

PRINCIPLES FOR HELPERS

by Dr. Robert Lupton

September 2007

Hippocrates (460 – 377 B.C.), the father of modern medicine, recognized the power of the healing profession to effect great good as well as its potential to do much harm. The oath that he instituted, a pledge taken by doctors to this day, established ethical standards for physician conduct which included: patient confidentiality, referral for specialized treatment, sharing of medical knowledge, and valuing prevention above cure. The Hippocratic Oath requires that physicians be personal and caring, put the interests of patients first in medical decisions, strive always to preserve life and never play God by taking life. And above all, do no harm.

For centuries the Hippocratic Oath has served well the medical profession and countless millions of patients. It has guided physicians toward astounding medical breakthroughs as well as constrained them from endangering patient welfare by risking questionable treatments. Perhaps a similar type of code would be useful to those who wish to serve the poor. We know that helping can certainly be for better or worse. Even as a misdiagnosed ailment will lead to improper (even harmful) treatment, so wrongly given assistance may well prolong or even worsen the plight of the needy. Good intentions and kindhearted spirits, while commendable, are insufficient guarantees of positive outcomes. Unexamined service that risks leaving the served worse off than if they had been left alone is irresponsible if not unethical. Guiding principles are needed.

The following is an attempt to articulate a few such fundamentals to guide would-be helpers toward effective care-giving. These guidelines are drawn from the collective wisdom and experience of veteran servants who have spent good portions of their lives living and serving among the less-fortunate in a variety of cultures. The list is hardly exhaustive, and each item requires far more unpacking than this writing permits. Just as the Hippocratic Oath has for centuries provoked vigorous and sometimes heated debate among physicians and has required repeated modification to remain contemporary, even so should these “Principles for Helpers” stimulate healthy discussion and adaptation appropriate for the particular setting.

1. **Is the need crisis or chronic?** — Triage may be the appropriate intervention in an emergency situation but it is hardly the strategy for a continuing need. The victims of a devastating tsunami need immediate medical, shelter, essential supplies and hoards of

volunteers. Over time, however, survivors need expert consultation, a practical plan and a combination of grants and loans to help them rebuild their destroyed community. A similar distinction should be applied to those who utilize our food pantries and clothes closets as well as to those we serve on our mission trips. If their situation is a matter of life or death, then immediate action must be taken to “stop the bleeding”; otherwise a plan for helping them rebuilding their lives is more appropriate. Just as a physician, before prescribing treatment, performs a diagnostic “physical” to determine the severity of an ailment, so must helpers take the time to discriminate between imminent life-threatening situations and chronic poverty needs. (Note: what may seem at first like a crisis to helpers may in fact be a chronic reality for the poor).

2. **Investing is better than lending** — Making money with the poor is the ultimate method of sharing resources (including expertise, connections, energy). It empowers them economically and strengthens their hand through authentic partnerships. Investing implies an ownership stake. While a loan places the responsibility for repayment primarily upon the borrower, investing in a venture requires a higher level of involvement, more due diligence, more personal commitment, and perhaps greater risk. An investor has an expectation of higher potential returns than a lender. To invest well with those with limited access to capital, whether in a welfare mom’s dream of a catering business or in a well project with peasant villagers, good investment requires a sound business plan, reasoned risk/reward ratio, adequate controls and accountability. The investor has a stake in the sustainability and profitability of the venture.
3. **Lending is better than giving** — While giving may seem like the kind and Christian thing to do, it often ends up undermining the very relationship a helper is attempting to build. Any one who has served among the poor for any length of time will recognize the following progression:
 - give once and you elicit appreciation;
 - give twice and you create anticipation;
 - give three times and you create expectation;
 - give four times and it becomes entitlement;
 - give five times and you establish dependency.

Lending, on the other hand, establishes a mutually beneficial relationship characterized by responsibility, accountability, and respect. It is legitimate exchange that requires the lender to be responsible for assessing the risk while leaving the dignity of the borrower intact. Lending, done well, builds mutual trust and respect.

