the rich and famous of New York were in another part of the hospital.) He was there in a sickle-cell crisis, and I was there in a personal one. Though I was too early in training to offer anything of medical value, I offered my interest in him and a desire to sit and talk. Listening to his story that night and hearing of the things that had hindered his health and the way he had been treated in the health care system, I knew I needed a bigger view.

The years since have only confirmed these suspicions. I see it on the faces of patients who fear that the institution of medicine and those who work within it will forget them as persons while treating them as patients. I feel it in the loss of many good colleagues who leave the practice of medicine too young and too soon, still with so much care to give but too tired to focus on patients while trying to follow the rules and regulations of a complex and unjust health care system. And I know it in the failure of our culture to offer a reasonable view of who we are as human beings and how we fit in the communities we inhabit.

Instead of accepting the thinking that medicine and religion should

remain apart, perhaps it is only a theological turn that can save us. But a theological investigation can never be a simple application of ready-made, clear-cut answers to human questions. If applied science demands direct results, applied theology first asks for a change in vision. In wrestling with a particular darkness but always moving toward a particular light, a new vision will change what we are doing, but only after clarifying where we are going.

As a practitioner of medicine and a student of the cultural context in which we pursue health, this venture in applied theology depends on two points of reference. The first vantage point is that of orthodox Christian belief. Thus it is toward the light of Christ that this work looks, using that light to explore how we pursue health and practice health care. Some will by upbringing or personal faith be attracted to this perspective; others may find it a strange and unlikely place from which to look.

The other vantage point is from the margins, with the medically disenfranchised, where I have been for most of my career. In trying to bring the least, the lost, and the left out into our models of care, I have found many barriers but also a great deal of health and healing just by being in their midst. Some who find the former stance comfortable may be uneasy with some of the conclusions drawn here. Yet those who start from an uneasy view of theology may find much with which they resonate in this latter perspective.

Whatever the case may be, for those who desire to see a deeper response to the care of the sick and the protection of the healthy in an anxious age, I invite you into this exploration. We will always be limited to the vision given by the particular vantage points from which we look. This book reflects my love of medicine and my belief in the church. My highest hope is that I have been faithful to what I have seen and heard from the places where I have stood.

A book of this nature, with hard questions concerning big issues, cannot come into being without many arms outstretched to lift up, to hold back, or to point the way. In the beginning there was Bethany Jenkins at The Gospel Coalition, who first saw that this book was important, that it was possible, and that someone like me could write it. Others may have thought so sooner, but she was the first one who

knew what lay ahead yet still believed despite the obstacles. Her comments throughout the preparation of the manuscript helped to sharpen and balance it on numerous occasions.

I am indebted beyond measure to the thoughts of others, particularly those who wrote before me, many far back and, often in accord with the distance, with penetrating prophecy. The printed word, as Edmund Fuller says, “gives us extraordinary freedom to choose the intellectual company we will keep, to select those with whom, in spirit, we will walk. It is a privilege . . . in the highest sense it is a duty. . . . Paraphrasing Joshua, ‘Choose this day whom you will read.’”¹ I was fortunate to choose wisely on many occasions.

Several of the authors whose words became windows through which to make sense of my world I met through the excellent work of *Mars Hill Audio Journal*. With host Ken Myers’s interviews carefully revealing his guests’ best ideas, it often led me on a fruitful journey of further reading. I am indebted to Gary VanderPol for introducing me to the work of Charles Taylor and also thank him for his thoughtful feedback on the early stages of this book.

Writing is also soul searching, with unknown passages and caves where bottoms suddenly drop out, and you don’t know where you are. That can be frightening. I thank Cindy, Dave, Gary, Jennifer, Mark, Pam, and Steve, whose promise of prayer often strengthened me, smoothing out many a bump and pushing me forward when I wasn’t sure where I was going or whether I could get there.

The skilled and gifted team at Crossway have performed a remarkable service in directing me through the labyrinth of publication. They suggested and directed, and, like the push and pull of sandpaper across rough wood, smoothed and polished the writing into better form. But above all and before any of this, it was their courage to risk I most admire, when they first entertained the idea of publishing this book.

I have been warmed at the hearth and fired in the furnace of several health care homes. I am indeed grateful for the formation I received at Lawndale Christian Health Center in Chicago; Kintambo Centre de Santé in Kinshasa; Christ House and Columbia Road Health Services in Washington, DC; and Inner City Health Center and Colorado Coalition for the Homeless Stout Street Health Center in Denver.

