Christian Health Care in a Rich Country – the Contribution of Protestant Churches to the German Health Care System

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It is a great honor for me to be able to speak to you on the occasion of the 22nd world congress of the World Federation of the Catholic Medical Associations. I would like to thank you for your invitation, which I have accepted with great pleasure.

A Few Personal Remarks

Permit me to begin by briefly introducing myself. I am speaking to you in my capacity as director of the German Association of Protestant Hospitals. We represent the approximately 230 Protestant hospitals in Germany. One in nine German hospitals is a Protestant hospital.

Prior to my present field of activity, I worked as the minister of a Protestant free church in Hamburg for sixteen years. The parish for which I worked was the responsible operator of the largest privately run hospital in Hamburg. I was a member of the board of trustees and thus shared responsibility for the profile and the development of this hospital as a Christian company in the health care sector. At the same time, I was working as a spiritual minister for patients and staff in the hospital and assumed tasks related to the training and further education of employees. The hospital is the spire of our church, we used to say, and we programmatically referred to our church as "the church next to the hospital". Work and daily life in the parish or rather the congregation were strongly marked by the hospital and vice versa.

In the context of my work for the German Association of Protestant Hospitals, various ecumenical relations were established, such as a close cooperation with the German Association of Catholic Hospitals as well as good contacts with the Association of Catholic Medical Practitioners in Germany.

I have been asked to give a presentation on the contribution of Protestant churches to health and medical care in Germany. I will first give a brief outline of the healthcare situation in Germany. I will then proceed by describing what this contribution looks like today. From this, I will derive a few challenges and obligations for the future.

I. Background: Medical Care in Germany

Health is Given High Priority in Germany

Germany is among the richest countries in the world. Expenditures for health care in Germany in 2003 amounted to approximately 240 billion. This corresponds to 11.3 % of its gross national product. Based on expenditures, Germany ranks third in the world behind the United States and Switzerland. This means that for each German citizen, more than 2,900 are spent on health care each year. These amounts include the expenditures of health insurance funds, amounting to

approximately 154 billion, state expenditures for medical care provided to citizens such as, for example, investment in hospitals, as well as expenditures by citizens for preventative healthcare products, and services and treatments for disease. These figures do not include the expenditures incurred by companies for continued salary payments in case of illness. Also not included are additional private expenditures for health and wellness, which make up a considerable share of expenditures for leisure and travel. This means that the Germans in fact spend considerably higher amounts on their health.

In Germany, we are indeed complaining – as probably in most of the wealthy, economically prospering countries with an advanced welfare system – that the costs accruing for health care within the welfare system are rising faster than the funds available to cover them. This creates the impression that health care is becoming too expensive and we are no longer able to afford it. In fact, however, we are prepared to continue spending a great deal of our own financial resources on healthcare, and to spend even more in the future.

The Financial Crisis of the Public Health Care System

Our problem, as individuals as well as for our society as a whole, consists in having to spend large amounts on our welfare system, in particular for our health insurance. And yet the contributions for health insurance must be raised continually. The only way to avoid continual increases in individual contributions for health insurance premiums is by continually reducing the range of services offered and increasing co-payments to be made by the persons insured. Of course attempts are made to reduce costs by taking suitable measures. The efficiency of treatment provided in medical practices, hospitals and care centers is continually increased. The prices for medicine, for examinations and therapies, for remedies and health aids are regulated and capped.

Yet all this is not enough. The reason is that the number of those who pay contributions to social health insurance funds is falling, whereas the number of those receiving services is rising. Two causes can be pointed out for both of the above developments:

The first cause is an economic one. Contributions are paid primarily by people with jobs who are paid for their work. However, the proportion of the population that matches this description is continually shrinking. First of all, because many people cannot find work or have lost their jobs, with unemployment rates at a several years' high and currently amounting to more than 10 %. – This is also one of the consequences of globalization. Labor in Germany is expensive if compared with the international standard. In a worldwide comparison, our wage level is high and this results in high personnel costs.

The second cause is demographic development. People live longer and claim benefits and services for a longer period of time. At the same time, the proportion of elderly people in our society who have left gainful employment is on the rise. They pay considerably smaller contributions to social health insurance funds. Yet they claim more services and more expensive ones than the average.

