

Editor's Note:

Breaching Walls Against Love

He wasn't in his room when the resident physicians and I made morning hospital rounds. He was downstairs getting a special study ordered by his regular physician. We were covering for this physician who was at a meeting out of state. That evening I went around alone to meet him for the first time. He had AIDS. A thin twenty-five year old chain smoker, his disease could have been contracted either through his innumerable homosexual contacts or through his IV drug abuse. He was unable to walk due to a complication of AIDS, but was already improving spontaneously. I spent about thirty minutes with him getting to know his relevant history and physical findings first-hand. His hospital bill was to be paid by Medicare and Medicaid.

We got along pleasantly. I left his room marveling, not over his homosexuality, drug abuse or smoking as I usually would, but over his "entitlement syndrome". A person afflicted with this syndrome has a pervasive attitude that medical care providers owe them, as a matter of moral and legal right, all that they might request in the name of medical care. Less than an hour after my visit he had a sharp disagreement with the resident on call regarding his pain medication. His regular physician, in view of his history of narcotic abuse, had left a reasonable plan for managing his pain. The resident appropriately held to that plan and carefully reiterated it to the patient. The patient became very angry: "I'm going to call my congressman. I've got my rights!" For his entire hospital stay his relationship was strained with all the physicians, nurses and technicians who were attending him. Nothing was done to his complete satisfaction. Nothing was done rapidly enough or the way he thought it should be done. His ten hospital days passed without a "thank you" to the aide who brought his meals or the nurses who answered his calls.

Behavior of that sort is certainly not limited to or necessarily characteristic of AIDS patients. The pain,

disability and threat of illness tempts all of us to become more than usually self-centered. The entitlement syndrome, however, goes beyond that and is becoming more common. A generation has arisen in which a majority regard medical care as a basic human right and as something which can be dispensed like soft drinks from a machine. Only money is required and it doesn't matter who supplies it. The product must be quickly delivered and satisfying to the taste.

Dealing with this attitude is a challenge to all medical personnel. If someone has a right to require us to carry his burden one mile (Matt. 5:41), we have the opportunity, as priorities permit, to show love by going a second mile. How does this work, however, when someone has the notion that he has a right to require of us not only one mile, but that we go with him to the end of the universe and beyond? Will surrendering your shirt be appreciated as an act of love by one who believes himself entitled not only to your shirt and coat, but to everything in the best clothing stores?

The attitude of entitlement is like a wall around the person who has it, walling out love. What is sent to the person in the name of love is received as merely partial payment of a debt. The sender cannot be perceived as having acted in love because the recipient believes that the sender had to do it. It was his job. He owed it and the debt cannot ever be fully paid. Entitlement is a miserable prison, constructed by the prisoner around himself. What he needs most, he seals outside. He cannot articulate, "I need love." He instead demands, "You owe me."

Our AIDS patient did me a service by focusing my attention on the question: How should a Christian response to the entitlement syndrome? Though I have no complete answer, several aspects have become clearer. First, our demonstration of God's love is not excused because the intended recipient rejects it. We

should carry out our act in order to please God, not man. If we set as our goal "thank you" from our patients, we are sometimes going to be disappointed. We serve as to the Lord (Eph. 6:7). More physicians are becoming soured on medicine because the former rewards are declining. We are in danger of feeling entitled to thanks. We can catch the entitlement syndrome from our patients. If we fasten our eyes on the eternal rewards of showing God's love to the thankless we can immunize ourselves. If the vaccine fails, recollection that we were not entitled to salvation should effect a cure.

Second, we direct our demonstration of the love of Christ by making use of feedback from our intended recipient. In the case of our AIDS patient, the resident showed her love by declining his demand for narcotic analgesics. His death was not imminent. She was telling him, in effect, that she valued his life enough not to assist him in his patterns of self-destruction through narcotics. A firm, "No", can be a demonstration of love.

If we are alert, we may spy chinks in the entitlement wall beyond saying "No", in the form of services the prisoner does not expect. We can call a patient a week after his visit to inquire after his status. Such an action is unusual enough that even entitled patients do not expect it. We can write them a note or invite them to church. We can recognize their assets (it is so easy to focus on their liabilities) and request their viewpoint on behalf of another, unnamed patient with a similar problem. Even if their reply contains some of their usual venom, it may be helpful to us. Being asked a question conveys to the patient that his viewpoint has value and that therefore he has value to us. It is a gap they commonly leave in their entitlement wall.

The wall sometimes is concealing from others the patient's self-perception of worthlessness. They may think, "Since I am worthless, you would not do anything for me that you were not obliged to do, therefore I will remind you of your obligation." Whereas the Holy Spirit in the Word can reveal their true worthlessness to stand before a Holy God, no one is worthless to stand before any other mere human. We can make that truth clearer by seeking ways to show all patients, even those with the entitlement syndrome, the respect due to one

created in God's image.

Third, we can seek to serve patients in systems which do not support the entitlement syndrome. There are relatively few such systems today. Our patient had Medicare and Medicaid insurance as a matter of legal right. There are patients, however, who "fall in the cracks" and do not have such coverage. I have found the entitlement syndrome **diminished among those who do not** seek medical care through a system which confers entitlement. If the patient knows that he has no leverage through insurance money or law, his wall may be breached and love may reach him.

Finally, we should help reduce the incidence of the entitlement syndrome in the nation as a whole by attending to considerations of social justice. Though patient build their own entitlement walls, the material is sometimes supplied by well-meaning Christians who support entitlement programs. The usual pleas for the financial involvement of civil government in the delivery of individual health care are "compassion" or "love." Yet compassion and love are precisely not what Medicaid and other entitlement programs express. Compassion is expressed when we reach into our wallet and voluntarily produce something to give another. It is not love when we vote to use the strong arm of the state to pry open the wallets of other persons to make them give. This is coercion. God sometimes coerces, but even He does not coerce love of others (Acts 5:4a). If we would recognize that the effect upon recipient of such coerced giving is sometimes materially beneficial but ultimately spiritually deadening, as in the entitlement syndrome, we would resist it. We can do this by political, economic or educational means.

If God's people are not demonstrating love, he may use civil government to judge us, coercing us to do outwardly what He requires in order to bring inward repentance. Only after the inward change can His people truly demonstrate His love. Even if we bestow all our goods to supply medical care to the poor, without love, it is of no profit (I Cor. 13:3). God may coerce an uncaring people by using a government which taxes to support medical programs or which forces employers to pay for them. If so, it is God's judgment on His people. It is not necessarily a medical benefit

upon the subjects of the mandate nor a justification of such programs. He executes judgment on the very instruments He uses to judge His people (Jer. 25).

As a nation we are walling out the love of God by looking for government entitlement to benefits only God truly provides. God has purposes for governments, but love demonstrated in compassionate individual medical care is not one of them. Our AIDS patient taught me that we have a responsibility to minister to the entitlement affliction individually and to help decrease its overall incidence.