TOWARD COMMUNITY: BIOETHICS FOR ALL OF US

BY

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Abstract

Bioethics, as envisioned by Van Rensselaer Potter was meant to be a bridge toward a sustainable, shared future. He believed that we must combine biological facts and ethical values to enable an idealistic survival for humanity. His vision has not been the dominant one in bioethics over the years.

This thesis is focused on making communitarian values the primary values that we pursue in bioethics. Bioethics as well as American politics has focused more on individuality than on the wellbeing of the community. This lack of solidarity in the United States has harmed Americans not only by the lack of a cohesive health care system, but in other aspects of our shared life, and that has not worked well for us either collectively or individually. Therefore a worthy aim for those of us in bioethics to pursue and promote is the common good. One methodology that could help us think together toward solutions that work better for everyone is Systems thinking. My commitment to communitarian ethics informs both my interest in bioethics and was a critical component in both why and how I ran for the US Congress in 2012. These interests are in service to the same goal; a beautiful, sustainable world for us all.
Introduction to My Thesis: We Never Begin at the Beginning

We never begin at the beginning. Each new field is always grounded in some previous way of understanding the world and making meaning. For example, modern medicine has its roots in ancient healing traditions and is a continuation of the desire to help people live healthier, longer lives. Politics has a tradition that traces back to early tribal people’s need to make collective decisions on how best to live together. Ethics as a discipline reflects the desire of people to discern right relationships between individuals as well as between individuals and society. Bioethics began in this way, a new term for another look at concerns that had a long history, always and already in place. The best-known origin story for bioethics is that it began as an attempt to consider how to incorporate traditional Western ethics into understanding the new medical technologies that were exploding in an unprecedented way and into seeing how these new advances affected our explanation of what was possible and desirable for both individuals and society.

How one defines the birth of bioethics in our country reflects what line of ethical reasoning one subscribes to, apart from bioethics. For those who believe ethics to be primarily about individual human action with other individuals, and view modern ethics as an outgrowth of previous ethical theory, the issues most pressing in bioethics will be seen through the filters of established individual disciplines. Issues of justice will be considered through the eyes of the legal system. Religious underpinnings will be grounded in the Abrahamic (mostly Judeo-Christian) traditions. Public policy will define how to allocate resources believed to be scarce. Medical ethics will explore right relationships between patients and providers as well as the fair allocation of resources.
These views are represented by the kind of bioethics that began in the two most famous and influential early centers of bioethics. One, the Kennedy Institute of Ethics at Georgetown University opened its doors in July 1971. This center began at Georgetown, a Jesuit school. As an effect, Catholic theological concerns and reasoning played a large part in how bioethics was defined. What is commonly known as the Georgetown mantra, *principlism*, got its start within this center. The other major thought leader began initially as “The Institute for Society, Ethics and the Life Sciences,” soon changing its name to “The Hastings Center.”

Both of these centers (the Kennedy Institute and the Hastings Center) began with financial support from wealthy individuals and foundation grants. These centers built their ethical frameworks on a philosophical, theological and decidedly American way of understanding ethics: that ethics are a “rigorous examination of the grounds for moral norms.”¹ Because moral norms for Americans focused on protecting the rights of individuals (exclusively of individuals), this became the moral basis for bioethics overall.

There are others, however, who approach ethics in a very different way. For them, ethics are about community, human and otherwise, and particularly about protecting future life; for them, bioethics begins with Van Rensselaer Potter and his call for an ethics that is at heart, a call for community—both now and in the future. Potter saw bioethics as a necessary break from the common moral reasoning of his time and believed we needed a new understanding of ethics if we were to build a “bridge to the future.”²

Potter based his moral reasoning on the work of Aldo Leopold, an environmentalist. Leopold is considered the father of deep ecology, as opposed to
market-driven environmentalism. Leopold based his understanding of what he termed the “land ethic” on the beliefs commonly held by many indigenous people (but not a usual part of Western ethics) that the world itself, and all that live on it, has intrinsic worth and must be afforded moral status. There is no such thing as mere instrumental value when it comes to the natural world. This understanding radically redefines ethics by expanding exactly what has moral status.

Leopold noted:

All ethics so far evolved rest upon a single premise; that the individual is a member of interdependent parts. His instincts prompt him to compete for his place in that community, but his ethics prompt him also to co-operate (perhaps in order that there may be a place to compete for). The land ethic simply enlarges the boundaries of the community to include soils, waters, plants, and animals, or collectively: the land.”

Leopold continued: “In short, a land ethic changes the role of Homo sapiens from conqueror of the land community to plain member and citizen of it,” and later, “no important change in ethics was ever accomplished without an internal change in our intellectual emphasis, loyalties, affections, and convictions.”

Potter explicitly stated that he took Leopold’s legacy as an environmentalist, in the way defined by Leopold, and Leopold’s moral reasoning of extending what had moral status as the basis for his own understanding of ethics and of what needed to be included for ethics to be meaningful in our time. Potter’s call for bioethics was a call for a discipline that would combine knowledge of biological facts with an understanding of
humanities and ethics to build a bridge to a sustainable future. His call was to ensure that decisions made about medicine, environmental concerns, and public policy did not limit the ability of future people to live in a beautiful, just, and at least partially protected natural world.

Potter’s primary interest was in what he called the science of survival:

This concept of wisdom as a guide for action—the knowledge of how to use knowledge for the social good—might be called *Science of Survival*, surely the prerequisite to improvement in the quality of life. I take the position that the science of survival must be built on the science of biology and enlarged beyond the traditional boundaries to include the most essential elements of the social sciences and humanities with emphasis on philosophy in the strictest sense, meaning ‘love of wisdom.’ A science of survival must be more than science alone, and I therefore propose the term *Bioethics* in order to emphasize the two most important ingredients in achieving the new wisdom that is so desperately needed: biological knowledge and human values."

These two differing ways of understanding what bioethics is, and should be, will lead to different standards and assumptions about what issues should take precedence and on what basis moral reasoning occurs. My own understanding of what bioethics should be is based on the moral ground described by Van Rensselaer Potter, and I view his call for a science of survival as the most essential component of any useful and viable theory of ethics. My goal in writing this thesis, a series of short essays, is to understand and build upon this line of moral reasoning in the interest of our working together toward not
only a survivable future, but a future that acknowledges and builds a vibrant and inclusive community.

In particular, it is Potter’s insistence on ethics that considers the needs and wellbeing of the larger community and of future generations that needs to be brought into the mainstream of bioethics. Potter built upon Leopold’s legacy of a land ethic to develop bioethics: ethics that we based on understanding the long term effects for society of individual decisions and on the necessity of humans to be as concerned about others as we are about ourselves. Bioethics sorely needs Potter’s understanding that the rest of the natural world has moral status and deserves human respect and protection. It is simply the belief that the community of life is indeed a community.

It is this idea of community that I wish to build on. While it would be reasonable to focus on environmental concerns as basic to bioethics, I believe that first we need to develop a deeper sense of community. I believe our circle of caring tends to grow outward from ourselves and therefore the leap to moral status for soil may be too big a leap! The bridge to the future that Potter calls for begins with a bridge to community. Placing attention directly on this broader view, the view that the needs of the community are primary and that individuality exists only in relationship to the larger whole makes communal values essential values in bioethics.

Rather than writing in a linear format, I offer a series of essays that will be more like snapshots taken from this broader focus. I want to begin a conversation rather than conclude one; my hope is to engage the reader in considering windows through which to peer at possibilities. I assume the reader will have insights that would be very useful for
the writer, and I will be listening for voices other than my own. While a basic orientation toward community and the common good is essential, an acknowledgement that there are other voices not yet heard is sometimes overlooked or hurried through when considering issues; this is a problem of which I will try to be aware.

My first essay is an overview of the American health care system: a system of no system. Because we do not have a sense of or commitment to solidarity in our health care system, it not only fails us as a community, it often fails individuals. I explore some of why it has been so difficult for us to come toward creating a system that actually works for all of us. Our American system looks at medicine as an individual rather than a community endeavor. In comparison, the countries that treat health care as a community good, rather than merely an individual need, have been able to provide their citizens with higher quality care at a vastly lower cost. I explore some of the costs, both financial and human, that are created by seeing medical care as a series of individual choices. Our decision to keep the focus on medicine as a private enterprise has hurt us all. Even those who get the best our health care system has to offer get lesser outcomes compared to their peers in systems of universal access. In ensuring quality health care, community works!

My second essay explores notions of the common good. Potter’s commitment to bioethics was a commitment to the common good, although that was a not a term he used. How might we define and consider the common good? Is there really such a thing as the common good and is the pursuit of it worthwhile? Certainly, we have seen terrible abuses of individual people enacted in the name of benefiting society. How might we go about considering the common good as an ethical necessity? Is it even possible to consider community without a shared sense of the common good? Is there a reason why
individuals should be as committed to the common good as they are to their own desires? Is Potter’s bridge to the future possible without a shared commitment to the common good? Is sustainability an essential element of the common good? Can anything be considered good if it does not protect the future?

My third essay explores using system thinking tools that are used in elementary education in order to think better together. Potter was very much a systems thinker, although he did not use that term. I have used these tools to go deeper into conversations and to think in broader ways. While the formal field of systems dynamics and modeling can be quite complex and challenging, these tools were created to help children learn how to think critically, creatively, and cooperatively. Because these tools are meant to be used by people working together, I believe that not only will they help us think about community, but their use actually creates a community, if only while conversation and learning takes place. I believe one of the necessary elements of focusing on community is giving people the direct experience of working in groups rather than individually, and seeing how we think better together than we do alone. I have found that these tools are a way to move from theory to reality in understanding both community and the common good. My hope is that people doing bioethics, as well as policymakers, will use these tools in order to look for solutions that would create a true bridge to the future.

My final essay will be a narrative of my experiences running for the US House of Representatives in 2012. Ideally, politics should be a way of pursuing the common good and protecting the national community, both now and for posterity. In this essay I pull together different parts of my thesis and hope to make clear how and why these chapters are connected. Finally, I make explicit the ethical framework on which I based my
campaign, and explain why the race was an extension of my commitment to bioethics, as I understand bioethics to be.

Dr. Van Rensselaer Potter was on to something important when he first used the term bioethics over 40 years ago. The beginning he referenced in building a bridge to the future had its origins in a bridge to the past. Although that bridge was not the same one the western ethical model was connected to, it was one that reached back toward a human past that we all collectively inherited. The bridge from our indigenous roots was built from community rather than as an engineered marvel. It is this lineage of people who not only belong to the past but are committed to the future who inspired Potter. They, like Potter, understood the basis of sustainability: namely, that it is essential in meeting the needs of people now that we do not compromise the ability of those who come after us to also meet their own needs. I believe that bioethics is a field that can and should be committed to the well-being of all, both now and in the future.
Toward a System That Works

The American Health Care System is a misnomer. We don't have a single, unified, integrated system; health care is often not the outcome, and many Americans chafe against the idea of a system that manages their care. Unlike every other industrialized democracy in the world, America does not guarantee that all her citizens have access to good quality health care throughout their lifetimes. For those who are unable to access health care because they lack insurance coverage, the results can be devastating. For people with pre-existing conditions, health insurance is usually unavailable at any price. Yet we do not provide superior care even to those who are fortunate enough to have access to the best care our nation offers.

National Public Radio aired a story on January 9, 2013 reporting the conclusions of a blue ribbon panel convened by the National Academy of Science. The report revealed that the United States ranked below 16 other rich countries in multiple defined health outcomes across all age ranges. This story stated that we, as a nation, spend significantly more than other nations do on healthcare yet our outcomes are worse across all economic spectrums and throughout most of our lives. This is old news for us concerning the poor, the uninsured and people of color. What was surprising in this story was the reality that even the most privileged among us are doing worse than their counterparts in other rich nations. Being white, wealthy, insured, and educated did not protect individual Americans from experiencing poorer outcomes than their matched peers in other countries. It appears that even our winners are losing. Our system does not
positively affect any identifiable group of people up to the age of seventy-five even if it
does benefit certain individuals.

