

Bishop Dr. Wolfgang Huber

Portraits of Life

Exhibition opening speech in the Zollernhof, Berlin

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Portraits of Life are presented to us today. We see individual people. But we feel: life does not succeed alone; it succeeds in relationships. For man's nature demands relationships. We experience ourselves as creatures that life was given to by others, confided to us by God. Our dignity is shaped to be accredited by others. Our freedom can only be granted when we are in relationship with others and assume responsibility for others. Self-esteem can only evolve when a person has learned to be in relationship with himself. Men's lives take place in relationship to men themselves, to other people, to the world that we are part of, to God. Men's nature demands relationships. This is especially true when people depend on help or healing, on welfare or care. The need for help is an emergency of human dignity. A person becomes ill, disabled or weak and needs others that help him to cope with areas of life that he was able to shape himself when he was well. A young person that falls ill to cancer needs assistance. Medical assistance, but also more. He needs a person that understands him. This is currently being shown with Oskar and grandma Roda in Berlin. Johanna von Koczian takes the book by Eric-Emanuel Schmitt to the stage since yesterday night. An ill or old person needs care: making the bed, preparing food, eating, treating a wound, cleaning up the room, helping with washing the clothes and with going to the toilet. For this and much more care is necessary and it is not even enough. Those in need of care need people around them, the good habit of going to church, opportunities to meet others, to remember. They need supporters and advocates when their mental life becomes fragile and confused. As long as possible people need the hope of healing and abatement; they need to know that everything possible is done for them. Even in skeptics of medical progress the perspective changes when they suffer from a disease; they then hope that everything possible and reasonable is being done to help them. Disease is an emergency of human dignity.

Dignity is also about justice. That's why, while preparing for this exhibition, I was impressed by the effort of not losing sight of the imperative of justice while taking care of people with the help of pharmacy. Indeed, no one of us can be happy that certain options of healing are only accessible to 20 percent of the world population, because others cannot afford it. This is especially true for preventive projects; what I have in mind is AIDS prevention. I think that advocating justice in the area of health care and health services is key to giving globalization a human face. I am especially touched by artistic illustrations

that are focused on the dignity of those in need, on those who are ill and depend on healing. I think about the pictures of the Prinzhorn collection that come from people with mental and psychic disabilities. Those pictures are themselves emblems of human dignity. They show that people are capable of doing such artistic performances from the depths of disabilities – they sometimes even by far exceed what people that consider themselves mentally well are capable of doing. Something similar is shown in the exhibition that we open here today. It shows people that are ill, that hope for healing, who long for relationships. It shows motifs that were developed together with the ill people themselves. They reflect the desire for normal life. They show the luck of people, whose strengths grow stronger, strengths they thought were gone forever. Whenever such wishes come true it is a reason for gratefulness. Medical and pharmaceutical support, custodial assistance and pastoral aid form the pillars of support for needy people. Consequently, healing is more than just the sum of the necessary steps, it is a pattern of interaction, it is a working relationship. When a person is not able to do what is important to him, being part of a group becomes even more important. At the same time, people that are ill for a longer period, who suffer from physical handicaps that do not allow them to move freely, are much more vulnerable in their relationships than healthy coevals. The ethos of help, the experiences gained before us and the challenges of our time determine the way we decide what diseased people need and how society provides all necessary resources. But what they need is at risk.

In a recent issue of GEO magazine on justice there is an article about the everyday life of nurse Silke Müller at an intensive-care unit in Mecklenburg. Silke Müller works there with passion and dedication and, eventually, makes a net income of 1,250 euros a month. We are told by the managing director of the hospital that it is sufficiently staffed economically, they only need more internal networking and synergies and they need to improve the bed management as well as outsource those tasks that need not be done by skilled labor. Nurses such as Silke should more and more concentrate on qualified tasks – like x-ray, infusions, palliative care, checking vital functions and documentation. Sitting at a bed, holding a hand, going for a walk with a patient are not part of their tasks. Integral care loses its importance in the financial calculation of hospitals and care facilities. Cost pressure and basic conditions in hospitals as well as care facilities make proper care a difficult task these days. The disappointment about that, if ever voiced, hurts the nurses; the options given by such basic conditions and the lack of appreciation and esteem mostly remain unconsidered. This is also about people's dignity, about a distinctive face as we see it in this exhibition. We can only expect a culture that copes properly with diseases when we create a culture of appreciation for those who work in the health-care sector. Work intensification and a lack of job satisfaction also lead to high levels of staff away sick these days. According to a recent survey health-care workers are – together with social workers – the occupation group with the highest quota for inability to work due to psychic diseases. Another

