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Honors College

Gratia Eruditionis

“for the sake of knowledge”

Volume Eight

Wilde, Shaw, and Nietzsche
on the Hierarchy of the Arts
and Ethics

Lauren Lamb

A Unified and Universal
Healthcare System for the
United States

Charlie Layton

Aquinas, Cicero, and
Keystone XL: What to Do in a
Moral Dilemma

Rachel Eppley

The Ethical Prince: Searching
for a Median Between
Machiavelli and Aristotle

Rachel Roller

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Table of Contents

I.	Acknowledgments	1
II.	Foreword	2
III.	Past Recipients	3-5
IV.	<i>Wilde, Shaw, and Nietzsche on the Hierarchy of the Arts and Ethics</i> , Lauren Lamb	6-15
V.	<i>A Unified and Universal Healthcare System for the United States: Looking to Switzerland as a Guide to Reform</i> , Charlie Layton	16-40
VI.	<i>Aquinas, Cicero, and Keystone XL: What to Do in a Moral Dilemma</i> , Rachel Eppley	41-51
VII.	<i>The Ethical Prince: Searching for a Median Between Machiavelli and Aristotle</i> , Rachel Roller	52-60

Acknowledgements

Gratia Eruditionis is the collection of four award-winning research papers written by undergraduate students in the Honors College at Azusa Pacific University. This publication was inspired by Jennifer Walsh, Ph.D. during her tenure as Faculty Director of the Common Day of Learning (2008-2012). Students featured submitted their papers for the annual Honors College Paper Competition. These papers were blindly reviewed by a Review Committee made up of honors faculty and staff. The selected students are not only published in this book but also received a small monetary award to further their personal libraries.

It is important to note that this publication could not have been created without the support of Vicky Bowden, Ph.D., Vice Provost of Undergraduate Programs, Diane Guido, Ph.D., Vice Provost for Graduate Programs and Research, and David Weeks, Ph.D., Dean of the Honors College. We thank Emily Griesinger, Ph.D., Department of English and Alan Oda, Ph.D., Department of Psychology, who served on the Review Committee. We are especially grateful to the faculty members who serve in the Honors College for all their dedication to and support of our students' academic endeavors.

As we read the essay submissions we were humbled and in awe of the incredible work of our students. We hope you find these essays to be as thought-provoking and insightful as we did. We congratulate Lauren Lamb, Charlie Layton, Rachel Eppley, and Rachel Roller for their hard work.

Rhonda Roberts
Executive Assistant
Honors College

Foreword

This eighth issue of *Gratia Eruditionis* highlights the winners of Azusa Pacific University's annual Honors Paper Competition. This paper competition was inspired by former Common Day of Learning Director Jennifer Walsh, Ph.D. It was her idea to create this opportunity for Honors students to compete for the opportunity to share their scholarship during the Common Day of Learning and through the publication of this monograph. I am grateful to Professor Walsh for her inspiration, leadership, and commitment to encouraging young scholars in their academic endeavors.

This issue contains for scholarly papers by Lauren Lamb, Charlie Layton, Rachel Eppley, and Rachel Roller. These four undergraduate authors were chosen by a faculty review committee from a pool of outstanding papers. Their work continues a longstanding tradition of excellent undergraduate scholarship.

The Honors Program at APU was launched in 1992 by Carole Lambert, Ph.D. The initial group of twenty students participated in special courses designed to challenge them with a curriculum that provided greater depth, intensity, and intellectual rigor than standard university classes. Under the subsequent directorship of Mel Shoemaker, D.Min. (1995-2004) the program grew and began to admit forty students a year. Annual cultural events and opportunities to study in England at Oxford University were added to the program. Fall semester of 2000 Joseph Bentz, Ph.D., served as Interim Director while Mel Shoemaker was a visiting scholar at Oxford University. In 2004-2005 Mark Eaton, Ph.D., served as Interim Director for the program until Vicky Bowden, Ph.D., began her distinguished stint as Honors Program Director (2005-2013). In July of 2013, the Honors Program became the Honors College. I am very grateful to all who have led and supported Honors at APU since its inception. Their good work laid the foundation for the formation of the Honors College.

I hope you enjoy these student essays and join with me in applauding their good work.

David L. Weeks, Ph.D.
Dean, Honors College
February 2016

Past Recipients (2011-Present)

2011

Kelsey Faul, *Class of 2012*
Biblical Studies major and English minor
Discourse Versus Consensus: Gender Relations in Biblical Texts

Marielle Kipps, *Class of 2012*
Christian Ministries major
*Man Suspended: An Analysis of René Girard,
Shakespeare's Hamlet, and Blaise Pascal*

Andrew Soria, *Class of 2014*
English and Spanish double major and French minor
Holiness as Defined by Leviticus 11 Through 26

2012

Heather Murphy, *Class of 2012*
Studio Art major and Global Studies minor
*From Sacred to Modern:
The Community Roles of Exiled Tibetan Artists*

Margarita Ramirez, *Class of 2012*
Political Science major
*If Men Were Angels:
Faith, Virtue, and Vice in the American Founding*

Hannah Steer, *Class of 2014*
Business Accounting major
Homer's Influence on Augustine: A New Look at the Return Home

2013

Christy Ailman, *Class of 2014*
Mathematics and Philosophy major
The Beginnings of Mathematical Deduction by Induction

Drew Brown, *Class of 2015*
Theology major
*In Search of Unity:
A Christian Interpretation of Plato's Cave Analogy*

2013 continued

Rachel Graham-Howard, *Class of 2013*
Nursing major
*Patents, Politics, and Poverty:
The Ethics of the Pharmaceutical Patent and its Effects on the Poor*

Ysabel A. Johnston, *Class of 2014*
Philosophy major and Mathematics minor
*Perspectivism & Power:
A Critique of the Philosophy of Friedrich Nietzsche*

Christian Ligh, *Class of 2015*
English major and Psychology minor
*Kate Chopin's Edna Pontellier:
Living for Dreams, Dying for Reality*

Annika Mizel, *Class of 2014*
English major
Scattering Speech: Divine Intervention and Linguistic Evolution

2014

Kyle Fish, *Class of 2016*
Biochemistry major
*Mechanisms of Correlation between
Socioeconomic Status and Academic Achievement*

Ysabel Johnston, *Class of 2014*
Philosophy major and Mathematics minor
Mimesis and Ritual: Giradian Critique of the Social Contract,

Christina Ligh, *Class of 2015*
English major and Psychology minor
*Sylvia Plath's The Bell Jar:
Literary Techniques as Insight into Mental Distress*

Matthew T. Morrison, *Class of 2014*
Philosophy major and Humanities minor
*Eros, Force, and Anxiety:
The Relationship of Philosophy of General Anxiety Disorder*

2015

Camille Endacott, *Class of 2015*
Communication Studies major
Limitation as Grace in F. Lannan O'Connor's
"The Enduring Chill"

Christina Ligh, *Class of 2015*
English major and Psychology minor
Mother Theresa's Darkness:
A Sign of Holiness or Depression?

Charlie Layton, *Class of 2016*
Finance major and Marketing minor
Shared Value: Exploring the Symbiosis of
Society and Business

Michelle Yee, *Class of 2015*
English major
Not Knowing, But Tasting:
C.S. Lewis on Understanding Christianity Through Myth

Wilde, Shaw, and Nietzsche on the Hierarchy of the Arts and Ethics

Lauren Lamb



Lauren is a senior English Literature major. This paper features some of her foremost academic interests, including aesthetic philosophy, late Victorian literature, and satirical works. She would like to thank Dr. Kevin Brazil for his instruction and insight, as well as the Honors College faculty, staff, and students for encouraging a thorough study of the humanities.

Abstract

In this paper I analyze the aesthetic philosophies of Irish playwrights Oscar Wilde and Bernard Shaw through the lens of Nietzschean perspectives on art and ethics. I argue that while Wilde and Shaw's dramatic works bear many stylistic similarities, their content reflects opposing views of the role of art. Nietzsche's belief in the autonomy and perfectibility of the individual is evident in each writer's work, and both men rejected the model of Victorian virtue ethics. However, Wilde aligned with Nietzsche's belief that art transcended morality, while Shaw saw art as a persuasive medium which could reform existing social values.

The works of Irish playwrights Oscar Wilde and Bernard Shaw are often held side by side, whether for their shared national origin, humor, or time period. Though the collected dramatic works of each writer demonstrates a mastery of satire, they held distinctly different aesthetic and ethical philosophies. Both used liberated characters to denounce socially upheld virtue ethics, reflecting a shared distrust of upper-class morality. However, Shaw embraced ethical pragmatism and used his drama like propaganda, believing that social progress was necessary and natural. He aimed to create realistic art that would subversively argue for philosophical and structural change toward what he believed would be a more perfect society. Conversely, Wilde prized aesthetic beauty over morality altogether, finding art fundamentally superior to moral judgment. His plays are constructed with equal, if not greater, meticulousness, but seek to forge a kind of unreality which dazzles audiences by mirroring society's moral quandaries and absurdities. Both Wilde and Shaw reflect elements of Nietzschean philosophy in their commitment to vitality and aesthetic ideals. Though the dramatists' doctrines of the relationship between art and morality are antipodal, they are unified by the depth, cleverness, and certainty with which they impart their respective convictions.

Both Wilde and Shaw are recognizable for their dandyish characters, and both stirred controversy for writing characters that freely opposed, denounced, and mocked modern virtue ethics and social norms. Wilde is known for his signature epigrammatic style; it is the technique which perhaps best communicates his belief that morality holds inherent contradictions. Shaw also used epigrams, though often to provoke reflection on social norms rather than to assert absurdity. A signature element of Shaw's style is philosophical conversations between key players that serve to induce reflection in his audience. For example, in Act III of *Mrs. Warren's Profession*, Vivie learns of her mother's desperately poor upbringing and gains compassion for her choice to become a prostitute.¹ In Act III of *Man and Superman*, the audience shares in a dream sequence which takes Jack Tanner to hell, where he reflects on how a person could best become a "superman."² In Act I of *Arms and the Man*, Raina considers the inspirational power of love to produce noble deeds.³ These reflective scenes are openly didactic

¹ Bernard Shaw. Act III in *Mrs. Warren's Profession*. In *The Bodley Head Bernard Shaw: Collected Plays with Their Prefaces*. Vol. 1, London etc.: Bodley Head.: Edited by Dan H. Laurence. 1974.

²Ibid., Act III in *Man and Superman*.

³Ibid, Act I in *Arms and the Man*.

in their challenges to ideas of purity, marriage, and the conflation of economic and moral poverty. Shaw uses revelatory conversations and intergenerational conflicts to explicitly challenge existing thought and present new ideals for audience consideration.