The reasons given in this story were reported as many, and some clearly are not
directly connected to health care delivery. Reasons cited include specific, identifiable
social factors. We experience more violent deaths; murders involving guns are four times
higher in the United States than in 22 other rich countries. Over half the deaths for men
under 50 years old are from suicide, murder and accidents. Americans eat more calories
than other people and therefor have higher rates of obesity. While educational
achievement does have a positive protective value for a society, our education system
lags behind those of other wealthy nations. However, it is our lack of a system of health
care delivery to all citizens that has the greatest over-all impact on health outcomes for
Americans.10

The Commonwealth Fund defines itself as “a private foundation working toward
a high performance health system” in the United States.11 They report outcomes through
the National Scorecard on U.S. Health System Performance. Their analysis published in
October 2011 underscores the problems in the United States and states that the problems
are getting worse:

Access to health care significantly eroded since 2006. As of 2010, more than 81
million working age adults--44 percent of those ages 19-64--were uninsured
during the year or underinsured, up from 61 million (35%) in 2003. Further, the
U.S. failed to keep pace with gains in health outcomes achieved by the leading
countries. The U.S. Ranks last out of 16 industrialized countries on a measure of
mortality amenable to medical care (deaths that might have been prevented with timely and effective care), with premature death rates that are 68 percent higher than in the best performing countries.  

Later in the executive summary the report reasons that:

The lack of improvement on many health system indicators... likely stems from the nation's weak primary care foundation and from inadequate care co-ordination and teamwork both across sites of care and between providers. These gaps highlight the need for a whole systems approach, in which performance is measured and providers are held accountable across the continuum of care.

Of particular note were the recommendations for improvement, which stated the need for both access to care and “a culture of quality improvement and continuous learning in which providers seek out opportunities to improve patient safety and outcomes and are recognized and rewarded for doing so.”

In his book The Measure of a Nation, health economist Howard Friedman compares our nation to other nations in a multitude of areas, including healthcare. In the health chapter he delineates the different ways health might be calculated, including the most basic parameters: life expectancy, infant mortality, and maternal mortality. Compared to 14 competitor nations we come in dead last on each of these outcomes. This is despite spending “on average nearly twice as much as and, in some cases, up to four times more per capita than our competitors spend on health.” Again, there are multiple contributing factors that lead to these rates, but lack of access to healthcare remains the primary one.
How did this happen? Why is it that we spend more per capita (even when including those without any coverage) and a significantly higher percentage of Gross Domestic Product (GDP) than other countries, yet we don't cover all Americans and even those who get the best health care available don't enjoy the good health of similar people across the globe? Is there a reason why it so very hard for us to develop a health care system rather than a series of unrelated policies? Can’t we agree that we want good enough care for most citizens to live long and healthy lives? What can we learn from the past that would allow us to move forward toward a better system? Is it possible for us to not only aspire to, but actually create a sustainable health care system that meets the needs of all Americans? How can we both understand and influence this system of no system? How do we, in the bioethics community, engage in--and remain in--the conversations that will allow us to create a system of care?

Before there can be solutions we must have the will to find them. Each of the other nations of the world that have a system of health care for all their citizens made the deliberate decision to do so. T. R. Reid in his book The Healing of America, a book about health care policy in the United States as well as around the globe, states:

All the other developed countries on earth have made a different moral decision. All the other countries like us--- that is, wealthy, technologically advanced, industrialized democracies---guarantee medical care to anyone who gets sick. Countries that are just as committed as we are to equal opportunity, individual liberty, and the free market have concluded that everybody has a right to health care--and they provide it.
From where did their will come?

How and why did other countries decide to provide health care for all their citizens? It was not a ready-made one-size solution that was enforced on all people. Each nation found a model that worked for them, but only after making the moral choice that all citizens should be covered. Professor William Hsiao is a Harvard economist who worked with more than a dozen nations in designing health care systems. He states:

Before you can set up a health care system for any country you have to know that country’s basic ethical values. The first question is: Do people in your country have a right to health care? If the people believe that medical care is a basic right, you design a system that means anybody who is sick can see a doctor. If a society considers medical care to be a commodity, then you set up a system that distributes health care on the ability to pay. And then the poor, pretty much, are left out.¹⁸

The first question is not an economic question, a technical question or a public policy question; it is a moral one that defines not only how a nation sees its citizens but how it defines itself.

What about the argument that allowing the free market to work is the best way to ensure the best and least expensive care to citizens? We hear this touted, almost daily, as a solution capable of bringing down costs and bringing forth the highest quality of care. This has in fact been the policy of our system for years. Evidence is clear that this does not deliver the intended results; Americans continue to spend more on care than anywhere else in the developed world, both in our direct costs and as a percentage of
GDP. Our individual health care costs remain high and individuals who get sick often end up with devastating financial results. As stated in *The Measure of a Nation*: “One in three low-income households without coverage report that medical bills have a major financial impact on their families, and it is no secret that unexpected medical bills are a major reason for foreclosures and bankruptcies.”\(^1\)^\(^9\) It is estimated that annually 700,000 Americans go bankrupt because of medical bills they cannot afford to pay.\(^2\)^\(^0\)

There are vested interests committed to keeping our system this way. In a lead article from Time magazine titled “Bitter Pill: Why Medical Bills are killing Us”, Steven Brill discusses the money spent on lobbying Congress. He says:

The pharmaceutical and health-care-product industries, combined with organizations representing doctors, hospitals, nursing homes, health services and HMOs, have spent $5.36 billion since 1998 (please note that number is 14 years old) on lobbying Washington. That dwarfs the $1.53 billion spent by defense and aerospace industries and the $1.3 billion spent by oil and gas interests over the same period. That’s right: the health-care-industrial complex spends more than three times what the military-industrial complex spends in Washington.\(^2\)^\(^1\)

This money is not spent on delivering or improving care to Americans. It is spent lobbying to ensure that health care is extremely profitable for those delivering it.

It is also true that there are no clear, published costs available for those purchasing medical care. When trying to ascertain ahead of time the cost of care the most likely answer to any inquiry is “it depends.” Depends on what? Depends on the coverage you
have, your access to the billing office, or if you are paying out of pocket. Unfortunately, if you are paying for care yourself your costs will be significantly higher than if your care is covered by insurance. As Brill states: “if you are confused by the notion that those least able to pay are the ones singled out to pay the highest rates, welcome to the American medical marketplace.”

He then explains the concept of the chargemaster:

The chargemaster, I learned, is every hospital’s internal price list. Decades ago it was a document the size of a phone book; now it’s a massive computer file, thousands of items long, maintained by every hospital.” He continues, “It would seem to be an important document, however I quickly found out that although every hospital has a chargemaster, officials treat it as if it were an eccentric uncle living in the attic. Whenever I asked, they deflected all conversations away from it. They even argued that it is irrelevant. I soon found out that they have good reason to hope outsiders pay no attention to the chargemaster or the process that produces it. For there seems to be no process, no rationale, behind the core document that is the basis for hundreds of billions of dollars in health care bills.”

So much for allowing consumers to make informed choices! Patients cannot learn the price of what they are buying because there actually is no clear set price.

Americans interested in price-shopping for medical care, therefore, must travel outside of the country in order to obtain significant cost savings unavailable inside the United States. The New York Times ran a front page article on August 4, 2013 that headlined, “For Medical Tourists, Simple Math.” The article compared the cost for a hip
replacement for a 67 year old man whose operation would not be covered by his insurance to having the surgery done outside of the United States. The manufacturing company of the artificial hip joint offered him the option to buy the part at the no mark-up list price of $13,000, but he would have to pay all the other costs of surgery. He was able to have the entire hip replacement done at a private hospital in Brussels which included the joint from the same American manufacturer but also all doctor’s fees, OR fees, crutches, medications, five days of hospital recovery, a week in rehab and roundtrip airfare for $13,660. This was not third world medical tourism; this surgery was done in the heart of the European Union. As for outcome, the patient is exceedingly happy with his results.

But don’t we get better care than people in other countries? Don’t we derive special benefit from the amount of medical research we do in America? Again, the answer is no, and for a variety of reasons. One is that because we do not have a single health care system, we do not have national established standards of care that define what is good, accepted medical practice. Much of the research done in the US is done by pharmaceutical companies that have a vested interest in the outcome and a tendency to hide unfavorable results. Even though the Food and Drug Administration Amendment Act of 2007 requires reporting summaries of all clinical trials within twelve months of completion of the trial, an open audit done in 2012 by the British Medical Journal found that four out of five trials had not filed the required reports. Despite this failure to report, no fines had been levied. Reid says, “Consider that one classic benchmark for a national medical system is ‘avoidable mortality’—that is, how well a country does at curing diseases that are curable. A 2008 report by the Commonwealth Fund...concluded that the
United States is the worst of the developed countries on this measure.” In addition, having a comprehensive system of healthcare makes it more likely that the results of research and the care given to patients in the health care system are aligned, an advantage we do not share with other nations.

Of course, no nation on earth can afford to provide every type of possible medical care to each person in the country. As Reid says: “To offer all possible treatment to every patient would lead any health care system rapidly towards bankruptcy. For this reason, other developed nations have framed the right to universal health care in terms of a floor and a ceiling. There is some floor level of care…to which everyone has access…And there is generally a ceiling beyond which the system will not go. The former British health minister put it succinctly: ‘We cover everybody, but not everything.’ Reid goes on to say: “The United States differs from all the other developed nations in that it has no floor and no ceiling. For tens of millions of people the American health care system offers little or no care….For people covered by top of the line insurance plans, the U.S. system offers almost anything, regardless of the price or the patient’s age.” Defining what “adequate” care means is a hard and sticky task, and one that we as a nation have been loath to do. Instead it has been answered by default. If you have good coverage there are no limits, even reasonable ones, and if you are not covered there is no floor beneath you to stand on.

Arguments against structural change can be found in the platforms of the political parties. A simple look at these platforms reveals why this change has been hard to come by. The stated platforms give a glimpse into the mental models of each of the parties. These platforms represent the assumptions that are made by many Americans: the beliefs
that are making reform so difficult for us as a nation. The Republican Party platform dated August 27, 2012 gives some explanation when it states in the section 'Repeal Obama Care' that the Patient Protection and Affordable Care Act is “the high water mark of an outdated liberalism, the latest attempt to impose a euro-style bureaucracy to manage all aspects of their lives.” Clearly their concern is that any government-sanctioned system would bring with it a bureaucracy that would manage ALL aspects of their lives. They also believe that it is the “strength of the free market system (that) offers seniors real choices and make(s) sure that there are incentives for the private sector to develop drugs. No more one-size-fits-all.” The platform goes on to state that it will “Allow customization of insurance,” by saying that “a major reason why health insurance is so expensive is that many state legislatures require policies to provide benefits that many families do not want. These mandates increase costs for everyone” This section does go on to say that “one area of health care that is sadly ignored is the role of primary and preventive care. We will boost funding …and establish stronger public-private partnerships for safety net providers...”31 This statement ignores the fact that the lack of insurance is one of the main deterrents to receiving primary and preventive care. The Republican platform denies the both the necessity of a floor and the reality that one does not yet exist.

The platform of the Democratic Party states that we must “preserve the promise of Medicare; don't privatize or voucherize.” Part of this platform is to promise that there will be no limits to Medicare. The platform goes on to say that in addition to making sure that everyone has access to affordable health care, we need to invest in stem cell and other research: “we also believe in investing in life saving stem cell and other medical
research that offers real hope for cures and treatment for millions of Americans.” This reflects the belief that there will be, and should be, no end to the advances made possible by increasing medical research, nor should there be limits on the care provided to elderly patients. The platform also states that “the current Medicare drug program serves drug companies more than seniors...Elderly Americans deserve a real drug benefit – one that uses the government's purchasing power to lower costs and ensure access to new therapies for their illnesses.”32 While understanding that it would be better to negotiate prices paid under the drug benefit to reduce cost, the Democratic platform ignores the necessity of a ceiling. This platform does not ask us to balance potential benefits against the real cost of providing sometimes futile care: care that will then take priority over other potential social goods, such as education or infrastructure.

We simply must address how to limit care--define a ceiling--if we are to find a way to provide medical care to all Americans (at least the care that is provided and paid for by society). Every financially sustainable system finds a way to address limits of cost for the system over-all. Our not addressing this problem has left us spending more of our GDP than any other nation – without providing care to all citizens. Since the public dubbing of “death panels” by those opposed to health care reform became part of our language this topic has been untouchable. The unwillingness of both parties to tackle this hard topic is one of the structural impediments to moving forward. Everyone is mortal - even Americans, and regardless of how much aggressive, expensive care we provide, this basic truth will not change.

