

# **Pluralism in Education and Health Care: Are There Limits to Open-Mindedness?**

by Theodore Plantinga

## **I**

Opposition to discrimination is surely one of the watchwords of our age. Many well-meaning people who pride themselves on taking a liberal attitude toward life genuinely believe they have all but eliminated discrimination from their thinking and actions. And in the public sector they would like to see discrimination banished as well. Yet blatant cases remain. One such case can serve to introduce the problem to which this essay is devoted.

I live in Ontario, which is Canada's largest province. In Ontario's system of publicly-funded schools we find what looks like an anomaly, a case of discrimination so open and obvious that visitors to the province are often genuinely baffled by it when it is pointed out to them. Ontario, they are told, discriminates against Protestants in education. The fact with which this line of argument begins is that Ontario has a system of Roman Catholic schools which receive full government funding. There are also Roman Catholic schools in neighboring jurisdictions like Michigan and New York, but those schools are financially impoverished in comparison to Ontario Catholic schools (officially called "Separate"), for they are private schools. In Ontario, the government support covers both capital and operating expenses.

On the surface of it, then, we have discrimination against Protestants. But when we study this situation in its historical context, we find that Protestants are supposed to be well served by the arrangement. The fact that there are "separate" Catholic schools means that Ontario's Protestants need not fear that their children will be exposed to Catholic dogma as they receive day-school instruction.

This line of reasoning makes sense if we presuppose a certain understanding of the term "Protestant." Bear in mind that the term itself is essentially negative in meaning. A "protestant" is one who rejects something and issues a protest against it. Historically speaking, a "protestant" is anti-Catholic.

In our pluralistic society, there are more groups to oppose and steer clear of than just the Roman Catholics. Thus, in the minds of some people, the category Protestant has come to mean "none of the above": Protestants are not Catholic, not Jewish, in effect, not anything. In North America we do not have established churches, as in some parts of Europe. In England, for example, someone who is neither this nor that, religiously speaking, might well accept that he is C of E (Church of England, or Anglican), even though he never attends services. Such "Protestants" are people who do not hold to a specific creed but are free to believe or disbelieve as they will.

For Protestants of this ilk, the so-called public schools of Ontario function as schools *for* Protestants. People who think along these lines are not likely to regard Ontario's Protestants as victims of discrimination in education.

But what about the Muslims? When the arrangements that now shape Ontario education were being drawn up, Muslims were not a factor in this province. Today, they feel excluded by the province's approach to funding: they, too, are victims of discrimination.

There are two relatively straightforward solutions to the manifest unfairness of the current situation. The first is the one that would be favored by people in many other states and provinces in North America, namely, to institute one secular system of public schools with full government funding, and to relegate every other school to private status, with parents paying the bills. A variation on this solution is to allow modest supplementary support for private schools on a per-pupil basis. The other solution is to act on one's liberal impulses and to say that there ought to be no discrimination whatsoever against parents of alternative faiths. What this would mean is that all the faith communities should be on the same footing in terms of educational funding as the Roman Catholic community. Proponents of such an approach might point to the Netherlands as a country that operates with some such approach to education and encourages its faith communities to establish schools of their own.

Since I am a long-time private-school supporter and now teach in an religiously-based higher-education institution, I might be expected to back the Dutch approach enthusiastically. My fear, however, is that a radical openness to the educational aspirations of all faith communities would not work well. More

specifically, I do not believe it would prove feasible in the long run if the stated aim were to eliminate *all discrimination* from educational funding.

## II

Before I explain *why* it wouldn't work, I should add that funding is not the only dimension of the problem. Recognition is another. Schools outside the publicly-funded system sometimes suffer discrimination when the course credits they grant and the graduates they produce are not recognized when they seek to move on to other institutions.

Redeemer College, where I have taught philosophy since it opened its doors in 1982, is an example. While Redeemer has never sought public funding and thus cannot complain of discrimination in the sense of being denied such funding, it has been hampered somewhat by the refusal of various schools and agencies to recognize its credits, degrees and transcripts. Now, such situations are occurring less and less frequently as the years go by; there is less and less chance that public or officially secular institutions will claim not to be familiar with Redeemer. Thus I do not wish to make too much of the problem. In principle, however, such a problem still exists and for various other religiously-based alternative institutions.

The question of Redeemer and recognition has by now become quite a long story, which I do not propose to review here. Perhaps it suffices to say that Redeemer has made great strides in this area throughout its 17-year history and can now describe itself as "fully accredited." Even so, there remain some areas in which educational authorities and institutions do not cooperate with Redeemer as fully as they ought. To abolish discrimination and prejudice altogether is a tall order. There is sometimes good reason to be hesitant or doubtful when dealing with a new or altogether unfamiliar institution.