Seen against this background, a radical overhaul of our social security systems in Germany will be required. This affects both the system of social health insurance and the system of social pension benefits. Germany is currently governed by a grand coalition of the two large parties left and right of the middle. This government has a clear mandate, as well as the historic opportunity, to initiate the necessary reforms, which will have painful consequences for the majority of our citizens.

The Crisis that Solidarity is Undergoing, and Our Social Responsibility

German society sees itself as a social-minded society that is based on solidarity. The German state is, and intends to remain, a welfare state. The welfare state does not leave the coverage of major existential risks to the individual alone, such as the insurance against illness and the provision for financial security in old age. Rather, it defines and organizes this coverage as a collective task and obligation.

These tasks and obligations are then implemented according to the principle of solidarity, which means that individuals contribute to them according to their individual capacities. Those who are strong, who have more resources than others, will have to make a larger contribution than those who are weak, who have fewer resources. However, living according to the principle of solidarity means that the individual makes the contribution he or she can afford if they intend to claim support from others, especially support from the community of all those insured.

A key issue for the reform of our health care system is: how high should the individual's contribution be in the future? What level of support can he or she expect from the collective body of the insured in future? What costs for which services will the community assume on his or her behalf in the future?

Problems arise where individual contributions are demanded from everyone in exactly the same amount, such as, for example, in the form of a medical consultation fee (*Praxisgebühr*). People who have little or no money are likely to be prevented from consulting a doctor, even if this were necessary. The fact that such individual contributions are capped does not help much to change this.

Problems are even graver where certain services are defined, the costs of which are to be borne entirely by the individual. For example, this concerns medicine against allergies, or glasses, certain dental treatments, certain preventive examinations. Here again, it can be observed that people do not consult a doctor even where this would make sense. Or they do not buy medicines that could help them because they have to spend the money for other necessary items.

In Germany, we are newly confronted with the fact that people fail to do those things that are necessary for them to stay healthy because they lack the funds. Compared with their fellow citizens, they are too poor to provide for their health and well-being like everyone else. A new poverty is emerging in the midst of our affluent society.

So, are we a poor society? In view of the figures that I quoted earlier, this question must clearly be answered in the negative. However, it seems we are no longer able to use our society's afflu-

ence such that, at least in terms of support lent in case of illness, all people may continue to participate as they used to in the past. The funds raised by the solidarity of the insured to be deployed for this purpose are no longer sufficient.

There is no doubt that, under today's economic conditions, the tools and concepts hitherto used to safeguard a health care system that is funded on the basis of solidarity have turned out to be inadequate. Thus, we face the challenge of developing new tools and concepts for the future which will facilitate not less, but at least an equal amount of support based on solidarity as was granted in the past. The tricky question is: how much solidarity are we prepared to muster up, as a society, in the future? Are we prepared to accept that the less affluent members of our society will have significantly fewer options, in terms of the ability to claim medical services, in the future than they had in the past? That, as a result, these members of society are considerably worse off?

Of course, a prerequisite of solidarity lived and granted is the responsible use of funds made available within this framework. However, we did not always cope in an adequate way with this responsibility in the past. For, in our health care system, we did waste resources. For example, medicines worth several billion Euros end up in the trash every year. We funded medicines and therapies whose usefulness was doubtful. Doctors and hospitals were not compelled to work cost-effectively, their costs were always reimbursed.

We have been promoting a mentality of irresponsibility and excess while not being firm enough in preventing it from spreading any further: so the individual may have been under the impression that they are actually entitled to claim the system's services at their pleasure. In particular, we have failed to provide incentives for health-conscious lifestyles and for an economical use of the system. It did not matter if one fell ill and could have prevented it by acting reasonably. Treatment was paid for anyway. If someone went to the doctor when it was not really necessary, thus causing unnecessary medical examinations, there were no consequences. This sort of abuse of the system, which became apparent in this way on many occasions, has certainly contributed to weakening the resolve in our society to live in solidarity and lend mutual support to one another.

Health is Increasingly Becoming a Surrogate for Religion and Substitute for Salvation

I would like to address one further aspect: the religious dimension of health in our society.

The considerable amount which we are spending on health is a clear indication of the important role that health plays in our lives. "Hope you stay healthy", is one of the wishes most frequently uttered on the occasion of birthdays or the New Year. For many Germans, health seems to be the be-all and end-all - and thus clearly qualifies as a religious value.

