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Plain Anabaptists and Healthcare Ethics

James Benedict

ABSTRACT

Plain Anabaptists are a small but rapidly growing ethnoreligious society with significant concentrations of population in a number of regions in North America. Among the most widely known of the various groups of Plain Anabaptists are the Amish and the Old Order Mennonites. It is the purpose of this article to provide insight into the culture and values of the Plain Anabaptists so that those who may be called upon to address ethical conflict involving Plain Anabaptists can do so with appropriate knowledge and sensitivity. The discussion of the culture and values of the Plain Anabaptists will be organized as follows: first we will explore the implications of Plain Anabaptist culture and values for applying the ethical principles of respect for autonomy and beneficence/nonmaleficence. Second, a brief description of several elements of Plain Anabaptist culture will be discussed with attention to the potential they create for ethical conflict in the healthcare setting.

INTRODUCTION

Plain Anabaptists are a small but rapidly growing ethnoreligious society with significant concentrations of population in a number of regions in North America. Among the most widely known of the various groups of Plain Anabaptists are the Amish and the Old Order Mennonites. Other lesser known groups include German Baptist Brethren, Hutterites, members of Bruderhof communities, and Apostolic Christian Churches.[1] While Plain Anabaptist communities exist from Alaska to Florida, and from California to Maine, the greatest concentrations are found southern Pennsylvania, northeast Ohio, northern Indiana, southern Manitoba, and southern Alberta.[2]

Often recognizable by their plain, rustic looking clothing, prescribed hairstyles (including facial hair for men), modest dress, and head coverings for females, Plain Anabaptists embrace many values that are countercultural. These values are expressed in lifestyles that reject certain forms of modern technology in order to promote or preserve community cohesion. Plain Anabaptists do avail themselves of modern healthcare, but their values and commitments impact the manner in which they do so, with the result that they are sometimes misunderstood or considered "difficult" patients.[3] On rare occasions, the differences between Plain Anabaptist values and the typical values encountered in North American healthcare may result in situations of ethical conflict.

It is the purpose of this article to provide insight into the culture and values of the Plain Anabaptists so that those who may be called upon to address ethical conflict involving Plain Anabaptists can do so with appropriate knowledge and sensitiv-

James Benedict, PhD, is a Scholar in Residence at Duquesne University Center for Healthcare Ethics. *benedictj@duq.edu*

ity. The discussion of the culture and values of the Plain Anabaptists as they apply to interaction with healthcare professionals and systems will be organized as follows: first, this essay will explore some of the implications of Plain Anabaptist culture and values for the application of the ethical principles of respect for autonomy and beneficence/nonmaleficence. Second, a brief description of several elements of Plain Anabaptist culture will be discussed with attention to the potential they create for ethical conflict in the healthcare setting.

AUTONOMY

The attitude of Plain Anabaptists toward the value of autonomy can appear paradoxical to outsiders. On the one hand, Plain Anabaptists insist upon autonomous decision making with regard to anyone joining the religious community, including those who may have been born and brought up as part of a Plain Anabaptist family. One becomes a member only when one is of sufficient age and capacity to decide for one's self to do so. This decision and the community's acceptance of a new member are ritually enacted in baptism, typically in the late teens or early adulthood.[4]

Yet this autonomous decision to become part of the faith community is, in part, a renunciation of the priority of the individual, a willing surrender of one's self to God and the community. For Plain Anabaptists, the decision to become a part of the faith community includes the embrace of a way of life emphasizing community cohesion and *gelassenheit,* a term that describes submission to higher authority, that is, God, the elders within the community, and the community itself.[5] Deference to authorities within their community and a tendency to place a higher value on community well-being than on individual well-being sometimes raises a suspicion among healthcare providers that patients' autonomy is being suppressed.[6]

