

THE ETHICS OF HEALTHCARE: ESSENTIAL KAWAIDA CONSIDERATIONS

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The issue of healthcare emerges as a central ethical issue of our time, as a matter of life and death, revealing the presence or absence of evidence of our claimed religious and societal respect for the dignity of the human person and the sacredness of human life. Thus, it becomes an unavoidable measure of the moral quality and claims of this or any society. Certainly, one of the major weaknesses and susceptibilities to the distortions and disinformation which plague the current national conversations around healthcare is their lack of a profound and pervasive focus on the ethical imperative of healthcare, its moral dimensions and meaning to human health, well-being and wholeness, and its ethical grounding in our various sacred texts and social teachings. Indeed, there are no deep discussions about the sacredness of human life, preservation of human life as a moral imperative, or our moral obligation to end suffering. and reduce and responsibility toward the vulnerable. Likewise, there is none concerning the equal inherent worthiness of all and their right to life, healthcare, and well-being.

Instead, the discussion remains focused mainly on "cost cutting", "bending the curve", "cost effectiveness", and similar financial concerns. This caters to a mindset cultivated in a market economy to ask about a thing's price rather than its value and about its financial feasibility rather than the human cost and consequences of not having it. In such a consumerist context, everything, including healthcare, becomes and is approached as a commodity, just another thing to buy and sell among the many other without rightfully calling attention to its status as a lifepreserving human need and right. With the discussion so framed and healthcare thus commodified. the insurance pharmaceutical companies can and do easily

mask and merge their concerns about less costs and more profits with the people's legitimate concerns about less costs and more care. Thus, the corporate giants hide their role in raising costs and diminishing and denying needed care disguising it with misinformation, confusion and fear.

One of the greatest challenges, then, for progressives. radicals. fatigue-resistant occasionally activists and and even accidentally involved people of goodwill and willingness to work, is to turn the current debate around. This means countering and the current widespread correcting misinformation and the fear, confusion and racial hate it fosters; and reframing the debate in the moral terms it deserves and demands. This calls for putting forth a compelling perspective that defines healthcare as an ethical imperative, a human right and a common good.

The *Kawaida* ethical tradition turns to Maatian ethical texts of the classical African civilization, Kemet (ancient Egypt), as an indispensable point of departure for its development of ethical positions and social policy. Within this Afrocentric framework some core principles of the Kawaida-Maatian position on healthcare emerge. Clearly, the fundamental principle which informs our position on healthcare is the ancient African ethical understanding that humans, the Husia teaches, are possessors of dignity and divinity and thus worthy of the highest respect. Moreover, the Husia teaches that humans are divinely endowed with life, the sustenance for life, equality of status and worth and free will, and moral and spiritual consciousness. With four divine endowments corresponding rights, i.e., the right to life, to sustenance for life, to equal treatment and selfdetermination, and to freedom of conscience.

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Within this conception of the human person and of their rights, healthcare is understood as a human right, and thus must not be approached as just another commodity among many. For it speaks to the human person's right to life and the necessities of life and to their worthiness of the highest respect. Indeed, in this ethical tradition, human life is sacred, and all are deserving of social goods vital to sustaining and developing our lives.

Secondly, the Kawaida Maatian tradition stresses the need to give rightful and special attention to the needs of the poor, have-nots and vulnerable. This principle is rooted in the Husia's teaching that we are obligated "to bear witness to truth and set the scales of justice in their proper place among those who have no voice". Indeed, it teaches that we are to give food to the hungry, water to the thirsty, clothes to the naked and a boat to crossover for those who have none". And we are to work to remove pain, end suffering, and care for the ill and aged, the orphan and widow, and other categories of deprived, disadvantaged and needy persons. Thus, any serious healthcare plan must include the vulnerable and needy in it in just and equitable ways.

Thirdly, healthcare must be posed as a shared and common good. It is of benefit to all that each of us has adequate healthcare and good health. There is a relationship of interdependence here where others' illness affects us, and others' wellness contributes to and reinforces our own. Indeed, insuring healthcare for all is also to ensure good for us all. Thus, the *Husia* teaches that "the good we do for others we are also doing for ourselves".

For we are building the good world we all want and deserve to live in.

Fourthly, healthcare is a requirement of social justice due to persons as human beings and members of a society. It speaks to creating the context and capacities to live a good life and to strive toward fulfillment flourishing. Disease, disability and unwellness deny or diminish our capacity to achieve these goods and thus, healthcare is required to deal with these impairments to health. Moreover, key social determinants of health such as income and wealth, education and reliable information, healthy employment environments, etc., must also be effectively addressed as central to healthcare and good health and as requirements of social justice.

Finally, healthcare in our tradition is an essential aspect of the world-encompassing Maatian ethical project of serudj-ta: healing, repairing and renewing the world and everyone in it, making the world more beautiful and beneficial than we inherited it. It is, the Husia tells us, our obligation to raise up the ruined, repair the damaged, replenish the depleted, rejoin the severed, strengthen the weakened, set right the wrong and make flourish the insecure and undeveloped. Thus, healing and repairing ends, as it began, as an ethical act and obligation, whether social or medical or both. Indeed, it is a work and way of life which benefits us all and brings us closer to a society and world defined by its health, well-being and wholeness and the shared and common good this context promises and produces.

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