1. **Exchange is better than giving** — One-way charity erodes human dignity. It subtly implies that the recipient has nothing of value the giver desires in return. No one wants to be pitied as a charity case. Thus, a thrift store affords more dignity than a free clothes closet, and a food coop more than a free food pantry. To the extent the poor are enabled to participate in (preferable have ownership in) the systems intended to serve them, to that extent their self-worth is enhanced. The fair exchange of labor for goods and services is an honorable and responsible practice (though admittedly not as easy as give-away programs).
2. **Never do for others what they can do for themselves** — The goal of helping is empowerment. Personal responsibility is essential for social, emotional and spiritual well being. To do for others what they have the capacity to do for themselves is to dis-empower them. Welfare, as many failed government programs have demonstrated, promotes dependency and a sense of entitlement. The outcome is no different when religious or charitable organizations provide it. The struggle for self-sufficiency is, like the butterfly struggling to emerge from its cocoon, an essential strength-building process that should not be short-circuited by “compassionate” intervention. The effective helper can be a cheerleader, an encourager, a coach, a connector, but never a caretaker who assumes responsibility that the “helpee” is capable of shouldering.
3. **Sustainability is a litmus test** — When our service project is over and we return home, are those we have served empowered to sustain what we have started? If these initiatives require our on-going funding, staffing, and volunteer participation to keep them going, they are more likely dependency-producing rather than empowering. Thus, building a home or digging a well for people who do not have the training and/or resources to maintain these assets does not empower them. It may feel very good for the moment and relieve an immediate need but it does not develop capacity. The defining question is: how can we serve so as to enable the poor to become self-sustaining?
4. **Consider unintended consequences** — Every change has consequences. Church growth may cause traffic congestion; screw-top wine bottles puts cork producers out of work; successful sheep breeding may lead to overgrazing. While we cannot foresee all the potential consequences of our service, we should at least make some attempt to predict their impact. Are we luring indigenous ministers away from their pastoral duties to become our tour-guides and schedule coordinators for our mission trips? Are we diminishing the entrepreneurial spirit in a culture by offering our free services, gifts and grants? Are we supporting irresponsible lifestyles by indiscriminate giving from our clothes closets and food pantries? Before we embark on a mission venture we should conduct an “impact study” to consider how our good deeds might have consequences we never intended. As Hippocrates admonished: above all do no harm

5. **Listen to what is not being said** — A good physician learns to listen to what his patient is not saying. Perhaps out of embarrassment or fear, a patient may not disclose important data needed to correctly treat a condition. The doctor must look for clues, piece together fragments of information, use his diagnostic tools and intuition to arrive at an accurate diagnosis. The poor we serve may be quite reluctant to reveal "the whole story" to would-be helpers for a host of reasons — fear of judgment, fear of losing support, not wanting to appear unappreciative, intimidation. It would be very difficult, for instance, for a pastor in a poor Guatemalan village to tell a supporting church in the States that it would be a far better use of their money to help him create jobs for the men in his village than to spend it on plane fare to send 30 unskilled volunteers to come and do construction work for them. Likewise, a single mother trying to clothe her children may be hesitant to tell the clothes closet volunteers that their hours of operation make it difficult for working parents to shop there. Like good physicians, effective helpers must learn to observe, ask questions, use their intuition, and hear what is not being said.

AN OATH FOR HELPERS

The effectiveness of our efforts to empower the poor could be significantly enhanced if, prior to launch, would-be helpers would take the following pledge:

1. I will never do for others what they have (or could have) the capacity to do for themselves.
2. I will limit my one-way giving to emergency situations and seek always to find ways and means for legitimate exchange.
3. I will seek ways empower the poor through hiring, lending and investing and use grants sparingly as incentives that reinforce achievements.
4. I will put the interests of the poor above my own (or organizational) self-interest even when it may be costly.
5. I will take time to listen and carefully assess both expressed and unspoken needs so that my actions will ultimately strengthen rather than weaken the hand of those I would serve.
6. Above all, to the best of my ability, I will do no harm.

For additional discussion material on effective service among the poor see Compassion, Justice and the Christian Life — Rethinking Ministry to the Poor by Robert Lupton, Regal 2007.