My deepest gratitude is for my wife, Heather. Because of her constant companionship over the last thirty years of the journey, only she knew what I was trying to say even before I could say it. Over countless conversations at breakfasts and much longer walks in the parks and mountains of Colorado, she kept reminding me what I meant to say, and as the first reader of everything I wrote, she gave me constant hope that I could do it. If richness is in relationships, no one can exceed the wealth I have in my wife.

I thank my children, Kate and Steve, and their spouses, Tim and Rachel, for their love, their support, and their ongoing commitment to live life honestly and faithfully in a challenging age.

Finally, I stand in awe of the courage and candor of numerous patients over many years. Though I would like to say that everyone taught me something, it is more honest to admit that I wasn't always listening. But I never stopped believing that what the next patient might say or do was important, and so much of what was offered I was able to receive. Seeing life through their eyes—the eyes of those in fear and hope, in love, in pain and suffering, and in passive resignation or righteous indignation that no one cared about those like them at the margins—was a gift of great value. It was they who opened the window through which I could see my own culture in sober view.

Introduction

What Is Health For?

The greatest wealth is health.

Virgil

Health has always been cherished but never controlled. In 19 BC, Virgil, one of Rome's greatest poets, went to Greece to work on revisions of his most famous poem, the *Aeneid*. On his way back home, he caught a fever, arrived in Italy weakened by disease, and died in harbor. Though he was only fifty years old, he had already lived longer than expected for his time.¹ With little to do when sickness arrived, his awareness of the value of health only emphasized how fragile and precious life is.

American poet and essayist Ralph Waldo Emerson also believed, "The first wealth is health." When he died in 1882, life expectancy was still less than fifty years. He, too, did not expect a great deal of control over health, living before the discovery of painless surgery under anesthesia, or the knowledge of a microbial world whose infections could be prevented with hygiene or treated with antibiotics.

Things have changed a great deal since then. We now live in a world with greater health and more health care than ever before. Life expectancy in most industrialized countries nears eighty years of age.

Diseases such as tuberculosis, which caused the death of Emerson's wife at age nineteen, can now be cured. Never before has the horizon for health looked so bright or the choices for health care been so varied. From organ transplants to respirators to cancer treatments to genetic mapping, the future seems unlimited, each boundary but a temporary pause in the march of progress.

Yet higher levels of health and greater quantities of health care, rather than creating greater peace and prosperity for all, have been associated with some troubling side effects—greater worry, increased waste, and a waylaid commitment to care for the health of our neighbor.

More Control but Greater Worry

When Joyce and her husband, Samuel, discovered they were pregnant for the first time, she was a graduate student in philosophy. Having delayed starting a family for several years while they pursued further education, getting pregnant at an older age was not as easy as they had planned. But over a year of waiting only made the positive pregnancy test that much more exciting.

They shared their joy with family and friends. Joyce's sister, a mother of three, told them how important it was to start getting checkups right away and recommended that they see her midwife. But Samuel's brother, Jacob, a doctor, was concerned that she was high risk because of her older age and recommended a friend of his who was an obstetrician. As usual when the family was dealing with medical issues, Jacob's advice could not be refused, and on a Tuesday morning one week later they went to see Dr. Abernathy.

He entered the room with apologies for being late. Despite feeling rushed by a full schedule of patients, he took time to review the forms Joyce had filled out, asked one or two questions for clarification, and performed a careful exam and ultrasound. Afterward, he returned to the room to discuss next steps. "Joyce, the ultrasound confirms the date of your pregnancy at two months. Though I see nothing abnormal at this point, I recommend doing further testing to see if the baby is healthy. After all, you've waited so long. There are always risks of abnormalities, but at your age it is more likely. Down syndrome is

the most common, but there are other problems that are much more severe, even incompatible with life. You do want to take advantage of all the options to insure the health of your baby, don't you?"

Later that day, as Joyce and Samuel thought back on their visit, three things stood out. First, though Dr. Abernathy was harried, he was genuinely interested in providing high-quality care. Second, they remembered how efficient everyone was, particularly the nurse who came in later to answer their questions about the recommended testing. Finally, and most significantly, they realized something had changed. Tuesday morning they had gone to the office happy and excited, wondering if they would find out whether they were having a boy or a girl. Tuesday night they were worried and afraid. Was their baby physically deformed or mentally defective? Had they waited too long to get pregnant? What tests should they do? What would they do if they found something wrong?