The biggest hurdle we face, however, is a moral one: one that has been a longtime concern for bioethics. The American focus on individualism and autonomy has not
served us well, even as individual people. For example, although the results in the CONCORD trial published in the United Kingdom in 2008 that compared cancer outcomes throughout the world gave a slight advantage to American citizens, the survival rates for “black men and women was systematically and substantially lower than in white men and women in all 16 states and six metropolitan areas.” Can we claim better outcomes when a substantial portion of our population does not share in those results? Can we make public policy based on a study that only considered 42% of the population of the United States? How seriously should we take the results of a study that does not include those Americans who did not receive healthcare in their analysis of cancer survival rates?

This lack of solidarity, another way of describing community, has consigned most of us individually to worse outcomes than are experienced by those who commit to the well-being of their fellow citizens. As Daniel Callahan says: “The United States is culturally oriented more toward individual rights and values than to communitarian values. That proclivity has made it hard to develop a common good, or solidarity-based, perspective on health care. Too many people believe they have no obligation to support the health care of others and resist a strong role for government, higher taxation, or reduced health benefits.” It is our inability to accept communitarian values that seems to make it so very hard to find a system solution. Our system of no system does not provide us with a floor or ceiling, leaving us bereft of home. We may individually have the best money can buy but we are collectively left without the good things money cannot buy.

This is the argument that was missing in the passage of the Patient Protection and Affordable Health Care Act of 2010 (PPACA). While we wait for its implementation to
take place over the next few years, and will probably see a huge increase in the number of Americans who will then have access to health care, the argument was one of individual rights and responsibilities and not of solidarity. William Sage argues that a name change to “Americare,” which would precede the particular insured coverage, would increase our sense of solidarity as Americans. \(^{38}\) He states:

> Were the Affordable Care Act’s programs to be rebranded, all eligible participants would sign up for an Americare plan with the specific source of coverage appended. One person might have an Americare-Blue Cross plan, while someone else would have Americare-Medicare. A common identity would convey the point that universal participation makes it possible to have universal insurance that does not discriminate against the sick. \(^{39}\)

As Sage later notes: “During the legislative debate, media commentators approached the proposed law as a compilation of personal costs and benefits. They readily explained ‘how reform affects you’ but seldom considered ‘how reform affects us’ as a nation.” \(^{40}\)

Daniel Callahan makes the point that the argument made against passing the PPACA by Republicans was an argument against government provided health care: “Part of it reflects a long-standing resistance to a strong federal government role, for this or any other welfare program. But part of it was an explicit rejection on the part of many legislators, with public support, of the idea of a collective responsibility for health care.” Callahan goes on to say: “Hardly less noticeable was the fact that most Democrats, including President Obama, did not make a communitarian case for universal care. They
hardly invoked any moral value at all, usually contenting themselves with arguing that the uninsured are an economic burden that can be handled better by a government program.\textsuperscript{41}

For while there are good arguments to be made for the efficiency of a unified health care system, one that affects the overall outcomes for citizens of such societies, one of the least reported and most important outcomes is the sense of community and belonging that people experience within such a system. No matter whom you are and how on top of the world you are today, the day will come when you and those you love will need medical care. No one living in our country should be desperate about receiving the basic care they need or despair at knowing that they are not valued enough by their fellow Americans to ensure they receive care. How can we be a great society without this basic moral understanding?

This belief that there are public goods that all citizens are, and should be, entitled to already exists in our country. We accept as reasonable that all children are entitled to a sound, basic education from kindergarten through the twelfth grade, while also accepting that for some, more extensive (and probably better) education can be purchased privately. We believe that all citizens are entitled to police and fire protection even though the benefits of these services are not equally distributed, because these services protect people’s lives. We build public parks and libraries and soccer fields and roads. We accept these goods as desirable for all people because they allow us individually to live with some measure of shared community and safety. They protect our lives, our liberty and enable us to collectively pursue happiness.
That’s why I and many others believe in and are fighting for a health care system that works for all of us. There are many ways to create a health care system that is based on the idea that we all play by the same set of rules. Reid reminds us: “All other rich nations have embraced this basic principle, because they think it is fairer if everybody in the country has access to the same level of care...Beyond those practical reasons for universal coverage, of course, there’s the basic moral imperative.” And as Callahan eloquently states: “Will those trends open the door to a greater sensitivity to those with unaffordable medical burdens? Will empathy for those in need increase and a sense of solidarity emerge? The attraction of solidarity is its basic premise: that we are all finite creatures, all of us together subject to disease, illness, and the threat of death... We are all in this together.”

For the moral argument is not, and should not, be one of efficiency alone. It is certainly true that the lack of a cohesive health care system has not led to the best health outcomes for any group of citizens. It is also true that the market has not driven down costs in our nation, quite the opposite. We spend more and get less than any other nation on Earth. But it is our lack of solidarity, the belief that we are not all one people who are invested in each other’s well-being, that speaks loudest of all. What does “We the People” mean if it does not include all Americans in the right to life, now made more available with decent health care for all? Is it possible that pursuing the common good is the best way forward for all of us, both as individuals and as a people? Is it possible we’ve got it backwards, that autonomy should follow communitarian values and not the other way round?
Perhaps our founding fathers had it right when they sealed the Declaration of Independence with this promise: "We pledge to each other our lives, our fortunes, and our sacred honor." These are the vows made by people who believe in community and in ensuring the common good. If we wish to be worthy inheritors of these words, together we must create a system that works, for all of us.
Toward a Common Good in Bioethics

The concept of the common good has a long history in western political and religious philosophy, and in how we understand ethics. Yet, bewilderingly, in bioethics, what is good for all of us in common takes a back seat to other concepts of moral reasoning, which are focused on promoting what can only be called the individual good. How did we get here? And more importantly, how might bioethics change if we made communitarian ethics and concern for the common good equally, if not more, important to our moral reasoning than the well-being of individuals?

It is not in bioethics alone that the focus on individuals rather than communities took hold. Our political discourse is mostly focused on arguments about the best way to meet the needs of individuals. Baptist preacher Jim Wallis asks: “What happened to the common good?” He says: “There is an ancient idea that we have lost, but can and should find again. . . .The notion of the common good has both religious and secular roots going back to Catholic social teaching, the Protestant social gospel, Judaism, Islam, and in the American Constitution itself, which says that government should promote ‘the general welfare.’” He stresses that although many people’s notion of the common good may be grounded in religious beliefs, our ideas about the common good can actually help us cross political lines. Wallis continues:

A commitment to the common good could bring us together and solve the deepest problems this country and the world now face: How do we work together? How do we treat each other, especially the poorest and most vulnerable? How do we
take care of not just ourselves, but also one another? The common good is also the best way to find common ground with other people—even with those who don’t agree with us or share our politics.47

Imagine how different both our focus in bioethics and our current political climate might be if our shared goal was to pursue the common good. While our differences about what that good might be and how that good might be achieved would remain, our attention could be focused on flourishing for society as a whole. Michael Sandel explains that Aristotle believed that “politics is about something higher. It’s about learning how to live a good life. The purpose of politics is nothing less than to enable people to develop their distinctive human capacities and virtues—to deliberate about the common good, to acquire practical judgment, to share in self-government, to care for the fate of the community as a whole.”48

This way of approaching our shared common life is a far cry from rights based individualism, which attempts to take responsibility for our shared morality out of individual decision making. The focus on individual rights is pervasive in our culture and leads to difficulty in understanding why we should put the needs of others as equal to, and at times even more important than our own. We are used to arguments that appeal to self-interest rather than to our obligations to one another. Sandel writes:

The weakness of the liberal conception of freedom is bound up with its appeal. If we understand ourselves as free and independent selves, unbound by moral ties we haven’t chosen, we can’t make sense of a range of moral and political obligations that we commonly recognize, even prize. These include obligations of
solidarity and loyalty, historic memory and religious faith—moral claims that arise from the communities and traditions that shape our identity. Unless we think of ourselves as encumbered selves, open to claims we have not willed, it is difficult to make sense of these aspects of our moral and political experience.\textsuperscript{49} 

It is in response to this understanding of rights based liberalism that communitarians arose. Sandel says that “a number of critics (of which I was one) challenged the ideal of the freely choosing, unencumbered self along the lines I’ve just suggested. They rejected the claim for the priority of the right over the good, and argued that we can’t reason about justice by abstracting from our aims and attachments. They became known as the ‘communitarian’ critics of contemporary liberalism.”\textsuperscript{50} 

The beginning of bioethics was during a time in American history that was dominated by self-expression and individualism. The early 1970s was an explosion of rethinking previously held mores and values, as people sought to express their own new found individuality. Terrible abuses of individual people perpetuated by the powerful against the weak were fresh in the minds of many. Daniel Callahan explains how autonomy, rather than the common good, came to define early bioethics when he writes:

It is hardly an accident that bioethics gravitated almost from the start towards an ethics of autonomy. That proclivity fit well with the dominant ideology of American society. Moreover, the field itself received much of its early, more specific impetus from egregious violations of individual integrity. Recall that it was the revelations of the abuse of human subjects in the 1960s. . . .that first brought ethics to the attention of the medical community and the government . . . .
Combined with a revolt against medical paternalism and the suspicion of expertise that was the mark of the 1960s, the field of bioethics was from the first pushed towards an assertion of individual rights: and the language of rights was itself congenial to the times and pervasive in the public square.\textsuperscript{51}

This background not only informed the most well-known beginnings of bioethics, it has continued to dominate the discussion. A decade after the above paper, Callahan wrote: “It might be characterized as the almost complete triumph of liberal individualism in bioethics. I call this an ideology rather than a moral theory because it is a set of essentially political and social values brought into bioethics, not as formal theory but as a vital constellation of values. . . . Liberal individualism needs a strong competitive voice, one that can be found in communitarianism.”\textsuperscript{52}

Again, it is easy to understand why bioethics in particular came to focus on individual good and on the protection of individuals. But disagreement about who was being protected, who was not, and why this was so continues to this day. Rosamond Rhodes says:

Two concepts have dominated the last half century of bioethics. In clinical matters, bioethicists have focused on autonomy, a focus that springs from the 1960s and 1970s preoccupation with rights and liberty. In research ethics, bioethicists have focused on the protection of human subjects, a perspective that was largely influenced by atrocities perpetuated by Nazi researchers on concentration camp inmates during World War II and revelations of ethical problems in studied conducted with undervalued subject groups. Oddly,
bioethicists have largely failed to notice the marked contrasts between these two perspectives.  

Rhodes goes on:

Problems can and do arise when the focus on liberty and respect for the autonomy of individuals overshadows other important moral concerns. In the bioethics literature and in bioethics policies, individual concerns are often highlighted while the social good and social justice are often ignored or deemphasized. Many bioethicists focus on the importance of accommodating the personal values and culture of the individual patients and their families, but never acknowledge or address the costs that such accommodation may involve for other patients and for society. 