If asked, adult patients with decision-making capacity will typically affirm that deference to authority and adherence to the values of the community are in fact their choice. However, when patients no longer possess decision-making capacity, or when they have never possessed it (as in the case of children and some with mental defect), the discomfort of healthcare providers may be heightened. On the whole, it is reasonable to assume that if the patient who no longer possesses decision-making capacity was a long-term member of a particular Plain Anabaptist community, then his or her preference would have been to continue to follow the practices of the community with regard to decision making. To put it in the language of contemporary healthcare ethics, "substituted judgment" would support respect for the decisions of surrogate decision makers even when those decisions may seem opposed to what might ordinarily be considered the patient's best interests.[7]

When children or other never-competent persons are involved, however, the substituted judgment standard is not applicable. In consequence, decision making for this class of Plain Anabaptist patients has a high potential for generating ethical conflict. Such conflicts can become more complex because of state and federal laws designed to protect such patients. Plain Anabaptists naturally desire the right to make healthcare decisions for their loved ones in keeping with their own ordering of values, but inasmuch as these values diverge significantly from modern, individualistic neoliberal values, healthcare providers seeking to provide culturally sensitive care may find themselves caught in the middle.[8] Ethics consultation or deliberation in such cases must wrestle with the question of how to balance respect for a minority culture against the specific individual interests of a vulnerable patient.

The willingness of members of Plain Anabaptist communities to defer to authority within their faith community and to prioritize community well-being over individual well-being qualifies their attitude toward autonomy, but it should not be understood as a disinterest in or desire to avoid informed decision-making. Plain Anabaptists are keenly aware that outsiders do not share their values, and they do not wish to have decisions made for them by those who are not members of their communities. They do want ample information on their condition, prognosis, and options, including burdens and benefits, so that they, together with trusted others in their group, can make responsible decisions in keeping with community values.[9]

BENEFICENCE/NONMALEFICENCE

The principles of beneficence and nonmaleficence call upon those providing healthcare to pay close attention to the total well-being of the patient. Cultural competency in the application of healthcare ethics requires sensitivity to the ways individuals from diverse cultures may construct their definitions of well-being. What may constitute a benefit or harm from a standard medical point of view may not be perceived as such from the point of view of a particular culture. Further, the extent or weighting of a benefit or harm can be very different.[10]

For Plain Anabaptists, their firm commitments to their communities and the values of those communities affect their perceptions of burden and benefit. For those whose communities prohibit the ownership of automobiles, even travel to and from appointments can constitute a much larger burden than it does for others. For that reason, some practitioners familiar with Plain Anabaptists try to schedule as many services as possible in a single visit rather than requiring the patient to return later or go elsewhere for labs or imaging.[11] For those Plain Anabaptists whose communities forbid the use of electricity in their homes, any home care that depends upon electricity (for example, ventilator or home dialysis) is obviously problematic.[12]

Another important cultural value and practice that can have a major impact on the weighting of burdens and benefits among Plain Anabaptists is the avoidance of commercial insurance and unwillingness to accept government benefits.[13] As more Plain Anabaptists begin to work for employers outside their faith group, a small percentage have obtained health insurance through work.[14] Yet the vast majority still pays out-of-pocket for their care. In extreme circumstances, assistance may be sought or offered from the faith community, through freewill collections or gifts. Even then, however, there is a much keener awareness of the actual cost than is typical among the average healthcare consumer, so Plain Anabaptists tend to be resistant to expensive treatments.[15]

Of course, patients who are not Plain Anabaptists may also find travel to and from appointments burdensome, may find it difficult to deal with home care requirements, and may resist recommended treatment. What is important to remember about Plain Anabaptists, however, is that their reasons for resisting or rejecting recommendations as too burdensome are often grounded in their religious beliefs and values.[16] As such, they should be afforded respect similar to that given religion-based care refusal by others, for example, refusal of blood transfusion by Jehovah's Witnesses.[17]

ELEMENTS OF PLAIN ANABAPTIST CULTURE

Ethical conflict in healthcare sometimes results less from fundamental differences in the interpretation of ethical principles than from simple misunderstandings that may be based in cultural differences. Multiple sources can be recommended for those who have the time and inclination to pursue a deeper understanding of Plain Anabaptist culture,[18] but even some very basic knowledge of key elements of Plain Anabaptist culture may be helpful in resolving or avoiding ethical conflict. What follows is a brief review of elements of Plain Anabaptist culture which may lead to misunderstanding.