## III

In another sector of society, we find a striking parallel to the discrimination that exists in education. The parallel I have in mind is worth exploring here because it can shed light on why a stance of strict non-discrimination in education would not work well. The sector I am referring to is health care, where we again have a publicly-funded set of institutions with an "establishment" character, and arrayed against it a series of competing alternative institutions and practitioners.

Again, the publicly-funded institutions have an enormous advantage. For much of the public, the "regular" doctors are superior: to most people it seems obvious that one ought to use their services in dealing with any health problem. Why are the "regular" doctors to be preferred? Well, for one thing, they are "free" -- here in Ontario, at least. More specifically, one pays for their ministrations not out of pocket as services are rendered but via one's taxes. And since everyone must pay taxes, we all support the "regular" doctors, even if we advocate alternative medicine and stay away from "regular" doctors altogether.

At this point I should pause to explain why I am making much of Ontario in this essay. I am not trying to discourage readers outside the province, who might at first be inclined to suppose that a discussion of circumstances in Ontario is not relevant to their lives. It happens that the points I wish to make are more easily explained in connection with Ontario practices. Of course it also helps that I have lived almost half of my life in Ontario and thus know the local situation reasonably well.

The "regular" doctors, the ones with M.D. behind their names, are often referred to as allopaths. This name is not of their own choosing: it stems from their debate with the homeopaths, who are the doctors operating on the principle of "like cures like." ("Homoios" is a Greek word for like or similar.) Vaccination operates on the same basic idea. The allopaths ("allos" means other) are then the doctors who take the opposite point of view, namely, that the patient should be given medicine which is fundamentally other in nature than the ailment of which he complains, a medicine that will oppose the troublesome condition.

Now, to many people the allopaths are clearly the best doctors to consult, because they are "free." That is to say, here in Ontario they represent the publicly-funded establishment. To visit an allopathic doctor does not cost anything, just as there is no tuition fee in the local public school (neither in the "Separate" Roman Catholic school, for that matter).

But there is a second reason why the allopathic doctor is deemed superior to his many competitors, namely, that he controls access to the hospital. The hospital, of course, is where nursing care is available (for free, in Ontario). It is also the repository of very fancy and expensive diagnostic equipment. If your ailment does not respond to herbs and supplements and homeopathic remedies, a trip to the hospital may be in order. Your homeopathic doctor cannot help you when it comes to hospital admission: the allopaths have a monopoly there.

Not too long ago we had a provincial election in Ontario. One of the proposals advanced by a minor party was that the allopathic stranglehold on public funding for health care ought to be broken. It was pointed out that government-sponsored health insurance in British Columbia allows some visits to naturopathic doctors at public expense. The minor party asked: could we not do the same in Ontario? We surely could, and I wish we would. But the minor party did not meet with success in the election.

The naturopaths are perhaps the most successful and established of the alternative practitioners. They are the doctors with N.D. behind their names. It happens that quite a number of them also have homeopathic training and offer homeopathic remedies. In some parts of Europe they are well accepted and cooperate with allopaths to some degree and are allowed to treat people in hospital settings.

A great deal of alternative health literature is written by the naturopaths. Characteristic of such literature is a high view of the power of the human body to heal itself from all sorts of ailments, if only it is given a homeopathic nudge or supplied with essential nutrients and kept pure from many of the pollutants that go with living in modern society.

To round out the picture, there are also a couple of tribes of alternative doctors who make much of the skeletal system, and offer treatment sometimes called manipulation. Well known throughout North America are the chiropractors, many of whom have gone beyond the historic emphasis on the skeletal system to become holistic healers in general. The osteopaths have a good deal in common with chiropractors but are also extensively trained in other, seemingly conventional aspects of medicine. In some jurisdictions they have merged with the allopaths.

At this point I should probably state my own preference and history in relation to these competing tribes of doctors. I do make use of the services of allopaths, but I see a naturopath as well. In addition, I take homeopathic remedies. During my college days, I worked as an orderly (in effect, a nurse's aid) in an osteopathic hospital, where I developed a lot of sympathy for osteopathy as an alternative point of view in health and healing. I have never visited a chiropractor but would be willing to do so if personal circumstances indicated that chiropractic treatment would benefit me.

In medicine, as in education, I am open to the alternatives and am even fundamentally sympathetic toward them. And I also know from experience that one must use personal funds to gain access to their services. I have spent many

thousands of dollars throughout my lifetime paying for my children to attend alternative, private schools. I have also used personal funds to avail myself of healing services and remedies in which allopathic doctors have little or no confidence. I have never regretted the money I spent on alternative approaches to healing.