The philosophies found in Wilde's dramas are decidedly more diverse and less conclusive. In Wilde's social comedy *Lady Windermere's Fan*, Lord Darlington asserts "It is absurd to divide people into good and bad. People are either charming or tedious."⁴ Such flippancy is found also in Lord Illingsworth of *A Woman of No Importance*, Lord Henry of *The Picture of Dorian Gray*, and nearly every character in *The Importance of Being Earnest*. Though such characters are not to be taken seriously – for they do not even take themselves seriously – their ubiquity in Wilde's writing implies that he believes there is value in their disregard for common thought. Wilde's aversion to objective moral reality did not prevent him from creating complex characters who espoused all manner of moral convictions. He utilized a number of stock characters in his comedies. Among them is the dandyish gentleman, who represents a clever and often epigrammatic rejection of social values, maintaining the theme that "Morality is simply the attitude we adopt towards people we personally dislike."⁵ The Wildean dandy both denies and rises above social norms; Lord Illingsworth confesses to his apprentice Gerald that he is utterly bored by social life, but that it is necessary and that "he who dominates a London dinner table dominates the world."⁶ Other tropes include the naïve Puritanical love interest – who often represents the more innocuous aspects of morality – and the overbearing female guardian. The latter represents a more pernicious, or at best irritating, incarnation of virtue ethics, and the tendency of these characters to be literally placed in a guardian role is indicative of Wilde's feeling that social morality was oppressive and limiting. Though his characters articulate a number of complex values, it would be erroneous to attribute any to Wilde directly as one might with Shaw's work. Rather, he was writing as one who felt the tension articulated in *Lady Windermere's Fan*, that "There are moments when one has to choose between living one's own life, fully, entirely, completely-or dragging out some false, shallow, degrading existence

⁴Oscar Wilde, *Lady Windermere's Fan*. In *Collected Works of Oscar Wilde: The Plays, the Poems, the Stories and the Essays, including De Profundis*. Ware, Hertfordshire: Wordsmith Editions, 1997. 493.

⁵Ibid. *An Ideal Husband*. 603.

⁶Ibid. *A Woman of No Importance*. 541.

that the world in its hypocrisy demands."⁷ Wilde avoided didacticism; his plots are often as charming yet vexing as his epigrams. Though they seek to entertain, they are intentionally left morally inconclusive.

Wilde's aesthetic philosophy is perhaps most clearly articulated in the preface to his only novel, *The Picture of Dorian Gray*, in which he famously states that "all art is quite useless."⁸ His Kantian commitment to purposelessness in art is further confirmed by the statement, "We can forgive a man for making a useful thing as long as he does not admire it. The only excuse for making a useless thing is that one admires it intensely."⁹ Wilde's philosophy differentiates between tools – anything with a moral or practical purpose – and art, which necessarily has no clear intent. It is especially interesting to consider the role of morality in his work; though he was clearly opposed to explicit moral messages, discussion of social virtues play a prominent role in his dialogues. Indeed, the Puritan is one of Wilde's repeated archetypes, seen, for example, in *Lady Windermere's Fan* and *An Ideal Husband*. In *A Woman of No Importance*, Puritan values seem to prevail when the conventionally well-behaved female figures Mrs. Arbuthnot and Hester dictate the fate of the male characters – by refusing and offering marriage, respectively – in the final act. Though many of Wilde's works were reviled by critics for their provocative characters and content, *Dorian Gray* especially received some disgruntled reviews for its portrayal of murder, suicide, and philosophical hedonism. Wilde took the time to respond to each of the publications which critiqued the morality of *Dorian Gray*; revealingly, his explanations vacillate to create a "kettle logic" scenario in which he nullifies his own arguments by contradicting himself over and over again. In a letter to the *St. James Gazette*, he asserted that "The sphere of art and the sphere of ethics are absolutely distinct and separate," concluding that art is amoral.¹⁰ This statement is most in line with the assertion in his preface which reads, "There is no such thing as a moral or immoral book. Books are well written or badly written, that is all."¹¹ He also wrote in a letter to *The Daily Chronicle*, however, that those who looked closely would find that *Dorian Gray* is an intensely moral book, demonstrating that everything – from asceticism to hedonism – has consequences, and no one is exempt.¹² Finally, he states in another letter that the book is indeed immoral but artistically

⁷Oscar Wilde, *Lady Windermere's Fan*. 504.

⁸Ibid., *The Picture of Dorian Gray*, Preface. 2.

⁹Ibid., 3.

¹⁰Peter Benson. "Wilde and Morality". In *Philosophy Now*. June 2015.

¹¹Wilde, *The Picture of Dorian Gray*, Preface. 2.

perfect.¹³ Wilde did not seem disturbed by his self-contradiction; in fact, he thought that all three could be simultaneously true. Wilde believed that art was inherently superior to action, and therefore that the realm of aesthetic judgment was not just removed from but above the realm of practical moral judgment. In response to Dorian's claim that the book *Against Nature* poisoned his mind, Lord Henry, who has often been interpreted as a self-portrait of Wilde himself, remarks, "Art has no influence on action. It annihilates the desire to act. It is superbly sterile."¹⁴ Therefore while Wilde might concede that moral judgment is useful and necessary in everyday living, he saw it as fundamentally beneath the realm of art, and useful as a tool for achieving beauty. He wrote to *The Scots Observer*, "An artist has no ethical sympathies at all. Virtue and wickedness are to him simply what the colours on his palette are to the painter. If a work of art is rich and vital and complete, those who have artistic instincts will see its beauty, and those to whom ethics appeal more strongly than aesthetics will see its moral lesson. If a man sees the artistic beauty of a thing, he will probably care very little for its ethical import."¹⁵ By portraying moral quandaries in his plays, Wilde does not instruct audiences in any particular direction, but instead "subordinates ethics, as a means, for aesthetic ends."¹⁶

Both writers related in some sense to philosopher Friedrich Nietzsche's skepticism toward social morality. However, for Wilde, a dismissal of upper-class virtues represents an underlying disbelief in objective morality, or even objective reality. For Shaw, Nietzsche's deconstruction of moral judgment in favor of aesthetic judgment is only the beginning of progress. Once preexisting, socially-constructed morality – that derived from religious tradition and interclass competition – is undermined, it can be reformulated to better serve the interests of the greatest number in society. Shaw's pragmatic ethics were primarily concerned with community and reflected John Dewey's statement that "all conduct is social."¹⁷ In this sense his philosophy embraces Wittgenstein's assertion that "ethics and aesthetics are

¹³Peter Benson, "Wilde and Morality".

¹⁴Ibid.

¹⁵Wilde, *The Picture of Dorian Gray*. 118.

¹⁶Benson, "Wilde and Morality."

¹⁷Ibid.

¹⁷Christopher Innes. *The Cambridge Companion to George Bernard Shaw*, Cambridge, U.K.: Cambridge UP, 1998. 126.

one."¹⁸ His personal ethics, though somewhat distinct among prevailing modernist tendencies, informed his art so much that he was often apt to recognize it as propaganda. In his reflective essay "The Playwright on his First Play," he compared himself to Wilde somewhat caustically, writing, "Wilde wrote for the stage as an artist. I am simply a propagandist."¹⁹ The tenuous relationship between the playwrights is best documented in Shaw's commentary on Wilde's successes. Though he often publicly commended his work, he demonstrated a competitive spirit in private letters and critiqued Wilde's *The Importance of Being Earnest* as "truly heartless."²⁰

In the lengthy preface to *Mrs. Warren's Profession*, a comedy of manners which comments decisively on the fault of society for cornering lower-class women into prostitution, Shaw professes to have written to "draw attention to the truth."²¹ Again, in the dedicatory epistle to *Man and Superman*, he acknowledges his belief that "the true joy in life" is "being used for a purpose recognized by yourself as a mighty one."²² This proclamation can be seen as both a slight at Wilde's aesthetic amorality and an affirmation of Nietzsche's Life Force. Shaw's dedication to didacticism was diametrically opposed to Wilde's interest in obscuring moral judgment altogether. While both satirized existing ethical standards, Shaw was likely frustrated by Wilde's contentment to remain in the moral ether, while he strove to replace them with pragmatic socialist solutions. In a sense, Shaw embraced Nietzsche's belief in self-creation. In *Thus Spake Zarathustra*, Nietzsche writes that in order to progress toward our potential "superhuman" selves, humans must discard moral responsibilities and antiquated virtue ethics, instead doing whatever is most vital and life-affirming.²³ Shaw found influencing audiences with his social ideals to be most vital; however, his interest in normalizing these ideals into new standards aligns him more with Shaftesbury, who believed in "ethical beauty," or that morality should dictate aesthetic judgment.²⁴ Shaftesbury argued that what is truly good and right should also be most beautiful. Though his socialist ideals were self-determined, Shaw was part of a long tradition of those who valued art primarily as a vehicle for spreading moral doctrine.

¹⁸Daniel Came. *Nietzsche on Art and Life*. Oxford: Oxford UP, 1999. 128.

¹⁹Innes, 127.

²⁰Ibid., 129.

²¹Shaw, *Mrs. Warren's Profession*. 6.

²²Ibid., *Man and Superman*. 5.

²³Friedrich Wilhelm Nietzsche. *Thus Spake Zarathustra: A Book for All and None*. New York: Algora Pub., 2003.

²⁴Came, 134.

Wilde and Shaw's similar backgrounds and shared rejection of the virtue ethics of their time find their work inherently interrelated. Each asserts their aesthetic ideals using epigrams, morally liberated characters, and satirical social scenarios. However, Wilde's commitment to art as inherently superior to ethics ultimately aligns him more closely with Nietzsche than Shaw's commitment to vitality; Nietzsche agreed that aesthetic judgment was more existentially practical than moral judgment, expressing a belief that the ideal individual would "turn oneself into a work of art."²⁵ Ultimately, Nietzsche aligned more closely with Wilde as a decadent aesthete rather than Shaw as a socially conscious propagandist, believing that "art – and not morality – is... the real metaphysical activity of man."²⁶ As literary critic David Gordon observed, "Shavian comedy seeks to resolve the will and firm up ego boundaries, Wildean comedy to dissolve the will and loosen ego boundaries."²⁷ Their dramatic works and commentaries reveal the differences in their beliefs regarding the relationship between art and ethics. While they both found the existing model of virtue ethics to be useless, Shaw sought to replace them, and Wilde sought to transcend them.

²⁵Friedrich Wilhelm Nietzsche. *The Gay Science*, Dover ed. Mineola, N.Y.: Dover Publications, 2006. 290.

²⁶Came, 4.

²⁷David Gordon. *Shavian Comedy and the Shadow of Wilde. Cambridge Companions to Literature*. Cambridge University Press, 1998. 129.

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A Unified and Universal Healthcare System for the United States: Looking to Switzerland as a Guide to Reform

Charlie Layton



Charlie Layton is a senior finance major graduating this May and looks forward to experiencing what this so-called “real world” is all about. This past fall, he studied ethics and comparative healthcare analysis across the pond in Oxford, which was an enriching and challenging semester. This paper presents his fascination with healthcare as the intersection of politics, economics, regulation, and ethics. He would like to extend his gratitude to Dr. Catia Nicodemo from the Department of Economics, University of Oxford, for her insight, guidance, and continuing support.