It certainly would not be wrong to say that we have created a cult around health. Hospitals and health centers, fitness centers and wellness resorts are the temples of this cult. We enter them to adhere to a strict ritual, in the expectation of being granted salvation – salvation in the form of healing, cures, health, vitality, well-being, a high quality of life.

The health cult, however, also bears the hallmarks of big business. The religious worship of health is a consumer religion. We exchange money for commodities, for health products and health services. In fact, what we are purchasing is not health. We are given medicine. We book a course at the gym. We buy glasses. We pay, or our health insurance pays, for a stay in hospital including surgery. We pay the bills for psychotherapy or a counseling session. All these are the sacraments conferring upon us health as embodiment of salvation.

The religious enhancement and re-valuation of health as an asset works hand in hand with an increasing loss of relevance of traditional religious orientations among the population and, in Germany, with a persistent renunciation of the Christian faith. Only 55 million of the 81 million Germans are still a member of one of the Christian churches. In big cities such as Berlin or Hamburg, those who do not belong to a Christian church account for the largest population group. Surveys have shown that, irrespective of their membership in one of the Christian churches, only 25 % of church members hold religious convictions conforming to the doctrines of their church, and even fewer are actively involved in parish life. This shows that the alienation of people from the Christian faith in former West Germany is no less real and pervasive than in the former German Democratic Republic.

There seems to be a connection between the escalating costs of our health care system, the loss of relevance of Christianity in our society and the religious apotheosis of health as described above. Health, as the greatest good on earth, has replaced "eternal life" as the central tenet of Christian salvation.

On this issue, the former German minister for health, Norbert Blüm, wrote the following in a newspaper article (I am quoting from the Berlin daily *Der Tagesspiegel* of May 18th, 2003): "Health insurance reform begins by learning to accept the limits of health... No public health care system can be reformed without trying to answer the tricky question as to the meaning of life... Society has to pay dearly for our loss of transcendence... The art of dying, or 'ars moriendi', is no longer taught in high-tech medicine. Health business has dispensed with the final stages. In the poorest shacks of the most squalid quarters in the Third World, in the tin huts of South American favelas and in the slums of African cities, dying is not as lonely as it is in the intensive care units of European university hospitals... Our fear of death is devouring our health care system..."

Health Care as a Health Economy

Economically speaking, the health care system in Germany and other affluent societies functions as a market. Apparently, there is excellent business to be done in this market. This is why, in recent years, we have increasingly been using the term "health economy." Its significance as a key industry sector of our economy may be illustrated by the following figures: in the German auto industry, in the year 2002, 735,000 employees generated a total turnover of 202 billion, 80 billion of which was domestic turnover. At the same time, more than 4 million employees in the health care sector generated 235 billion domestically, which does not even include all of the domains of health care. – Little wonder, therefore, that, despite the crisis of our social sys-

tems, more and more economists and politicians are convinced that the decisive momentum for economic growth and employment will come from the health sector.

Some are viewing this development critically. Of course it is giving us cause for concern if medical aid for the sick, and this is at the core of all the activities and services in the health care sector, is primarily seen as a means of earning money and achieving profits. Yet the health care system has always also been, and has in fact been for years, a significant economic sector. However, the health sector was extensively regulated. Real competition, which is typical of other economic sectors under normal circumstances, could hardly be claimed to exist in the health care sector.

The new aspect of the current situation is that the health care market is largely deregulated while being deliberately opened up to competition. This entails a change of mentality for all stakeholders. A fierce competition has been opened up, which we have not been familiar with so far. The motivation of wanting to help people clearly takes second place behind the motivation of trying to compete on the market. And this is particularly disturbing for Christians who are professionally committed in the health care sector.

II. The Contribution of Protestant Churches and Their Role in the German Health Care System

Variety of Protestant Churches

Protestant Christianity, as is well known, consists of a variety of different denominations. As a general rule, individual denominations establish themselves within a society or state as religious corporate bodies, that is, as officially registered churches. No international Protestant church exists, and no denomination exists that is organized as a corporate body on a worldwide basis. What is typical at the international level are associations of national or regional Protestant denominations, such as the International Lutheran Council or the Baptist World Alliance.

In Germany, for historical reasons, there are 23 Lutheran, reformed and united regional Protestant "*Landeskirchen*" (regional churches), which have formed a church association referred to as the *Evangelische Kirche in Deutschland* (EKD, Protestant Church in Germany). The origins of these churches, to put it more simply, lie in the Protestant state churches created by the reformation in the 16th century in the then existing German duchies and minor states. The Protestant regional churches have just under 26 million members. The Catholic church in Germany, by comparison, has membership figures of just over 26 million.