What happened to Joyce and Samuel is not unusual in today's health care encounter. On several occasions I have met parents-to-be just like them. The joy of discovering they are pregnant can be one of the purest in life. But upon entering the medical system, their wonder and awe at a gift received shrivel before efforts to calculate unknown risks, worries about what bad things could happen, and fretful decisions about how to manage the pregnancy to obtain a quality outcome. How quickly the power to control an unpredictable future and the great possibilities to maximize health can transform joy and hope into calculation and concern. Whether in preparation for childbirth, making preventive health choices, or considering treatment options for cancer or end-of-life decisions, worry has become one of the marks of modern health care.

More Health Care but Increased Waste

Not surprisingly, more health care costs more money. From 1960 to 2010 the percentage of the Gross Domestic Product (GDP) spent on health care in the United States more than tripled, to nearly 18 percent. At about 2.8 trillion dollars, it was more than four times the amount dedicated to defense and three times the amount for education.² On top of that, individual consumers spend an additional one

hundred billion dollars on fitness programs, anti-aging procedures, dietary programs and supplements, and cosmetic skin care products.³ Are we spending too much for health care? If health is our greatest wealth, can it ever be too much? That's hard to say—unless what we spend is wasteful.

The best estimates are that up to 30 percent of the money we spend on health care is of little or no value.⁴ Many factors contribute to this problem. Much of health care is fragmented—tests are often repeated and unnecessary medicines prescribed because one health care provider does not know what the other is doing. Unfair pricing produces costs that have little to do with value—patients are often shocked to look at an itemized hospital bill and find a gauze pad costing ten dollars. Doctors practice defensive medicine for fear of being sued, provide treatments to fulfill standard protocols irrespective of particular situations, or order tests rather than talk to patients, because they have so little time. The list goes on, but the result is the same—we end up paying for health care that conveys little or no benefit. And if that weren't enough cause for concern, what if wasteful spending and too much health care for some means too little for others?

More for Some, Less for Others

The third disturbing trend is our waylaid commitment to caring for our neighbor. As some of us worry about what we can do to insure our personal health and spend larger amounts on things that have little or no benefit, others struggle for even the most basic services. Over the last thirty years, in conjunction with the rapid growth in health care spending and services, the number of uninsured in the United States has steadily climbed.⁵ The uninsured have greater difficulty finding access to health care than those with insurance, causing neglect of health problems, sickness at more advanced stages, and higher death rates.⁶ This seems unwise and unjust in a country that spends as much money on health care as the United States does.

Yet the plight of the uninsured in this country, or the poor and marginalized in general, is easily lost in the heated debates over health care reform. In 2012 we spent more than twice per person on health care than most economically developed countries, including France,

Germany, or Japan,⁷ and more than five hundred times what is spent for a person living in economically depressed countries such as the Democratic Republic of Congo.⁸ Yet the gap continues to grow as fear of losing control of our personal health strains the fabric of concern for the common good. With tunnel-vision focus on how changes in the financing and delivery of health care will affect *my* health care, we have little room for our neighbor at home and even greater neglect of the huge disparities in global health for our neighbors far away.

The Many Faces of Health Care

As we struggle to understand the worry, waste, and waylaid commitment to others in an age with more stability, certainty, and safety in health than ever before, it may be helpful to consider how complicated health care has become as our expectations for it have grown. No longer just a doctor-patient relationship, it is a complex system with many faces. Spend one day in a hospital bed and you will see it from many angles.

In the morning your doctor visits you. Her careful attention to the facts of medicine gives you confidence that you are receiving the best tests and treatment. If health care is to be dependably good, it must be scientifically sound. *Health care requires good science.*

But today the science is not certain. Yesterday's CAT scan showed a spot on your lung and, though it is hopefully nothing, she cannot be sure. It can be observed and reexamined in three months or biopsied now. Since it is unclear what is best, she leaves it up to you. You choose to have a biopsy. You also decide to stop smoking. *Health care includes choice.*

An hour later the nurse comes in with your medicines. When you ask why one of them is different from what you take at home, he tells you that the hospital has a contract with a company that makes this less expensive one. You are not comfortable with the change and ask for what you usually take. He promises to tell his supervisor about your concern. Health care is expensive, making cost controls and standardization of services a required part of sound business practice. *Health care is an industry.*

Around 10:00 a.m. a specialist arrives to explain the biopsy

procedure. He spends very little time talking to you, instead putting information into the electronic medical record on his portable computer. You've noticed that doctors are spending more time looking at computer screens and less time talking to you.⁹ New demands for data require electronic record keeping so that performance measures can be documented and new reporting requirements met. *Health care needs to be a measurable and efficient system.*

After he leaves, the nurse's aide comes by to ask you if you are comfortable, if you are getting the food you ordered, if you need help going to the bathroom, and if your family is coming by to visit soon. This personal touch makes a big difference in how you feel. *Health care is caring.*