Abstract

In response to the pressing necessity for comprehensive healthcare reform in the United States due to problems of cost, health, and uninsurance, there are two overarching tenets for reform that must be adopted to alleviate these problems: a unified and universal system. As there is great value and clarity in gleaning insight from the discipline of comparative healthcare analysis, Switzerland's healthcare system will be used to illustrate specific reforms that would address the aforementioned problems and guide the United States towards a unified and universal system. Economic, political, and moral considerations are presented to highlight the true potential for healthcare reform in the United States that would curb the problems of cost, health, and uninsurance.

Methods

Resources for this paper were primarily gathered from Azusa Pacific University's ABI/INFORM Complete resource database. In sources referencing statistics from other studies, the primary sources were included as much as possible to increase the accuracy and credibility of this paper. Some sources were procured from citations to other authors or articles, leading to a rich synthesis of material to support the argument this paper presents. T.R. Reid's book, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care*, offered the initial prompt to explore the compatibility between the American and Swiss healthcare systems. Due to the broader scope of this paper, in some instances a footnote will refer the reader to an additional source or sources to strengthen the argument at hand. Lastly, it is recommended that the reader reference section and subsection titles to navigate easily throughout the paper.

I. Reasons for Reform

Healthcare reform in the United States has been a dominant political topic for the past several decades, and yet the necessity for reform is even more pressing today due to persisting problems of cost, health, and uninsurance. In regard to cost, the United States leads the world in healthcare expenditures (Appendix B: Figure 2), spending nearly twice as much as the second most expensive healthcare system (Berwick, Nolan, & Whittington, 2008). One area of increasing focus is the unparalleled administrative costs of the United States system. As of 2006, its administrative costs were nearly five times higher than the OECD average (The McKinsey Global Institute, 2008).¹ In addition, although every country has experienced the strain of rising healthcare costs, due in part to new and expensive medical technologies, the rate of increase in costs for the United States far surpasses other industrialized nations (Appendix B: Figure 3).

These problems of cost would be more sensible if the United States had the healthiest population in the world. However, there are significant health problems that create a baffling relationship between population health and the aforementioned expenditures. The United States consistently ranks poorly in basic health indicators compared to

¹The OECD stands for the Organization for Economic Cooperation and Development, a group of European countries economically similar to the United States.

other industrialized nations: 39th in infant mortality, 43rd in adult female mortality, 42nd in adult male mortality, 36th in life expectancy, and the highest in mortality amenable to healthcare (estimated conservatively at 210,000 deaths per year) among 11 countries (Murray & Frenk, 2010; Berwick et al., 2008; Mossialos et al., 2015; James, 2013). Additionally, improvements in population health are occurring at a noticeably slower rate than other countries over time (Murray & Frenk, 2010). In short, among industrialized nations, the United States spends the most and receives the least in return.

Lastly, uninsurance contributes several additional problems. The lack of health insurance for millions of United States citizens is estimated to cause upwards of 44,000 preventable deaths annually (Wilper et al., 2009). Even after the Affordable Care Act (ACA) of 2010, which is seeking to extend coverage to all Americans, the uninsured rate as of 2015 is still 9.2% of the population — over 29 million people (ObamaCare: Uninsured Rates, 2015). Additionally, 62.1% of all personal bankruptcies in 2007 were due to medical-related costs, and over three-quarters of these individuals had health insurance (Himmelstein, 2009). To account for this anomaly, the attention must be turned to the reality that denied claims and coverage for individuals stem out of an insatiable thirst for profits by health insurers.² During the recent economic recession, while 2.7 million Americans lost their health insurance coverage in 2009, the profits of health insurers swelled to \$12.2 billion, a 56% increase from 2008, as they offloaded the highest risk (most expensive) individuals to public insurance programs and increased premium rates and deductibles for others (Walker, 2010; Health Care for America Now (HCFAN), 2010).

II. Tenets for Reform

² It is illuminating to note that the terminology in the health insurance industry for the money paid to doctors, hospitals, and pharmacies is referred to as “medical loss” (Reid, 2009, p. 37). In other words, when health insurers pay for healthcare, it is considered a loss to their business. In 1993, this medical loss ratio for leading insurers was roughly 95%, as of 2007 fell below 85%, and is now maintained at roughly 80%, meaning that 20% of all premiums paid to health insurers instead feed into administrative costs and profits (HCFAN, 2010; Reid, 2009). Reid identifies this as the least efficient healthcare payer system (and most profitable) anywhere, pointing to the administrative expenses of the National Health Service (NHS) of Britain (5%), Canada (3%), and even Medicare (roughly 3%) (Reid, 2009). As long as the primary payers of the U.S. system (private health insurers) are publicly held companies with obligations to their shareholders, this profit motive and administrative excess will continue to be true.

A. Unified System

The first tenet for reform to alleviate the problem of cost is the implementation of a unified healthcare system. In the United States, there are distinct systems for various categories of the population: the elderly, poor, veterans, employees, military personnel, Native Americans, Congress members, and even renal-failure patients (Rice et al., 2014; Reid, 2009). No other industrialized nation stratifies these groups for healthcare provisions. As each system maintains its own set of rules, forms, payment mechanisms, and organizational structures (in addition to each insurance company maintaining its own programs, databases, and systems), an unparalleled administrative complexity exists that accounts for roughly 1/3 of total healthcare expenditures (Weisbart, 2012).³ As was stated earlier, the U.S. leads the world in administration expenses for healthcare. This administrative burden not only results in higher total costs for patients, businesses, and the government, but the fragmentation of the system causes unintended incentives for cost-shifting that further complicate the delivery and financing of care (Berwick et al., 2008; Kreier & Zweifel, 2010; Reid, 2009; Reinhardt, 1997).⁴ Instead, a unified system would entail that every member of the U.S. population — poor or rich, healthy or sick, employed or unemployed, military or civilian — is part of the same system.

A unified system would greatly ease the administrative complexity that plagues the U.S. healthcare system, promote greater coordination and management of care for patients, and allow an increased ability of the government to control costs (Hirasuna, 2007; Berwick et al., 2008). Reinhardt explains why the prices for healthcare services in the U.S. are so high comparative to other nations (Appendix B: Figure 1) and vary between providers for the same product or service: because of the fragmentation of payment institutions, the power of individual insurers to control costs and establish uniform rates is severely inhibited, if not entirely void (Reinhardt, 2011). Thus, a private determination of prices

³ For a more colorful description of this, consider the following quote by economist Henry Aaron: “Like many other observers, I look at the U.S. health care system and see an administrative monstrosity, a truly bizarre mélange of thousands of payers with payment systems that differ for no socially beneficial reason, as well as staggeringly complex public systems with mind-boggling administered prices and other rules expressing distinctions that can only be regarded as weird” (Aaron, 2003, p. 801).

⁴ Weisbart writes, “Profound administrative excesses divert resources into activities that do not improve health outcomes. They often represent the entire careers of countless highly skilled and compassionate people who could be spending their time delivering health care rather than impeding it” (Weisbart, 2012, p. 899).

emerges that results in extreme price differences (Appendix B: Figure 4) and a lack of pricing transparency.⁵ Providers are reimbursed at different rates based on the insurance coverage of the patient and different providers can charge drastically different fees for the same service (Chaufan, 2014). Instead, the negotiating power that would stem from a unified, centralized system in which prices are set either by the government or by representatives of both providers and insurers on a regional basis (as Switzerland does) would have dramatic effects in controlling and curbing the costs of healthcare (Reinhardt, 2011).

It is important to note that a unified system does not necessarily equate to a single-payer system, such as the National Health Service of Britain, and there are many different models and variations for implementing a unified system. For example, Germany, Japan, and Switzerland benefit from a unified system and yet boast hundreds of insurance plans from which individuals may choose. While these are indeed multi-payer systems with private, competitive, and market-driven insurance companies, the unification stems from all citizens being treated as part of the same population, payment institutions (health insurers) being accountable to a standardized, government-instituted set of rules, and a unified (oftentimes regional) price schedule that promotes greater administrative simplicity for providers and patients alike (Reid, 2009).

B. Universal System

The second tenet for reform is the implementation of a universal system for every member of the population to address the problems of cost, health, and uninsurance. Both the Charter of Fundamental Rights of the European Union and the Universal Declaration of Human Rights by the United Nations outline the human right to preventative and adequate medical care, and yet (recalling that 29 million people in the U.S. are still uninsured as of 2015) the U.S. is the only industrialized country that does not ensure universal healthcare (Berwick et al., 2008; Derickson, 2002; Rice et al., 2014; Reid, 2009).⁶ However, in a public

⁵A dose of the cancer drug, RITUXIMAB, costs anywhere from \$3,000 to \$13,000 in the U.S., depending on the provider and patient. (Chaufan, 2014).

⁶This asserts that universal coverage is not established under the ACA, which is a rather contentious point. Under the direction of President Obama, the ACA was and is certainly intended to provide universal coverage. However, tens of millions are still uninsured and projections and forecasts suggest upwards of 24 million will remain uninsured after implementation is complete (Rosenbaum, 2011). This is a difficult point to

survey, 85% of Americans responded that healthcare is a basic human right and should be accessible to everyone (Reid, 2009). Even Vice President Joe Biden said, “Healthcare is not a privilege, it’s an absolute right” (Parr, 2015). Indeed, this tenet goes beyond economic or financial justifications (although there certainly are such reasonings, as Sterret, Bender, and Palmer [2014], Hirasuna [2007], and Porter [2009] address and as the next two paragraphs will outline), to the ethical question of whether or not equity should be foundational to a healthcare system (Etienne, 2015). Berwick, Nolan, and Whittington (2008), in advocating for a commitment to universality through an integrated care system, write, “The most important of all such [policy] constraints, we believe, should be the promise of equity” (p. 760). Reid (2009) asserts that a universal health system has not come to fruition in the United States not because the public is opposed to such an idea, but rather because any proposed reforms for universal coverage are traditionally argued from a political or economic perspective without addressing the moral obligation of society or government. Uwe Reinhardt (1997) affirms this sentiment: “Typically, the opponents of universal health insurance cloak their sentiments in actuarial technicalities or in the mellifluous language of the standard economic theory of markets, thereby avoiding a debate on ideology that truly might engage the American public” (p. 1447). In short, the United States has developed an excessively fragmented, costly, and complicated system while sidestepping the moral dilemma of leaving millions without proper access to healthcare.

In addition to this moral consideration, providing access to healthcare for every member of a population creates powerful platforms and incentives for cost-control, preventative care, and improving health outcomes (Berwick et al., 2008; Porter, 2009; Schwartz, 2009; Sterret, Bender, & Palmer, 2014; Reid, 2009). In other words, beyond the fundamental moral decision that must undergird a universal system, there is credible economic evidence to support the benefits of a system that provides access to everyone. Consider the theoretical validation of this. If everyone is covered under the same system, the overarching

establish, as the bill is so recent and a limited amount of research addresses the point at hand. Yet if nothing else, this section will reinforce the need for acceptance of universal coverage (and thus not repealing the ACA), seek to realign how one might think about universal coverage, and draw attention to the personal mandate as an instrument for achieving universal coverage, which is addressed fully in Appendix A. For additional sources and commentary on this topic of the non-universality of ACA coverage, see Romano [2014], Troy [2013], and Bernasek [2014].

financial incentive would be to increase access to primary care services (typically the first point of contact to the broader healthcare system) to prevent, detect, or mitigate any health problems early so as to avoid the utilization of expensive emergency services or costly, drastic interventions after a problem has progressed. The Swiss physician Edouard Battégay frames it succinctly: “Not treating patients is expensive” (as cited in Schwartz, 2009).

