Biblical Ethics in Medicine

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Among Christians a new consciousness in medical ethics has been raised by abortion, infanticide and euthanasia. The horror of these practices is often called "sound medical practice." This situation brings into question all the ethics of a medical worldview that allowed such practices to become routine. Many ethicists have observed that Protestants have lagged behind in their development of medical ethics. As evangelicals, we must be concerned that our approach to medical ethics is thoroughly and distinctively biblical. The little work that has been done in medical ethics by most evangelicals, however, does not meet this qualification.

The statement of this failure is not meant to impugn the intentions of those who have tried. They may not have known what is required. The task is not a simple one, but neither is it impossible. We will define an approach for those who desire to be truly evangelical.

First, let us clarify the word evangelical. An evangelical is a Christian who believes the inerrancy of the Bible (some distinguish between inerrancy and infallibility, but I do not), the existence of God in three persons (the Trinity), central truths about Jesus Christ (His deity, virgin birth, sinless life, substitutionary atonement, true miracles, bodily resurrection, ascension, and personal return), the necessity of regeneration, the indwelling Holy Spirit in the believer, the eternal conscious existence of believers in heaven and unbelievers in hell, and the spiritual unity of all believers. These seven "fundamentals" appear in the National Association of Evangelicals' Statement of Faith. Organizations and churches may make slight modifications, but these convey the basic position.

These fundamentals are not arbitrary. They have been hammered out over the twenty centuries that the church has existed. A correct synonym for evangelical would be "orthodox," but it is less desirable because of its association with certain denominations. The watershed issue, however, has been stated by Dr. Francis Schaeffer in his last book.[1] Formerly, inerrancy and/or infallibility meant that the Bible was without error in the whole or in its parts. Lately, however, some evangelicals have begun to limit these terms.

This may come from the theological side in saying that not all the Bible is revelational. Or it may come from the scientific

side in saying that the Bible teaches little or nothing when it speaks of the cosmos. Or it may come from the cultural side in saying that the moral teachings of the Bible were merely expressions of the culturally determined and relative situation in which the Bible was written and therefore not authoritative today.

The person who speaks or writes must be identified with his position concerning Scripture. Without this identity it is dangerously deceptive to accept the teaching of anyone who claims to be an evangelical. There are wolves among the sheep an. 10:1-18). With some discernment they can be identified and we will cover some means by which this discernment can be made. On the foundation that Scripture is inerrant and infallible, what principles enhance our ability to develop biblical ethics in medicine? My observation is that *among evangelicals the development of these principles is much more the problem than agreement in theory.* Arbitrarily, I am dividing these principles into two categories. One contains the basics and the other contains directives.

THE THREE BASICS

The first basic is **the sufficiency of the Bible to provide principles** that govern all problems that we encounter, even in the complex biotechnology of modern medicine (1I Tim. 3:16-17; II Peter 1:3). Admittedly, in most instances, principles that apply to medical ethics are one or more steps removed from the explicit statements of Scripture. Logic and systematization (see below), however, can give a certainty and finality about many ethical problems that are not explicit.

The second basic is **the Bible as the starting-point for these principles.** Too often, Christians start with the positions that other Christians take rather than what the Bible says. Although their ethical principles may be biblical, they still must be proved by Scripture and identified with specific texts. What must be examined are the thoroughness of the ethicist's work and his commitment to biblical truth as the authority of God. A major error today is that a principle is based upon one or two verses that do not take into account many others that deal with the same topic. An example is the concept of medical practice. I am unaware of any work that reviews all words and concepts relative to the practice of medicine in the New Testament other than in two sections of my book.[2]

The third basic is **the authority given to Scripture.** In other words, how seriously is what the Bible says taken into account? For example, it is clear that the Bible both forbids murder and states that life begins at conception. Compromise of that authority begins when the deformity of the child, the rape or incest of the mother, or the mental illness of the mother is used to justify induced abortion. To say that the Bible is the authority does not mean that other sources are not valuable or that they do not help us to understand Scripture. As the final authority, however, biblical principles must be given functional control (a term coined by Dr. Robertson McQuilkin). The "edge" must always be given to the Bible if

there is any doubt or conflict with another opinion. It is crucial to hold the position that ***no condition or idea can overrule biblical principle or statement.*** Christian psychologists and psychiatrists often make this error. I have detailed arguments to illustrate some of their errors in my book.[3]

Let us move now to those directives that will help to assure our arrival at medical ethics that are biblical.

TWELVE DIRECTIVES

Biblical ethics are distinctive. The Christian is engaged in "a gigantic battle that splits the universe."[4] Our medical ethic by its nature must contrast with the medical ethic of our profession at many points. The Bible describes this contrast in various ways: a lack of unity, light and darkness, righteousness and lawlessness, disagreement, no fellowship, the temple of God and the temple of idols (11 Cor. 6:14-16); the foolishness of the world and God's wisdom (I Cor. 1:18 31); and a lack of conformity (Rom. 12:2). This contrast does not mean that we will differ at every point because all men have some correct knowledge of right and wrong (Rom. 2:15) and of God's presence in the universe (Rom. 1:19ff). Abortion, infanticide and euthanasia reveal the tip of the iceberg. Our hope is to develop a comprehensive medical ethic that will contrast with the secular humanistic ethic at every necessary point.