After lunch, an administrator pays a visit. Unfortunately, if you want your usual medicine, you will need to pay the one-thousand-dollar difference, since your insurance will not cover it. You remember the problems you had last year when you had no health insurance—you couldn't afford to pay for your diabetes and high blood pressure medicine, and you had a stroke. You decide to be grateful for the medicine the insurance does cover. *Health care is a safety net with many holes.*

The reason you have health insurance now is that after your disabling stroke, you were eligible for a government program that was unavailable when you were healthy. If a new law currently under debate is passed, being disabled won't be necessary to get this insurance. You think of your uninsured friends with chronic illness and hope they vote for approval. *Health care depends on politics.*

In the afternoon, after your biopsy, someone from the public health department comes in. Your doctor heard you wanted to stop smoking and solicited the support of those involved in a new smoking cessation program. After looking at the data, they saw that smoking, along with obesity, was contributing to a large amount of disease in the community. Dedicated personnel have been trained to help people to be healthier. *Health care includes prevention and has social and community impact.*

The following morning your doctor has some concerning news—the biopsy was positive for cancer. You feel overwhelmed by the di-

agnosis and break down in tears. Your doctor knows you well from years of caring for you and your family. She listens to your concerns, asks if you want her to be present when you tell your husband and daughter, and carefully answers your questions. You trust her and tell her that you are afraid of dying and never seeing your unborn grandchild. She assures you that she will be with you every step of the way. You are comforted that you will share this experience with someone who knows you intimately. *Health care can be a sacred encounter of vulnerability and trust.*

Health as Possession or Health as Gift

Each face of health care has a unique perspective on what health care should be. But like carnival mirrors at an amusement park, their individual views distort the image. For health care to be good, we need the pieces to fit together. But our image of health care, giving proper place and proportion to each piece, depends on our understanding of health. And this—at its most basic level—begins with an important question: Is health a possession or a gift? The answer makes all the difference.

If health is a possession, it is *my* health—something to have and hold, a thing like any other substantive reality, such as money, cars, or houses. It is a good definable in my own terms and, as a material value, obtainable at whatever level our societal resources and my individual purchasing abilities allow. Health like this depends on choice—which makes having many choices essential. Coinciding with this view of health is a strong trend to make health care a commodity and the patient a consumer who chooses among a menu of options to control health. This is the expanding world for much of health care today. As long as we remain here, we are in danger that our worries will increase, our wasteful spending will multiply, and our waylaid commitments to neighbor will become wanton disregard.

But now consider another way, where health is received as a gift. Rather than seeing health as a material good managed for our personal happiness, we receive it as a precious endowment. What would that mean for why we pursue health and how we shape health care?

First, endowments are not given in equal portions; therefore, health will not be received in equal amounts. This is verified by our everyday experiences; some are born with longevity in their genes and strength in their bodies, while others struggle almost daily with disability and disease. If we begin in different places, this necessarily means that there is no abstract ideal of health. Rather than pursuing perfect health, we will nurture the health we have received. In addition, we will create health care in ways that strengthen what we have been given instead of reaching for what we do not have or tightly grasping what we cannot keep.

Second, as we increasingly see health as a gift, we become better able to discern its deeper reason—it is given for a purpose, to accomplish some good beyond itself, even specific things with which we have been entrusted. It is not protected for its own sake or hoarded for fear of losing it. Instead, we nurture it so that we can use it to gain and grow other goods and benefits. We may even go so far as to see a relationship between the proportion of health we have received and the purposes we are meant to accomplish.

This is an ambitious set of assertions and will force us to grapple with many complex issues. What do we do when the endowment seems small? How do we respond when our endowment is diminished through bad choice, bad luck, bad care, or all of these? Or when we risk our investment and experience loss, or our health diminishes as a part of aging? Acknowledging that there are a multitude of factors along the way that can alter our health, the view of health as gift appreciates the value of good health care. The maintenance of health and prevention and treatment of disease—endeavors we have begun to grasp with increasing clarity and success—will be sound goals when reasonably and wisely pursued. But if we lose track of what health is for, our personal pursuits will remain selfish and unsatisfied, and our health care systems will continue to grow in fragmented, irrational, and unjust ways.