Reliable research reinforces the notion that universal coverage would alleviate, not aggravate, systematic healthcare costs. A 2012 study in the U.S. enrolled low-income and uninsured adults in a primary care program at a local university medical center and found that due to their increased access to primary care services, total yearly costs per individual decreased from \$8,899 to \$4,569 over the course of three years (Bradley et al., 2012). As hospitals are required by law to treat all uninsured patients in an emergency condition (which is highly expensive) until stabilized, this suggests that by expanding coverage to the uninsured, systematic costs would actually decrease in the long run through a greater emphasis on preventative care. Another study examining 509 patients at a university medical center determined that the higher the amount of attentive and accessible primary care, the less frequent hospitalizations, specialist visits, and laboratory and diagnostic tests were needed. In turn, this substantially reduced medical care expenditures per person (Bertakis & Azari, 2011). In short, enabling access to primary care services through expanding coverage results in improved population health and lower healthcare costs (Bates, 2010).

Assuming these two tenets can be agreed upon, it is a tremendously useful exercise to draw ideas for specific reforms from the unified and universal Swiss system to alleviate the aforementioned problems of the U.S. system and move it towards a unified and universal system. Switzerland’s similarities to the United States, not only in its free-market economy, government structure, and emphasis on capitalist principles, but also in its pre-reform healthcare system, allow it to be a highly relevant candidate for comparative analysis (Reid, 2013).

III. Switzerland as a Guide

In the 1990s, the healthcare system of Switzerland had remarkable similarities to the American system. High costs were increasingly problematic (second in per-capita healthcare expenditures to the U.S.), over 5% of the population was uninsured, and insurance companies were denying claims and coverage altogether in the interest of profits,

leaving many individuals filing for bankruptcy on the grounds of insurmountable medical bills (Chaufan, 2014; Reid, 2009). The payment structure consisted of for-profit, private, and competitive health insurers that compromised the equity and quality of care of the system by excluding certain members from coverage and denying claims for medical procedures. Indeed, such a system looked very similar to the United States, which is currently afflicted by all of the same problems. In Switzerland, however, a national insistence on the values of solidarity and equality (as well as a recognition of the above problems) sparked a decision to restructure the healthcare system (Kreier & Zweifel, 2010; Chaufan, 2014).

Switzerland embraced the Bismarck model of healthcare systems, joining Germany, Japan, France, and Belgium. Under this model, healthcare providers and payers (health insurance companies) are private organizations, yet the government ensures that every citizen has coverage and insurers cannot glean profits from selling basic insurance packages (Reid, 2009). The U.S., then, is set apart in these two aspects. Under the Swiss Federal Law on Health Insurance (LAMal), passed in 1994 and implemented in 1996, insurance companies were required to offer uniform and comprehensive health packages (comprising medically necessary services as defined by the government) to all applicants (Chaufan, 2014).⁷ Insurers were banned from making a profit on these packages, as any excess funds were required to be directed towards reducing premiums in the future (Reid, 2013; Reid, 2009). However, additional coverage packages, including treatments such as cosmetic surgery and private hospital rooms, were permitted to generate profits, as these were deemed unnecessary for the basic health of a population (Kreier & Zweifel, 2010; Reid, 2009).

Under LAMal, which is still in effect, the Swiss government has enforced rules to protect the health, equity, and financial stability of patients. Everyone is required to purchase insurance, although partial and full subsidies are available, and any citizen who does not is automatically assigned to a plan (Chaufan, 2014; Reid, 2009).⁸ Under

⁷ This package includes primary care, hospital care, mental health services, pharmaceuticals, and certain forms of rehabilitation, dental, acupuncture, and even herbal care (Chaufan, 2014).

⁸ The Swiss enforce this mandate by requiring cantons (similar to states in the U.S.) to develop a mechanism for forcibly insuring those who do not voluntarily purchase insurance in the country’s single, annual open enrollment period (Glied, Hartz, & Giorgi, 2007). Financial penalties are 30-50% greater than the premiums for those who do not comply. For a necessary discussion on the effectiveness of the personal mandate, see Appendix A: How Could a Personal Mandate Solve Uninsurance?

the “community rating” stipulation, premium prices are determined irrespective of preexisting conditions, medical histories, or individual health risks — the only exclusion to this rule is that children up to 18 and adults between 18 and 24 are offered lower premiums (Kreier & Zweifel, 2010; Chaufan, 2014; Reid, 2013).⁹ The “guaranteed issue” rule prohibits insurers from denying coverage due to health status and denying any claims signed by a doctor or hospital (Kreier & Zweifel, 2010). Furthermore, representatives for both providers and insurers set and administer the fee schedule for services on a regional basis, which allows considerable and significant negotiating power to control and curb systematic costs (Zweifel & Tai-Seale, 2009; Chaufan, 2014). For individuals, minimum and maximum out-of-pocket expenses are established and premiums are subsidized by the government to keep total healthcare costs under 8% of one’s income at all times (Schwartz, 2009; Kreier & Zweifel, 2010). Swiss insurance is also “portable”, in that it is not tied to company or government programs, which grants consumers greater independence and control in choosing a plan. It is also portable, in a looser sense of the word, in that most insurance plans offer a virtually unrestricted network of providers, contrasted with the “preferred provider” scheme in the U.S. (Chaufan, 2014). Lastly, instead of implementing separate programs for “special populations”, as the U.S. has done, these populations are included in the same system as the rest of the country and subsidized by the government according to their risk, allowing a more coherent financial structure for providers and a wider pool for insurers to spread their risk (Chaufan, 2014).

Today in Switzerland after the implementation of LAMal, coverage is expanded to virtually everyone in a unified system, the rate of increase in healthcare costs has slowed to become far below the OECD median, and the population health ranks better than the OECD average in nearly all measures — markedly better than the U.S. in all measures (Reid, 2013; Roy, 2011). It is critical to note that the absence of profits from basic health plans has not meant an absence of competition among insurance companies or choices for consumers (Zweifel & Tai-Seale, 2009; Reid, 2013). There are over 80 insurers (each with their own portfolio of plans) for consumers to choose from, and insurance companies compete on unique benefits, user-friendliness, and price,

⁹This exposes insurers to significant financial risk for ill individuals, as insurers are not able to set premiums according to these conditions. To compensate for this, LAMal employs a risk equalization tactic that transfers funds from insurers with a healthy, low-risk enrollment base to insurers with a higher-risk enrollment base (Chaufan, 2014).

which helps curb price inflation (Kreier & Zweifel, 2010; Reid, 2009; Roy, 2011). The insurance companies still profit from supplementary health coverage (which roughly 40% of the population purchases) and other products such as life or fire insurance (Reid, 2013). In light of this, the industry actually reports higher overall profits after the implementation of LaMal than before (Reid, 2009).¹⁰ In short, out of a shared national, moral belief about the values that a healthcare system should embody, Switzerland was able to strengthen its healthcare with specific, strategic reforms, resulting in a unified and universal system that benefited patients and payers alike.

In considering further reform, the United States can draw on the example of Switzerland as a guide. Of course, there are many similarities between the current U.S. system under the ACA and the Swiss system that supporters and critics of the ACA alike have recognized (Chaufan, 2014). For a helpful comparison chart between the U.S. system (accounting for the changes under the ACA) and the Swiss system, see Appendix B: Figure 1. Such similarities include

¹⁰This is a critical point that cannot be overlooked. The Swiss insurance companies fiercely opposed LAMal (quite understandably), as the prohibition of profits in the government-instituted, uniform health packages seemed to threaten their financial viability. However, in Reid’s personal correspondence with Pierre-Marcel Revaz, the president of a major Swiss health insurer, Revaz says, “We opposed the reform [LAMal]. But in fact, our insurance industry has thrived with it” (Reid, 2009, p. 181). Reid explains this by describing how Swiss insurers responded by adopting the strategy of treating the uniform health packages as loss leaders. Under this business tactic, products are sold without profit or below cost to stimulate and generate sales of goods or services with higher profit margins, such as video game consoles being sold at a loss to draw consumers into purchasing greater amounts of video games (a more profitable enterprise than the hardware). Swiss insurers, then, take the prohibition of profits for the uniform health packages in stride to generate additional sales for supplemental health coverage, life insurance, or other profitable insurance products, which could explain the increased profitability of insurers after LAMal. Another theoretical explanation of this rise in profits could be that since the Swiss government standardized payment processes, prohibited the denial of claims, and banned actuarial calculations for preexisting conditions, medical histories, or individual health risks, less insurance employees would be necessary, thus increasing operational efficiency. Turning towards the U.S., any proposed regulation that would force insurance companies to deliver minimum health provisions at cost would likely be met with fierce resistance by insurers under the fear of inhibited profitability. However, following this example of Swiss insurers, if American insurance companies could actually benefit from such reforms in the long run, the daunting task of passing this legislation would become much easier. In any case, the lack of quantitative data to support this increase in Swiss insurance profits should both encourage the reader to take this claim with a grain of salt (notwithstanding the theoretical groundwork) and serve as an impetus for extensive research to clarify and solidify this argument.

competing private insurers as the primary payment mechanism, the individual mandate to purchase health insurance, government subsidization of premiums, and the government oversight of private insurance “marketplaces” (Kreier & Zweifel, 2010; Reid, 2013). These existing similarities strengthen the potential for continued reform in the direction of Switzerland’s example and demonstrate that the ACA should not be abolished, but rather continued even further (Weisbart, 2012). However, fundamental differences also arise between these two systems that provide an impetus for more comprehensive and drastic reform, including the disengagement of insurance from employment status, institution of a basic package of health insurance that prohibits the ability for insurers to profit, an unrestricted network of providers, the prohibition of denied claims, the negotiation of a fee schedule on a regional basis for all insurers and providers, and the merging of “special populations” into the same healthcare market as everyone else (Reid, 2013). “Despite America’s oft-vaunted love affair with private markets”, the increased intervention of the government in the existing market-driven structure of healthcare is absolutely necessary for achieving these measures to promote a more equitable and cost-effective system (Kreier & Zweifel, 2010, p. 2).