Biblical ethics build on the work of other biblical scholars. I have encountered more than one Christian who has stated that he is going to develop a Christian approach to his profession without recourse to the work of others. The intent is right; the means is totally unbiblical. Such an attitude reflects the epitome of modernism and individualism. First, all believers are dependent on other believers (I Cor. 12; Eph. 4:11-16). Second, no one person in an entire lifetime can learn Greek and Hebrew, develop his own systematic theology, write commentaries on all the books of the Bible, and in essence develop a library on the Bible that is necessary to assure oneself and others that one's work is consistent with all that the Bible teaches.

Who or what do we build upon? Primarily, we build upon the extensive knowledge already available in the church. Creeds, confessions, commentaries, textbooks on systematic theology and other such works have been painstakingly written over the centuries to mine the depths of the Word of God. Obviously, all these cannot be read or studied, but one can select those that are faithful to the Bible as the revealed will of God and that will give concrete identification to the biblical truth that is relevant to the area in which one is studying. This is not to say that these words are without error, but one can know the basic truths of our faith with sufficient certainty to distinguish truth and error. The necessary comprehensiveness of this approach brings us to the next principle.

Biblical ethics includes all Christian minds. Since all believers make up the body of Christ, the Christian mind consists

of the minds of all Christians. No one can be left out. For our focus on medical ethics, this inclusion means that every Christian potentially has some thought to contribute. I say potentially because his contribution must be consistent with a comprehensive and systematic biblical ethic and because every Christian does not necessarily have a new thought. The teachable mind receives ideas from unlikely sources, but a journal can be an effective vehicle to develop this Christian mind. A journal provides a wide exposure of Christian minds to each other; the authors express their thoughts and the readers can respond with additions and disagreements. Thus, the Christian mind becomes a more comprehensive process.

Biblical ethics are scientific. Prior to modern times "science" applied to any area of knowledge that was approached systematically. For example, theology was called the "Queen of the Sciences" (a reflection of what we have called "functional control" above). Today, science is narrowly confined to the natural sciences. Here, we are using science according to its former meaning. Biblical ethics must be systematic. Until any knowledge is systematic its inconsistencies and errors can remain obscure. Each principle must be compared and contrasted with others to see if and where it fits into the whole. Unfortunately, logic and philosophy are no longer generally taught in both secular and Christian schools. These disciplines can provide the methodology for systematization. Further, any systematization of biblical ethics must be consistent with some established systematic theology as the foundation to biblical ethics.[5]

Biblical ethics become more fully developed through experience. Experience challenges our ethics: Are they comprehensive to cover all contingencies? Are they defined with enough clarity to be readily applied? Are they consistent from one situation to another? Should our principles be modified because of the situation? The last question seems more of an existential, than a biblical, philosophy. But, reality may at times require a certain modification, sometimes to a broader principle and sometimes to a more restricted principle. For example, we would like to say that a baby should never be delivered so prematurely that it has no chance to live. Real situations, albeit rare, do require that a choice be made between the continuing presence of the baby in the mother's womb and the mother's life. Of course, extreme care must be taken that situations are always governed by principle, and not vice versa, but until principles are tested in the reality of situations, some openness to modification must be maintained. This interaction of principle and practice is thoroughly and clearly presented elsewhere.[6]

Biblical ethics requires an understanding of hermeneutics. Sound theology is not haphazard. Standard principles of interpretation have been developed and these are ignored with the certain result that serious error will occur. Biblical ethics require that Scripture be interpreted; such interpretation must be careful and complete. It cannot be done

without some understanding and application of hermeneutics. Fortunately, Dr. R.C. Sproul has written a concise book that contains much of what we need.[7]

Biblical ethics requires precise definitions. Theologians say that some words are "univocal," that is, words that have only one meaning. The modern existentialists have obscured such precision of definition and evangelicals have been unduly influenced. Precise definitions are rarely a part of evangelical writing, frequently with the excuse that they make reading too "dry." For such lack of definition and precision evangelicals are losing their distinctiveness. Biblical ethics defines ***the way*** of "the way, the truth and the life" (Jn. 14:6) and "the narrow way" (Mt. 7:14). Can it accomplish its purpose with imprecision?

Biblical ethics requires certain spiritual gifts. With the popularity of teaching about spiritual gifts, the willingness of Christians to follow almost anyone is a striking failure to discern those who have teaching gifts. I have been painting a very laborious task for biblical ethics in medicine. Few will be willing or have the desire to pursue such a course except those whom God has gifted for that work. The many who are not called to this task will not have such a desire, but they are lacking in their spiritual duty when they ignore these biblical requirements for their teachers. Spiritual gifts necessary to develop biblical ethics are teaching, wisdom, knowledge, discernment and prophecy (as forthtelling, not foretelling).

Biblical ethics must consider the situation. In our reaction to situational ethics (re: Joseph Fletcher), evangelicals have often overlooked the place of the situation in biblical ethics. The principle is: The situation determines which biblical principles apply to that situation. The key concept is that the situation does not determine the principles. The situation is set within the biblical worldview and governed by it. Traditional situational ethics essentially have no principles and certainly none that are absolute and specific, as the Ten Commandments are. An example of this principle is a teenager who receives a prescription for birth control pills from her physician. His act would be immoral if she needed the pills for contraception. His act would be moral if she needed the pills to control heavy menstrual bleeding (a common problem). The act is the same; the situation determines which principles apply.