The Corruption of the Best Is the Worst

“The corruption of the best is the worst” is a proverb found in many forms, from Aristotle to Aquinas to Shakespeare, but never more

quaintly phrased than by English poet John Denham: "'Tis the most certain sign the world's accurst, that the best things corrupted are the worst."¹⁰ A basic premise of this book is that health is one of those things. It is a good, one of our highest goods. But like most goods that are gifts, our efforts to insure, guarantee, or possess it will corrupt it. Like the intimate love of a spouse, the loyalty of a faithful friend, or the satisfaction of doing work well, health grows when we nurture it but diminishes when we try to control it. In the pages that follow, we will seek to renew our view of health in the hope that we can make better sense of the health we have, the sickness we experience, and the death we must inevitably face. We will divide our endeavor into four parts.

The first part sketches the basic features of our newfound faith in the capacity to control our health. We have traveled a long distance from our predecessors in the age-old challenge of living with sickness and death. Our embrace of individualism, trust in science, and extraordinary expectations of technology have fueled a fanciful hope that we can construct our own safe reality. But it was not that way at the beginning.

In the second part, we will search for the place of the person in the formation of good and just health care. Current medical practice is at risk of losing the person while pursuing health—either by reducing people to a set of functioning and fixable parts or by limiting them to their predictable behaviors as an average member of a statistically defined population. To keep the person in his or her rightful place, we need a view of people that exceeds our usual perceptions.

In the third part, we will look directly at the greatest fear in life—death. When we turn to health care—both mainline and alternative—to overcome death, our excessive expectations turn them into bloated and dysfunctional systems. In contrast to a closed view of life that restricts our hope for immortality to the here and now stands a pivotal event in human history—the resurrection of Jesus Christ from the dead. If this life is not all there is, then how we pursue health and form medicine will be drastically different.

In the last part, we will apply a redeemed view of health to two current challenges. First, we will ask if understanding health as gift

can lead to a wider sharing and a more just distribution of health care to those who need it most. Finally we will explore the frayed connections between faith and medicine. Though the current milieu has encouraged their separation, it will be worth exploring the underlying connections that bind them together for the sake of better health.

The Hope for Health

Taking Control of Health

The Need to Feel Invulnerable

Humpty Dumpty sat on a wall,
Humpty Dumpty had a great fall;
All the king's horses and all the king's men
Couldn't put Humpty together again.

Nursery rhymes are useful for a number of reasons. First, they rhyme, which makes them easy to remember. But they can also carry a great deal of meaning. One of the most familiar in the English language, Humpty Dumpty is usually represented as an anthropomorphic egg. Why is he up on that wall when all he has to protect him is his fragile shell?

But Humpty, if we can be informal, doesn't feel vulnerable. In fact, his response to Alice in Lewis Carroll's *Through the Looking-Glass* suggests he is quite comfortable. When Alice suggests Humpty would be safer on the ground, he is smug and unconcerned. He's not afraid of falling. And if he did—though he never would—he knows the king,

who has promised all the strength and power at his disposal. Humpty may not be a good egg, as we will see, but he is a confident one.

Carroll's expansion of the rhyme reveals another side of Humpty. Secure in his place on the wall, he assumes the power to choose the meaning of words, one of them being *glory*:

"I don't know what you mean by 'glory,'" Alice said.

Humpty Dumpty smiled contemptuously. "Of course you don't—till I tell you. I meant 'there's a nice knock-down argument for you!'"

"But 'glory' doesn't mean 'a nice knock-down argument,'" Alice objected.

"When I use a word," Humpty Dumpty said, in rather a scornful tone, "it means just what I choose it to mean—neither more nor less."

"The question is," said Alice, "whether you *can* make words mean so many different things."

"The question is," said Humpty Dumpty, "which is to be master—that's all."¹

Eventually tiring of his pompous attitude, Alice soon walks away. Muttering to herself, "of all the unsatisfactory people I *ever* met—" ² her thoughts are suddenly interrupted by a loud crash that shakes the forest from end to end. As we know, things didn't turn out well for Humpty. Despite all the king's help, it was not enough to put him back together.

Aren't We Like Him?

Though we prefer not to think about it, we are very much like Humpty Dumpty. In spite of our own fragile shells, we believe we can sit safely on the precarious wall of life. Although our world is full of disease, accidents, and random misfortunes, many of us never plan on being sick or dying and are quite shocked when we are. How have we come to think like *that* in a world like *this*?

Again, we can look to Humpty, seeing what helps him feel invulnerable. First, he lives in a fairy tale, where assumptions are not tested because reality is not fixed. Second, in the freedom of his fantasy

world, he has come to believe that his thin shell is thick enough to protect him. Lastly, he has gained great confidence from making his own meaning for things.