Later in the same article, Rhodes stresses the importance of solidarity when considering the many issues facing bioethics in the future. She states:

A number of these developments will direct bioethics to shift its narrow focus from the individual to encompass also the broader environment and society. . . . Some of this work will reveal the need for looking at our interrelatedness and interdependency in a new light and appreciating how much we are a part of our environment rather than independent entities. . . . To the extent that we move closer to a system in which people can feel ‘we are all in this together,’ conversations may expand to include the word ‘solidarity’ and as a community, we may accept the need to make hard choices and take responsibility for the consequences of our action as well as our inaction. Bioethicists will have an important role in
explaining the issues of justice, the options, and the reasons that support them to
the public.55

A commonly held perception of how to understand justice is presented in
Principles of Biomedical Ethics, a classic in the field of bioethics. This approach to
justice is seen through the filter of individual rights and the distribution of benefits. While
three paragraphs in the chapter titled “Justice” discuss communitarian theories, justice is
never understood as protecting and enabling the common good, most particularly for the
future.56 In this view, society consists of individuals who live together, and justice is
required in the sharing and distribution of resources. This understanding of justice does
not give moral weight or even acknowledgement to the idea of the common good.
Elsewhere in the book the concept of common good, essentially defined as
communitarianism, is in effect, dismissed because it lacks systematic theories, unlike
utilitarianism and the philosophies of rights.57

But there is another way of approaching bioethics than this; we can, and should,
make the pursuing and protection of the common good “our opening bid in framing the
issues.”58 Interestingly, fathers of two of the divergent beginnings in bioethics, Daniel
Callahan and Van Rensselaer Potter, while having very different initial approaches, seem
to have come to a similar conclusion: “the welfare of the whole” must be our shared
concern.59 Neither believes that primarily focusing on individual rights will lead us
toward a sustainable society, or a system that works for all of us. They both are interested
in making communitarian values central to bioethics. Callahan, in a critique on the limits
of individualism, writes:
Liberal individualism needs a strong competitive voice, one that can be found in
communitarianism. In addition to fomenting cultural wars, liberal individualism
does not have the intellectual strength or penetration to deal effectively with the
most important bioethical issues. Its ‘thin theory’ of the good is a thin gruel for
the future of bioethics.…At the same, it is not a threat to liberty to say that liberal
individualism is poorly equipped to help us as human communities develop the
moral perspectives to deal with the resulting complexity. Liberal individualism’s
greatest weakness is what is often thought its greatest strength: eschewing a
public pursuit of comprehensive ways of understanding the human good and its
future.60

Potter presented his communitarian views most strongly in terms of his primary
focus on human survival. His initial call for bioethics was because he believed our
survival was at stake if we did not change course. He, in his concerns about human
survival, saw several possible scenarios, including mere survival, miserable survival,
idealistic survival and irresponsible survival. While Potter wanted us to strive for
idealistic survival, he did warn of other possibilities. In his writing on irresponsible
survival he points out the choices that are made by individuals who do not take the needs
of the whole as primary to task:

Irresponsible survival is doing all the things that run counter to the aspirations of
idealistic survivalists. Whereas proponents of idealistic survival seek to promote
zero or negative population growth for the immediate future and a healthy eco
system with concern for future generations, those who are characterized as
irresponsible recognize no obligation to the future, proceed entirely in terms of
self-interest, have no desire or willingness to control their own reproductive powers or interest in helping others to do so, and do nothing to preserve a healthy ecosystem. Among the interesting contemporary phenomena are the organizations that are desperately trying to preserve a healthy ecosystem in terms of beaches, tidal basins, wilderness, wildlife preserves, redwood forests, groundwater, clean air, or other elements in the environment, while ignoring the fact that it is population pressure that underlies all of these problems. A sense of ecological morality will always retreat in the face of economic demands brought about by the growth of local and world populations.61

Potter believed that individual people pursuing their own interests would not enable an acceptable or idealistic survival for our species. He saw bioethics as a way to develop that new wisdom that was (is) so urgently needed.

Mankind is urgently in need of new wisdom that will provide the ‘knowledge of how to use knowledge’ for man’s survival and for improvement in the quality of life. This concept of wisdom as a guide for action--the knowledge of how to use knowledge for the social good--might be called Science of Survival, surely the prerequisite to improvement in the quality of life. I take the position that the science of survival must be built on the science of biology and enlarged beyond the traditional boundaries to include the most essential elements of the social sciences and the humanities with emphasis on philosophy in the strict sense, meaning ‘love of wisdom’.62
Note that Potter makes a subtle distinction here by emphasizing the strict meaning of the term philosophy and not merely accepting prevailing ethical theory. The wisdom must be big enough to guide humanity to a shared and desirable future.

Perhaps that is the basic reality that Potter addressed initially, and is now becoming more widely appreciated by many in bioethics: our very survival as a species depends on the choices we make for the whole. Communitarian ethics are not just a nicety, they may prove to be the most pragmatic ethics of all. Self-interest is turning out to have serious flaws precisely because individuals focusing on their own needs and desires do not usually make choices that will collectively protect the needs of the entire community or future people. When individuals are asked to make ethical choices they are not usually thinking about systems as a whole. They seldom have the skills or ability to understand the implications of their decisions, and the fact that there may indeed be longer-term implications for other people depending on their individual choices is rarely mentioned.

This is not to say that people are basically selfish and unwilling to consider future peoples when making moral decisions, or to imply they are not concerned about those who come after us. Most people probably care more about others than is assumed, and their moral instincts would and do drive them to make choices that reflect that when asked. Samuel Scheffler, in an intriguing essay, challenges us to imagine two different hypothetical scenarios that put an interesting perspective on this. In the first he writes: “Suppose you knew that although you yourself would live a long life and die peacefully in your sleep, the earth and all its inhabitants would be destroyed 30 days after your death in a collision with a giant asteroid. How would this knowledge affect you?” He, rightly
I believe, supposes that this knowledge would disrupt the meaning most of us find in the work we do and the activities we pursue. Much of our activity is for the benefit of other people. To make clear that this concern we have is not only because of our investment in the people we know and care about he proposes a slightly different scenario taken from a P. D. James novel: “Humanity has become infertile, with no recorded birth having occurred in over 25 years. Imagine you found yourself living in such circumstances. Nobody alive is younger than 25, and the disappearance of the human race is imminent as the aging population inexorably fades away. How would you react?” He goes on to suppose:

This should give us pause. The knowledge that we and everyone we know and love will someday die does not cause most of us to lose confidence in the value of our daily activities. But the knowledge that no new people would come into existence would make many of those things seem pointless. I think this shows that some widespread assumptions about human egotism are oversimplified at best. However self-interested or narcissistic we may be, our capacity to find purpose and value in our lives depends on what we expect to happen to others after our deaths . . . Although some people can afford not to depend on the kindness of strangers, virtually everyone depends on the future existence of strangers.

Scheffler circles back to our responsibility to these future people this way, “People who worry about these problems often urge us to remember our obligations to future generations, whose fate depends so heavily on what we do today. We are obligated, they stress, not to make the earth uninhabitable or to degrade the environment
in which our descendants will live.” But then he reminds us of the mutuality that is the
heart of communitarian values when he says:

We also depend on them and their existence if we are to lead flourishing lives
ourselves. And so our reasons to overcome the threats to humanity’s survival do
not derive solely from our obligations to our descendants. We have another reason
to try to ensure a flourishing future for those who come after us; it is simply that,
to an extent that we rarely recognize or acknowledge, they already matter so much
to us.$^6^7$

If these future people indeed do mean so very much to us, how does bioethics
become a discipline that embraces and reflects our collective concern for protecting the
world they will inhabit? How do we make the large context in which smaller issues
emerge just as critical to bioethics as the issues we tend to focus on? Can we make the
leap toward understanding that the common good already is vitally important to us and
therefore must be the base of our thinking? Of one thing we can be certain, the problems
we are both creating and avoiding really are different from the ones we inherited from
previous generations, and will not be solved by our looking away. The reality is clearly
stated by Susan Sherwin:

Humanity is facing a terrifying array of threats to its continued existence. A non-
exhaustive list includes: climate change; air and water pollution; rapid
disappearance of a growing number of species, including many that are crucial to
human food supplies; a desperate shortage of (clean) water for many people;
enormous disparities between the rich and poor, both nationally and
internationally; deeply entrenched religious and ethnic hatreds; proliferation of nuclear, chemical, biological, and conventional weapons; emergence of new infectious diseases (e.g. HIV/AIDS, SARS, and a potential bird flu pandemic); and reappearance of ‘old’ infectious diseases in new resistant forms (e.g. tuberculosis). Each of these problems on its own has the potential to produce catastrophic consequences for human (and other) life; in combination the dangers are multiplied.  

The big problems we face, the ones initially spoken of by Van Rensselaer Potter, are not individual problems, in that they were not created by individual action, they don’t only affect individuals and they cannot be solved by individuals acting alone. These complex issues require ethics that intentionally put the common good ahead of the rights of individuals, so that those rights do not include the right to inadvertently cause harm to the whole. Paul Ehrlich asks the question, in his essay “Bioethics: Are Our Priorities Right?” how far the rights of individuals should go when compared to the claims of the common good. He partially answers it thus:

I suspect, however, that the question has largely been settled by population growth, the extraordinary expansion of the human enterprise, and the rapid pace of cultural evolution in science and technology. Plato has won the intellectual argument (if not the battle), because the human predicament now makes it imperative to evolve a system of ethics designed to develop and support a sustainable global society. In Platonic terms, rulers should do ‘right’; their goal should be to maximize the collective happiness of citizens of the state. Some sense of what is right is essential to a well-ordered global society; the human and
environmental costs of doing wrong now are vastly greater than when the ancient civilizations of the Tigris and Euphrates valleys or the classic Maya, Anasazi, and Easter Island societies were suffering localized collapse.⁶⁹

Sherwin believes that the new ethics needed will not be another theory formulated by an individual. She says: “I shall not actually spell out the nature of the new ethics I claim we need; its development will require the collaborative involvement of a multi-disciplinary, multi-national team of theorists and educators and is beyond the capacity of any lone ethicist.” She adds elsewhere in her paper, “The sort of ethics we need must be an explicitly collective ethics.”⁷⁰ The ethics we need in this context require a shift from usual ethical theory. Our theory of theory will not work. Philosopher Andrew McLaughlin explains:

Typically ethical theories, once they pass muster as being internally consistent, are elaborated in order to compare their prescriptions with current social practices….But radical divergences between a proposed theory and typical social practice are usually taken as grounds for rejecting the theory, instead of as grounds for changing social practice. Ethical theory is thus methodologically confined to developing and explicating currently dominant conceptions of what is moral and immoral. Ethical theory of this sort simply does not have a strong enough fulcrum point to leverage a fundamental critique of actions widely regarded as legitimate.⁷¹

As humans we already live in community, and indeed have no other way to be human. We have come to a time when the reality of our shared human destiny is
becoming unmistakably clear. We are born into a world with problems we did not cause, but also fortunately into a world with beauty, wisdom and possibilities beyond our individual capacities. We all will face individual problems; all of us must find and create meaning as part of our human journey. We all will be born, live and die as separate persons. However, the big problems we face as citizens of both a nation and the world belong to us together, can only be addressed together, and require us to care together for the common good.

We must continue to explore new ways of doing bioethics, ways that give voice to those whom are currently voiceless. Using tools like systems thinking will bring more perspectives to the table. It is important that we remember that in our pursuit of the common good the needs of the vulnerable must not be sacrificed to the powerful, as they now currently are. We must be mindful that there are vested interests that benefit from the sacrifice of the common good, and in our belief that we are predominantly self-interested, and that they do not--and may not--want to change. How do we move forward together in meaningful dialogue toward a deeper understanding of what it means to be human together? We must become co-creators of the community of humanity that values each human life while caring for the common good. Our concern must indeed be for the common good we all share, yet it must also go deeper and broader than communitarian ethics alone, as the life of future people and the entire biotic community, here on earth, is at stake.
Thinking about Systems: Habits for the Journey

The beginning of bioethics was intentionally multidisciplinary. While Van Rensselaer Potter saw bioethics as a field that had a very large focus—acceptable human survival—and Daniel Callahan and his colleagues at the Hastings Center saw bioethics as concerned with medical ethics and public policy, these two different strands both saw bioethics as including people from multiple disciplines working together and learning from each other. Both strands were well aware that the medical and technological advances made in the last hundred years required a fresh approach to ethics in order to address the needs of people in a complex world.

In the preface of his first book, Potter declared:

Ethics constitutes the study of human values, the ideal human character, morals, actions, and goals in largely historical terms, but above all ethics implies action according to moral standards. What we now must face up to is the fact that human ethics cannot be separated from a realistic understanding of ecology in the broadest sense. Ethical values cannot be separated from biological facts. (Emphasis in original.)

