

Fitness fixation: Why health is not a civic virtue

by [Gilbert Meilaender](#) in the [October 16, 2007](#) issue

"Those who are well have no need of a physician," Jesus said. We now know, however, that they do have need of a wellness coach. We all know the simple facts: Many Americans, for reasons acknowledged to be something of a historical accident, have health insurance through their employer. Health-care costs continue to escalate, and employers are eager—perhaps even desperate—to find ways to limit these costs. Increasing premiums for employees, rising copays, HMOs, PPOs—none has really worked to control costs other than in the short run.

The latest fad is the consumer-driven approach—shifting to consumers (formerly known as patients) the cost of health care and the responsibility to shop smartly and efficiently for the best and cheapest health care. This approach is unlikely to achieve much in the long run either. Tailor-made for those who probably don't need insurance anyway—healthy young adults—this strategy will make the world of health care much harsher for many others.

The temptation for an employer, therefore, is to characterize consumer-driven plans as something other than simply attempts to save money. Thus, for instance, the president of a university (well, OK, the president of my university), intent on turning the university's insurance plan in the consumer-driven direction but under some pressure from critics and questioners at a faculty meeting, took refuge in the plan's declared aim of making us all more attentive to prevention and wellness. Did not St. Paul, after all, say that our bodies are temples of the Holy Spirit—which temples we should want to keep in good working order? (The plan will provide for a wellness coach, a kind of health-care nanny equipped with the carrot of small savings for those who complete various wellness programs. I myself may have to take up smoking in order, then, to be able to quit.)

An emphasis on wellness often sounds good to religious folk, who are generally enamored of the related language of "wholeness." I myself have never been so

enamored, believing with Jesus that the well have no need of a physician. I go to my doctor not for coaching but to deal as best we can with maladies that I suffer from time to time. “A healthy man,” as G. K. Chesterton put it, “does not think about health.”

Even the emphasis on prevention, salutary no doubt in small doses, can easily be overdone. For in larger doses—constant monitoring of what we eat, what we weigh, how much we exercise—“prevention is even worse than disease. Prevention means being an invalid for life” (Chesterton). Or, as Joseph Addison put it (as long ago as March 29, 1711) in a *Spectator* essay: “To make our Health our Business, To engage in no Action that is not part of a Regimen, or course of Physick, are Purposes so abject, so mean, so unworthy human Nature, that a generous Soul would rather die than submit to them.” Or, as Dr. Richard Gunderman has more recently put it in the language of our own time, “a high-fiber diet and stress management are not civic virtues.”

Once we stop thinking merely about how to cut the cost of health care (or about the highfalutin rhetoric whose purpose is really to embellish the same cost-cutting aims with purportedly larger purposes)—once we allow Chesterton, Addison and Gunderman to jog our thinking a bit—we may see that there are at least two larger and more significant issues here. One has to do with the meaning of health and sickness—and the place of the medical profession in our lives. When health comes to mean wholeness of body, mind and spirit—and not just sufficient freedom from pathology that we can carry out more or less effectively the tasks needed for human beings to survive and reproduce—we should not be surprised that society treats it as the most important thing, the equivalent of salvation. We should not be surprised if society, assuming that the powers which govern our world can accomplish nothing good through suffering, is tempted to do anything whatever that promises to relieve it.

From this angle, for example, destroying embryos in order to carry out research (that is hoped to be life-saving some day) might better be characterized as a misplaced and inordinate craving for life than as a culture of death. When how long—rather than how—we live becomes our god, this is where we end, as Addison saw clearly: “The Preservation of Life should be only a secondary Concern, and the Direction of it our Principal.”

When wellness in this larger sense becomes our focus, we inevitably ask of physicians more than we should—that they be something closer to saviors, pointing the way to a healthy and happy life. This is, Chesterton noted, rather like imagining that a lawyer can tell me where I should go for walks. The lawyer can tell me where the law says I may or may not take a stroll, but once I have been instructed in the limits of my freedom, the lawyer has no special expertise about what paths I should take or what vistas I should enjoy. Likewise with doctors. “There is such a thing as being a specialist in broken legs. There is no such thing as being a specialist in legs. When unbroken, legs are a matter of taste.”

A society for which health has become a second god is a society whose desire for better health and longer life will have no limits. Why should anyone suppose that adjusting the way we pay for and reimburse health-care costs will assuage what is, in some respects, a religious thirst? We might notice in passing that a national health-care system, in some respects the starkest alternative to consumer-driven plans, could also not solve this problem of limitless desire. The deeper our diagnosis, the deeper the solution needed. In fact, if this endless desire is our real problem, submitting to the regimens of a wellness coach may exacerbate rather than alleviate it. Such submission makes us not well but invalids for life, able to concentrate upon little other than the state of our health.

In addition to the deformations to our understanding of health and medicine that the wellness emphasis both reflects and inculcates, there is a second, related but still deeper issue. As Gunderman puts it, who would want to be remembered in the following way: “Truly this was the healthiest of persons!” We should desire health not in order to be healthy but in order to live as fully, virtuously and joyfully as possible. Once we really see this, we will realize, as Gunderman says, that those “who corrupt their health through overindulgence in sensuous pleasures are no worse than those who wrongly eschew pleasures for the sake of their health.”

The beauties and joys of this life are not meant to be our secure possession, as if they could fully and unchangingly satisfy the deepest desires of our hearts. They are an intimation, a foretaste, of a greater good beyond our imagination, which God has in store for us. However ravishing the sweetness of this life, our deepest desire is not and should not be simply for more of the same but for a Good that can truly satisfy the longing of the human heart. Thus we should be grateful for the blessings of life—including the blessing of health—but we should not cling obsessively to these goods as if they were the point of life.

The right attitude toward health, wellness and wholeness is nicely summed up in a short couplet by William Dunbar, an English poet of the early 16th century:

Man, please thy Maker, and be merry,
And give not for this world a cherry.

We can, if we wish, be invalids for life, ever under the tutelage of the wellness coaches imposed on us under the guise of helping us. But I do not think that is the way to a world of real merriment or real health—a world in which there will be no need for physicians and in which, along with other sorrows, the existence of wellness coaches will have been blotted from our memory.