

### 1: "Whose Body Is It, Anyway?" - Covenant Network

*Whose Body Is It, Anyway? By Atul Gawande. The New Yorker, October 4, P. ANNALS OF MEDICINE about medical advice to patients who make bad choices about their personal care Writer tells.*

Many hate the insurance industry. Employers have seen insurance premiums rise 87 percent over the last seven years. No one seems angrier than the patients who have been denied care. Polls show that while people dislike the insurance industry in general, 87 percent of people with health insurance are happy with their coverage. Only 3 percent of health insurance claims are denied, she says. In his hit documentary "Sicko," Michael Moore focuses on tragic stories of people whose insurance claims have been denied. He calls for "the elimination of private profit-making health insurance companies" and suggests turning over all health-care spending to the government to provide "free" health care to everyone. He goes to countries like Canada and Britain and implies that their socialized systems are far better than that of the United States. Lowering prices increases demand. Lowering the price to nothing pushes demand through the roof. The reality of "free" health care is that people wait. Governments ratchet down health-care costs in different ways. In the United Kingdom, one hospital was inspired to save money money by not changing sheets daily. British papers report that instead of washing the linens, nurses were told to just turn the bedsheets over. Government is less the answer to our health-care crisis than the problem. It was our government that helped to create the absurd system in which two out of three Americans get health insurance through their employer. In a country where four in 10 Americans change their job every year, this system makes little sense; it leaves people like Readling without coverage when they need it most. The government also makes insurance expensive by mandating the medical services that policies must cover. Required services vary state by state and include massage therapy, pastoral counseling, acupuncture, hair prosthesis and dentures. Yet insurance regulations make it illegal for someone in New Jersey to buy a policy from out of state. The Way We Pay Another problem that raises costs, and keeps individuals from controlling their own health care, is the way we pay for medical care. Out of every dollar that the United States spends on health care, only 12 cents comes out of the pocket of patients, according to the Centers for Medicare and Medicaid Services. Most of us have our medical expenses covered by a third party, either an insurance company or the government. Try asking a doctor how much an office visit costs and watch their face go blank," said Michael Cannon , director of health policy at the Cato Institute. Our health-care system has become totally removed from the competitive market forces that have improved every other area of the economy. If patients cared about cost, health-care providers would compete to attract patients. In eight years, he cut the price of cars in half while improving quality immensely. In nearly every sector of the economy, prices drop over time as technology improves. Not so in health care. Customer Service, Competition, Control Can you e-mail or call your doctor to ask quick questions? David Gratzer , author of "The Cure. He knows that he has to attract patients by making himself available. Competition has also made Lasik cheaper: While in nearly every other field of medicine, prices have gone up faster than consumer prices in general, the price of Lasik has fallen by as much as 30 percent. The quality of the surgery has also improved. The difference is that people care about prices when they spend their own money, so providers compete to offer services that are faster, better and cheaper. John Mackey, CEO of the supermarket chain Whole Foods, saw his insurance premiums rise through the roof so he changed the way his employees got health care. He proposed a health insurance plan with a high deductible. To help meet that deductible, the company puts money into a "personal wellness account" for each employee and employees use that money to pay for routine care. The money in the account belongs to the employees and puts them more in control of their health-care spending. Employees pay for the small stuff, like sore throats and sprained ankles, but their health insurance covers them in case of a catastrophe. They wanted the old "full-coverage" plan back. One wanted "pet bereavement services" covered. Whole Foods then held a vote and "77 percent of team members voted for the health plan that we have today," said Mackey. Today he says most of his employees love the plan because it allows them to spend the money how they want to spend it. The more people control the money they spend on their own health care, the more people shop around and the more providers compete to attract

## WHOSE BODY IS IT ANYWAY? pdf

patients by lowering prices while improving quality. Do you want the government to decide? Do you want a health insurer to decide? Is it gonna be a government? Is it gonna be an insurer? Or is it gonna be you and me?