Callahan stated in the first issue of what we now know as the Hastings Center Report his thoughts on what would be required of bioethicists:

The methodological rigor should be appropriate to the subject matter. I spoke above of three tasks for the bioethicist: definition of issues, methodological strategies, and procedures for decision making. Each of these tasks requires a different kind of rigor. The first requires what I will paradoxically call the rigor of
an unfettered imagination, an ability to see in, through, and under the surface appearance of things, to envision alternatives, to get under the skin of people’s ethical insensitivities, to look at things from many perspectives simultaneously. . . My positive criteria for a good methodology is this: it must display the fact that bioethics is an interdisciplinary field in which the purely “ethical” dimensions neither can nor should be factored out without remainder from the legal, political, psychological and social dimensions. . . . The discipline of bioethics should be so designed, and its practitioners so trained, that it will directly—at whatever cost to disciplinary elegance—serve those physicians and biologists whose position demands that they make the practical decisions.73

In The Principles of Biomedical Ethics, Beauchamp and Childress dismissed communitarianism as a way of addressing moral problems because it did not have a consistent theory. They said: “Unfortunately, no systematic and classic account of communitarianism exists that rivals the systematic theories in Mill, Kant, and philosophers of rights such as Locke and Hobbes.”74 Note that all of these systematic theories are known by the name of the individual proposing them. Susan Sherwin, in a call to a new kind of ethics to guide us, was explicit that these new ethics required many voices to be valid and declined to spell out the exact way that a new ethics might be formed beyond saying, “its development will require the collaborative involvement of a multi-disciplinary, multinational team of theorists and educators and is beyond the capacity of any lone ethicist.”75

Systems thinking is a methodology that can help those of us in bioethics to do better what Potter and Callahan initially proposed: namely, use the best thinking our
training has prepared us to do, consider points of view different from our own, think outside the boxes we work within, and work together for that better future we all desire. This methodology may help us move toward the outcome Sherwin desired by bringing more voices to the table. Systems thinking helps people approach complex topics while incorporating multiple points of view. Systems thinking is not the only way to unearth our assumptions, but it is a way that works. These tools may not be necessary for those who readily see connections where others do not or for those who can easily explicate the consequences of individual choices, but they do help people in groups reveal their thinking to each other. And these tools are good for the rest of us: those who need a method to examine both our individual and collective thinking.

Systems thinking grew out of “systems dynamics,” used by a group of engineers at Massachusetts Institute of Technology (MIT) under the direction of senior professor Jay Forrester. Forrester wanted to look at social systems with the same kind of analysis used in engineering, such as evaluating feedback loops, understanding time delays and understanding the effects structures had on outcomes. Several of his students and colleagues went on to use his ideas in a variety of ways. Peter Senge expanded and popularized this work in the business community both in his book *The Fifth Discipline* and also in his work at the Sloan School of Management at MIT, by encouraging business leaders to use the tools in their organizations. Donella Meadows, Dennis Meadows and Jorgen Randers under the auspices of the systems dynamics team at MIT co-authored *The Limits to Growth*, a systems look at patterns that could wreak havoc on the planet if changes were not made soon. Donella Meadows later wrote a book (published posthumously) that is considered the classic in understanding how to use systems
thinking in a multitude of settings, entitled *Thinking in Systems: A Primer*. When Forrester’s fellow faculty member Gordon Brown retired to Tucson, Arizona, Brown met with a group of public school teachers and administrators in a middle school and proposed teaching students to think in, and about, systems from an early age using these ideas. These people from MIT and in Tucson each had a part in developing what is commonly referred to as systems thinking.

The specific tools I propose using in bioethical analysis were developed and distilled [in the context of training educators to teach students to think in systems] by the Waters Foundation. Founded in 1957 by successful businessman Jim Waters, the Waters Foundation is committed to developing and teaching these habits to students in kindergarten through 12th grade. Although the first groups of students were in the middle-school program initiated by Gordon Brown, the concept was that students at all grade levels could develop critical thinking skills that would allow them to effectively work in, and contribute to, our complex world. These system thinking habits are currently being used by teachers and their students all across the United States and the world in pilot programs, including here in the Winston-Salem/Forsyth County School System.

So what are these tools? The Waters Foundation presents the ideas as 13 “habits” that a system thinker should develop. *The Habits of a Systems Thinker*, found on the Waters foundation website, describes ways of thinking about how systems work and how actions taken can affect results seen over time. The Habits encompass a spectrum of thinking strategies that foster problem-solving and encourage questioning. (Please see diagram 1 on the next page.) Although “habits” are thought of as usual ways of doing things, the “Habits of a Systems Thinker” do not suggest that systems thinkers are limited
by routine ways of thinking. Rather, the Habits encourage flexible thinking and appreciation of new, emerging insights and multiple perspectives.\textsuperscript{80}

These habits are not listed in a particular order, although some contain core concepts that are essential to understanding systems thinking. No habit is more important than others; these habits are all entry points to systems thinking. Because none of the habits are unique to systems, they often seem familiar to people seeing them for the first time. “Just good common sense” is often the response people have to learning them. But good common sense is often misunderstood, and certainly not common,\textsuperscript{81} making these tools especially valuable.

To understand the habits one first needs to understand what defines a system. Donella Meadows explains it this way: “A system is a set of things—people, cells, molecules, or whatever—interconnected in such a way that they produce their own behavior over time. The system may be buffeted, constricted, triggered, or driven by outside forces. But the system’s response to these forces is characteristic of itself, and that response is seldom simple in the real world.” Or simply: “The system, to a large extent, causes its own behavior!”\textsuperscript{82} Later, Meadows further clarifies by saying: “A system is an interconnected set of elements that is coherently organized in a way that achieves something. If you look at that definition closely for a minute, you can see that a system must consist of three kinds of things: elements, interconnections, and a function or purpose.”\textsuperscript{83} Put another way, a system consists of the forest and the trees, as well as the relationship between them.\textsuperscript{84}
Habits of a Systems Thinker

- Seeks to understand the big picture
- Observes how elements within systems change over time, generating patterns and trends
- Recognizes that a system's structure generates its behavior
- Identifies the circular nature of complex cause and effect relationships
- Changes perspectives to increase understanding
- Surfaces and tests assumptions
- Considers an issue fully and resists the urge to come to a quick conclusion
- Considers how mental models affect current reality and the future
- Uses understanding of system structure to identify possible leverage actions
- Considers both short and long-term consequences of actions
- Finds where unintended consequences emerge
- Recognizes the impact of time delays when exploring cause and effect relationships
- Checks results and changes actions if needed: "successive approximation"

Figure 1
As is usual in systems thinking, Meadows tied her conceptual teaching to something physically tangible. She described using a Slinky to help people understand how structure defines behavior. While holding one end of the Slinky with her top hand she releases the bottom of the Slinky from her other hand and asks “what just happened?” Usually people will answer that she let go of the bottom. She then does the same thing with the box the Slinky came in, with a very different result: the box falls to the ground. People see that it is the structure of the Slinky that defines its behavior. This is foundational to understanding using systems thinking; it is essential to look for the underlying structure of a system if we are to understand it.

According to Peter Senge,

Systems thinking is a discipline of seeing wholes. It is a framework for seeing interrelationships rather than things, for seeing patterns of change rather than static “snapshots.” It is a set of general principles—distilled over the course of the twentieth century, spanning fields as diverse as the physical and social sciences, engineering, and management. It is also a set of specific tools and techniques, originating in two threads: in “feedback” concepts of cybernetics and in “servomechanism” engineering theory dating back to the nineteenth century. . . . And systems thinking is a sensibility—for the subtle interconnectedness that gives living systems their unique character.

In service to the process of “seeing wholes” that Senge described, many of the “habits of a systems thinker” are associated with specific diagrams that make our thinking clearer both to ourselves and to others. Meadows says: “Pictures work better
than words, because you can see all parts of the picture at once.” The Waters Foundation produces a set of 13 cards that each present one of the habits of a systems thinker. Each card has a habit and drawing on one side and an explanation in addition to open-ended questions and often a diagram on the other side. All of these habits can be found on the Waters Foundation website, and are listed in diagram 1. While reviewing each habit may seem tedious, this information is important in understanding this system.

Systems thinking assumes that there are multiple parts that make up a system and that the relationships between those parts is integral to understanding how the system operates both in any given moment and over time. One of the habit cards is “Seeks to understand the ‘big picture.’” It states: “A systems thinker focuses on the forest rather than the details of any one tree.” This does not mean to ignore individual parts, as one of the questions on the card is “How can I maintain balance between the big picture and important details?” This habit stresses that details are important, but in the context of the bigger picture.

This leads to a core component of systems thinking: nobody has the whole view of a system, nor can people see beyond their own vision without the input of others who have a different perspective. Philosopher Arthur Schopenhauer famously said; “Every person takes the limits of their own field of vision for the limits of the world.” That’s why one of the cards says, “Considers how mental models affect current reality and the future.” The card continues, “A systems thinker is aware how beliefs and attitudes influence perspectives and actions.” Senge describes mental models this way: “Mental models are deeply ingrained assumptions, generalizations, or even pictures or images that influence how we understand the world and how we take action. Very often, we are not
consciously aware of our mental models or they effects they have." Understanding the ubiquitous nature of mental models (the incomplete model we each hold of how the world is) allows us to begin conversations and analysis knowing that no one person’s vision is an accurate understanding of the limits of the world.

The card depicting the habit “surfaces and tests assumptions” explains that “A systems thinker actively tests theories and surfaces assumptions, perhaps with others, in order to improve performance.” Questions on this card include, “How do my past experiences influence the development of my theories and assumptions?” Also on this card is the diagram of the ladder of inference. This ladder is the one we all climb, usually subconsciously. The ladder begins with our perceptions, moves up to our beliefs, and continues with our taking action on those beliefs. If we fail to question our perceptions, we will not be likely to consider expanding our beliefs or engaging in different actions. Allowing that what we perceive is not what is true, but merely our interpretation, goes a long way toward moving beyond our own field of vision and encourages us to pay attention to details we never noticed before.

In a similar, but slightly different, vein is the habit card that “Considers an issue fully and resists the urge to come to a quick conclusion.” This card urges us to slow down. It further explains: “A systems thinker takes the necessary time to understand the dynamics of a system before taking action.” It gives questions to reflect on such as, “How much time do we need to allow for the consideration of this issue?” as well as two questions about managing our emotions while doing so. “How can we manage the tension that exists when issues are not resolved immediately?” And: “How can I help others be patient while living with unresolved problems?” This habit asks us to slow down enough
that our habitual responses do not preclude us from considering an issue more thoroughly. Note, too, that it urges us to address, not avoid, issues!

Five habits cards deal, among other things, with the passage of time. “Recognizes the impact of time delays when exploring cause and effect relationships,” one posits, explaining that: “A systems thinker understands that often cause and effect are not closely related in time.” This card includes a diagram of a feedback loop, including interruption lines accounting for how time will delay important feedback. The systems thinker then asks “If we make a change to the system, how long before we see the results that we desire?” and: “How can we identify the role of time delays in the effects we expect to see? Will the change we propose show immediate results or will we need to wait to see improvement? If we need to wait, for how long?” Time delays cause major stumbling blocks in understanding policy change because they can make it hard to relate causes with delayed effects.

“Considers both short and long term consequences of actions” notes a second time related card. This habit asks us to look ahead, as in these questions: “Are we considering long-term effects even though this long view may seem unimportant?” and “Are we willing to accept short-term pain for long term gain?” A related habit is labeled: “Finds where unintended consequences emerge.” This third time-related card asks us to consider consequences to decisions or actions that are not immediately obvious, reminding us that: “A systems thinker anticipates results of actions that may not be readily predictable.”
“Observes how elements within systems change over time, generating patterns and trends” begins a fourth card. This card includes a behavior over time graph to remind us that any single snapshot is not a true representation of how a system is working. Behavior over time graphs are simple diagrams with an X and Y axis, with the behavior always labeled on the Y axis and time as the X axis. The behavior is the variable being monitored and should be specific: for example, number of people insured. This card asks us to consider: “What patterns or trends have emerged over time?” in addition to: “What important elements have changed in the system?”

A fifth card approaches time and results from a different angle by saying, “Identifies the circular nature of complex cause and effect relationships.” This card focuses on feedback loops and states, “A systems thinker sees the interdependencies in a system and uncovers circular causal relationships.” The diagram is a simple feedback loop, but one of the questions is “Is one feedback loop more influential over time than another?” Also: “How do parts affect one another?”

“Where might a small change have a long-lasting, desired effect” and “Are there other small changes that we have not yet considered that could bring us desirable results?” asks the card titled: “Uses understanding of system structure to identify possible leverage actions.” This leverage-analysis habit focuses on finding small actions that lead to desirable results. Then a related card notes that the systems thinker: “Checks results and changes actions if needed: successive approximation.” The questions to ask include: “What indicators will we expect to see as we look for progress?” and: “When considering changes, are we accessing other systems thinking habits?” This habit is the opposite of throwing the baby out with the bathwater or starting over from scratch. This habit
assumes we will need to change actions, often multiple times, to achieve the results we collectively desire.