Now, in the world of health-care financing, there are also the private, supplementary health-insurance plans to be considered. Whereas government-sponsored Ontario health insurance will not pay a penny toward my visit to a naturopath, my secondary health insurance through Redeemer College does make some provision for visits to alternative doctors. I have often wished that there was a form of insurance that could help me with the substantial cost of private education for my children, but I know of no such thing.

## IV

The question I posed earlier in connection with private schools can now be raised in application to alternative healers. Why discriminate against them by refusing to fund them through the government-sponsored plan? Why not be pluralistic when it comes to health and medicine? Why not recognize *all* the healers and doctors and fund them *all*, including every form of psychotherapy and psychological counseling? Would that not constitute a truly liberal policy, one that is worthy of a pluralistic society?

My answer to these question is that a policy of *absolute non-discrimination* should not be attempted. In explaining and defending this answer, I need to point out that there are many more therapies and forms of healing that have not yet been covered in the list of alternative doctors given above, and they, too form part of the pluralistic picture. Likewise, there are a great many faith communities and ideologies from whose ranks new types of alternative approaches in education might spring.

Once a policy of radical non-discrimination was adopted, with public funding guaranteed for all, there would probably be a great diffusion of efforts in education and health care. And then we would have great practical difficulties administering a system of public funding that sought to support each and every one of them. A number of programs in health and education that are not intrinsically worthwhile would be prevented from dying a natural death because they are financially sustained by the government. What we need to do is encourage many alternative programs to try their wings, so to speak, realizing

that most of them will not fly in the long run. To guarantee funding for all is to remove the natural competition that is supposed to lead to excellence.

## V

One of the ways discrimination against alternatives in education and health care is sometimes defended is via the notion of presuppositions. The establishment or mainline tradition, we are told, is free of presuppositions: it is based on rationality, or science, or perhaps on a form of inquiry that concerns itself only with "what works." Such rationality is common to all people -- at least potentially. Hence, education and health care based upon it should be able to serve the needs of all people.

An implication, of course, is that all the *alternatives* in education and health care are grounded in presuppositions or theories of some sort. In case the theories in question are "religious," we might also call them sectarian. According to the thinking prevalent in our society, whatever is sectarian is private and somewhat mysterious for those on the outside.

The term "neutral" also comes into these discussions. Publicly-funded education and health care is supposed to be neutral in the sense of acceptable to people of all religious and ideological orientations. The local family doctor (an M.D.) no more has an ideological or theoretical ax to grind than does the local public school, according to defenders of such thinking. Hence the term "allopath," mentioned earlier, is ultimately an irksome one for the "regular" doctors to whom it is applied, for it suggests that they hold a theory of some sort, a theory that is different from that of their opponents (the homeopaths). When the homeopaths succeeded in affixing the label "allopaths" to their opponents, they established a rough equality between the two camps: both were supposedly based on a theory.

We find a similar situation in the domain of education. Publicly-funded education does not like to be labeled. Yet some of its opponents in the Christian camp speak of "humanism" -- or perhaps of "secular humanism" -- in connection with the approach to education they claim to find at work in the public schools. But public school defenders dismiss such talk as unwarranted. In defending itself, public education likes to argue that it is based on nothing but scientific method or rationality. No "religion of secular humanism" is being smuggled into the curriculum.

The question whether there are presuppositions at work in educational systems or approaches to health care is often answered in black-and-white terms. In other words, one says either yes or no. It seems to me that the truth may well lie in between. In some cases we have a lot of ideology or theoretical baggage being presupposed; the sign of such a situation is a high dose of jargon or of terminology that is defined in unusual ways. In other cases the ideological element is relatively weak, and the approaches to education or health care are closer to what counts as common sense in a given society. (I am not assuming here that common sense is the same for people in all times and places, or that it contains no dose of theory.)

Now, it should be noted that an approach to education or health care that is *high* in ideological or theoretical content will tend to remain somewhat isolated -- unless the ideology or body of theory has won a very high level of acceptance. Unusual terminology creates barriers to understanding and communication; the same can be said of peculiar definitions of what might appear to be common words. Minimal or inadequate communication in turn leads to less cooperation -- or perhaps to none at all. Thus, a "regular" or allopathic doctor might profess to be mystified by what a homeopathic healer was trying to accomplish and might therefore refuse to have anything to do with him and might even tell his patients that they must choose between allopathy and homeopathy. This is roughly what has happened in the battle between allopathy and homeopathy. In turn, some alternative doctors might find such isolation useful for their own purposes: they would then remain uncriticized and unchallenged.

The same situation might obtain in the educational domain. Public schools might maintain that they have no idea what is really being taught in a given alternative school and therefore cannot routinely accept credits or programs of study from that school. Problems of this sort also exist, of course, when students appear with credits and certificates from a faraway and relatively unknown country, a country that uses a little-known language as the basis for instruction. When people from such a country appear in our country as immigrants, they often find that they have to repeat much of their education because their credentials are not recognized.