indicator that the everyday work life in nursing and geriatric care is out of kilter is the discrepancy between the incentive for young professionals to start the job and the reasons for health-care workers to give up their jobs. We know that health has never been free – neither in biblical times, on which our culture of mercy is based, nor in the so-called primordial societies, in which people gave presents to the medicine man in return for his healing skills. When we talk about cost-effectiveness in the health-care sector it should not be about contrasting today's conditions with a time in which health was supposedly free. Restoring the bodily and mental well-being and the functional efficiency of our body as well as the entire person always causes costs. But we shouldn't be too niggard with this. The famous merciful Samaritan wasn't niggard either; he left a considerable amount of money for the innkeeper that he brought the person who was injured by robbers and he promised a subsequent payment at the next possibility should it not be enough. Health is a basic good for every human being and the whole society. However, the costs for health care cannot be balanced against other important areas – like raising supplemental wage costs and, thus, causing job cuts. We have to renegotiate again and again how high these costs may be, who pays for them, and how they could be shared by the members of a society. We must emphasize that health is not a good or product like many others that can be traded on the market. That is true because without this good life would not be possible, neither could peace, freedom or security exist. Health has an enabling character. Therefore, health is a good that must be accessible to everyone in order to make use of the possibilities of life in a society in a fair way. That's why it is clear that all members of a society should have access to medical services that are available in their era. We can and should argue about if we can differentiate between necessary and all further, additional services. It is clear, however, that everything possible must be done – no matter the costs – to save a human life from an early death. Over a long period of time access to health care, nursing and the necessary drugs was unequally distributed. Rich people enjoyed privileged access to medical or pharmaceutical services that others could not afford. The churches have tried – following the merciful Samaritan's example – to be hospitable especially towards those who are poor and ill. That's why the accommodations for those ill people were called hospices or hospitals – places of hospitality. With the development of a social state came the belief that nobody should be excluded from health care and help in case of illness only because he cannot afford it. Health insurance assured equal access to health care – even though differences between publically insured and privately insured people still exist. Due to this alignment the health-care system was deprived of a purely market-oriented approach. But this system has faltered. Two developments that come with the immense progress in modern medicine worsen these problems. First, medical progress has led to an extension of human life time; the longer the human span of life the more often diseases occur in old people – and those often cause higher costs. Especially the last phase of life in elderly people causes extremely high health-care costs. At the same time, the development of high-technology medicine and pharmaceutical products

has produced complex therapies that, in turn, also cause immense additional costs. These costs are so pressing because of our aging population. Fewer contributors have to pay for more and more old-age beneficiaries – in the same way a shrinking labor force has to pay for a growing health-care budget. Due to the fact that this budget is the basis of a huge industrial sector economic interests are strong. Interests that want the sector to grow and that are opposed to lowering the budget. There is no other area where scientific-technological progress, demographic change and economic interests are so intertwined as in the health-care sector. Consequently, the way to an amicable solution is prickly. We have to make clear: people have to treat the goods of this world in an efficient way; however, people themselves are not subject to an economic rationality calculus. When dealing with the health of people or the care of dying people there is more at risk than when treating normal goods or providing services. For a human being is not a thing but a person. People do not have a value that can be measured by money; they have their own dignity that – as Immanuel Kant intelligently said – “does not allow any equivalent”. Therefore, the economy should serve the people and not the other way around – or with the words of Jesus talking about the Sabbath: economy exists for the sake of the people, people do not exist for the sake of the economy. The fact that the questions of life and death, about health and disease deal with treating people and their limited freedom, shows the greatness of all medical, pharmaceutical and caring jobs. They form a professionalized and institutionalized entity of charity. People of these professions made welfare and the life and health of others their life-task; they are committed to averting damage from them and to backing them in life and death. They are also committed to respecting the freedom and self-determination of the patients and they do not force them to accept a therapy against their will. The factor “time” stands beside the factor “human being”. Not only the availability of medical technology and the special skills needed for their usage, not only access to the most modern pharmaceutical drugs and their application, not only the correct diagnosis and skillful care, but also human fondness, sensitive advice and support of a self-determined as well as a responsible decision are also part of all medical and custodial activity. But this you need time for. And time is a scant and, rightly, economically highly valued good. The question of the compatibility of value orientation and marketization is, in its core, a question of time. For this and other questions time politics is a key issue for coming political discussions. But we should never forget: this is about people, not issues. In this exhibition we see people, each with their own unique face. That is the special signal why this exhibition is so important to me. In order to give consideration to people and their particular circumstances we need a socially-controlled solidary health-care system that acts for the benefit of patients as well as allowing more competition for the sake of better financial feasibility. Double diagnoses need to be avoided in the future as well as preventive therapies that do not have a proven effect. In order to rebuild the system, the first thing we need is transparency. This transparency of course also applies to the use of pharmaceuticals and their costs. Generally, the health-care system is only affordable when the will to

take preventive measures for your health rises in the entire society, even though it is not paid for by public health insurance. Hence, the healthcare-political question becomes a healthcare-ethical question. Because now the connection between health care and personal lifestyle comes to our focus; smoking, overweight and alcohol abuse are prominent examples. It is extremely alarming that grievances in those areas are more and more observable in early youth; we can thus connect the question of health care with the general discussion about a new value consciousness; about the conscious perception of educational responsibility in families, and about the educational duties of schools. But we should also look at everyday life at work. We should look closer if labor organization and workload are, on a long-term basis, good for our health. It is well-known that the lion's share of long-winded and costly diseases depends on the type and volume of the workload. When the average retirement age in some industries is below 60 years, this might be tolerable for a single company; economically the consequences can be cataclysmic. It is a catastrophe especially for those affected. Labor conditions that are positive for your health as well as an education that emphasizes healthy living are not only necessary because of the high health-care costs. They should be demanded because of human dignity. This is also the way I understand this exhibition that we open at the Zollernhof today – as a call to put something first, before all other particular interests: human dignity.