Recognizing these differences and moving the U.S. system closer to the Swiss system would have substantial economic, health, and moral benefits. In disengaging insurance from employment status, the problem of “job lock”, where employees feel tethered to a job due to its necessary health benefits, would be entirely eliminated.¹¹ Instituting a basic package of health coverage available to the millions of remaining uninsured Americans would drastically curb, if not entirely eliminate, the thousands of preventable deaths per year due to uninsurance, improve health population metrics, and greatly ease the financial strain on emergency medical services utilized by those without proper access to healthcare.¹² By promoting an unrestricted network of providers, patients would undoubtedly have greater access to healthcare services, and the positive correlation between access and population health

¹¹ As the topic of “job lock” has not been explored in this paper, see Burke and Weatherington [2008] and Conlin [2007] for more on its negative economic, individual, and organizational repercussions. In regard to the ACA, Baker notes that the bill significantly reduces the problem of “job lock”, but as long as health insurance is tied to employment, there will always be some form of “job lock” present (Baker, 2015).

¹² Within this thread of extending coverage and establishing a universal system for the United States, this footnote serves as another reminder to reference Appendix A: How Could a Personal Mandate Solve Uninsurance?

outcomes has already been established (Bates, 2010; Zahradnik, 2008). Prohibiting insurers from denying claims signed by a doctor or hospital would virtually eliminate the hundreds of thousands of personal bankruptcies that occur yearly on account of astronomic medical bills. Through negotiating a fee schedule between insurers and providers on a regional basis (likely by state), administrative costs would fall (currently, each insurer negotiates prices annually with each provider in their network) and extreme price variances would end, ensuring a cheaper, simpler, and more transparent healthcare market (Reinhardt, 2011).¹³ Lastly, merging all “special populations” into the same market would ease the administrative complexity that plagues the American healthcare system(s). Furthermore, it would allow greater power in stemming the uninhibited rise in healthcare expenditures (Appendix B: Figure 3). In short, the problems of cost, health, and uninsurance addressed in the first section of this paper would be alleviated from these reforms to move the U.S. system closer to the model of Switzerland.

In many respects, the Swiss system is actually more consumer oriented, less government involved, and more market driven than the U.S. system — characteristics that are typically defended in the American system to prevent reform that might compromise these qualities (Herzlinger & Parsa-Parsi, 2004; Reinhardt, 2011). First, the Swiss system is more consumer oriented than the U.S. because individuals are not tied to their employers, employment status, income level, or a government program for health insurance and are thus entirely free to shop independently for the insurance package best suited to their preferences and needs. In other words, the Swiss have a greater ability to act as consumers in their healthcare system. Second, the Swiss system is less government involved in the sense that the government does not sponsor separate and autonomous public care programs, but rather, provides care to specific population groups via private functions and through government subsidies. Lastly, the Swiss system is more market driven than the U.S. in that consumers are both free to choose any insurance plan (driving increased competition between insurers) and seek care at nearly any provider (driving increased competition between providers), as there are no “preferred provider” networks. Furthermore, roughly 10% of Americans actually

¹³ Reinhardt identifies this as an “all-payer” system and urges the U.S. to adopt it. For more on this topic, see his essay, as cited in the References at the end of this paper.

choose their healthcare plans (as the government or employers control this), but in Switzerland, everyone chooses their own plan (Roy, 2011).

Roy notes that evolving the American system towards the Swiss system is more politically feasible than one might think, as it would satisfy both the priorities of liberals, such as universal coverage and tightly regulated insurance markets, and conservatives, such as low government spending and private health care (Roy, 2011; Rice et al., 2014). The Swiss model is also a far cry from the evils of “socialized medicine” that many Americans imagine (Herzlinger and Parsa-Parsi, 2004; Schwartz, 2009). In regard to a unified system, Switzerland is a beacon to the United States that the expansion of public coverage through programs like Medicaid and Medicare is not the only solution to addressing health care needs; rather, a baseline of coverage can be established for everyone that is affordable, straightforward, and easily subsidized when necessary (Kreier & Zweifel, 2010). In regard to a universal system, Switzerland demonstrates that expanding and ensuring coverage to everyone must be founded on a common public interest and moral agenda to build an equitable system (which Americans support in overwhelming majority), rather than approaching it as another economic or policy adjustment (Herzlinger & Parsa-Parsi, 2004; Kreier & Zweifel, 2010).

IV. Conclusion

In planning the overhaul of the Taiwanese healthcare system in the 1980s, Chang Hong-jen offered salient words of wisdom: “The first thing we realized was that a little island of 23 million people didn’t really know how to run a national health care system. Well, there’s a Chinese saying: ‘To find your way in the fog, follow the tracks of the oxcart ahead of you.’ So we decided the intelligent way through the fog was to look at other industrialized countries” (Reid, 2009, p. 168). The political exceptionalism of the United States that gives way to an entrenched aversion to drawing lessons from the policies of other countries must be overcome before further healthcare reform can be seriously considered (Tierney, 2015). Weisbart (2012) suggests that the United States possesses an advantage in continuing reform due to the opportunity to learn from other countries: “The rest of the modern world has run the laboratory studies for us” (p. 901).

Indeed, learning from the motivating factors, policy decisions, and

results of Switzerland can greatly assist in navigating the complicated, politically charged, and turbulent waters of paving the way for a more cost-effective and equitable healthcare system for America that would alleviate the persisting problems of cost, health, and uninsurance.

Appendix A: How Could a Personal Mandate Solve Uninsurance?

This paper has sought to establish that it is difficult to ignore the necessity for universal coverage under a moral, economic, and political framework. The inevitable question, tainted with legitimate skepticism, then arises: would a personal mandate really be effective in providing universal coverage? In establishing universal coverage, there are two options, albeit in oversimplified terms: require everyone to “buy in” to the program or proactively provide it. The former option, known as the personal mandate, is what Switzerland and Japan have embraced; the latter option is what countries like Britain have chosen. There are a number of valid arguments to oppose the validity of the personal mandate for the United States. First, the ACA has enacted a personal mandate, which makes it illegal to not purchase health insurance, and yet there are still tens of millions of uninsured individuals as of 2015. Second, most of Switzerland’s population (roughly 95%) already owned health insurance when the personal mandate was enacted in 1996 under LAMal, so adopting Switzerland’s enforcement technique would raise unrealistic expectations in reducing the uninsurance rate in the U.S. (Jost, 2009). Third, it might seem to be restrictive or oppressive to enforce by law that people purchase insurance which many cannot afford or are simply not interested in.

However, a few points must be offered in defense of the potential efficacy of the personal mandate for the United States. First, it is reasonable to assume that with a unified and more tightly regulated system for health insurance, simplified by the government in terms of price, benefits, and payment processes, Americans would be more inclined to purchase insurance than they have been with navigating through the notoriously clunky and complicated health insurance marketplaces under the ACA. There are also other Swiss measures that, if implemented in the U.S., could make insurance much more compelling to purchase. For example, the Swiss system establishes that medical expenses will not exceed 8% of one’s income, which would greatly encourage the sector of the population that has the financial

means to purchase health insurance but prefers to pay for treatments out-of-pocket instead of signing up for a costly and perhaps unnecessary plan. In other words, lowering the “cost of compliance” to the mandate by providing affordable, straightforward insurance plans and offering support in both enrollment and attaining subsidies would likely decrease uninsurance (Glied, Hartz, & Giorgi, 2011). Second, it is important to remember several features of the Swiss system: it caps deductibles and out-of-pocket expenses, automatically assigns uninsured members to a plan, and offers partial and full subsidization for those who cannot afford insurance. Thus, in the cases that an individual in the U.S. would not purchase health insurance due to the obstacle of cost, Switzerland’s measures would step in to insure them. These two points suggest that the effectiveness of the personal mandate could be enhanced somewhat indirectly by improving the overall healthcare system through the reforms suggested in this paper. Third, drawing lessons from other countries, as addressed in the conclusion, would be highly strategic. Japan offers an interesting solution to enforcing the personal mandate by automatically assigning the uninsured to a plan, and if they still do not pay, they must pay back up to one year of premiums before insurance will pay their bills if they become ill (Reid, 2009). Note, however, that this occurs for less than 1% of Japan’s population, and just like Switzerland, partial and full subsidies are available for these premiums. Here, it is imperative for further research to examine the specifics of how countries with personal mandates like Switzerland and Japan have effectively carried out and enforced it to achieve virtually universal coverage.¹⁴ In short, due to the above points, the potential of a personal mandate to provide universal coverage should not be dismissed.

¹⁴Once again, another source must be provided to further expound this point. Glied, Hartz, and Giorgi [2011] make a valuable contribution in examining the efficacy of mandates for health insurance by assessing the implementation and outcomes of health insurance mandates in Massachusetts, Hawaii, Switzerland, and the Netherlands, as well as analyzing the characteristics of successful mandates in automobile insurance, child support, child immunization, income tax, and minimum wages for employers. Concluding this analysis, they write: “High-compliance situations share several features: Compliance is easy and relatively inexpensive; penalties for noncompliance are stiff but not excessive; and enforcement is routine, appropriately timed, and frequent” (p. 1619). Further comparison must be drawn between the mandates of the U.S. and Swiss systems, but Glied, Hartz, and Giorgi [2011] assist in identifying numerous factors to consider in creating a more effective mandate for the United States.

Appendix B: Figures and Diagrams

Figure 1: A Comparison Between the U.S. and Swiss Healthcare Systems (Chaufan, 2014).

A comparative chart between the LAMal and the ACA

	Swiss health care under LAMal	U.S. health care under ACA
Coverage	100%	90% (around 30 million uninsured by 2019, four times the Swiss population)
Individual mandate	Yes	Yes
Employer mandate	No	Yes, by 2015 (for employers with 50+ employees)
Competition among private insurers	Yes	Yes
Subsidies to purchase policies	Yes (up to a certain income level)	Yes (up to a certain income level)
Profit allowed for covering medically necessary services	No	Yes
Prices of goods and services equal within cantons/states. Fee schedules for pharmaceuticals.	Yes	No
Benefits package	Unified. Same services included in all plans. Price of policies may vary according to magnitude of cost sharing and openness of provider network.	Variable. Broad guidelines to include at least one service in each one of 10 categories. Prices vary according to services included, actuarial values of policies (60%, 70%, 80%, 90%), age, and geography, among other factors.
Fully free choice of providers	Yes. All insurers must offer at least one policy with access to any participating provider in the country (virtually 100% of providers).	No. Restricted to networks within plans. Out-of-network providers not allowed or allowed at substantially higher prices (or fully out-of-pocket).
Choice of plans	Yes. Individuals can choose any plan within a canton.	No. Choice plan depends on the existence of employer-sponsored coverage, job, employment status, income level, immigration status, etc.
Insurers can charge more to older people	No. All individuals over 24 years of age pay the same price. Children up to 18 and adults between 18 and 24 pay substantially less.	Yes. Insurers can charge up to three times more according to the age of the enrollee.
Maximum deductible allowed	Fr.2,500 (adults), 600 (children)	No legal maximum
Maximum out-of-pocket costs allowed	Fr.655 per year	Still undefined
Normal delivery (total hospital and physician costs)	\$8,495	\$15,236 (commercial 95th percentile)*
Clopidogrel (<i>Plavix</i>)	\$61	\$163 (commercial 95th percentile)*

*International Federation of Health Plans, 2011 Comparative Price Report: Medical and Hospital Fees by Country (http://www.ifhp.com/documents/2011IFHPPriceReportGraphs_version3.pdf)

Figure 2: The Expensive Healthcare System of America: “Total Health Expenditure per Capita and GDP per Capita, U.S. and Selected Countries, 2008”. (The Henry J. Kaiser Family Foundation, 2011).