Biblical ethics must be a concern of the local church. The local church exists to nurture believers in their spiritual development. Since complete casuistry is impossible in medical ethics, most believers will need or ought to seek counsel for medical decisions that are not clear. The pastor and elders of their church are God's chosen men to provide the particular application needed. Although a church may refer its members to a Christian leader of another church for such counsel, most churches should be able to develop their own resources through the teaching of those who have the spiritual gifts for such counsel.

Biblical ethics must have appropriate review before they are made public. The susceptibility of Christians to erroneous teaching is clear in Scripture (I Tim. 1:3-11, 4:1-5; II Peter 2:1-22). Likely, our modern approach to publishing Christian materials violates these warnings. As we have listed those spiritual gifts that are required to develop biblical ethics, those same gifts should be possessed by Christian editors. Many Christians believe that any publication by an "evangelical" organization or company is trustworthy. That assumption is seriously erroneous. The role of guardian of the truth is assigned to church leaders, specifically pastors and elders or their equivalents (I Tim. 4:6). Freedom of the press is necessary in a free society, but the freedom of the evangelical press is limited to biblical truth guarded in a biblical manner. These church leaders should be much more active to discern what their members read.

Biblical ethics finally rests within the conscience of individuals. Theory becomes practice in the situation where individuals live. It is perilous for Christians to ignore the teaching and counsel of others. We have discussed the impossibility that one Christian can even begin to accomplish all that is required to know biblical principles. Preferably, individuals are taught and should seek this teaching in their local church. In turn this expectation requires church leaders to have been taught by others through books, lectures, preaching, tapes and other means. Thus we see the universal church and the particular (local) church in their respective, God-ordained roles.

SERIOUS APPROACH NEEDED

Will this diligent course of action guarantee medical ethics that are biblical? Obviously, it will not. My concern, however, is the superficial manner in which such ethics are frequently undertaken. This superficiality is not limited to medical ethics but prevails throughout evangelicalism.

A call to serious and careful study is needed everywhere. Our concern here is biblical ethics in medicine. With an application of these principles, we are more likely to arrive at agreement on many issues and have some certainty of our results. Most health professionals are not called to make this effort, but all are called to discern to whom they should listen and to contribute in some way (no matter how small) when they have an insight or they have a biblical reason to disagree with what has been said. The Christian mind needs to be developed to its fullest capacity for our times. The process, however, must follow certain prescribed principles or its result is likely not to be biblical and honor our Lord and Saviour Jesus Christ.

Our goal is articulately stated by Dr. Abraham Kuyper:

Only in the combination of the whole race of man does this revelation reach its creaturely completeness . . . The knowledge of God is a common possession, all the riches of which can only be enjoyed in the communion of our race . . . but because humanity is adapted to reveal God, and from that

revelation to attain unto His knowledge, does not individual complement another, and only by the organic unity and by the individual in communion with that unity, can the knowledge of God be obtained in a clear and completer sense.[8]

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A Biblical Model for Medical Ethics

Part 1. Worldviews, Presuppositions, Logical Conclusions

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In discussions of ethics, particularly in the courses provided in American medical schools, it has long been in vogue to invite individuals from varying viewpoints to make presentations. This way, it is reasoned, the student can weigh the options and decide for himself or herself what is right and what is wrong. This approach is thought to do justice to the pluralistic nature of our society. All sides of the argument are heard. Even the most extreme opinions are not excluded. All will be "fair."

The resulting curriculum then becomes something resembling both a circus side show and a smorgasbord. As in the circus, grossly perverse behaviors and outlooks are paraded before the class, and the eyes of many are opened to "alternative" lifestyles they never before dreamed existed. In the interest of fairness the coursemaster often invites a Christian to make a presentation, rounding out the complement of (extreme!) viewpoints aired. And of course, there are discussions of what might be called "mainstream" modem viewpoints, often cast as more "reasonable" and therefore intellectually more defensible, even if somewhat eclectic.

The students are then invited to draw their own conclusions, with the coursemaster presenting some of the ramifications of the various choices but maintaining a noncommittal, "neutral" stance. However, whether intentional or not, the context in which this is done is often subtly manipulative, because of the "smorgasbord" effect and undisclosed assumptions.

As we all know, a smorgasbord is a feast in which we can choose whatever we want to eat, with the only constraints being our own. None are imposed upon us from the outside; we are autonomous. And all the choices have virtually equal ultimate consequences. According to the ground rules, it makes little difference what we choose as long as we ourselves are satisfied. Just as we may choose lean or fat, and take or leave the desserts in a gastronimcal smorgasbord, so may we choose, to name two examples, chastity or

promiscuity, individualism or collectivism in the moral smorgasbord. We will reap whatever temporal consequences are entailed, but no one can impose his mores, any more than his food choices, upon us while we feast at the smorgasbord. In this setting, distinctions among the choices seem small, and Christianity is seen as only one of the many choices open to us.