Education and Language

While most Plain Anabaptist adults are intelligent and fluent in English, many have received an education only through eighth grade[19] and speak English as a second language. They are generally able and willing to read health-related information that is accessible to them and may have significant insight into their medical condition on that basis. Providing them with written information is often helpful and welcomed, especially material that may be available online and can be printed out for them. As for language, there are two important language-related concerns. First, some young children among the Plain Anabaptists may not learn English until they begin school and thus require an interpreter.[20] Second, while generally fluent, adults among the Plain Anabaptists may not be familiar with certain colloquialisms, medical terms, or the description of emotions in English.[21]

Use of Complementary and Alternative Medicine

There is an unusually high rate of use Complementary and Alternative Medicine (CAM) among Plain Anabaptists, with 80 percent or more in some studies reporting the use of supplements, herbs, patent medicines, reflexology, and/or faith healing.[22] Recourse to physicians and hospitals is typically undertaken only when it is obvious that alternatives are insufficient for the need, and often after "natural remedies" were attempted.[23] Both cost of care and belief in efficacy drive the use of CAM among Plain Anabaptists. Their attitude toward modern medicine tends to be quite pragmatic, and they do not automatically accord modern medicine or its practitioners high status or authority.[24] As part of the effort to prevent conflict and provide optimal care, it is important both to ask Plain Anabaptists about their use of CAM and to avoid showing disrespect for the practice.

Hierarchical Culture

Plain Anabaptist communities are hierarchical, with the bishops or elders at the top of the hierarchy.[25] Attempts to work around or undermine the authority of bishops or elders are likely to lead to further conflict, while efforts to include the bishop or elders may be valuable in resolving conflict. Certainly any outreach to the larger Plain Anabaptist community should include the clergy early in the

process, as lay members will look to their clergy for guidance on whether or not to get involved.[26] Plain Anabaptist clergy do not dress distinctively or self-identify by title, so it is often necessary to ask if a minister is present or how to contact an elder or bishop in order to include them in decision making if needed.[27] In certain circumstances, however, Plain Anabaptist patients do not wish to involve the church or bishop, and should be afforded the same degree of privacy and confidentiality as any other patient.

Expression of Emotion

Practitioners who work regularly with Plain Anabaptist populations often report atypical affect.[28] This is derived in part from a stoicism grounded in the belief that it is important to accept the "will of God," whatever it may be. Another contributing factor may be discomfort with displaying strong emotions in the presence of outsiders.[29] Failure to display strong emotion in a context where it might be expected, for example, the death of a child, should not be read as indifference or as a sign of acute psychiatric disturbance.[30] In such circumstances, words of support and simple acts of kindness are appropriate and will be appreciated.

CONCLUSION

As a relatively small but rapidly growing population in North America, Plain Anabaptists present special challenges for healthcare providers and institutions. Because they are an ethnoreligious society with values that diverge significantly from the mainstream, there is a need for cultural competence to provide the best care to Plain Anabaptists and to avoid or resolve ethical conflicts. Ethics consultants and committees in areas with concentrations of Plain Anabaptists will find it helpful to develop some awareness of the culture and values of these religious communities. This brief essay is an attempt to provide a basic introduction.

NOTES

1. For a thorough description of the nature and varieties of Plain Anabaptists, see C. Anderson, "Who Are the Plain Anabaptists? What Are the Plain Anabaptists?" *Journal of Amish and Plain Anabaptist Studies* 1, no. 1 (April 2013): 26-71.

2. C. Anderson and Joseph F. Donnermeyer, "Where Are the Plain Anabaptists?" *Journal of Amish and Plain Anabaptist Studies* 1, no. 1 (April 2013): 1-25, 20.