### 2: Whose Body Is It Anyway?: Justice and the Integrity of the Person by Cécile Fabre

*Whose Body Is It Anyway? - Scenario 1. We don't want to say too much here by way of a preamble since this activity works best if its topic isn't immediately obvious.*

Ellison at the ordination and installation of the Rev. Many of you will recall a time when physicians would examine a patient, run their tests, and simply decide what treatment a patient would receive. Now this seems like a positive development. Sometimes—usually even—the doctor really does know best. He writes about a patient who wants nothing more than to die peacefully and with dignity and who instead chooses a risky procedure with little chance of success that ends up only prolonging his suffering. But when you see your patient making a grave mistake, should you simply do what the patient wants? The current medical orthodoxy says yes. After all, whose body is it, anyway? To whom does the body belong? A familiar image for those of us who gather at an ordination—verses, indeed, deemed so critical to our understanding of the church and of mission and ministry that some of them are embedded there in the ordination rite in the Book of Common Worship. There are many gifts, one Spirit. All have gifts, and all are part of something larger than themselves. The church, we know, is like a body, with many parts. Hand and foot and eye and ear, each one essential in its own way, none more important than another. In fact, it is the very ordinariness of what we do here today that makes it so exciting. We are only naming gifts that people have seen in Daniel for decades now. We are giving him a robe and stole that signify his place among people who have been getting this prayer-and-laying-on-of-hands routine for centuries now. They are all different, these gifts of ours, and in that diversity of gifts is their gloriousness. Each part of the body is different, and each one matters. It would be easy to fail to see the fullness of what this image has to offer, what this text has to say. That is, we might focus so much on the glory of the fact that we all are a part of the body, that we forget that we are all part of one body. The one body into whose ministry our brother Dan will be ordained this day is a body that sometimes—often—suffers, and much of that pain comes from its brain acting against the best interests of its stomach or heart. From its left hand and right hand acting in disregard or even distaste for the other. We see the patient making bad decisions, if you will—the body not taking care of itself. And at such times, it is easy to fail to ask and answer that question Gawande does: Here is a preparation for ministry process that required no process. Then, as now, it was a call that came with almost no earthly power, a leader without an enforcement arm, words without weapons. No, then as now, all the call came with was authority. Fragile tenderly held authority. Because then, as now, the authority it came with was from God. When Jeremiah is given authority over nations and kingdoms, the purpose was not to pump up a young prophet with pride, but rather with humility. When the one who is called is told she will be able to destroy or plant, it should not make her heart race with ambition, but rather cause her to draw in her breath. When he learns he can build or overthrow, it should cause him not to strap on his helmet and grab a hammer, but rather to say a prayer before taking another step. Because, really, whose nation, whose kingdom, whose vineyard, whose church, whose body is it anyway? You are the body of Christ. Each of us is given the ability—in our own way and place—to be a prophet, a truth-teller, a speaker for the Savior on matters of love and justice and life. Each of us can use this not-at-all newly bestowed vocational directive for calling out gifts, for honoring each member, for hearing or seeing or smelling as we are able, the same God activating all of it in all of us for the common good—the good of the body. Whose body is it, anyway? And it is in that spirit that we come to this day—a day for celebrating gifts, and for celebrating ministry: We come triumphant, because this presbytery, this congregation, has standing before it in Dan a powerful symbol of success, of justice triumphing over long injustice, of faith and hope justified and patience and gentleness rewarded. We come grateful, grateful for those who bore burdens before us, those who served openly and bravely in the face of prejudice and at risk of their livelihood. We come mindful, knowing that there are others called and others serving, who still can not stand in halls of celebration like this one revealing their full selves. But most of all, we come humbly. Even on this day. Especially on this day. Because of whose body it is. There will be complications. In your ministry, Daniel Vigilante, and in all our ministries, may it be so. Picador, , pp.