At first blush this may not seem unfair to Christians. After all, we can't exactly force people to think as we would like. But when examined more closely, the deck has obviously been stacked. The very assumption made from the beginning, whether openly stated or not, that we must not accept any mores "imposed" (read pejoratively) from the "outside," if inviolate, precludes a choice for Christianity. ***For to be a Christian is specifically to choose to submit oneself to the authority of another.*** If we decide at the outset not to do so, then we have a ***priori*** excluded Christianity and are left with the remaining choices. Though there are many options still open to us, they are all of a certain type. All the theistic cards have been removed from the desk, so we can be assured that we won't find that tyrant God popping up somewhere - not so much because the Christian position has been rejected as mistaken as because it has dismissed as ***meaningless.*** The framing of the discussion has rendered not only God's demands irrelevant, but his existence for all practical purposes impossible.

The argument to be made here, then, is that to be truly fair, discussions of ethics must begin with systematic examinations of more primitive concepts. The most basic assumptions for ethical dialogue must be clearly stated, and their ramifications lucidly portrayed, so that divergences of opinion can be seen all the way back to their origins. We've got to talk about worldviews, presuppositions, and logical conclusions.

WORLDVIEWS

A worldview is a belief-ordering framework which each of us has and uses; it might be said, in fact, that we each inhabit a particular worldview. Our worldview is not only a conceptual framework, but profoundly influences our daily actions. It is through our worldview that we answer such questions as where did we come from, why are we here, and where are we going. It further gives us a grid for judging right from wrong, good from bad, better from best - for establishing values. It tells us what to expect from the world, and provides a means for us to integrate (or discard) ideas or phenomena that don't fit our expectations. It has been said, for instance, that we have a great ability to admit the evidence that fits our preconceived ideas and an amazing capacity to be **unaware** of the rest! Partly through communally-held values (the church!), our worldview also provides psychological, emotional, and practical reinforcement. Last, it determines whether we can or should adapt to the world as it changes.

Stated another way, our worldview provides us with the first principles, assumptions, or presuppositions, for

beginning an investigation of the world, and a discussion of ethics. Beginning from these presuppositions, we make observations of the world around us which are both directed by and limited by our overall framework. To a certain extent, we look where we expect to find answers. And then we draw conclusions which, no doubt, are backed up by the observations, but sometimes so strongly reflect our presuppositions as to cast doubt on the sincerity of the observations "my mind is made up, don't bother me with the facts"! (Vide supra re: the stacked deck). As Michael Polanyi stated, though there is a "desperate craving to represent scientific [or other] knowledge as impersonal, . . . into every act of knowing there enters a tacit and passionate contribution of the person knowing what is being known, and this coefficient is no mere imperfection, but a necessary component of all knowledge."

The discussion of these presuppositions, and of the questions, what can we know? how do we come to know it? and how do we substantiate it? It is called epistemology. A second branch of philosophical dialogue equally important to a just treatment of medical ethics is that of metaphysics or ontology. This asks such fundamental questions as, what is the nature of the universe? what distinctions are normative, and on whose authority? do our choices have more than temporal significance? and, to whom are we answerable for our actions? The more specific field of philosophical anthropology asks, who is man? what distinguishes him from other animals? how is-he to be treated? etc. Once these questions are answered, we have a clearer idea whether we're beginning at the same point in our discussion on medical ethics.

Already it is obvious that the biblical answers to these questions, the biblical presuppositions for all of life's endeavors, are vastly different from those used in most classrooms. As an illustration of this, and to point out the differing logical conclusions that ensue, let us compare and contrast the presuppositions regarding the universe, knowledge, and man and his destiny that belong to the Christian worldview vs. what we will call the naturalistic worldview. We will then point out the profound implications that these presuppositions have for ethics their logical conclusions. These are summarized in Tables 1 and 2 on the next page.

TWO WORLDVIEWS CONTRASTED

1. The Universe

The divergence of the two worldviews is obvious from the outset. The Christian worldview asserts that the universe was created by God, and that it is therefore ultimately personal. Furthermore, it is not the world of the deists which was created and then left alone, but is ruled by his sovereignty. He has created it so that our actions have real consequences, both temporally and eternally.

To the philosophical naturalist (or humanist), materialist, agnostic, or other non-theist), the universe is entirely the

product of chance. Composed only of matter and energy, everything it contains is a pure accident. There is therefore no room for personality or "spirit," since these lack a metaphysical base. The universe is ultimately impersonal. At best, the personality that we exhibit :s considered a scientific epiphenomenon, but philosophically it is an anomaly. At worst, in fact, it is a mirage. E.O. Wilson represents this viewpoint, more forthrightly than most authors, at the beginning of his book, On Human Nature .

. . . If the brain is a machine often billion nerve cells and the mind can somehow be explained as the summed activity of a finite number of chemical and electrical reactions, boundaries limit the human prospect - we are biological and our souls cannot fly free. If humankind evolved by Darwinian natural selection, genetic chance and environmental necessity, not God, made the species . . . No way appears around this admittedly unappealing proportion. It is the essential first hypothesis for any serious consideration of the human condition. . ."

(emphasis added)[1]

Wilson thus dearly lays out his presuppositions at the beginning of his treatise on man. If all discussants did likewise, the points to be argued would be far clearer.