All of which lead to the card where Donella Meadows begins her book on systems thinking: “Recognizes that a system’s structure generates its behavior.” This card includes one of the most important values in systems thinking when it states: “A systems thinker focuses on system structure and avoids blaming when things go wrong.” This card asks: “When things go wrong, how can I focus on internal causes rather than dwell on external blame?” It is a habit that allows people with very different points of view to work together to see how a system actually operates rather than assigning blame for the problems that are created from it. This habit allows people who see issues differently to remain on the same team when trying to understand an issue fully.

The power of these habits is not best understood, however, by taking them each individually. One must use the habits in an interactive and dynamic way for their power to emerge. Systems thinkers so often use diagrams because graphic depictions allow relationships to reveal themselves in an organic rather than linear way. So when one person begins using diagrams, that makes it possible for several other people to consider how their ideas relate to each other and a bigger picture begins to form.
The model of the iceberg is a good first tool to use for those interested in seeing how these models work (there are many more models to work with than this one). The iceberg is divided into four levels. The base (bottom) level consists of mental models, our ideas about how and why the world works in a certain way. The next level up consists of structures. These are the structures we collectively create based on our mental models. These structures include our laws, policies and physical structures and our other usual way of doing things. Above structures, and the last level that is beneath the surface, are patterns and trends, the specific things that happen again and again. At the tip of the iceberg are the events. These are the headlines, the things we all agree actually happened.
A few examples of how these levels present might help. Here are three discrete events that occurred:

*Event One* - Passage of the Patient Protection and Affordable Care Act

*Event Two* - Terry Schiavo’s husband is given sole authority to dictate her medical care.

*Event Three* - The birth of the first baby conceived in-vitro.

These events are the newspaper headlines, the identifiable things that happened.

Below the surface are patterns of behavior, the patterns that lead to the events we notice. These patterns might include:

*Pattern One* - The number of people with health insurance and the number of preventable deaths of people without health insurance

*Pattern Two* - Usual care of patients in persistent vegetative state and families having conflict in this increasingly complex environment

*Pattern Three* - Delayed childbearing and infertility for many couples and the increasing medicalization of reproduction

Beneath the patterns lie structures, the systems that lead to those patterns. These structures include the laws and policies that affect the patterns just noted:

*Structures One* - Health insurance does not cover all people and is not required to cover all applicants, and insurance was initially tied to employment for the majority of people but no longer is.
Structures Two - Legal precedent regarding who has decisional authority and previous cases of patients with similar prognoses.

Structures Three - Legal issues in adoption and advances made in medical research.

At the base of the iceberg are mental models, the ideas we have that we take to be true. Based on the examples I used, these ideas might be:

Mental Models One - Insurance is the best way to pay for health care and health care should be paid for.

Mental Models Two - A family member should decide how much care a patient receives, the right family member should be identified, and decisions should be based on the previous desires of the incapacitated patient.

Mental Models Three - Autonomy and privacy should be the highest value when making reproductive choices, and people who are financially able should be enabled to reproduce.

These are merely the first swipe at using the iceberg model.

To continue with one of the previous examples, passage of the Patient Protection and Affordable Care Act, consider the trends in insurance coverage over the past 20 years from other perspectives. Deeper questions about patterns of behavior will emerge. How has coverage been affected by rising medical costs? Has there been a change in coverage as market forces change? Are more or fewer people being covered? Has the percentage of Americans covered by private insurance vs. public programs gone up or gone down?
Have the profits made by insurance companies changed over time? What happens to people without insurance? Is there a difference in the care patients who are covered by private insurance vs. public coverage receive? Who moves from private insurance to public insurance? When? Why? Diagramming these trends would help us see that there have been many moving parts over the years, and that this movement has been dynamic and related to other elements. In addition, the habit that asks us to think about time delays when considering cause and effect relationships makes us look at a longer window than we might otherwise, and reminds us that effects might not be apparent if we are looking only for immediate causes.

At the next level down in the iceberg we look at structural causes. Remembering the habit that says a system’s structure generates its behavior, we look to understand the structure of the system. To continue with the particular example of health care reform we look at this next level and consider how the insurance and health care system’s structure generates its behavior. Health care is paid for publicly, privately or not at all. The cost of medical care has risen faster than GDP. Health insurance has been part of a benefit package to employees, but that is now changing. The most expensive medical care is often provided through government programs, including the care of severely disabled children, disabled adults, veterans, those on dialysis, and the elderly. The number of people covered by government funded programs has risen over the years. The rise in life expectancy has significantly increased the per person lifetime cost for health care for the majority of people. Health insurance is a business like any other. The medical-industrial complex is a powerful lobby.
Each of these structural facts affects the trends and events that are sure to follow. These structures were not intentionally built by any one individual, but that does not change their impact. Structures like these always are created over time and are rarely looked at together. They are the structures that now form part of our collective responsibility. None of us can change them on our own.

The structures are a result of mental models, both the models held in the minds of individuals and those shared by members of any society. The models define what we believe to be reality, or the “best” way to do things. These models are often invisible to us because they are so accepted as normal. When these models are pointed out or explored, they can be defended fiercely as clearly the most accurate way to see the world. We can be fairly certain that we are seeing through the lens of our mental models when we are unwilling to consider viewpoints other than our own. This is not to say that our deeply held beliefs are wrong, merely that they are often accepted by us without evaluation or analysis.

So what mental models might be at the base of the iceberg that leads to the headline “Passage of the Patient Protection and Affordable Care Act”? First, we might notice that reform in how individuals obtain health insurance is considered health care reform. We might be interested in why health care is purchased by individuals, unlike other services such as police protection, which also protects life. We might wonder why health care is different from public education, which is available to all regardless of financial need. We might believe that health care is like another service, such as hair care, and think it should be left to the free market to work itself out. Some might believe health care is a privilege while others might believe it is a right. We might be interested in the
way that legislation is passed and who is involved in that process. We might wonder how coverage is decided based on groups. We might think this is a good thing or a terrible thing. Some will believe this will improve their care, while others will believe it will harm them personally. These models will both form and limit the structures that we collectively create. Mental models form the base of the iceberg because all of our collective structures will be based on these ideas.

What can be very exciting is for people to look at their mental models together because fresh possibilities then arise. Once people realize there are indeed many ways to approach an issue, creative, new thinking can occur. To quote Albert Einstein, “We cannot solve our problems with the same thinking we used when we created them.” When we look at our own mental models with others, particularly others who see the world very differently than we do, it allows innovative thinking to emerge. Our goal can be to focus on problem solving rather than being right.

The model of the iceberg becomes very useful for thinking through the process of change. If we have different mental models, what are the structures that support the new model? What feedback loops will emerge? To what patterns do we need to pay attention? How might we graph these changes to see that we are, indeed, moving toward the events we desire? How long will it take? We remember that unintended consequences will emerge. Real change often does not happen quickly, although sometimes even a subtle shift in mental models can lead to rapid change.

One of the advantages of using the iceberg model, and other models of systems thinking, is that they allow us to compare our understanding with others to see structures and patterns we did not see on our own. The ability to make our thinking transparent to
ourselves and others creates new possibilities. We create a community of learners who together try to see what is true. What is important and truly beneficial is the creation of collaboration that is intrinsic to these methods. These tools not only support the idea of community, they create community in their use. People working together to see the structures of a system are in the process of seeing each other as allies rather than opponents. Together we expand our ideas of what is possible.

And expanding our ideas about what is possible is not just an option, it is imperative. Collectively, we have created systems that threaten not only our way of life, but life for our species itself. Van Rensselaer Potter initially coined the term “bioethics” because he was deeply concerned about the separation of scientific fact from the humanities, ethics in particular. Potter wrote:

The age old question questions about the nature of man and his relation to the world become increasingly important. . . . When political decisions made in ignorance of biological knowledge, or in defiance of it, may jeopardize man’s future and indeed the future of earth’s biological resources for human needs. . . . an instinct for survival is not enough. We must develop the science of survival, and it must start with a new kind of ethics - bioethics.93

The tools are well suited for all of us in bioethics to consider any topic in a deeper way. Hopefully these tools will also allow us to experience how much better we think together than we do alone. Most importantly, these tools allow us to learn from each other, work together and respect one another. These outcomes are likely when we talk with each other rather than at each other.
Adrienne Asch states how well this kind of conversation works when she writes:

Bioethics is at its best when people don’t merely ask each other what their views are, but really take the time to find out what is behind those views. Is it disciplinary training, paying attention to different information about a particular practice, different views about the goods to be sought in family relationships, or differing perceptions of the state as protector or intruder? How do people’s own life experience influence the way they evaluate evidence or formulate arguments?

Some of the most thoughtful bioethical conversation has occurred in working groups where participants were given the opportunity to listen to and to challenge one another’s facts and values, and where people could recognize how their own histories influenced them.94

The field of systems thinking is large and includes so many more ways to look at issues than I have mentioned, even in passing. The iceberg is only one model of many available. The habits are useful in helping us work and live together. The significant problems we face are not only individual problems; they are problems that affect the whole community. Systems’ thinking compels us to remember that everything is a part of a system, humanity included. None of us stands alone. Understanding this reminds us that the future we share belongs to all of us.

Bioethics as a field benefits most when finding ways to include many voices in pursuit of both what is true and what works. Using the habits of systems thinking allows us to pursue these ends together, and to include the opinions of people who are affected by but not otherwise engaged in bioethics. These habits are both democratic, in that they
are inclusive, yet also are not mere majority rule, in that the pursuit of truth should not be based on personal preference, no matter how popular.

In my final chapter I will address how I used these habits in both the design of my congressional campaign, in how our team used these habits in organizing the campaign, and in including people we met on the trail in conversations. These habits are equally useful in both bioethics and politics. Both fields benefit when looking together at the systems we live in with an intention toward creating better ones; systems that work for all of us.
Thoughts from the Trail

**Allegiances**

It is time for all the heroes to go home
if they have any, time for all of us common ones
to locate ourselves by the real things
we live by.

Far to the north, or indeed in any direction,
strange mountains and creatures have always lurked-
elves, goblins, trolls, and spiders:-we
encounter them in dread and wonder,

But once we have tasted far streams, touched the gold,
found some limit beyond the waterfall,
a season changes, and we come back, changed
but safe, quiet, grateful.

Suppose an insane wind holds all the hills
while strange beliefs whine at the traveler's ears,
we ordinary beings can cling to the earth and love
where we are, sturdy for common things.

— William Stafford⁹⁵
I chose to run for the United States Congress for a variety of reasons, many of which can be inferred from the previous essays. My inspiration for actually jumping in came from several sources. I had a conversation with a local education newspaper reporter whose wife was pregnant for the first time with twins. He told me of some behavior engaged in by an elected official we both found distasteful. He then dismissed the behavior as “just politics,” and therefore not worthy of attention. I looked at him hard and said “you are not going to want to someday stare in the eyes of your seven year old children and tell them to love their country, but also to accept that just politics is the best we can do to govern ourselves.”

Sitting in my Unitarian church one Sunday morning in October 2011, clear as a bell, I “heard” a voice tell me to run. It was not the voice of God, as it was a Unitarian church and we don’t go for that sort of thing. But it was a calling. It scared me to death.

In late 2011, my youngest son, John, urged me to run for Congress for himself and for those like him whose needs were not even on the radar of the current Congress, people in their early twenties who had college debt yet could not find jobs, people who were going to inherit an increasingly troubled world. “You’ve got this, Mom,” he told me. “People are hungry for a new kind of politics. Please, please do it.” I was deeply moved because John and his high school friends had helped me win my first school board race in 2006.

Finally, what drew me to politics was the exact same impulse that drew me to bioethics, a desire for humane and ethical ways to integrate the needs of individuals and
communities. Politics is how large concepts get writ as policy; bioethics then focuses on how to implement those policies in a good and just way for individuals. Both fields can, and should, be in service to our best aspirations for a beautiful and sustainable world, one that serves not only humanity as a whole but the individual people who collectively create humankind.