3. D. Garrett-Wright et al., "Anabaptist Community Member's Perceptions and Preferences Related to Healthcare," *Journal of Amish and Plain Anabaptist Studies* 4, no. 2 (2016): 193-6; J.A. Cates, *Serving the Amish: A Cultural Guide for Professionals* (Baltimore, Md.: Johns Hopkins University Press, 2014), *passim;* M.J. Banks and R.J. Benchot, "Unique Aspects of Nursing Care for Amish Children," *MCN* 26, no. 4 (2001): 194-5; J.A. Brewer and N.M. Bonalumi, "Cultural Diversity in the Emergency Department: Health care beliefs and practices among the Pennsylvania Amish," *Journal of Emergency Nursing* 21, no. 6 (1995): 495-7; L.L. Graham and J.A. Cates, "Health Care and Sequestered Cultures: A Perspective from the Old Order Amish," *Journal of Multicultural Nursing and Health* 12, no. 3 (2006): 62-5; A.F.Z. Wenger, "Culture-Specific Care and the Old Order Amish," *National League for Nursing* 38, no. 2 (April-May 1991): 80-2, 84, 87; P.A. Sharpnack, M.T. Griggin, A.M. Benders, and J.J. Fitzpatrick, "Spiritual and Alternative Healthcare Practices of the Amish," *Holistic Nursing Practice* 24, no. 2 (March-April 2010): 64-72, doi: 10.1097/HNP.0b013e3181d39ade.

4. D.B Kraybill, *The Riddle of Amish Culture* (Baltimore, Md.: Johns Hopkins University Press, 1989), 99-100.

5. Not all Plain Anabaptists use the term *gelassenheit*, but the values implicit within the concept are common in every group. For a thorough treatment of *gelassenheit* and its importance as a key to understanding Plain Anabaptist culture, see Kraybill, *The Riddle of Amish Culture,* see note 4 above, pp. 24-31. For a description of the Plain Anabaptist understanding of the locus of moral authority, see D.B. Kraybill and C.D. Bowman, *On the Backroad to Heaven* (Baltimore, Md.: Johns Hopkins University Press, 2001), 262-5.

6. J. Kotva, *The Anabaptist Tradition: Religious Beliefs and Healthcare Decisions*, Religious Beliefs and Healthcare Decisions Handbook Series (Chicago, Ill.: Park Ridge Center for the Study of Faith, Health and Ethics, 2002), 4-5.

7. For a description of the substituted judgment standard, see T.L. Beauchamp and J.F. Childress, *Principles of Biomedical Ethics*, 6th ed. (New York: Oxford University Press, 2009), 136-7.

8. An excellent example of the "bind" in which healthcare providers may find themselves is the case study and multiple case analyses in A.H. Matheny Antommaria et al., "Two Infants, Same Prognosis, Different Parental Preferences," *Pediatrics* 135, no. 5 (May 2015): 918-23.

9. Garrett-Wright et al., "Anabaptist Community Member's Perceptions and Preferences," see note 3 above, p. 195; Kotva, *The Anabaptist Tradition,* see note 6 above, p. 4; Cates, *Serving the Amish*, see note 3 above, pp. 37-3; 137. It should be noted that Plain Anabaptists may choose to express their decisions in the form of advance directives. Cates, *Serving the Amish*, see note 3 above, p. 161.

10. Robert Veatch has argued that healthcare providers should only describe options, not make recommendations, because they have no way of really knowing how the patient values various burdens, risks, or benefits. Veatch is making this point for individuals, not cultural differences, but the general argument is similar. See R. Veatch, *Patient, Heal Thyself: How the New Medicine Puts*

the Patient in Charge (New York: Oxford University Press, 2008).

11. Beachy Amish and some Old Order Mennonites use automobiles, as do some German Baptist Brethren. Graham and Cates, "Health Care and Sequestered Cultures," see note 3 above, pp. 61, 63.

12. Plain Anabaptists generally do not prohibit the use of cars, although most prohibit ownership; most of those who do prohibit ownership will hire drivers with cars, vans, or trucks when necessary, for example, to travel a long distance. Likewise, not all prohibit electricity in the home, and some who do manage to have access to electricity to earn their living through the use of gas-powered generators.