Apart from the regional churches, there is a large number of other Protestant churches and communities. No exact membership figures can be stated for these churches. They presumably account for up to 2 million members, adherents and supporters. These churches consider themselves to be free churches and emphasize their independence from the state. They are minority churches within German society, which is dominated by the Catholic church and the Protestant regional churches. Even the largest free Protestant church in Germany, the Baptists, which is one

of the largest Protestant denominations on the international level, has fewer than 100,000 members, though twice as much adherents, in Germany.

Social Activities of the Protestant Churches

The Protestant churches and free churches in Germany engage in a wealth of social activities. Particularly the smaller churches excel in doing so. By means of such social activities, they fulfill the Biblical mission of serving society, of "seeking the welfare of the city" (Jer. 29, 7) or, respectively, of loving one's neighbor and doing good for everyone (Gal. 6, 9.10).

Traditionally, Christians have always accepted the challenge that human misery and distress represent. For centuries, Christian congregations or Christian communities, such as the religious orders, were providers of relief to those in need of help.

The welfare state inspired by these Christian principles has acknowledged the obligation to provide aid to people who require such aid and support in life as a social duty for which it considers itself responsible. In so doing, and while bearing the principle of subsidiarity in mind, it seeks to cooperate with social groups and stakeholders that are interested in and prepared to cooperate in this field. In this vein, the Protestant churches and free churches, just as much as the Catholic church in Germany, assume largely state-defined social tasks within society by pursuing their social activities. They are integrated into the public welfare system and, by way of their contribution, guarantee that system's existence and functional integrity, and to a substantial degree.

Let me point out a few of the varied social activities of Protestant churches: they operate nursery schools and orphanages, they care for and employ disabled people, they operate residential complexes and homes for elderly people and those in need of care, they consult the unemployed and help them gain qualifications, they offer drug counseling services and addiction therapies, they organize soup kitchens and provide accommodation and medical care for the homeless, they assist ex-convicts in their reintegration into society, they provide social work in disadvantaged urban quarters, they assist migrants and operate hospitals and hospices.

Church-based social work in Germany, whether in the health care sector or in any other field, largely means fulfilling both a public task for society as a whole and a church-based, religious task. Some think that the churches should restrict themselves to their core functions, thereby implying that churches would not have to perform tasks that are also recognized as general tasks for society as a whole. I beg to differ. The church should continue to perform tasks for society as a whole if this is in accordance with its mission. However, it should make sure to present a clear Christian and church-oriented profile in doing so. And in this context, it must be stated that tasks for society as a whole should also be financed by society.

In Germany, it has in fact been guaranteed that the churches may plan and implement their social activities with the clear intent that they are discernible as church activities. In particular, they may base their activities on the Christian idea of man and their own orientation towards Christian values. However, they must observe statutory provisions and official requirements that apply to

all stakeholders such as, for example, quality standards, safety provisions, conditions for receiving public funds and many more.

Furthermore, there will always be new social tasks that will not be accepted by society as being its responsibility. People will need aid and support that society either will not give to them or not provide in the necessary amount. There are a variety of reasons for this, some of them good and understandable reasons, as well as some that are unconvincing. Again and again, Christians and churches in particular are challenged here. They are the ones who help those that no one else will help, even in a rich society like Germany. The number of people who "fall through the social net" is increasing. The churches must use their own funds here in order to help.

When, in this connection, we are talking about "social activities of the churches", especially those of the Protestant churches, one thing must be realized: it is not the churches as all-encompassing religious corporate bodies that take action. Rather, it is the people at the grass roots, the members of the local church congregations, the church congregations themselves, but also the spiritual communities. In the past these were often the *Diakonissen-Schwesternschaften* (sisterhoods of unmarried women who dedicate their lives to help persons in need on behalf of the church). Today it is often the charitable associations that are active. They react to specific challenges they encounter in their vicinity, in their local area. They organize aid where it is necessary and select the appropriate forms and structures.

It has been shown repeatedly in the course of time that Christians were and are flexible, creative and innovative in reacting to changing circumstances. While in the 19th century, for example, associations and foundations were established in order to operate aid institutions such as a hospital or a nursing home, today a GmbH (limited liability company) or even a stock corporation is founded for the same purpose.