Haven't we arrived at our own sense of invulnerability by depending on the same things? We live in a kind of fairy tale world, don't we? Certain ideas, though fantasy, are taken for granted simply by breathing in the air of our age. We, too, have come to believe that we live in a shell thick enough to buffer us from the dangers around us. And we have found it very helpful to make our own meaning for things.

Upon this foundation of invulnerability we have rested our belief that we can control our health. Let's look at the components of this structure more carefully.

The Air We Breathe

In my childhood home, there were certain things we believed and did without thinking. No one questioned, for example, why we always had turkey for Christmas—even though we had all ceased liking it long ago. We still considered our neighbor Mr. Barney to be a grumpy old man and avoided him—even though he hadn't been mean to kids for twenty years. Though our rationales were long gone, we took for granted the way things were.

Similar to a childhood home, though more confusing and complex, we are also raised in a cultural home containing many assumptions. Constructed over hundreds of years with many builders but no master plan, one of its most pervasive assumptions is that we can flourish without any help from God. Philosopher Charles Taylor, in his book *A Secular Age*, carefully defines this space as the “immanent frame,”³ a space we share with all who have been brought up in the modern world with a Western mind-set:⁴

The great invention of the West was that of an immanent order in Nature, whose working could be systematically understood and explained on its own terms. . . . This notion of the “immanent” involved denying—or at least isolating and problematizing—any form of interpenetration between the things of Nature, on the one hand, and “the supernatural” on the other, be this understood in

terms of the one transcendent God, or of Gods or spirits, or magic forces, or whatever.⁵

Inside the enclosure of the immanent frame that separates the spiritual world from the material world, we can find fullness within human life, so the underlying assumptions of our age declare.

The reactions to this reality are variable. Some deny any influence of this assumption in their lives.⁶ Some fully embrace it, installing a brass ceiling on their immanent frame. Others put in skylights, gaining purpose and meaning through these intermittent openings to the transcendent.⁷ But none escape its effects. All unconsciously breathe in the air of the age. Operating powerfully and silently in the background of our mind, each of us is affected by the cultural idea that we can flourish on our own terms.

As outside observers of a comic-strip world, watch for the hidden assumption in a conversation between Rat and Goat one Sunday morning in *Pearls Before Swine*.⁸ Goat informs Rat that his forty-two-year-old neighbor Fred suddenly died. Rat wonders why and asks what high-risk health behavior could have caused his death. Was he overweight? Did he smoke? Were there family members with heart disease? None of these were true, which made Rat very nervous. Maybe he used drugs or drove super-fast motorcycles in the rain? But he didn't do any of those things. Rat is now frantic—if Fred died suddenly and didn't do any of those things, Rat realizes it could happen to him. "Give me something about Fred that made him different than me!" Rat implores. "He collected stamps," Goat replies. "High-risk hobby. He was doomed," concludes Rat, relaxing again in his fantastic but comforting assumption that every death has an obvious cause and, if we know what it is, we can prevent it.⁹

Though humorous, it exposes the powerful influence of the immanent frame, especially prominent in our view of health and sickness. If all that matters is human flourishing, and if all that is needed for humans to flourish can be found within human life, then each sickness, accident, and death includes the assumption that it is unnecessary and avoidable.

Even behind a strong religious faith we can see the silent assump-

tion at work. A friend of mine once cared for a pastor who had a debilitating stroke at age seventy-two. He was bound to a wheelchair for years after, and his wife struggled with why God would allow this to happen to her husband, a devoted man who had served God all his life. His good life should have gained him a safe place on the wall of this world. Somehow the idea that life can be controlled to our satisfaction by a mixture of good behavior, good choices, good medicine, or a good God—if he does what we expect—enters into the pores of our being without our notice. So strongly do we take these things for granted that when we meet someone who doesn't, it confuses us.

When Ellen was diagnosed with ovarian cancer at age sixty-two, her friends could not understand it. She had worked for years in Christian service to the poor and homeless in Washington, DC. "Why would God allow something like this to happen to a person like you?" they asked her. "Why not me?" she responded, only increasing their perplexity in her refusal to accept their assumption. For Ellen knew what many do not realize—that a world where humans can flourish apart from God and control the circumstances of their lives is no different from Humpty's world; it is a fantasy.