2. Knowledge

With regard to knowledge, Christianity affirms that the fact that God knows everything (omniscience)[2] and has spoken to us in propositional terms (revelation)[3] provides a basis for us to say that we know some things to be absolutely relied upon, because he cannot be mistaken as we so often are. This is what Francis Schaeffer called "true truth", to contrast it with the assertions of the naturalist who simply uses tools of observation to gather information and draw conclusions. Such empirical assertions must always be considered tenuous because of the constant possibility that some as yet unknown perspective or piece of data lurking around the comer will negate them. In this sense, then, all of the naturalist's knowledge is relative. Of course, the Christian has no comer on truths which are not revealed (e.g., most scientific observations) and is no less subject to distorting the truth than is the naturalist, but he can be confident that what God says is truth.

One important thing that God has communicated is that He is reasonable, and does not play whimsical tricks on us, chaotically changing the fundamental nature of the universe from one day to the next.[4] On the other hand, the naturalist has only its apparent empirical improbability to assure him that the fundamental principles governing the universe will not change at some point in time.[5]

Another reassuring thing that God has told us is that His ultimate intentions towards us are good, even when the appearances are contrary.[6] That is, the principles which

govern the universe are finally good and not diabolical. However, this assurance has teeth: we are answerable to the One who rules the universe. Our moral choices have real consequences.[7] For all he knows, the naturalist has no such answer to give to anyone outside himself; but neither does he have assurance that the universe does not finally work against him.

Some might insist, as did the positivists of old, that the nature of scientific knowledge is such that it can provide us with values adequate for moral living and decision-making. However, the words of Gordon Clark prove the absurdity of such a hope.

What then is the scientific argument against the proposition that just one minute ago the universe sprang into being, trees complete with rings, human beings with navels, and scientists with those ideas we call memories? At any rate, 1 cannot imagine any empirical observation that contradicts this exceedingly peculiar hypothesis. To dispose of it, something other than science is needed. Much less can physics demonstrate the non-existence of a Supreme intelligence who ... directs the whole universe for his own purposes.[8]

TABLE l: PRESUPPOSITIONS CONTRASTED

	Christian Worldview	Naturalistic Worldview
Universe	Created by sovereign infinite-personal God	Product of chance No ultimate personality
Knowledge	Omniscience plus revelation, Some absolute truth is possible	Empirical - All knowledge is relative
Man's Nature	Created in image of God Declared unique	Advanced animal Product of chance
Destiny	Eternal significance	Worm food Cold universe

TABLE 2: LOGICAL CONCLUSIONS CONTRASTED

Christian Worldview	Naturalistic Worldview
Meaning and value rooted in the character of God.	No ultimate basis for meaning and value.
Man unique, radically different from animals, to be treated with respect	Man not unique; no basis for treating man differently from animals

Ethics has a normative base; ethical principles are binding; choices have eternal consequences.	No normative moral sanctions; ethics reduced to individual or collective sentiment; choices have no ultimate significance
Illness and death are abnormal but not the final enemy; they are used by God to accomplish His purposes	Illness and death are part of natural, meaningless order of things; death simply a point in amoral continuum, inimical only for unfounded emotional reasons

3. Man

The next major group of presuppositions relates to the nature of man. For the Christian, man is created in the image of God; in so creating him, God declared man to be unique.[9] Though he has striking similarities to other animals, by virtue of his bearing God's image, man is, to use Mortimer J. Adler's phrase, "radically different in kind" from other animals. This provides grounds for treating man and animals differently.

The naturalist cannot assume such a radical difference between man and animals, regardless of the amount of evidence to the contrary.[10] For him, man is simply an advanced animal whose essence is no different from that of other animals. Both are simply matter and energy, and no more. If God does not exist, there is NO possibility that man and animals are radically different in kind. Their apparent difference is simply a colossal chance occurrence, an incredible play of the Monte Carlo game.

4. Destiny

Last, the two worldviews diverge further with regard to their treatments of the ultimate future. In the Christian worldview, when one passes from this life as we know it, that is not the end. One continues to exist either in a life of eternal bliss or in eternal judgment.

Either case involves eternal significance, based upon the choices made in this life. The universe continues to exist eternally, though with major changes. Contrarily, for the naturalist, each human's life is entirely ended at death, and one becomes worm food. The universe is doomed to die a cold entropic death, barring reversal of the second law of thermodynamics.

LOGICAL CONCLUSIONS

The differences in the conclusions that logically proceed from these two worldviews are profound. To state them, however, does not mean that all Christians or all naturalists are consistent in ascribing to these logical conclusions. None of us is pure of understanding or of motive. We all make alterations, even distortions, as we go, and are often eclectic in our approaches, borrowing where convenient from another worldview in order to make life tolerable or manipulate it according to our wishes. The nature of the fallacies we

commit is telling. For if the world truly is that described by one worldview, it should be impossible to live consistently in the other.

1. Basis for meaning and value

By virtue of God's having created the world, and man in His image, and being a "reasonable" God, the Christian worldview provides an epistemological basis for the meaning that we attach to our lives. When we make choices and act into the world, the significance with which we would like our actions to be endowed is explicable beyond mere mechanical cause and effect. There is also value to our lives as a whole, which inheres in who we are as image-bearers of the Creator rather than in what we do (or do not do). These concepts of meaning and value are rooted in the character of God Himself, who does not change.