Until the middle of the 20th century, it was for the most part the sisterhoods of unmarried women who saw it as their duty to help sick people and who founded nursing homes and hospitals for this purpose. Since this form of binding spiritual life has lost its power of attraction and the communities no longer find young people that choose this special communitarian way of life, new communities have formed to face the social tasks and challenges out of Christian conviction and personal calling. Men and women, married and single, members of various career groups and professions all carry, for example, joint responsibility for a Protestant hospital.

The structures and conditions, even the forms of aid, are changing. But the persistent duty to help people will be fulfilled in contemporary ways, for example in the hospital: historically, the places in which persons in need of care found a place to stay – until death, next became institutions in which sick patients were cared for over a limited period of time. These became institutions in which sick patients were treated by doctors. Today, church-based hospitals are institutions in which complex, technology- and computer-supported diagnostic tools and therapies are used in order to heal illnesses, to alleviate or limit their effects. In the future, discriminating customers will be able to take advantage of health care services in health centers run with the effec-

tiveness and efficiency of corporations. But regardless of the changing circumstances, Christians fulfill the mission of the church to aid sick people.

These experiences give rise to hopes that even under the competitive conditions, which currently prevail in the healthcare sector, and which will only become stronger in the future, Christian aid will be provided. And this aid will show a clear Christian profile. The challenge consists in being able to show a Christian profile even under changing conditions.

The various social activities of Protestant Christians, groups and communities are organized in and interconnected by a large network. This network, the organizational framework of the social work and activities of the Protestant churches and free churches, is referred to as the *Diakonisches Werk der Evangelischen Kirche in Deutschland* (Diaconal Service of the Protestant Churches in Germany). It supports its members in a variety of ways. Above all, it represents the interests and positions of its members and the concerns of the people who need aid and support vis-à-vis the state, the general public, and other social community groups, organizations and participants.

The Protestant Contribution to Health Care in Germany

Safeguarding health care is a responsibility of the state in Germany. But the state leaves the realization of this responsibility to the initiative, creativity, and commitment of its citizens. Where this is not enough, the state becomes active itself and creates the necessary structures. This is in accordance with the subsidarity principle. Health care provided by doctors is traditionally secured through physicians in independent practices in Germany. Medical training takes place according to state requirements at public and private universities and is completed with a state exam. In the meantime, hospital-based medical care has been placed for the most part in the hands of the church and other non-profit organizations or, alternatively, in the hands of private, profit-oriented businesses. Until a few years ago, public institutions dominated the operation of hospitals.

Protestant organizations and initiatives contribute to health care in Germany in a variety of ways. Their share in the individual fields of care varies; however, in all cases it is significant. – Because of the rapid changes the health care sector is undergoing, the available statistics are already outdated when they are published. I will therefore not try to impress you with an abundance of numbers. I would instead like to give you an impression of the variety of aid and the people who are the recipients of it.

Protestant Hospitals – Aid for Sick Persons in Need of In-Patient Medical Treatment

A main focus of Protestant activities in the health care sector is in the area of hospitals. Every ninth general or specialized hospital in Germany is a Protestant hospital; in the year 2004 this was 228 of a total of 2,166 hospitals, and to this number must be added approximately 70 rehabilitation and preventative care facilities (of a total of 1,300). Protestant hospitals employ over 100,000 people. Each year approximately 2 million patients are treated. The hospitals generate a turnover of over 6.5 billion in the process.

Every third hospital in Germany is still a church-run hospital – you can derive from this that there are approximately twice as many Catholic hospitals as Protestant ones in Germany. This is due to historical reasons. – In the past years the share of public hospitals has dramatically decreased to 36%, falling below the 38% of private non-profit hospitals. The share of private, commercial, and profit-oriented hospitals has doubled in the last ten years to 25% and will continue to increase because many cities and counties have sold and will sell their public hospitals to private operators. Many hospitals in city or community ownership operate with deficits that have to be balanced using public funds. Based on experience, private and church-based operators work more economically. However, private hospital companies have many more funding options at their disposal that allow them to pay a higher price for a public hospital than a church-based competitor.

Approximately 160 technical schools for nursing care, physical therapy, and midwives (statistics from 2002) are affiliated with the hospitals. — It is difficult to get a current overview. In the past years, the costs for training and a massive number of training slots have been reduced in the nursing profession due to insufficient funding. Schools were either closed or merged with other schools. In any case, the following can be said: the Protestant and Catholic church-based operators guarantee the training of young people in the nursing profession(s) on an above-average scale.