In such situations where students are being given a hard time, so to speak, we find discrimination again -- this time in the form of a refusal to recognize credits and programs of study. When the stated reason for such discrimination is confusion between languages, the action taken is somewhat understandable. A person who held a medical degree from a faraway country and had received none of his medical training in English would not be in a good position to function as a doctor in an English-language environment; at the very least,

some additional training or preparation would be in order. But what about a person who had studied medicine at an explicitly *Christian* university? Would we also say of him that his training and credentials should *not* be recognized? It seems to me that in answering this question, much would depend on the extent to which he managed to cooperate effectively with others in his field who did not share his presuppositions and religious orientation. In other words, the question to ask is whether Christian presuppositions would prevent him from functioning effectively in a medical environment in which most of his colleagues did not share or understand those presuppositions.

The term "sectarian" is worth considering for a moment here. Sectarian groups are generally considered self-contained and uninterested in much contact with people outside their own circle. Sectarian people are hard to argue with because their terminology is largely a closed universe of discourse. As a result, they engage in very little dialogue or interaction or cooperation with people who work in their field but do not share their presuppositions. And because they seem unable to cooperate and interact, they tend not to be recognized and accepted. If they are healers, they find that other healers ignore them. And if they are in the education business, they find that their credits and certificates are not widely accepted. Here we have discrimination -- but it seems to me that there is some ground for it. Sectarianism is a form of innovation, and innovation often creates difficulties in the short run.

## VI

I can now reformulate a question posed earlier and ask: should sectarian approaches to healing be covered by government-sponsored health insurance? In many cases my answer would be no. Yet we should recognize that the label "sectarian" admits of degrees. Some approaches to healing are only mildly sectarian and should probably be recognized and made eligible for public funding and coverage via supplementary health insurance.

Switching to education again, I would argue that religiously-oriented education of the sort we offer at Redeemer College can only be branded as *mildly* sectarian. There is some unique terminology that is needed to understand what is taught at Redeemer. Does the absorption of that terminology render the Redeemer graduate unfit or unable to function in other institutions where the ideological or theoretical orientation is not like Redeemer's? Actual practice indicates that the answer to this question is a definite no. Redeemer students who have gone on to further studies in other institutions have, on the whole, done very well. Their Redeemer education, even with a dash of ideology buried

within it, has stood them in good stead. Therefore Redeemer's credits and degrees *ought* to be recognized -- and indeed they are.

But not *every* religiously-based educational enterprise will be successful in remaining relatively non-sectarian. Some will not be able to resist the temptation to hide from challenges behind a smokescreen of obscure terminology.

In both education and the healing arts, we need innovation. We should resist the tendency to suppose that some one formula or method or procedure will work best in all times and places. To innovate is to experiment, to try things out. But innovation also has -- in some cases more than others, admittedly -- a good dose of theory built into it. And the introduction of novel theories into education and the healing arts gets us back to the danger of being found sectarian -- one's methods and explanations are then found to be incomprehensible.

We need innovators who are willing to take this risk, who are willing to stay out in the cold, as it were, accepting that for the moment, their ideas will be neither accepted nor understood. It is hardly to be expected that people who are in such a position will receive full funding for their work. To guarantee full funding in an effort to abolish all conceivable discrimination is to invite people to innovate just for the sake of attracting funding into new enterprises. Therefore, in both education and healing, we should accept that newcomers and especially innovators will meet with a degree of resistance and even non-cooperation, and that they will have to work hard to establish themselves and gain recognition as legitimate alternatives to mainline approaches.

Most new ideas -- whether in education or healing or some other field -- turn out to be bad ideas. Yet we will not advance if we do not encourage some of our people to generate new ideas and try them out. One might suggest that we ask people to generate new ideas only if they can be sure from the outset that the ideas they come up with are also *good* ones, ideas that will *work* in everyday life. But such a requirement, in the long run, is well-nigh impossible to enforce. It would have the effect of stifling creativity, just as the ideological control of science and the arts in the old Soviet Union hindered creative people. Innovators need to feel free to engage in brainstorming.

What we need, then, is a modest degree of encouragement for innovation -- but not a full-funding approach. Let full funding -- or something close to it -- be reserved for those therapies and educational methods that have won widespread acceptance through long implementation leading to good results. On the basis

of this general principle I would argue that naturopathy deserves more support and recognition than it generally gets. Likewise, many classical forms of Christian education should also get more public support, for they have shown themselves to be successful with many generations of students. To follow such a path would be to implement pluralism without abandoning the goal that successful healing methods and successful schools should be able to cooperate and thereby act in the best interests of the patients and students they aim to serve.