For the naturalist, there is no such epistemological basis for meaning or value. The nature of the universe only provides for chance occurrences, so what happens to us carries no special import, and the choices we make will finally be lost in the cold universe. The only meaning our actions have is what we invest in them, and such meaning is bounded by the portals of time. Life has no ultimate value or purpose.

> *But to the extent that the new naturalism is true, its pursuit seems certain to generate two great spiritual dilemmas. The first is that no species, ours included, possesses a purpose beyond the imperatives created by its genetic history . . . If the brain evolved by natural selection, even the capacities to select particular esthetic judgments and religious beliefs must have arisen by the same mechanistic process . . .*
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> *The first dilemma, in a word, is that we have no particular place to go. The species lacks any goal external to its own biological nature...*
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> *The second dilemma [is] . . .: innate censors and motivators exist in the brain that deeply and unconsciously affect our ethical premises; from these root, morality evolved as instinct.*[11]

The first dilemma is the one under discussion here. But in passing, one is tempted to say that if the second dilemma is true, then Wilson's thoughts themselves evolved as instinct, and why should one concur with them rather than reject them? Consistency at this point would reduce all persuasion to utter absurdity. If Wilson were fully consistent, he would not have written the book.

2. Respect for life

The Christian worldview requires that we treat all of God's creation, particularly

living beings, with respect, since all of creation belongs to God. Yet, since only man bears the image of God, he is to be treated differently from the rest of creation, with more "dignity" or "sanctity" in the traditional sense. Since the image of God in man is present by virtue of God's creative fiat and is not simply descriptive of some function man performs, the rights to life and to respectful treatment are not subject to revocation due to deformity or disability any more than to race, social station, or other descriptive characteristics. In the naturalistic worldview, a basis for treating man differently from lower animals can be found only in man's more advanced capabilities. Yet, the moral relevance of such a distinction is quite tenous, leaving for the consistent naturalist no real reason to give man more respect than other living beings. This is clearly articulated by Peter Singer, who says,

> *Whatever the future holds, it is likely to prove impossible to restore in* full *the sanctity of life view. The philosophical foundations of this view have been knocked asunder. We can no longer base our ethics on the idea that human beings are a special form of creation, made in the image of God, singled out from all other animals, and alone possessing an immortal soul. Our better understanding of our own nature has bridged the gulf that was once thought to lie between ourselves and other species, so why should we believe that the mere fact that a being is a member of the species Homo sapiens endows its life with some unique, almost infinite, value?*
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> *. . . If we compare a severely defective human infant with a nonhuman animal, a dog or a pig, for example, we will often find the nonhuman to have superior capacities, both actual and potential, for rationality, self-consciousness, communication, and anything else that can plausibly be considered morally significant. Only the fact that the defective infant is a member of the species Homo sapiens leads it to be treated differently from the dog or pig. Species membership alone, however, is not morally relevant.*[12]

This obviously implies that either animals must be treated with more respect or humans with less. Singer opts for some of both. For him, at least in theory neither humans nor other species have more rights than the other.

3. Moral sanctions

Based on these distinctions and on the

revealed law of God, the Christian has moral sanctions with teeth. The law of God represents the norms for all of human thought and behavior, and thus Christian ethics has a universal normative base. Our moral choices are judged by God Himself, in accord with His law, thus giving those choices eternal significance, for better or for worse. God's norms are therefore not simply wishful platitudes. Since their consequences cannot be escaped, they are binding.

Having no universally applicable norms and no one who will require an answer of him, the naturalist has no binding moral sanctions. Morever, the naturalistic worldview provides no ultimate reason even for making one mundane choice over another, since it affirms that one's choices do not change the final destiny of any individual or of the universe as a whole. This reduces the options available for deriving moral principles to the following:

a. INDIVIDUAL WISHES, where one simply makes up one's own mind, either with or without regard to broader consequences. This might be described as the existential approach.

b. CONSENSUS, the most popular tool currently for articulating moral guidelines for the community. The consensus could be arrived at by referendum or by a representative body such as Congress, but efforts to date have been invested in groups of experts such as The President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research.

c. AUTHORITARIAN pronouncements determine public morality in many countries of the world.

It is obvious that all of these methods are subject to individual, cultural, and political whims. They provide only descriptions of what the individual, the group, or the elite considers appropriate at the time, and will never provide binding moral precepts. They can all be finally reduced to expressions of **sentiment or intuition** which, though they may be invested with legal power, lack morally compelling significance. In fact, ethical statements are totally meaningless if they are, as Wilson insists, merely the product of our genetic makeup. No more can be said in favor of any of them than "it seems reasonable." Worse yet, ethical prohibitions run the risk of impeding the "inevitable" process of evolution.

4. Significance of Illness and Death

For an overall perspective on medical ethics, perhaps second in importance to one's view of the meaning and value of life is the significance one's worldview gives to illness and death.

In the biblical worldview, the fall of man gives Christians a means to integrate the abhorrence we feel toward illness and death with the fact that God is sovereign and loving. Since the world as He created it was perfect, there was initially no such thing as illness and death.