Aid for the Sick, the Elderly, and Persons in Need of Care

Protestant operators supervise the care of approximately 130,000 elderly persons and persons in need of care in 1,730 nursing care institutions, which represents a share of 18% in Germany. Together with Catholic and other non-profit parties responsible for charitable nursing organizations, the share represents over 57% in this area of care provision. Private, profit-oriented service providers have a share of 41% while public providers hardly cover 2%. – In this area, the conditions have been so altered that in the past few years, a fierce competition has been opened up. Competition is, for the most part, taking place between the church-based and other non-profit service providers on the one hand, and profit-oriented service providers on the other hand. – The paramount objective of the state is to thereby slow the growth in costs for nursing services. The clearly underestimated danger in this is that the quality of the nursing and care will suffer. Care in the true sense of the word is a decisive factor. Church-run facilities distinguish themselves in exactly this area. However, this requires time and personnel. And both are factors that increase costs.

An important role in the care for sick persons and persons in need of care in Germany is played by the out-patient nursing care and social welfare or *Diakonie* (charitable) wards in Germany. The employees of these institutions nurse and care for people in their homes. In most cases, these are elderly persons in need of care. Some require this aid over a longer period of time, even over many years, until they are forced to leave their home and move into an in-patient institution. Others only require aid during a short period of time, for example after a stay at the hospital or an accident.

In this area as well, church-based and non-profit community providers are engaged in intense competition with private, profit-oriented service providers, who have the largest market share – 55%. The public-interest-oriented providers run close to 4,600 of 10,600 institutions, in other words, a share of approximately 43%. Of those, approximately 1,600 are operated by Protestant providers.

The church congregations are responsible for the majority of these services, or the service providers work very closely with the church congregations. The aid that took place earlier within the congregation, for example by a parish nurse in the congregation, today is done professionally along these same lines. Only this way can the predetermined quality standards required by law or ordinance be met, and only this way is the aid paid for through the mandatory nursing insurance.

Aid for Persons with Disabilities and / or Mental Illness

A particularly diverse range of aid is offered for persons with disabilities and / or mental illness: homes, apartments, and community living for people with mental illness or mental disability, for mentally handicapped persons, for persons with multiple disabilities, for persons with physical disabilities, hearing or speaking disabilities as well as visual disabilities. Day care institutions, schools and workshops and employment institutions, special treatment institutions and institutions for promoting their clients' learning abilities are also included. In total, approximately 140,000 spaces are available. Furthermore, there are 480 special counseling centers created for people with disabilities and/or mental illness. The comprehensive range of aid is reflected in a wide array of training course options at over 50 technical schools. – Traditionally, it is almost exclusively church-based operators who are active in this area of aid. The attention to disabled people has indeed distinguished Christians and Christian congregations at all times.

Aid for Persons with Addiction Problems and Illness Related to Addiction

Protestant service providers have been traditionally very involved in the care of persons with addiction problems and illnesses related to addiction, for the most part focusing on alcohol, but also taking other drugs into consideration. They offer aid on all levels, from counseling institutions to specialized clinics to special living groups and self-help groups.

Aid for Seriously Ill and Dying Persons in Need of Palliative Care – Hospice Care

In concluding my list of examples, I would like to mention the nursing care for seriously ill and dying persons in hospice care centers or in out-patient hospice services. The hospice care infrastructure in Germany was first developed following the turn of the millennium. Christians have been the front-runners and initiators. The new German Federal Government has made it a priority objective of its work to promote and further expand palliative medical and hospice care.

Individual Christians are involved in this field, often together with people who do not have a church background. Outpatient care services make up a new focus of their work here, and hospital operators are building the necessary additional structures in order to be able to offer a complete range of care to accommodate widely differing life circumstances. If the final journey cannot be made at home, and a complicated treatment in the hospital is no longer indicated, then hospice care offers a suitable, dignified framework for care.

Here we have an impressive example for the fact that Christians identify an area where people need aid and up to now no one has given this aid. In this case we are speaking of seriously ill and dying persons and their families. Christians react and create the necessary range of aid serv-

ices. They provide aid at a high quality and professional standard. At the same time they point to the existing deficits in the community and become engaged in order to overcome these. The community recognizes its social responsibility and reacts. It provides funds and organizes the necessary care. It draws upon the lessons learned and previous accomplishments of Christian initiatives and church congregations and makes use of those aid structures already set up by them. In the future, Christians will perform a societal role in this area.