13. As Garrett-Wright et al. explain, "Health insurance and government funding are viewed as a threat to their separation from the world and threatening to their practice of mutual aid." Garrett-Wright et al., "Anabaptist Community Member's Perceptions and Preferences," see note 3 above, p. 189

14. Graham and Cates, "Health Care and Sequestered Cultures," see note 3 above, p. 64; Banks and Benchot, "Unique Aspects of Nursing Care for Amish Children," see note 3 above, p. 193.

15. Wenger, "Culture-Specific Care and the Old Order Amish," see note 3 above, p. 82; Graham and Cates, "Health Care and Sequestered Cultures," see note 3 above, p. 62; Brewer and Bonalumi, "Cultural Diversity in the Emergency Department," see note 3 above, p. 495; Garrett-Wright et al., "Anabaptist Community Member's Perceptions and Preferences," see note 3 above, pp. 194-5; Sharpnack et al., "Spiritual and Alternative Healthcare Practices of the Amish," see note 3 above, p. 71; Cates, *Serving the Amish*, see note 18 above, p. 158.

16. Kraybill and Bowman, *On the Backroad to Heaven*, see note 5 above, p. 262.

17. For interesting discussions of dealing with treatment refusal by Jehovah's Witnesses, see I. Sagy, A. Jotkowitz, and L. Barski, "Reflections on Cultural Preferences and Internal Medicine: The Case of Jehovah's Witnesses and the Changing Thresholds of Blood Transfusions," *Journal of Religion and Health* 56 (2017): 732-8; and K.S. Naunheim, C.R. Bridges, and R.M. Sade, "Should a Jehovah's Witness Patient Who Faces Imminent Exsanguination Be Transfused?" *Annals of Thoracic Surgery* 92 (2011): 1559-64.

18. See Cates, *Serving the Amish*, see note 3 above; D. Garrett-Wright, M.S. Jones, and M.E. Main, "Anabaptist Community Members' Perceptions and Preferences Related to Healthcare," *Journal of Amish and Plain Anabaptists Studies* 4, no. 2 (2016): 187-200; and Kraybill and Bowman, *On the Backroad to Heaven,* see note 5 above. One may also contact the Young Center for Anabaptist and Pietist Studies at Elizabethtown College in Elizabethtown, Pennsylvania.

19. Graham and Cates, "Health Care and Sequestered Cultures," see note 3 above, p. 61.

20. Banks and Benchot, "Unique Aspects of Nursing Care for Amish Children," see note 3 above, p. 195; Cates, *Serving the Amish*, see note 3 above, p. 156.

21. Cates, *Serving the Amish*, see note 18 above, p. 160; Brewer and Bonalumi, "Cultural Diversity in the Emergency Department," see note 3 above, p. 496.

22. Banks and Benchot, "Unique Aspects of Nursing Care for Amish Children," see note 3 above, p. 194; Brewer and Bonalumi, "Cultural Diversity in the Emergency Department," see note 3 above, p. 495; Garrett-Wright, Jones, and Main, "Anabaptist Community Members' Perceptions and Preferences," see note 18 above, pp. 188-9.

23. Sharpnack et al., "Spiritual and Alternative Healthcare Practices of the Amish," see note 3 above, p. 68.

24. Cates, *Serving the Amish*, see note 18 above, p. 37.

25. Ibid., 58; Banks and Benchot, "Unique Aspects of Nursing Care for Amish Children," see note 3 above, p. 194.

26. For example, endorsement of bishops for programs emphasizing farm safety or encouraging childhood immunizations are critical. Brewer and Bonalumi, "Cultural Diversity in the Emergency Department," see note 3 above, p. 496.

27. Cates, *Serving the Amish*, see note 18 above, pp. 40-2.

28. Graham and Cates, "Health Care and Sequestered Cultures," see note 3 above, p. 63.

29. Banks and Benchot, "Unique Aspects of Nursing Care for Amish Children," see note 3 above, pp. 195-6.

30. Brewer and Bonalumi, "Cultural Diversity in the Emergency Department," see note 3 above, p. 495.