Man brought these upon himself as a result of his rebellion against God. For this

reason, we can justifiably treat illness and death as our enemies without acting as though they are the **final** enemy. The reason they are hateful and ugly to us is that they are not part of God's original design for the world.[13] But because God has provided a way of salvation, death cannot finally defeat us; in fact, for the believer, "death is gain."[14] And illness, though also a result of the fall, is used by God to accomplish His purposes in our lives.[15]

In the naturalistic worldview, death is simply a point in the continuum between being and nothingness. As such, it has no particular ontological, much less moral, significance. Therefore there is no metaphysical rationale to explain why we hate it so. On the one hand, for the living, death is the final enemy. Yet, the thorough-going naturalist must say that man's universal hatred of death is due either to a universal illusion that life has abiding value or to a simple relational attachment to the deceased. Since both death and illness are part of the essential order of things, there is no fundamental philosophical basis for considering them enemies.

SUMMARY

It can be seen from the foregoing that the two contrasting worldviews provide very different backgrounds for medical practice. The Christian worldview is responsible for the high view of man which has driven the development of science and medicine in the western world. It fits life into the wider purposes of the universe and endows man with special significance extending beyond the portals of time. It offers directives for moral conduct which are not dependent on the limited knowledge or mixed motives of man himself. It supports a vigorous battle against illness and death but casts both in the light of unseen realities and eternal priorities.

The naturalistic worldview, on the other hand, erases distinctions which are vital to society's moral categories. It does not consider life to have ultimate value, undermines moral distinctions between man and other species, offers ethical guidelines based finally on mere individual sentiment, and does not support man's inherent hatred for and battle against illness and death. In short, if applied consistently, it is destructive of ethics and gives no real foundation for medical practice as we know it. The impossibility of living consistently in this worldview calls its validity seriously into question.

Future articles in this series will examine in greater detail the biblical foundation for medical ethics and offer a biblical model for ethical decision-making.

References

1. Wilson, E.O., *On Human Nature.* Cambridge, MA: Harvard University Press, 1978, pp. 1-3

2. Rom. 11:33, *"Oh, the de. pth of the riches of the wisdom and knowledge of God, How unsearchable his judgments, and his paths beyond tracing out:""* Ps. 147:5, *"Great is our Lord and mighty in power; his understanding has no limit:"*

3. Is. 45:19, "1 *have not spoken in secret, from*

somewhere in a land of darkness; 1 have not said to Jacob's descendants, `Seek me in vain.' 1, the Lord, speak the truth; l declare what is right." I Jn. 5:20, *"We know that the Son of God has come and has given us understanding, so that we may know him who is true."*

4. Mal. 3:6, "1 *the Lord do not change. So you, O descendants of Jacob, are not destroyed* " Gen. 9:15,16, *"Never again will the waters become a flood to destroy all* life. *Whenever the rainbow appears in the clouds, 1 will see it and remember the everlasting covenant between God and all living creatures of every kind on the earth.* "However, we do know that one day things will change dramatically, when *"He who [is] seated on the throne [says], `I am making everything new;"* Rev. 21:5

5. In fact, most naturalists postulate just such an occurrence in the history of the universe in order to reconcile its present existence with the law of entropy. This is a sort of "it must have happened, therefore it did happen" reasoning, with no firmer evidence to establish it. But they don't often talk about such possibilities when discussing day-today realities!

6. Rom. 8:28, *"And we know that in all things God works for the good of those who love him, who have been called according to his purpose.* " Jer. 29:11, " `For *1 know the plans 1 have for you,' declares the Lord, `plans to prosper you and not to harm you, plans to give you hope and a future.' "*

7. Rom. 1:18,19, *"The wrath of God is being revealed from heaven against all the godlessness and wickedness of men who suppress the truth by their wickedness, since what may be known about God is plain to them, because God has made it plain to them."* Jn. 3:35, *"Whoever believes in the Son has eternal* life, *but whoever rejects the Son will not see* life, *for God's wrath remains on him."*

8. Clark, G.H., The Philosophy of Science and Belief in God. Nutley, NJ: Craig Press, 1964, p. 94.

9. Gen. 1:26, *"Then God said, `Let us make man in our image, in our likeness, and let them rule over the fish of the sea and the birds of the air, over the livestock, over all the earth, and over all the creatures that move along the ground."*

10. After eloquently amassing this evidence, Adler rightly admitted that if man actually has some immaterial (spiritual) aspect to his being, which he concluded he must if a "Turing machine" which can converse intelligently with him cannot be designed, this "might even lead to a new proof of the existence of God." Adler, M.J. The Difference of Man and The Difference It Makes. New York, World Publishing, 1967, p. 292.