I entered the race in a gerrymandered district against a very well-funded opponent who is both loved by some and hated by others. My goal was to win if possible, but more importantly, to run the kind of race I and the other people working on the campaign could be proud of, a campaign where anyone’s seven year old child would be welcomed and feel comfortable. I wanted to use the race as a bully pulpit for concerns that usually remain on the margins of political discourse, including attention to defining and pursuing the common good. There are serious issues not being dealt with by Congress, issues such as poverty, inequality, war, and climate change. We Americans and our representatives are not talking about the truly big issues facing the nation and the world.

Several structural impediments make it difficult to hold fair and honest elections in this country. One such structure is gerrymandered districts, where only a small percentage of our races is even remotely competitive. Despite Democrats winning close to 90,000 more votes in the congressional races in North Carolina in 2012, Republicans won nine of the thirteen congressional seats. These kinds of results held true all across our nation because in most states the majority party in the state legislature draws the lines that define congressional districts. According to the Washington Post, 168 seats, or 38 percent of elected members of Congress, won their seats with 67 percent of the vote or higher. In comparison, only fourteen percent of House members were elected with 54
percent of the vote or less. The partisan redistricting of 2010 overwhelmingly helped Republicans both gain seats and make them more secure by decreasing the margins by which Republicans won (while remaining safe) and increasing the margins by which Democrats won by packing Democratic leaning voters into supermajority districts. As a result, many elections are decided during party primaries, not in general elections. Just politics.

When races are decided in primary elections the candidates who win do so by being hyper partisan. Primary voters tend to be the most partisan voters and, although they represent a much smaller percentage of the electorate, their votes count for more. Unfortunately, politicians then tend to see the most partisan members of their own party as their most important constituents, because those are the people whose votes they court. Political parties also tend to threaten elected officials with primary challengers if they do not vote along party lines. The effect of outside well-funded political action committees and ideological think tanks like the National Rifle Association, the Heritage Foundation, Common Cause, Move On and Americans for Prosperity has made this problem worse. Just politics.

The Supreme Court decision in *Citizens United* certainly added to the power that money held over politicians. The goal of campaigns appears to be to raise as much money as possible, and the advice I was given confirms this. The first employee of any campaign is supposed to be a finance director, someone who feeds the candidate lists of people to call with pages outlining potential donors, and the previous contributions they have made to other candidates. When the congressional freshman class gets to Washington, the first order of business addressed by party leaders is to assign all new
members call offices (off federal property) where they are expected to spend four to six hours a day dialing for dollars. During the campaign, when I met politically experienced people for the first time, their first or second question was invariably “how much have you raised?” Even those who bemoan the role of money in politics believe the single most important thing a candidate does is to raise money. Of course, with fewer truly competitive seats the amount of money focused on those that actually are in play has grown. These are the seats where most of the outside money (and money raised by safe-seat legislators) is spent.101 Just politics.

Many people I talk with don’t want to run for office because they expect vitriol to be a part of every race. The flip side is the expectation that politicians must be vitriolic. Everywhere I went, someone insisted that I had to attack my opponent. They recommended that I use vicious and hateful language in doing so. When I told them that I would not personally attack my opponent, but merely quote her and discuss the actual votes she made, some redirected their attacks at me. The vitriolic politics model leads to election structures where political candidates are expected both to attack their opponents personally and also to be unfazed by personal attacks directed at them. They assume a politician and her staff will look for anything to use against her opponent, regardless of how relevant that information might be. Remember the old adage, “politics is a dirty business?”102 The belief is that all politicians do, and will, play dirty, thereby creating a structure in which dirty politics runs riot. Just politics.

Why did I run? And how was the race connected to bioethics and my concerns in this field? I do not consider myself a politician, despite both having run for and served in elected office. I consider myself an ordinary citizen who cares passionately about my
country and the world. As discussed in chapter 3, the pursuit of the common good, not only should, but *does* concern us all and that needed to be clearly stated. The needs of the community both now and in the future are our common concern as citizens. Peter Block in his book on community describes citizenship as “a state of being. It is a choice for activism and care. A citizen is one who is willing to hold oneself accountable for the well-being of the larger collective of which we are a part.”¹⁰³ In this way, as a citizen I believed I could represent the people who live in North Carolina’s fifth congressional district.

I also want decisions that affect us all to be made by people who believe that we can move forward together to create a country and a world that is concerned about all life, both now and in the future. These issues do not have simple, easy solutions. That is why a commitment to the common good (as discussed in chapter 2) as well as using systems thinking tools (as explained in chapter 3) were central elements of the campaign. These issues affect the health and flourishing of all Americans. For example, my interest in an American health care system, one that truly works, is not abstract or theoretical. As noted in chapter 2, I want all Americans to have access to good, basic and affordable health care throughout their lives, something that is not currently available to all. I want a system that works for people.

I have practiced medicine as a physician assistant for over 20 years. My experience with patients shows me how flawed our system is and how easy it is for individual people to fall through the cracks. Many of my patients do not connect their own problems in accessing care to the structure of the health care system as a whole. More than once a patient wanted samples of medications because he could not afford to
buy them, but he did not link his own need with other people's inability to afford health care. Even those receiving some form of assistance saw themselves as somehow different from other Americans needing the exact same help. I see Medicare recipients who oppose government funded health care for others, not understanding that Medicare actually is a government funded program! It was essential to connect the dots between individuals wanting care for themselves and their families, to other people with the same needs.

Both in the office where I work and during the campaign, I met people who literally trembled with fear when talking about their health care needs and their inability to pay for them. Over and over, I heard stories of bankruptcies and foreclosures and forgoing necessary treatment due to the cost of medical care in the United States. While I believe that the Patient Protection and Affordable Care Act (PPACA) of 2010 was an important element of moving toward improving access to care for more Americans, I do not believe it addresses enough the structural elements that create the results we are getting. This is an area of policy that truly requires a commitment to solidarity to if we are to solve it as a nation.

Just as money has played an increasingly important role in elections, it has influenced income inequality in a major way. Tax policy over the past thirty years has increasingly favored the wealthy, providing them with tax breaks that have significantly increased the disparity in wealth.\textsuperscript{104} We now have considerably greater income inequality than any other first world nation. As Reid reports in \textit{The Measure of a Nation}, “the United States has higher degrees of inequality for income and wealth, along with lower socioeconomic mobility than any other countries in our competitor class.”\textsuperscript{105} He goes on to discuss how the perception of opportunity most Americans believe is our birthright is
disconnected from this socioeconomic reality. We believe deeply in the American dream; therefore we have trouble believing the evidence that it is really not attainable for many of us.\textsuperscript{106} This disconnect may be one of the reasons why Americans are willing to demonize the poor; if it is not the system that creates poverty, then it must be the individuals who are unwilling to work hard enough to become middle class who have only themselves to blame. Systems theory helps us see how the structure of our system drives the outcomes that harm far too many.

Environmental concerns have taken a back seat among the issues facing our country for many, and are often treated with outright hostility. I found that this was an area where young people were relieved to meet someone who cared not only about their future, but also about the future of Earth itself. Van Rensselaer Potter warned over 40 years ago about the dangers we face if we don’t pay attention to our collective survival;\textsuperscript{107} therefore he called for bioethics to combine scientific knowledge with the wisdom of the humanities. Despite our desire for a livable world we continue not to do so. We seem to have trouble understanding that our lives depend on air and water and dirt. Earth is not merely a depository of resources; it is our only home. Climate change is but one of the environmental dangers we face, but it is one that will lead to miserable survival if we survive at all.

We try to solve our problems by the use of force. As a country we continue to measure our greatness by the size and might of our military; we are the world’s only true military superpower. We spend as much as a nation on our military structure as do all the other nations of the world combined.\textsuperscript{108} The use of unmanned drones that kill people in other lands is increasing. We have an extraordinarily high incarceration rate that began in
the 1980s, a rate that is three times higher than that of our closest competitor nation.\textsuperscript{109} Americans own guns at twice the rate of our next competitor nation, France.\textsuperscript{110} We sell so many weapons overseas that America is by far the world’s biggest arms dealer. According to a report prepared by the Congressional Research Service: “Overseas weapons sales by the United States totaled 66.3 billion [in 2011], or more than three-quarters of the global arms market.”\textsuperscript{111}

These problems are not just a laundry list of concerns. How we address these problems define who we are as a people. These problems reflect the collective mental models we hold about government, about our obligations to each other and about what we expect from our political system. That’s a big thing. We as a nation have moved away from a commitment to the common good for all our citizens, despite the fact that we really do care for each other, to focus on individual or corporate benefits. Whether the beliefs are that health care is just one other commodity that one can either afford or not, or that Earth is merely instrumental in value, or that “job creators” have no obligations to their employees beyond paying them the least possible, or that politics must be by its very nature a dirty business, we don’t seem to make policy that looks deeply enough at the long-term consequences of the decisions we make.

I built my campaign around a few deep commitments and a clear intention to challenge the mental models that I believe create so much of our political dysfunction. In my original thinking about running, in the way we collectively structured the campaign and in the way I talked to people around the district, the core campaign team and I focused on using the tools of systems thinking. Whether in writing about issues or in planning how events would take place, we paid attention to all levels of the iceberg
model. What mental models might lead to better outcomes for people, both now and into the future? Given that laws are indeed structures and that the job of legislators is to make laws, what kind of laws would support a fairer economy, better health for both people and the environment, and make us more likely to live together in peace? What would a campaign look like if the people in it believed in respecting both the honor of the office and democracy itself?

We had to make some decisions early on about how to structure the campaign accordingly. These were clearly moral choices. As discussed previously (chapter 3-systems thinking) mental models will define the structures we create, so we were deliberate about what mental models we would operate by. I decided that we would not under any circumstances personally attack my opponent or other elected officials. Keeping this no personal attack commitment was hard, but I believe necessary. It was hard because so many people interested in politics, including many working on the campaign, see campaigns as games, with winning as the only goal. For me, the longer view was about behaving with decency on a public stage. If we want the office to be honored, those seeking office and their campaign teams should behave honorably.

We also thought long and hard about the quest for the money to finance the campaign. We thought about the reality is that income inequality led to much of the harm our campaign hoped to address, such as poorer health care outcomes. I am known for being cheap, cheap, cheap when it comes to materials. While we did hire someone to do the graphics, I always insisted on the least expensive handouts and tried not to print any more materials than necessary. Nobody needs another glossy card with a picture of a candidate, her family and the dog! But we still needed to raise money to pay people, to
keep our headquarters open, to print and distribute campaign materials, to buy advertising and to travel throughout the large, ten county district. So we raised enough to run the campaign on a shoestring. I met some great people in the process of fundraising; however, I was wary of making raising money my top priority. I do not believe that I could spend all my time talking to potentially large donors and remain uninfluenced by their desires. I think we all are more vulnerable to this kind of influence than we realize. This was an area where tracking trends mattered. I both needed to spend time raising money and also to limit the time I spent on it.

A campaign’s events—its tip of the iceberg—are many, and they began to run together. There were fundraising events, debates (although not many with my opponent), media appearances, and being out and about. It was important for our events to reflect our campaign’s values. That was always a challenge! One of the challenges of being a high profile candidate is the knowledge that anything and everything done mattered to someone, for better or for worse. The first time I saw my photo filling the front cover of a weekly tabloid, I went back to my car and cried. It hit me that I carried the hopes of so many people. I was always conscious I was responsible for carrying those hopes with care. Everything I did or said reflected on the campaign. And what I was trying to show at all times what was possible when we aspire to be the best country and the best people we can.

Yet, no one person either can or should carry total responsibility for the hopes we share. If we want a world that has room in it for all of us, we must also all take ownership of our place in it. There is much more to citizenship than merely supporting a candidate. “Citizenship is not about voting, or even about having a vote,” wrote Peter Block. “To
construe the essence of citizenship primarily as the right to vote reduces its power."\textsuperscript{112}

Block goes on to say that a citizen must be willing to:

- Hold oneself accountable for the well-being of the larger collective of which we are a part.
- Choose to own and exercise power rather than defer or delegate it to others.
- Enter into a collective possibility that gives hospitable and restorative community its own sense of being.
- Acknowledge that community grows out of the possibility of citizens. Community is built not by specialized expertise, or great leadership, or improved services; it is built by great citizens.
- Attend to the gifts and capacities of all others, and to bring the gifts of those on the margins into the center.\textsuperscript{113}

These ideas about citizenship ask each of us to take responsibility for the contribution we can make. Being a citizen means to stop bemoaning what is happening in our country and instead works to make it better. I ran for the office as if I already held the office, which reminded me that there is not a different species of people meant to be leaders. We have to participate from where we currently stand.