### 3: Complications Whose Body Is It, Anyway?

*Gawande attacks the nearly sacrosanct concept of informed consent and one of its most important advocates, Jay Katz. In fairness to Katz, he does say in his book, *The Silent World of Doctor and Patient* (New York: Free Press, ), that patients do have the right to autonomously ask their physicians to make decisions on their behalf (although he also suggests that the proper response of the.*

In the story of Lazaroff, Mr. Joseph Lazaroff was a patient with untreatable cancer and only a few months left to live. Two options only remained available to him, go through with a spinal operation that might slow the progression of injury to his spinal cord or do nothing and leave everything to its course. The choice was up to Lazaroff. In the past, doctors handled the decision making, possibly even withholding information from their patients, treating them as children. A book, *The Silent World of Doctor and Patient*, by one doctor and ethicist Jay Katz worked to change that mindset about who should make the call. A story in it talks about a young woman, Iphigenia Jones, with breast cancer. In her case, the two viable options were to either undergo a mastectomy, removing her breast and the sentinel lymph node, or radiation with minimal surgery, taking away the lump and lymph nodes. However, the night before the operation the surgeon had a change of mind and consulted the patient, letting her decide for her own. Iphigenia Jones chose instead to preserve her breast. Doctors work for patients. I think we all can agree with that. The doctor should lay everything out and let the patients choose. A patient should ask questions, look up information on the net, and make the call. What if the patient makes the wrong choice? Patients make bad decision too. In a story about his own daughter Hunter, Dr. Gawande described an incident in which he was called upon to make the decision since she was just a premature baby. Instead of deciding for her, Dr. Gawande let the team of doctors treating her make the choice. Even though he was a doctor, Dr. Even though he gave up his autonomy, the flip side of that is that similar to the patient, Dr. Gawande himself is in a bad spot for decision making. Patients, being emotionally engaged, often just want some relief which make them less able to foresee the outcome of their choices. Lazaroff, in experiencing pain, thought that surgery could make him better. Despite warnings and cautions about how dangerous surgery could be in his situation, Mr. Lazaroff continued to wish for it. The operation achieved its goal, but Mr. Lazaroff had to be put on the ventilator. Fourteen days after his operation, Mr. Lazaroff ended life dying the way the fought to avoid, sedated and hooked up to a machine. The discussion on the quality of life pertains to this scenario. But the risks entailed raised a huge red flag to the doctors. Knowing the risks of surgery as the doctors did, should they have pushed harder in explaining to Lazaroff about what is very likely to occur? Following the decisionists ethics where the end justifies the mean, it would seem that despite what Lazaroff wanted, the doctors should have been the ones making the call. Lazaroff made the wrong choice for himself, since his choice resulted against his interest. At times the result seems like a matter of luck. Patients, or even Dr. Gawande himself in the instance of his child Hunter, give up his autonomy when actually confronted with it. Instead of trying to pick between tradition of letting the doctors make the call, or pursue the new route of patient autonomy, the focus should be on developing understanding and trust between patients and doctors.

### 4: Articles | Atul Gawande

*LiveLiving International Foundation Incorporated is a nonprofit health and wellness organization whose goal is to educate and empower believers to live a productive and wholesome life in their community and world.*

### 5: Whose Body is it Anyway?: Justice and the Integrity of the Person - Oxford Scholarship

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### 6: Whose body is it anyway? | musings

*The one body into whose ministry our brother Dan will be ordained this day is a body that sometimes "often" suffers, and much of that pain comes from its brain acting against the best interests of its stomach or heart. From its left hand and right hand acting in disregard or even distaste for the other.*

### 7: Whose Body is it Anyway? - Paperback - Cécile Fabre - Oxford University Press

*In the prevailing liberal ethos, if there is one thing that is beyond the reach of others, it is our body in particular, and our person in general: our legal and political tradition is such that we have the right to deny others access to our person and body, even though doing so would harm those who need personal services from us, or body parts.*

### 8: American Health Care in Critical Condition - ABC News

*You might be forgiven for thinking that you are an autonomous person whose body belongs to you. Have it tattooed, pierced, implanted, sterilized; it's no-one else's business.*

### 9: Whose Body is it Anyway?

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