The Shell of the Buffered Self

To further our sense of invulnerability, like Humpty, we need a novel way of thinking about ourselves. Humpty Dumpty had an "attitude," I'm sure Alice would concur, a peculiar perception of himself that enabled him to feel invulnerable despite the narrow wall upon which he sat and the fragile shell within which he lived. We have developed an attitude as well, though it has taken a long while to get there—not surprising since it is in such marked contrast to where we started. Over the course of five hundred years we have developed what Taylor calls a "buffered self."¹⁰

In the world of the 1500s, he explains, our medieval ancestors saw the cosmos as an untamed spirit world of light and darkness, good and bad, order and chaos. People felt vulnerable, "porous,"¹¹ to the field of forces around them. Observing the random nature of accidents, illnesses, and other misfortunes, they assumed that their lives could be shattered at any moment. Naturally, people sought refuge in their

social world, embedding themselves in a network of communal relationships that gave support and protection. At the same time, belief in God as the dominant spirit amongst many was a great assurance that unpredictable forces would not freely gallop into their lives and wreak havoc. Living without God in the scary world of our medieval ancestors was hardly an option.

Before advancing to the modern solution, it is worth remembering that many of our global neighbors still retain a porous view of reality. In many traditional cultures, it is believed that random forces—affecting everything from weather changes to crop failures to sickness and death—are always at work. The only way to organize life with any sense of control is to populate it with spiritual forces that are known and placatable. When I was working in central Africa, one of my patients died from a ruptured aortic aneurysm, a sudden and unfortunate event. From my perspective, there was no one to blame or any treatment that would have saved him. But many in the family had a different understanding. Years before his death, when he was studying abroad, he failed to attend the funeral of his father. This offended his father's spirit, they said, and that is why he died. While this culture depended on ancestors to intervene, others believe that members of the community possess special powers. Although some trust in one God, many find a pantheon of gods more reassuring. Whatever the mix, the goal is always the same—to gain a sense of control in a random world.

We in the modern West are no different. We too desire control, but with expectations that make depending on God or a spirit world far too unreliable. So we have replaced a cosmos of spirits and forces with a mechanistic universe of predictable patterns.¹² And then for what remains unpredictable, unpleasant, or uncomfortable, we have added the boundary of the buffered self. It lies between our internal thinking selves and the external world—a wall separating inside and outside that is our shell.¹³ Within this buffered self we are able to disengage from anything outside the mind that disturbs us. Inside my shell, nothing need “get to me.” Now, like Humpty, we can feel invulnerable.¹⁴ All that's left is to make our thoughts the master of meaning.

The Power to Construct Our Own Meaning

At the same time that the mechanization of the universe made the natural world more predictable, it also drained it of any inherent meaning. From planets that orbit the sun to birds that migrate south, the universe is now akin to a ticking clock, each part performing its perfunctory function in perfect obedience to the laws of nature, with no meaning or purpose beyond its programmed utility.

With the external world emptied of its own meaning, meaning-seeking creatures like us are free to impose it, making each one of us the author of meaning. Taylor calls this “self-authorization.”¹⁵ He writes, “My ultimate purposes are those which arise within me, the crucial meaning of things are those defined in my responses to them. . . . This self can see itself as invulnerable, as master of the meaning of things for it.”¹⁶ Or, as Humpty would say, “When I use a word, it means just what I choose it to mean—neither more nor less.”

Humpty was merely an egg ahead of his time. For as French philosopher Alain Renaut describes it, self-authorization has become a central feature of modernity:

What constitutes modernity is the fact that man thinks of himself as the source of his representations and acts, as their foundation (subject) or their author. . . . The man of humanism is the one who no longer receives his norms and laws either from the nature of things (Aristotle) or from God, but who establishes them himself on the basis of his reason and will.¹⁷

The autonomous power to determine our own meaning has permitted the idea of “health control” to take deeper root in our cultural home. Not limited by any external source, we are free to make our own way and determine our own happiness. But each one seeking his or her own meaning apart from any external standard or limit can also be a heavy burden—and not a small source of confusion and pain, in our common struggle to know who we are and where we belong.

Have It Your Way

But wasn’t Humpty Dumpty right? The most important thing is “to be master—that’s all.” As buffered, self-authorizing individuals, we

can order our world and flourish on our own terms. With each his or her own master, and freedom of choice the prime value, we can have it the way we want it.¹⁸

And so we arrive at the dominant individualism of our age, “in which people are encouraged to find their own way, discover their own fulfillment, ‘do their own thing.’”¹⁹ Catalyzed by the merger of individual choice with the consumer culture of post-war affluence, each person and every aspect of society has now been marked by the “have it your way” mentality.²⁰ In health care and medicine, it may have infiltrated more slowly but no less effectively.