III. Challenges and Obligations for the Protestant Churches and their Institutions in the German Health Care System

In the last part of my speech I will name five challenges and obligations faced by the Protestant churches and their institutions in the German public health system.

1. Demonstrating Christian Values in Serving Others and Assuming Social Responsibility

The range of aid services provided by the Protestant institutions and service providers are offered within the framework of the German healthcare system and make an important and distinguished contribution to caring for the population. They are subject to the general legal requirements and stipulations, in particular the requirements for quality. The same requirements of state healthcare planning, safety provisions, labor law protection, documentation requirements, and financing conditions apply to them as well as for others.

However they distinguish themselves by a special characteristic. The people recognize that they are appreciated and respected in a special way in the church-based institution. They experience that the Christian idea of man also determines the manner in which professional aid is provided. They experience the spiritual aspect of the atmosphere there. They meet people, whose living faith has marked their speech and behavior, their communication and their very being. They receive the opportunity to take advantage of pastoral companionship, and take part in church services and devotions.

If they wish, people will also be helped to have an experience with God in church-run hospitals. When the preconditions are created by the hospital operators and the employees, then church-run hospitals open up as spaces in which people can be touched by God. In church-run hospitals more than other places, people may hope to experience God's healing presence.

The decisive challenge and task for the Protestant institutions in the German public health service is to make their contribution to health care with a clear, discernible Christian profile. They must differentiate themselves from others. In corporate-speak: they must strengthen their brand and continue developing.

For this, they must also invest in quality. They must be professional and specialized, and they must achieve excellence in medical treatment, nursing, care, and consultation. They must also ensure that structures are in place, in which the aspects that distinguish Christian institutions

from others can rise to the surface. In particular, they must invest in their employees and implement a concept for personnel development in charitable organizations. They need workers who are motivated and competent and credible. They need workers who, through their professional work, help the Church fulfill the mission it was given by Jesus Christ in a way that is appropriate to the needs of the people in society.

They must, however, also invest in their connection with the church, which is alive and recognizable in society in various manifestations. Out of historical reasons, the social activities of Christians and congregations – especially in the area of health care – developed in the German Protestant churches alongside the other church-based activities that characterize active congregations. It is the Protestant hospitals that seem in many ways to have no relationship to the congregations. With that, they are cut off from the source from which they find inspiration and orientation. The congregations themselves lose relevance to the lives of their people. That Christian social action is an expression of faith and a form of the proclamation of the Gospel will then no longer be recognizable. – Protestant congregations and health care institutions need to work and exist united in sound spiritual and practical relationship!

2. In Support of a Healthcare System in which the Individual Enjoys his Just Rights, in which Solidarity is Practiced, and No one Falls through the Safety Net

The necessary modifications to our health care system are currently being pursued such that precisely those members of the society who are less economically capable and less able to endure an additional burden feel the consequences particularly painfully. They cannot bear the load expected of them as others can. Those who have relatively little financial means at their disposal cannot balance the rising costs of care during illness by saving and abstaining from expenditures in other areas. The result is that financially disadvantaged people in our society claim significantly fewer health care services than before. This simply means: poorer people will be sicker in the future.

The Protestant churches traditionally see their special mission to be the earnest fulfillment of their responsibility for social justice and solidarity. A corresponding political engagement as advocates for the weaker members of our society, the people who live on the margins of society, and the poor members of our rich society is more necessary today than ever.

At the same time, church-based healthcare institutions must ensure that these people, who stand to lose from the current changes, and who are least attractive to the healthcare business as market participants, do not receive less respect or worse treatment than anyone else. The point is not to value them higher or to give them special treatment, but simply to treat them the same as everyone else. Those affected, however, will indeed experience this as something special.

3. Discussing the Paradoxes and Limits of Advancements in Medicine in Society and Developing Solutions or, respectively, Strategies to Overcome the Resulting Problems

The rate of advancement in medicine is breathtaking as ever. It puts us in a position to help more and more people who are sick, injured, or otherwise limited in the enjoyment of and control over

their lives. At the same time, progress does not lead to more health, in the sense that people could avoid medical treatment. Rather, dependence on medical support is increasing, especially in wealthy societies. Progress in medicine leads to a need for more treatment. Indeed, that is both the downside of the booming healthcare economy and its prerequisite.