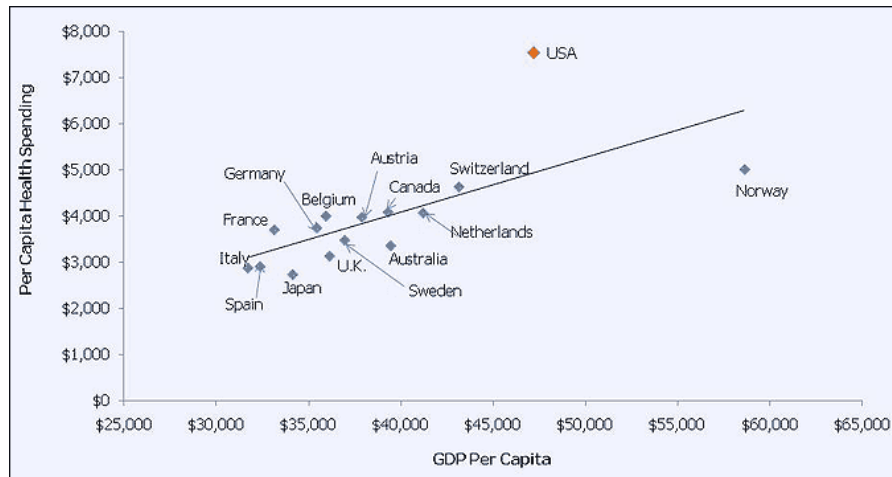


Figure 4: Extreme Price Differences in U.S. Healthcare Services: “Actual Transaction Prices Paid by Large New Jersey Health Insurer For a Colonoscopy, By Facility Where Procedure Was Performed”. (Reinhardt, 2011).

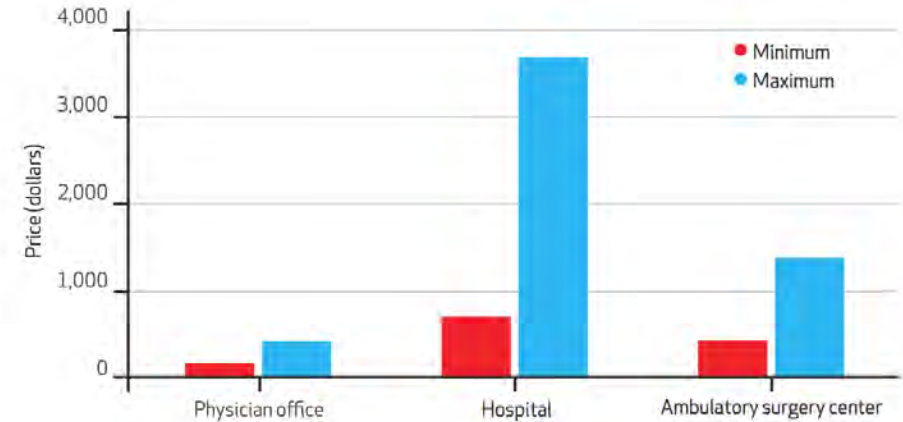
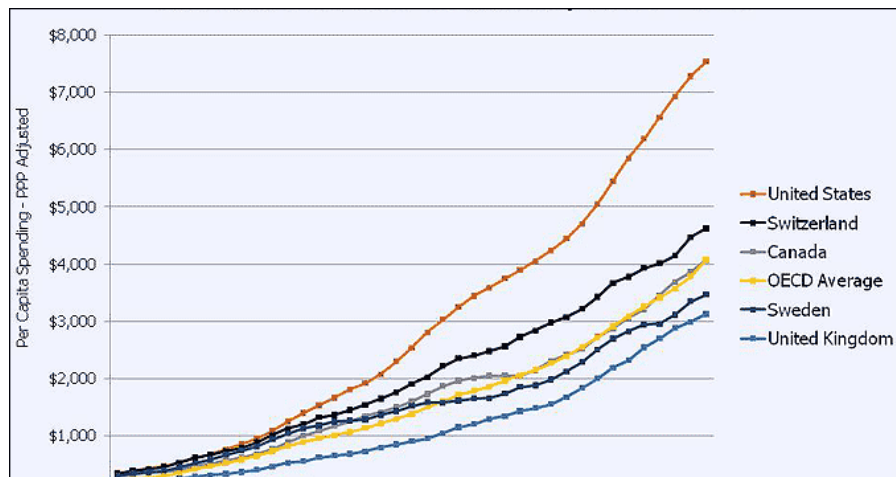


Figure 3: The Rise in Healthcare Expenditures: “Growth in Total Health Expenditure Per Capita, U.S. and Selected Countries, 1970-2008”. (The Henry J. Kaiser Family Foundation, 2011).



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Aquinas, Cicero, and the Keystone XL: What to Do in a Moral Dilemma

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Rachel Eppley is an English Major with a Writing Concentration, as well as a sophomore in the APU Honors College program. This paper is an example of her love for writing, as well as her passion for protecting the environment. She hopes to one day create more works like this in order to make a difference in the world. She would like to thank Prof. Barbara Harrington for helping her brainstorm this paper, as well as inspiring her to care about her writing. She would also like to give a special thanks to Dr. Diana Glycer, who inspired Rachel to be passionate about her writing, offered continual support to her in the writing of this paper, and showed her love like Christ's throughout the semester.

Abstract

President Obama decided on November 6th, 2015 to reject Keystone XL, a proposal for a pipeline that would carry oil from Canada to the Gulf Coast. The controversy that has surrounded this project for years leaves us wondering if Obama made a wise decision. By analyzing statistics given for the pipeline and seeking guidance from philosophers, I have reached a conclusion.

First, we will look at the facts behind Keystone XL. We will then call upon the Roman philosopher Cicero and the medieval theologian Thomas Aquinas to test the ethical validity of the Keystone XL project. With these resources at hand, I conclude that President Obama made the correct decision in rejecting the pipeline.

On November 6th, 2015, United States President Barack Obama announced that he rejected the Keystone XL Project, bringing an end to a seven-year debate. While some commend him for taking a stand against an evil plan to destroy the environment, others ridicule him for siding with environmental extremists.¹ With all of the commotion, one might wonder: what is this Keystone XL Project, and why has it caused so much strife? Our nation's leaders were in a deadlock for years trying to come to a consensus; now we are left wondering if our President made the right choice or if his decision will tank the economy and lead us to disaster.

As young adults about to take on our parents' burdens, we must learn to form opinions about issues like this. The problem—and the reason that it took so long to come to a conclusion—is that the question could not be answered solely with statistical analysis. Something deeper was happening: a moral decision had to be made, and unfortunately Congress does not hire philosophers. Perhaps philosophers would have helped them make a decision more quickly, and perhaps they can help us decide whether or not Obama made a wise choice. By calling upon the ancient Roman philosopher Cicero and the medieval theologian Aquinas, I conclude that Obama's decision was correct, and that approving the Keystone XL project would have been immoral.

Section I: Keystone XL

Before we begin, our philosophers will want to understand the question at hand. We are creatures of reason, and in order to fully engage with a dilemma, we need to know all sides of an issue. Knowing the facts from an objective point of view for the Keystone XL Project will be critical to our analysis.

The Keystone XL Project is a proposal by Canadian oil company TransCanada to build a pipeline. This proposed pipeline system would transport sands-crude—the raw resource used to make oil—extracted from Alberta, Canada to Gulf Coast refineries in the United States. They must receive a presidential permit in order to construct it, but the proposal was rejected on November 6th, 2015, ending an attempt that began in 2008. While there is already a Keystone pipeline flowing through the Midwest, this new, more efficient pipeline would carry up

¹Elise Labott and Dan Berman. "Obama Rejects Keystone XL Pipeline." CNN, November 6, 2015. <http://www.cnn.com/2015/11/06/politics/keystone-xl-pipeline-decision-rejection-kerry/index.html>.

to 830,000 barrels per day (bpd) of crude oil, as compared to the current rate of 590,000 bpd.²

Keystone XL would have many benefits, most of which are economic. The pipeline's efficiency would save millions of dollars every year. Its construction would also create thousands of temporary jobs and even some permanent ones. There would also be safety benefits, as the pipeline would reduce our use of railroad transportation of oil, which has proven to be risky in the past. For example, in July 2013, a train that had been transporting crude oil derailed and exploded as it passed through Lac-Mégantic, Canada, killing forty-seven people and burning much of the surrounding downtown area.³ Not only would we be free from such disastrous risks, we would also have the chance to break free from the politically turbulent Persian Gulf, where we receive most of our oil supply and where a different risk altogether exists.

However, there are risks to the project. Risk studies have shown that the Keystone XL Project would greatly increase greenhouse gas emissions. It would also disturb the land along its route—88% of the land Keystone XL would pass through is privately-owned agricultural land. If an oil spill were to happen, the oil would seep into the soil and water, likely going undetected until it is too late.⁴ TransCanada promises that their pipelines have safety features to prevent oil spills, but there is only so much that technology can do. As a company, TransCanada experienced fourteen spills in its first year alone, all of which were reported by witnesses, not by the company's detection equipment.⁵

To top it all off, America would show a lack of advancement as a nation. By permitting Keystone XL to be built, we would prove that we are still reliant upon destructive practices and fossil fuels, when we should be trying sustainable, eco-friendly practices. This was one of the key factors that drove Obama's decision to turn down the project. It is clear why he struggled, though; approving the project would help us economically and socially, but it would have a negative impact on our planet. On the other hand, rejecting the project would prove that we wish to be environmentally responsible, but we would still be reliant upon the Middle East and other sources for oil. Since we have a dilemma, we shall look to our philosophers for moral guidance.

²P.W. Parfomak et. al., *Proposed Keystone XL Pipeline Project: Key Issues* (Washington, D.C.: Congressional Research Service, 2013).

³Ibid.

⁴Ibid.

⁵Ibid.

Section II: Cicero

We shall first turn to Cicero, the ancient Roman rhetorician, politician, lawyer, and philosopher. Cicero would call upon Stoic influences and tell us that in order to make a choice, we should set aside our emotions and use our reasoning.⁶ Cicero would then ask us to consider whether Keystone XL is honorable and useful before determining if we have an obligation to construct it. Perhaps with this great philosopher as our guide, we will be able to evaluate whether or not Obama made the correct decision.

First, we must understand that Cicero would approach the issue very differently than the modern person. In American culture, laws are so complicated that we hire other people to understand them for us. During the age of the Roman Republic, however, understanding and interpreting the law was a very important part of citizens' lives. Comprehension of the law was so important, in fact, that its rulers established the Twelve Tables. These were the fundamental laws of Rome that were placed in a public area for all to see.⁷ Knowing this, we understand that Cicero would value comprehension of and adherence to the law in his response.