To be sure, a good portion of health care has resisted these forces and remains a straightforward and commonly accepted action for a clear and present problem—surgery for appendicitis, a cast for a broken bone, or an antibiotic to treat pneumonia. In these situations of immediate threat, the standard treatment for many conditions offers a high likelihood of success in protecting life and restoring health. We accept these blessings of modern medicine with little hesitation. Who would choose otherwise?

But in the last thirty years we have seen an unprecedented growth of health care in areas heretofore considered outside the jurisdiction of medicine and increasingly dependent on choice; an obvious example is the aging category, with components such as balding and decreased sexual function. As the line between normal and pathologic is increasingly blurred and benefits become less obvious, individual choice—the prime good of self-authorization—becomes more prominent. Freedom of choice in health care is the most rapidly growing part of twenty-first-century medicine. Yet it is not the unadulterated good it may seem when first faced with an array of options.

Conception and pregnancy care have been a particular focus of revolutionary change. Starting with the array of treatments for infertility, there has been an explosion of choices—some in your body (in vivo), some outside it (in vitro), and some using another body (surrogacy). Once pregnant, prenatal testing—unheard of when I first began to offer obstetrical care in the 1980s²¹—offers further options for managing your pregnancy, as Joyce and Samuel discovered when they went to their first prenatal visit. While current prenatal testing

focuses on a healthy baby at birth, future options will look further out, measuring risks that would only occur much later in life and with much less certainty. New methods under investigation can inform you that your future child has 1.5 percent risk of developing schizophrenia as a young adult, above the usual 1 percent risk; or that fifty years from now your baby will have an increased risk of developing colon cancer.²² As the information becomes increasingly ambiguous and the possible outcomes more distant, the freedom of choice turns into a burden of options, creating anxious parents-to-be who don't know what to do with the information they have.²³

Many of these changes in modern medicine are driven by the desires of the autonomous self-authorizing individual—full of choice, a focus on future possibilities over current disease, and an emphasis on improving the given model over maintaining or regaining basic health. In short, modern medicine looks increasingly more like the pursuit of happiness and control of the future than the cure of sickness and the care of health.

What If We Fall?

Humpty Dumpty has taught us a lot about ourselves. He sat on a high wall with nothing to protect him but a thin eggshell; we live in an unpredictable and often hostile world with nothing but our fragile bodies. Despite these realities, we too have learned to feel invulnerable. His self-delusion is the result of living in a fairy tale; ours is the result of living in a fantasy age, where health is a controllable commodity and meaning is a personal choice for interpretation.

But, like Humpty, we still need a contingency plan. Necessary to solidify our view of health as within our control, we need something akin to a powerful king as our ally; after all, if we fall, we might get hurt. Blessed to live in the age of science, we are trusting in the techniques of medicine to rescue us. Though the king's resources weren't enough to save Humpty, the promises of science are different, more reliable than horses and men—and if more reliable, then better able to put us back together, we presume. But putting the pieces together and keeping us whole is harder than we realize.

In the next chapter we will consider these questions as we evaluate

the role of science in our lives. Confidently expecting a sure rescue if ever we fall off the wall, we are in danger of placing excessive faith in science, corrupting it by the very overreach we are asking of it. If we have any hope of regaining wholeness in our quest for healing, we need to determine the good and proper place of science.

A Redeemed and Renewed Vision of Health

Despite all the care available to us, our society is more concerned about health than ever. Increased technology and access to health care give us the illusion of control but can never deliver us from the limitations of our bodies.

But what if our health is a gift to nurture, rather than a possession to protect? Drawing from decades of medical experience in many different contexts, Dr. Bob Cutillo helps us cultivate a biblical understanding of the relationship between faith and health in the modern age, reorienting us to a wiser pursuit of health for the good of all. Weaving in his own story of serving the most vulnerable, he leads us to a bigger view of health care and a hope that is more secure than our physical wellness—hope with the power to transform our communities.

“Dr. Cutillo has woven a wise and engaging meditation with the power to transform how we imagine the meaning of health and of community.”

KEN MYERS, host and producer, *Mars Hill Audio Journal*

“Eloquently argued with references to philosophy, literature, and theology, this volume urges readers to redefine the relationship between faith and medicine. A profound, timely book.”

M. DANIEL CARROLL R., Professor of Old Testament, Wheaton College Graduate School; author, *Christians at the Border*

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JOHN PAYNE, MD, President, Medical Ambassadors International; Former Family Medicine Residency Director, University of California, Davis

“This excellent resource, beginning with the simple conviction that health is a gift given by God, will inform and challenge some of your most basic, and perhaps incorrect, assumptions about medicine and health care.”

WALT LARIMORE, MD, best-selling author, *10 Essentials of Happy, Healthy People*

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