We can expect Christians to be aware of this catch-22 and persistently call attention to it in society. They must keep attention focused on the question of the limits of medicine and, thus, the limits of the applications of its capabilities. Not everything that is medically possible is also sensible. Which medical options should be implemented and which should be omitted is a constant subject for ethical reflection. That applies as a matter of principle to every case, and should be considered again and again. These questions are not only to be pondered at the beginning and end of life. They must also be considered with a regard to the utility of a given therapy or medicine in a specific clinical case.

This ethical reflection should also take economic considerations into account. What expense is justified and responsible when the available resources are limited? What if the resources are lacking in another area where they are needed too? What expense can we expect a community united in solidarity to afford for an individual? The still-growing possibilities of medicine also bring our wealthy society into confrontation with the fact that our means are limited. For doctors in poorer societies, such as those in missionary hospitals, where the need for assistance far exceeds the available resources, it is an everyday matter to decide who will receive what kind of limited aid. This problem is increasingly present in our wealthy German society, if on a much higher level.

We are searching for solutions to the problem of a just distribution of services and allocation of resources in healthcare. This is a necessary societal discourse in which Christians must actively participate as citizens alongside the churches as socially engaged groups within society. They must implement structures in their own institutions that effectively facilitate solutions to such questions and problems when they are encountered in everyday practice. For example, ethics committees in hospitals serve this purpose. In precisely this area, Protestant and Catholic hospitals and their associations have together been acting as true trailblazers in Germany since 1998.

4. For a Christian View of Human Beings that Takes into Consideration their Mortality, their Vulnerability and Endangerment, and their Suffering

The problem described above can only be solved if we take the mortality of human beings seriously. The biblical view of man distinguishes itself in this respect through a realism that frees us to take action. Man is "dust," mortal. Suffering and guilt, limitation and loss of the possibilities to shape his life, these are the distinguishing characteristics of his life. No medical advancement and no efforts, no matter how great, can eliminate them.

Christians must assert this view of man in the field of healthcare, especially in view of the alluring promises made in that area. It must be emphasized in the accompanying societal discourse as well as in the practice of the Christian healthcare institutions.

The doctor and healthcare economist Professor Eckhard Nagel described this task in January at our association's conference on the topic "Shaping the Protestant Profile – Communication of Faith in the Hospital" as follows: "What characteristics will we find in the face of this society in the future? This creature *homo oeconomicus* who acts alone and self-sufficiently to maximize his usefulness, preferably noiselessly and without disturbance? Or will we see the features of a human being who can face his own fractures, defeats, suffering, and dependence without danger? ... Indeed, many people in this community do not understand the religious dimension of charity, or it seems unnecessary to them. But charity should do everything to remind this society through its words and deeds of the following: We Christians derive a strong sense of hope from the face of Christ, which also bears characteristics of failure and suffering. This allows us to come to grips with the failure and suffering that exists in this world. It gives us hope that all of our tears will one day be washed away. Until then, we must pray, think, meditate, and fight to preserve charity as an active form of love, one that refuses to sell well under market conditions. Rather, it should communicate to all human beings and market participants the hope and the experience that being human is more than being a customer."

5. In the End: a Call for Ecumenical Cooperation

The challenges faced by the Protestant churches and institutions in the German healthcare system are the same as those faced by the Catholic church and its institutions. This shouldn't come as a surprise. As Christians, we are all in the same boat. The critical factor for Christian activities in the field of healthcare is not their denominational accent, but rather their biblical foundation and inspiration through the living spirit of Jesus Christ, which is granted to all Christians. Our society needs our collective Christian testimony through word and deed. If we don't feel personally driven to do this, then circumstances will force us to accept and master this challenge.

Therefore, I wish to mention ecumenical cooperation in healthcare as a final challenge, which we face together. We can learn from one another, we can provide mutual support to one another, we must consult with one another. We will not be able to avoid stepping aside from time to time to let our partners take the lead. We should further develop our creativity and create new forms of cooperation. I dream of ecumenical unions, to be exact: mergers of protestant and catholic health care institutions, e. g. hospitals, that don't dissolve into Catholic or Protestant alternatives in the end.

Let us take on the ecumenical challenge in the field of healthcare – "so that the world might believe." (John 17, 21)!