Cicero would then proceed to talk about the importance of our nature. According to Cicero, we—and all living creatures—are bound by natural law, which entitles us to preserve our lives, avoid harm, and procure all of life's necessities.⁸ Natural law is distinct in humans, as it "joins individuals together, enabling them by the power of reason to share a common language and life."⁹ We have seen this throughout history; put people together and they will form communities that develop into society. We instinctively strive to improve ourselves and each other.

Oil is a useful resource. From driving cars to moving resources across our country and planet, it would be impossible to live in the modern world without oil. This brings us to the important subject of what is useful. According to Cicero, obligations are comprised of

⁶ Interview with Barbara Harrington at Azusa Pacific University, October 14 2015.

⁷ Bradley Hale, "On Obligations," (HON 240 Lecture, Azusa Pacific University, Azusa, CA, Mar. 25, 2015).

⁸ Cicero, *On Obligations*, trans. P.G. Walsh, (New York: Oxford University Press, 2000), 7.

⁹Ibid., 6.

¹⁰Ibid., 55.

two things: what is honorable and what is useful. We do not have an obligation to pursue something if it is not useful.¹⁰ We know that having oil is beneficial to our lives and that removing it would cause technological regression, which would not be useful.

Since oil is useful, we potentially have an obligation to acquire it. However, in order for the Keystone XL Project to be a fully valid pursuit in Cicero's eyes, it must also be honorable, and this is where things get complicated. According to Cicero, an honorable thing strives to pursue the cardinal virtues of wisdom, justice, temperance, and fortitude. If an action fails to adhere to these virtues, the action is dishonorable.¹¹ Would we be practicing the cardinal virtues by approving Keystone XL?

We will look to justice in this situation, for it is most impacted by the decision. Cicero defines justice as the act of not inflicting harm upon another human being.¹² We discussed the potential risks of the project, and now we must use reason to analyze the outcomes. We know that the pipeline has a potential for oil spills. Should an oil spill happen, there is a high chance that it would contaminate water in the surrounding area. Would it be honorable to approve of the project knowing that an oil spill would harm those who depend on the water for crops and for drinking? It seems the prospect of a spill makes the project unjust. The injustice spreads to a global level, too. By contributing even more to greenhouse gas emissions, we would contaminate our planet. In doing so, we would be threatening the very survival of our species.

It seems, then, that the answer is obvious: Keystone XL should not be permitted because it is not honorable. However, as stated before, it is not that simple. Is it not also dishonorable to continue acquiring resources from a place that has caused us strife? For years, we have struggled to obtain oil from the Persian Gulf. Thousands have died so that we may continue acquiring this precious resource. Allowing this to continue would be dishonorable, as well. Political conflict has pulled us into a situation for which we cannot escape, as we still need the resource.

Cicero is stumped. We have discussed what is honorable and what is useful, but neither scenario provides a solution that is both honorable and useful. We have passed beyond what the law can answer. Did Obama make the right decision? We still do not know. There is something

¹¹Ibid., 7.

¹²Ibid., 10.

missing in the analysis of the moral consequences, and so we must turn to Aquinas.

Section III: Aquinas

Saint Thomas Aquinas was a medieval Catholic priest of the Dominican order. His contributions to the theological community, especially through his work *Summa Theologica*, made him a highly influential medieval philosopher.¹³ His ideas will bring new insight to our predicament and could provide the solution.

Aquinas agrees wholeheartedly with the same basic principles established by Cicero. He concurs that natural law governs humanity and that to participate in natural law is to practice virtue. He also agrees with Cicero on the importance of the honorable and the useful, although he explains it differently in *Summa Theologica* by talking about the precepts of natural law.¹⁴ However, he makes one vital distinction, and it is that "natural law is nothing else than the rational creature's participation of the eternal law."¹⁵ This clarification adds new significance to Cicero's point. Aquinas is telling us that we do not participate in natural law alone; we must also follow eternal law—that is, God's law. Will this give us the push necessary to find a solution?

He adds another crucial point that will help us resolve the dilemma. The concept of the double effect states that when a decision must be made, evil may be permitted as a side effect so long as the primary act performed is good or neutral.¹⁶ According to Aquinas, the evil permitted must not outweigh the good achieved, and evil cannot be committed to bring about good.¹⁷

A question arises from this explanation: how does one discern what is good and what is evil? Who is so qualified as to discern the lesser of two evils? In truth, no human is perfect, and no matter how hard we try, personal opinions will interfere. That is why both Aquinas and Cicero

¹³"Thomas Aquinas (1225-1274)," *Internet Encyclopedia of Philosophy*, Accessed October 5, 2015, <http://www.iep.utm.edu/aquinas/#SH2a>.

¹⁴Thomas Aquinas, *Summa of the Summa*, ed. Peter Kreeft (San Francisco: Ignatius Press, 1990), 514.

¹⁵Ibid., 504.

¹⁶"Natural Law Aspects of Theory," Religious Studies Online, Accessed October 3, 2015, http://www.rsrevision.com/Alevel/ethics/revision/natural_law_aspects_of_theory.pdf.

¹⁷Barbara Harrington, "Aquinas and the Double Effect," (HON 260 Lecture, Azusa Pacific University, Azusa, CA, September 21, 2015).

insist on the importance of using reason not emotion. Aquinas states that “the light of natural reason, whereby we discern what is good and what is evil, which is the function of natural law, is nothing else than an imprint on us of the divine light.”¹⁸ Our ability comes from God alone. Although we will never be perfect, we can improve our discernment by studying God’s law in scripture and through prayer.

So, if we have an obligation to honor God, and we must analyze the double effect, what are we to learn? We can see that within Obama’s decision, a double effect would inevitably happen, whether he approved or denied the project. Using his own method of reasoning, Aquinas encourages us to ask questions surrounding Keystone XL. What consequences, good or evil, will come out of each scenario? Approving the project would benefit us economically, but it would harm the environment and potentially those in the path of the pipeline. But approving the project leaves us reliant upon the turbulent Persian Gulf for oil.

With both options on the table, we should conclude by asking what eternal law would say about our issue. Aquinas holds that God is Creator of the universe, and therefore He wills things for the greater good.¹⁹ If something does not work toward the greater good, it should not be done. While it would benefit the United States and TransCanada to approve Keystone XL, it would not benefit humanity to do so, for we would bring harm to the earth and knowingly put people in danger. Have we found our answer, then?

Section IV: The Verdict

We have looked at this issue through the eyes of both Cicero and Aquinas. Cicero helped us understand what would be useful and honorable in each situation, and Aquinas asked us to consider which choice would bring about the least amount of evil. It seems as if Obama did act rightly in rejecting the Keystone XL Project.

Following Aquinas’ rule of the double effect and Cicero’s rule of the honorable and the useful, we see that more direct harm would come to people by building the Keystone XL Project. Life matters more than money, and even if we do not receive the large amounts of oil from TransCanada, we must prove that we will not allow evil to happen in

¹⁸Aquinas, *Summa of the Summa*, 504.

¹⁹ Aquinas, *Summa Theologica*, Saint Patrick’s Basilica, 911. <http://www.basilica.org/pages/ebooks/St.%20Thomas%20Aquinas-Summa%20Theologica.pdf>.

such a way. What evil will be permitted, then? We will continue to be invested in the Middle East, which is a dangerous thing to do. Surely, though, this is not as bad as risking the lives of thousands, potentially millions due to our greed? In this situation, oil is not useful enough to prioritize over lives, and the good outcome of rejecting the pipeline outweighs the evil permitted.

It becomes painstakingly clear why our nation’s leaders delayed resolving the issue for so long. It is not an easy problem with a simple solution, and if we could have a perfect outcome, then it would certainly be done. President Obama said it well when he stated, “Allowing the Keystone [XL] pipeline to be built requires a finding that doing so would be in our nation’s interest. And our national interest will be served only if this project does not significantly exacerbate the problem of carbon pollution.”²⁰ Rejecting the Keystone XL Pipeline will not solve all of our environmental issues, nor will it stop us from using oil. More likely than not, TransCanada will try obtaining a presidential permit when Obama is out of office. However, the decision that he made indicates a change in our nation’s sentiments. We are a generation of change; young adults wish to stop participating in destructive behaviors. Perhaps the need to obtain our resources from a risky location will encourage research in more sustainable forms of energy. At the end of the day, it will come down to the modern Aquinases and Ciceros of the world combining their intellects to hold steadfast to the ethical course of action. As citizens, we can become these Aquinases and Ciceros, letting our nation’s leaders know that we will not stand for injustice; we will remain resolute in Obama’s decision and stand strong as a people.

²⁰P.W. Parfomak et. al, *Proposed Keystone XL Pipeline Project: Key Issues*.

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The Ethical Prince: Searching for a Median Between Machiavelli and Aristotle

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Abstract

Is virtue attainable? Does it bring benefit or harm? What qualities are necessary for leaders? These are the questions explored in Aristotle's *Nicomachean Ethics* and Machiavelli's *The Prince*. Machiavelli and Aristotle hold opposing assumptions about human nature and virtue that drastically affect their ideologies of leadership. Because Machiavelli believes virtue is impossible and often harmful, he argues vice is necessary to leadership. In contrast, Aristotle holds that virtue is attainable and the way to happiness, and therefore asserts virtue enables one to be a successful leader. Careful examination of these two extremes in light of God's word reveals a median of truth between Machiavelli's cynicism and Aristotle's idealism.

Machiavelli and Aristotle were both brilliant thinkers who observed the world and tried to answer life's biggest questions. Is virtue attainable? What is the result of a virtuous life? The answers they propose to these questions drastically affect their views of leadership. Machiavelli believes that virtue is impossible and that it is the way to ruin. Thus he argues vice is necessary to leadership. Aristotle, on the other hand, states that virtue is attainable and the way to happiness, and therefore asserts virtue is what enables one to be a successful leader. Ultimately, these opposing ideologies spring from their different views of human nature. Machiavelli lies on one end of the spectrum, stating that humans are utterly incapable of doing good, while Aristotle lies on the other extreme, saying that with enough effort, virtue is accessible to everyone. One could say that Aristotle has an excess of confidence in humanity's ability to achieve virtue, while Machiavelli has a deficiency. To borrow a concept from Aristotle, however, where there is an excess and a deficiency, there must also be a median.¹ Careful examination of both extremes in light of God's word reveals a median between Machiavelli's cynicism and Aristotle's idealism.

The first question that must be explored is whether humans can achieve virtue. Machiavelli makes it very clear that he believes virtue is utterly unattainable. He contends that "...it is impossible to have and exercise [all the virtues] because the conditions of human life simply do not allow it."² Later on he declares emphatically, "...this has to be understood: a prince, and especially a new prince, cannot possibly exercise all those virtues for which men are called 'good'."³ Thus, in Machiavelli's estimation, there is no hope of humans becoming good.