William Stafford’s poem, “Allegiances,”\textsuperscript{114} printed at the beginning of this essay, speaks to the moral ground on which we as a campaign stood. It represented the aspirations we had. It was a guidepost. I began every stump speech and campaign appearance with these words:
It is time for all the heroes to go home
if they have any, time for all of us common ones
to locate ourselves by the real things
we live by.

These words would do well to enter the heart of our political life and the life of
the bioethics community. The common good is made up of those things we, together,
hold dear. Heroic action may be a wonderful thing, but heroes do not create community.
Community can only be built by the engagement of “all of us.” We do not enable better
relationships merely by asking the powerful to be more altruistic; we must expect
everyone to contribute as they are able. Communitarian values are values that can only be
held by those who see themselves of equal worth. This does not in any way diminish our
intrinsic worth as individuals; it adds to it.

Those simple words, “the real things we live by” captures so much. The real
things we live by are absolutely solid and tangible: food, water, housing, medical care, a
livable world. But they are also the intangibles that give meaning to our lives:
community, belonging, freedom to live as we choose, basic fairness and the ability to
make our unique contributions. We would do well to ensure that our laws and national
character be based on these real things.

The campaign also brought us face to face with the reality of the next stanza of
the poem:

Far to the north, or indeed in any direction,

strange mountains and creatures have always lurked-
elves, goblins, trolls, and spiders:-we encounter them in dread and wonder,\textsuperscript{115}

We ran into goblins and trolls all the time, the ideas that are rampant in our society and often lived inside our own heads. The most insidious and potentially destructive ideas were the commonly believed ones about defining politics and human nature. We swim in a sea of liberal rights and rugged individualism that is ubiquitous in both politics and bioethics. The rhetoric that is taken as true, that defines how not only the way our politics work, but the way they must work, certainly causes dread for many of us. But before these ideas cause dread they are seen as reasonable. “The weakness of the liberal conception of freedom is bound up with its appeal,” Michael Sandel points out. “If we understand ourselves as free and independent selves, unbound by moral ties we haven’t chosen, we can’t make sense of a range of moral and political obligations that we commonly recognize, even prize.”\textsuperscript{116}

Fortunately, we also have an internalized and, I believe inherent moral sense of the common good. These values make another way possible. As Sandel goes on to say: “These include obligations of solidarity and loyalty, historic memory and religious faith—moral claims that arise from the communities and traditions that shape our identity. Unless we see ourselves as encumbered selves, open to moral claims we have not willed, it is difficult to make sense of these aspects of our moral and political experience.”\textsuperscript{117} Our politics will work better when the moral claims we hold dear are based not only on the idea of our free and unencumbered selves but also on our mutual obligations to one another.
There are spiders building webs of belief, quietly and incessantly. We are told we cannot sacrifice our way of life. But our way of life is not working for both a large part of the population and the planet we live on. Carl Safina in his essay on “The Moral Climate” says:

Dysfunctional values married to catastrophic leadership have led us to the place you go when you are made to believe that solution is sacrifice and that sacrifice is not noble but, rather, out of the question. . . . This refusal to “sacrifice” is actually a pathological refusal to change for the better. . . . We think we don’t want to sacrifice, but sacrifice is exactly what we are doing by perpetuating problems that only get worse; we are sacrificing our money, sacrificing what is big and permanent, to prolong what is small, temporary, and harmful. We’re sacrificing animals, peace, and children to retain wastefulness—while enriching those who disdain us.118

We say we don’t want our government interfering with our rights, yet we want our nation to be filled with people of good character; people much like ourselves. We want representatives who have our best interests at heart, yet we enable structures that elect people based on their ability to raise money and to demonize their opponents. We need to continue connecting the dots. We cannot have a country that is blind to issues of justice and the common good and still expect moral outcomes. Our politics and the leaders who represent us should reflect this truth. To be neutral is to ignore reality. Sandel reminds us that what Aristotle believed when he writes:
[Aristotle] doesn’t believe that principles of justice can or should be neutral with respect to the good life. To the contrary, he maintains that one of the purposes of a just constitution is to form good citizens and to cultivate good character. He doesn’t believe it is possible to deliberate about justice without deliberating about the meaning of the goods—the offices, honors, rights, and opportunities—that society allocates.\(^\text{119}\)

Fortunately, another way is not only possible, but probable. As Winston Churchill famously (but probably apocryphally\(^\text{120}\)) said: “We can always count on the Americans to do the right thing, after they have exhausted all the other possibilities.” Perhaps we have not yet exhausted all other possibilities, but we are getting closer. Reality has a way of bringing us back to, well, reality. This evening as I write, our government has been shut down for ten days. Rather than proving the point that government is wasteful and unnecessary, I think most Americans are acutely aware how much we value our collective society. We are reminded of how much we truly do depend on each other. But what we can do together and depend on each other for needs to be more than mere police protection and public parks to inspire us to commit to the common good. There is more we can do together.

In 1968, Robert Kennedy spoke about the limits of judging ourselves only by our financial strength, while reminding us of the possibilities our nation offers if we choose to answer the call to being our best together:

Our Gross National Product now is over 800 billion dollars a year. But that Gross National Product counts air pollution and cigarette advertising, and ambulances to
clear our highways of carnage. It counts special locks for our doors and the jails for the people who break them. It counts the destruction of the redwood and the loss of our natural wonder in chaotic sprawl. It counts napalm and counts nuclear warheads and armored cars for the police to fight the riots in our cities. It counts ... the television programs that glorify violence in order to sell toys to our children. Yet the Gross National Product does not allow for the health of our children, the quality of their education or the joy of their play. It does not include the beauty of our poetry or the strength of our marriages, the intelligence of our public debate or the integrity of our public officials. It measures neither our wit nor our courage, neither our wisdom nor our learning, neither our compassion nor our devotion to our country. It measures everything, in short, except that which makes life worthwhile. And it can tell us everything about America except why we are proud to be Americans.¹²¹

Our campaign was about how and why we could be proud to be Americans. The goal was never just to win; the goal was to run a campaign with good heart, with integrity and with the intention to model what was possible. I believe that all that effort mattered. It mattered to me, to the other people who gave so much to the campaign of their time, talent and treasure and most importantly their hearts. It mattered to those from the outside looking in and noticing that we did what we said we would do. It mattered to the young people who will go run for office themselves someday.

William Stafford’s poem predicted the change we might feel after this strange journey. Interestingly, although I recited the first stanza throughout the campaign, I never
fully considered the last two stanzas until months after the campaign ended. They go like this:

But once we have tasted far streams, touched the gold,
found some limit beyond the waterfall,
a season changes, and we come back, changed
but safe, quiet, grateful.

Suppose an insane wind holds all the hills
while strange beliefs whine at the traveler’s ears,
we ordinary beings can cling to the earth and love
where we are, sturdy for common things.122

Both the field of bioethics and our political system in the United States must face the reality that is now in front of us. While the focus on individual rights was absolutely necessary in order for us to learn to value individuals, to pay attention to the contributions made by individuals, and to protect individuals, the time has come for us to rebalance these rights to protect the common good. Our new “opening bid” must be to protect the common ground we all share and will leave to those who come after us, while protecting the rights of individuals. Individual rights cannot include the right to cause harm to the community, even inadvertently.

There is a story we were told, and in turn tell others, that is simply not true. It is mostly, although not exclusively, an American tale and it goes something like this:
people are predominantly self-interested and that the best way to ensure our own well-being is to focus primarily on meeting those needs ourselves. In response to this narrative, one of the dominant themes in bioethics focused on protecting the individual rights of those who either could not or did not protect themselves. Collectively, we understood that the goal of medicine is to attend to the health of the individual patient and to support those individuals in making their own best choices. If we do this, we will create good medicine, good policy and the best possible world.

Yet, reality does not support this narrative. The truth is our medical system lags behind those that make solidarity their central principle. Those who are committed to the common good have the added benefit of belonging not only to their own time and place, but to the whole human story. When our politics are based on self-interest they leave us cynical and depressed. Therefore, it is preferable to move beyond a story of human nature that is small and isolated, to one that places us into the heart of belonging. This story does not need to deny our desire to have our own needs met, only to expand that desire to others as well.

And amazingly, the story we tell is not even a story we actually believe. Most of us define ourselves by our concern for others. Look at the development of every infant to see human relationship unfold; read the obits and you will hear a recounting of important relationships. Potter and Callahan continue to point out the obvious to us, that our collective wellbeing is our common concern and actually our common interest. Bioethics must be a bold story-teller of this truth because the common good is at stake. Together we must tell the real story of who we are when at our best and who we long to be. All I
have tried to do is assemble some tools and perspectives that help us tell the truer story of who we are as human beings.

Aldo Leopold wrote: “No important change in ethics was ever accomplished without an internal change in our intellectual emphasis, loyalties, affections, and convictions.” It is this change in our emphasis and loyalties and affections that will lead us to remember again to value the needs of community as much as we value individuals. It’s time for us to not only experience that internal change, but to act on it. For when we value others we actually become ever more ourselves. Community is not merely a better way to live together, it is the way we each find our way back, to this earth, our only home.
ENDNOTES

4 Ibid., 204.
5 Ibid., 204, 209-10.
6 Potter, Dedication page
7 Ibid., 1-2
8 We need not look outside of our own community to see the example of forced sterilizations on teenagers in order to rid the gene pool of “defectives” to see the horror done in the name of societal benefit at the expense of individual rights to be leery of arguments that put society ahead of individuals.
12 Ibid.
13 Ibid.
14 Ibid.
16 Ibid.
18 Ibid. 212
19 Friedman, 49.
20 Reid, 31.
22 Ibid. 4/28
23 Ibid.
24 It was denied because it was due to a pre-existing condition.
27 Reid, 32.
28 Ibid., 221.
29 Ibid.
30 Mental models are the ideas we have about how the world works. They are often invisible to us- we see them as “truth” rather than models.
34 Ibid.
35 Ibid.
http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf
Ibid.
Ibid.
Callahan. 2/5
Reid, 239
Callahan, 5/15
I would argue that the CONCORD study only includes outcomes for the insured, a group that no-one can claim as a guaranteed lifelong member.
http://ideas.time.com/2013/04/04/whatever-happened-to-the-common...
Ibid.
Ibid.
Ibid.
Ibid.
Ibid.
Ibid.
Ibid.
Ibid.
Ibid. p. 357.
Ibid., pp. 503. This term comes directly from this paper.
Ibid.
A good argument can also be made that many people will not make choices that serve them well either, but that is an argument for another day.
Ibid.
Ibid.
Ibid.
Ibid.


Some of these educators remain very involved in this work and are still actively training people, including in the WS/FC school system.

http://watersfoundation.org/systems-thinking/habits-of-a-systems-thinker/

http://watersfoundation.org/systems-thinking/habits-of-a-systems-thinker/

“There is nothing more uncommon than common sense.” Frank Lloyd Wright as quoted in http://www.brainyquote.com/quotes/quotes/f/franklloyd127699.html

Meadows, 2.

Ibid., 11.

http://watersfoundation.org/systems-thinking/habits-of-a-systems-thinker/

Ibid.

Senge, 68-69.

Meadows, 5.

http://watersfoundation.org/systems-thinking/habits-of-a-systems-thinker/

See comments on this quotation at http://philosiblog.com/2012/04/19/every-person-takes-the-limits-of-their-own-field-of-visions-for-the-limits-of-the-world/

Senge, 8.


Mary Sheets, unpublished notes from Core module, Wake Forest University, Camp Snowball. July, 24, 2013.

Potter, 4.


Ibid.


Peter Block, *Community: The Structure of Belonging*. (San Francisco: Berrett-Koehler, 2008), 65.


Ibid., 195.

Ibid., 196.


Friedman, 88.

Ibid., 81.

Ibid., 75.


Block, 64.

Ibid., 65.

Stafford, “Allegiances.”

Ibid.


Ibid.


Sandel, 242.


Sandel, quoting Robert Kennedy, 262-263.

Stafford, “Allegiances.”

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