In contrast to Machiavelli, Aristotle believes there is hope of attaining virtue. While he admits there is a level of absolute goodness that "cannot be realized in action or attained by man,"⁴ he also states, "the good which we are now seeking must be attainable."⁵ Rather than saying human nature prevents one from being virtuous, Aristotle claims that "the virtues are implanted in us neither by nature nor contrary to nature: we are by nature equipped with the ability to receive them, and habit brings this ability to completion and fulfillment."⁶ Thus, from

¹ Aristotle, *Nicomachean Ethics*, trans. Martin Ostwald (Upper Saddle River, NJ: Prentice Hall, Inc., 1999), 42-51.

² Niccolo Machiavelli, *The Prince*, 2nd ed., trans. Robert Adams (New York, W. W. Norton & Company, Inc., 1992, 1997), 43.

³ *Ibid.*, 48-49.

⁴ Aristotle, 13.

⁵ *Ibid.*

⁶ *Ibid.*, 33.

Aristotle's perspective, virtue is attainable, and it is developed through habit.

On one extreme, Machiavelli claims humans are incapable of virtue, while on the other, Aristotle asserts that virtue is indeed achievable with effort. What, then, is the median between their views? The truth is that humans cannot achieve virtue on their own. Paul declares in his letter to the Romans, "All have sinned and fall short of the glory of God."⁷ Human nature is fallen and sinful, and therefore, "There is no one who is righteous, not even one."⁸ Even if somehow a person were able to reach Aristotle's ideal of human virtue, he or she would ultimately fail to reach God's standard of righteousness. Thus, Isaiah mourns that "all our righteous deeds are like a filthy cloth."⁹ If Aristotle is right that "it depends on us whether we are decent or worthless individuals,"¹⁰ then humankind is utterly without hope.

Realizing Machiavelli is right that humans cannot reach virtue should not cause despair, but rather provide a catalyst for repentance. Only when one realizes that one is utterly incapable of virtue will one turn to God for help. As the apostle Paul cries out, "Wretched man that I am! Who will rescue me from this body of death? Thanks be to God through Jesus Christ our Lord!"¹¹ God, in His infinite love, reached down into the world's brokenness and provided a way for humanity to be reconciled to Him. Paul declares, "God proves his love for us in that while we were still sinners Christ died for us."¹² Jesus took the sin of all humankind on himself, trading His perfection for humanity's failure. His sacrifice paved the way for all who believe and accept His gift to be restored to a right relationship with God the Father.

Forgiveness is not the end of the process, however, but merely the beginning. God does not simply forgive those who repent and then expect them to become virtuous on their own. Instead, He promises, "A new heart I will give you, and a new spirit I will put within you...I will put my spirit within you, and make you follow my statutes."¹³ When God gives a person a new heart, He changes that person's desires so that he or she no longer wishes to do wrong. Then, as Aristotle says,

⁷ Romans 3:23 (The New Oxford Annotated Bible).

⁸ Romans 3:10.

⁹ Isaiah 64:6.

¹⁰ Aristotle, 65.

¹¹ Romans 7:24-25.

¹² Romans 5:8.

¹³ Ezekiel 36:26-27.

he or she can do what is good and enjoy doing it.¹⁴ When Jesus says "my yoke is easy and my burden is light,"¹⁵ he is declaring that virtue no longer depends on human strength and effort, but on submitting to the transforming power of the Holy Spirit. The Holy Spirit is the source of all the virtues Aristotle so strongly advocates. Paul writes, "the fruit of the Spirit is love, joy, peace, patience, kindness, generosity, faithfulness, gentleness, and self-control."¹⁶ When believers yield to the work of the Holy Spirit, virtue is the natural result.

Thus, Machiavelli is correct that humans cannot achieve virtue in their own strength, but he misses the truth that with God, "all things are possible."¹⁷ Likewise, Aristotle is right that seeking virtue is the best course, but he fails to acknowledge that becoming virtuous depends on God. When one carefully gleans the truth from their counsel in light of God's word, one gains a deeper understanding of the beauty and splendor of the Gospel. Machiavelli drives us to our knees when we recognize how flawed and inadequate we truly are, the Gospel gives us hope that we can be justified before God, and Aristotle inspires us to live the life to which we are called.

The second fundamental question that Machiavelli and Aristotle consider is what results from a virtuous life. Does virtue bring benefit or harm? Machiavelli argues that even if virtue were somehow attainable, it would be harmful in many circumstances. He states, "... there's such a difference between the way we really live and the way we ought to live that the man who neglects the real to study the ideal will learn how to accomplish his ruin, not his salvation."¹⁸ The reason he gives for this statement is that, "any man who tries to be good all the time is bound to come to ruin among the great number who are not good."¹⁹ Machiavelli believes since human nature prevents the majority from being virtuous, anyone who tries to be virtuous will not survive in the real world.

Rather than believing virtue is the way to ruin, Aristotle declares it is the only way to achieve true happiness. In fact, he defines happiness as "a certain kind of activity of the soul in conformity with perfect virtue."²⁰ Aristotle asserts that vice, not virtue, is the way to ruin,

¹⁴ Aristotle, 21.

¹⁵ Matthew 11:30.

¹⁶ Galatians 5:22-23.

¹⁷ Matthew 19:26.

¹⁸ Machiavelli, 42.

¹⁹ Ibid.

²⁰ Aristotle, 29.

declaring, “evil destroys even itself.”²¹ Since “bad people are full of regrets,” he claims the wicked cannot even be friends with themselves, and therefore “to be such a person means utter misery.”²² For this reason, Aristotle says “we must strain all our efforts to avoid wickedness and must try to be good.”²³ So, Aristotle argues, wickedness leads to misery, but virtue leads to true happiness.

On the two extremes, Machiavelli states that virtue leads to ruin, while Aristotle says that it is the only way to happiness. As it turns out, they are both partially correct. Aristotle is accurate that virtue can bring joy. However, Machiavelli is also correct that virtue often has significant consequences. Paul writes to his young protégé Timothy that “all who want to live a godly life in Christ Jesus will be persecuted.”²⁴ Even Jesus, the only person on earth to live a perfect life, suffered for doing good. In the midst of this suffering, however, He still had joy. Hebrews says it was “for the sake of the joy set before him” that Jesus “endured the cross, disregarding its shame.”²⁵ The Apostle Peter urged the early church to follow Christ’s example of doing what is right even in the face of suffering.²⁶ He encouraged them, “even if you do suffer for doing what is right, you are blessed.”²⁷ If one lives a life of virtue, sometimes one will experience suffering and even death, but the blessing and joy that follow will outweigh all the pain. It is crucial to recognize both the potential consequences and the promised blessings that will follow virtue. Thus Machiavelli awakens us to the gravity of a commitment to a virtuous life, and Aristotle encourages us that virtue will ultimately bring blessing and joy.

The question still remains whether leadership requires virtue or vice. For Machiavelli and Aristotle, the solution to this dilemma rests on the answers to the previous questions regarding the attainability and effects of virtue. Since Machiavelli believes that virtue is impossible and often harmful, he asserts that vice is necessary to a leader’s survival. This is the reasoning behind the majority of his more controversial statements. Probably the most well-known line of *The Prince* is “...to be feared is much safer than to be loved.”²⁸ Less well-known, however,

is the following sentence which explains how Machiavelli arrived at such a conclusion: “For it is a good general rule about men, that they are ungrateful, fickle, liars and deceivers, fearful of danger and greedy for gain.”²⁹ So, it is because of his view of human nature that Machiavelli endorses controlling by fear. He justifies lying and breaking promises in the same way when he says, “Thus a prudent prince cannot and should not keep his word when to do so would go against his interest... Doubtless if all men were good, this rule would be bad; but since they are a sad lot, and keep no faith with you, you in your turn are under no obligation to keep it with them.”³⁰ Once again, Machiavelli is arguing that since people are bad, the safest route for a leader is to be bad in return.

Aristotle, on the other hand, believes virtue is attainable and beneficial, and therefore contends virtue enables one to be a successful leader. Virtue from Aristotle’s perspective is not some troublesome principle that keeps one from being able to get the job done, but rather that which makes a person effective. He states, “the virtue or excellence of man...will be a characteristic which makes him a good man, and which causes him to perform his own function well.”³¹ Rather than seeing virtue as a hindrance to effective leadership, Aristotle believes virtue is especially important for those in positions of authority. He stresses that “to be a competent student of what is right and just, and of politics generally, one must first have received a proper upbringing in moral conduct.”³² A truly excellent leader, he asserts, must be even more virtuous than his followers, because, “the friendship of a king for those who live under his rule depends on his superior ability to do good.”³³ Thus, to be an outstanding leader, one must first be virtuous.

So, on the two extremes, Machiavelli believes that since people are rotten, vice is the only possible way to lead them, but Aristotle asserts virtue is the best path for a ruler. In this case, it is Machiavelli’s view that is more opposed to the median. While it is true that many of the people under one’s leadership will not be virtuous, that is no excuse for being wicked in return. As the Apostle Paul says, “Do not be overcome by evil, but overcome evil with good.”³⁴ The proper response to the evil that is so prevalent in the world is not more evil, but good. Only light

²¹ Aristotle, 101.

²² *Ibid.*, 254-255

²³ *Ibid.*, 255.

²⁴ 2 Timothy 3:12.

²⁵ Hebrews 12:2

²⁶ 1 Peter 2:18-4:19.

²⁷ 1 Peter 3:14.

²⁸ Machiavelli, 46.

²⁹ *Ibid.*

³⁰ *Ibid.*, 48.

³¹ Aristotle, 41.

³² *Ibid.*, 7.

³³ *Ibid.*, 235.

³⁴ Romans 13:21.

can drive out darkness. While it is understandable that Machiavelli recommends wrongdoing as a method of self-preservation, ultimately such a leadership strategy will end in disaster. Proverbs instructs, “The wicked are overthrown by their evildoing, but the righteous find a refuge in their integrity.”³⁵ So, vice will ultimately lead to a leader’s ruin, but virtue will keep his or her rule intact. Proverbs states that “loyalty and faithfulness preserve a king, and his throne is upheld by righteousness.”³⁶ Machiavelli’s strategy of repaying evil for evil may provide short-term success, but virtue gives lasting security. For this reason, Aristotle is right that virtue is the best and safest route for a leader. In this case, what we learn from Machiavelli is how not to respond to evil in the world, while Aristotle gives us a worthy pattern to follow.

In each of these dilemmas—the attainability of virtue, the results of a virtuous life, and the requirements of leadership—both Machiavelli and Aristotle contain some element of truth, but not the whole picture. Machiavelli’s cynicism awakens us to our need for God, gives us a clear picture of the potential negative repercussions of being virtuous, and shows the cruelty and injustice that result when leaders see only the evil in their people. Aristotle’s idealism encourages us to strive for virtue, promises us that virtue produces joy, and motivates us to be virtuous and upright leaders. God’s word allows us to take the truth from both perspectives to form a true picture of the median—which is, as Aristotle says, “the best course, the course that is a mark of virtue.”³⁷

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³⁵ Proverbs 14:32

³⁶ Proverbs 20:28.

³⁷ Aristotle, 43.