11. Wilson, E.O., Ibid. pp.3,5.

12. Singer, P., Sanctity of life or quality of life? Pediatrics. 72:128-9; 1983.

13. This probably was why Jesus wept at the tomb of Lazarus. Jn 11:35)

14. Phil. 1:21, "To *live is Christ, and to die is gain."* I Cor. 15:54, *"Death has been swallowed up in victory."* Heb. 2:14,15, *"He too shared in their humanity so that by his death he might destroy him who holds the power of death - that is, the devil - and free those who all their lives were held in slavery by their fear of death."*

15. Heb. 12:10, *"God disciplines us for our good, that we may share in his holiness."*

The Practice of Medicine & The First Commandment: General Considerations

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Medicine is a profession like no other: who else has such access to the secrets of distressed souls, or may do the otherwise unthinkable in both examining the naked bodies of patients and asking the most personal questions routinely? The patient/doctor relationship can play upon every emotion and sentiment we possess, and again is unique to our calling. The vast pool of knowledge, logical beauty in diagnosis and therapeusis, dazzling array of technological accoutrements, and well-nigh mystical jargon give medicine an almost sacerdotal image. Indeed, in the eyes of the public, such is the case - we are viewed as oracles of diagnosis and prognosis as if the lab coat were an ephod and our instruments *urim* and *thummim.* Television and health care policy both show that this priestly image is ubiquitous in our culture. However awesome, such an image is most certainly a "big lie"; i.e., something patently false but believed, owing to a relentless propaganda campaign. It is also, I fear, idolatrous.

As Christians, we ought not to swallow such nonsense but, contra Wesley, a) we shall not achieve entire sanctification in this life (I John 1:8,9), and b) like Solomon, we may sin despite our wisdom and instruction (I Kg. 11), given our fallen estate. Of course, if an adoring and idolatrous public has put us on a pedestal, we were not dragged there kicking and screaming. Paul charges us to "Prove all things; hold fast that which is good" (I Thess. 5:21), and so we ought to acquire a Biblical perspective on our vocation. This is the purpose of this series; viz., to view the practice of medicine in the light of the Decalogue as understood in the Reformed Faith. Let us commence with a few casual observations regarding medicine and the First Commandment.

1. Thou shalt have no other gods before me.

First of all I offer the trite observation that medicine is but one of many vocations, albeit a respected, sought after, and lucrative one. As a vocation, medicine is approved of God so long as it remains within the pale of His Law. Although medicine is a much honored vocation from the human perspective, a perusal of Scripture fails to demonstrate a similar

respect in God's sight. In fact, God reserved special approbation for only two vocations, both of which are governmental: the magisterium and the ministerium.

Of the former, Calvin pointed out in ***Institutes*** IV:20[1] that the magisterium is accorded, amongst many worshipful titles, that of "god."[2] We are also to be in subjection to their lawful authority (Ps. 2:10,12; I Pet. 2:17) and to pray for them (I Tim. 2:2); such is also echoed in the ***Westminster Confession of Faith*** XXII.[7] With regards to the ministerium, the ***Confession XXV, Institutes*** IV:3, and ***The Form of Presbyterial Church Government?*** prove from Scripture that, as in worldly government, ecclesiastical government commands similar honor. Such officers as elaborated upon in I Cor. 12:28 and Eph. 4:11-13 are worthy of double honor (I Tim. 5:17,18) and are to be submitted to Heb. 13:7); see also the Fifth Commandment and ***Larger Catechism*** questions 122-133.7

The medical profession, on the other hand, cannot prove any distinction by Scripture of being a higher calling than any other. Our enterprise is therefore, in this sense, no different from any other. However, like Nehushtan, it is an institution which may become an object of worship (Num. 21:18,19; 2 Kg. 18:4) in violation of the First Commandment; see ***Larger Catechism*** question 105.

With regards to the medical profession, "what saith the Scriptures?" In the Old Testament one sees the priesthood functioning as public health inspectors, isolating those unclean due to diverse dermopathies (Lev. 13). This is not medicine, per se, for the "leprosy" (Heb. ***tzawra'ath)*** is a generic term not restricted to infection with *M. leprae.* Furthermore, no treatment is described save for isolation and ablution. Likewise, the unction by New Testament clergy (Jas. 5:13-15) cannot be construed as medical treatment.[5] In ***Institutes*** IV: 18 Calvin demonstrated that either the unction was a symbol which derived force from the accompanying prayer, or it may have been a ***charisma*** no longer operative in the post-Apostolic Church. Both of these practices were thus ritual rather than medicinal.

Rev. Rushdoony is of a different mind. He states:

For Christians, healing, i.e., medical practice, is a religious practice and salvific activity. This means that medicine is a priestly vocation and calling. For this reason, historically the church has fought for the sanctity of the confessional. What is confessed to a pastor. . .(holds true) of all communications between a patient and a doctor; it is a form of confession for the purpose of healing. The doctor is God's agent in process, and the communication is privileged.[6]

This, however, is unacceptable. Rev. Dawson has pointed out that to swear to secrecy before hearing the secret is a violation of the Third Commandment via promising the unknown;' see also the

Confession XXII:6. Furthermore Calvin in ***Institutes*** III:4 showed that showed that confession was not a levitical function.

PHYSICIANS IN SCRIPTURE

Physicians are mentioned in Scripture, though. Dr. Payne demonstrated four Old Testament references: chastisement of Asa for seeking medical aid in lieu of God's (2 Chr. 16:12), Jacob's embalming by Egyptian physicians (Gen. 50:2), job's description of his friends as "worthless physicians" (Job 13:4), and Jeremiah's allegorical call for physicians to spiritually heal Israel (Jer. 8:22).5 Furthermore, along the line of Jeremiah, Jesus in the New Testament stated that those who were well did not need a physician (Mt. 9:2; Mk. 2:17; Lk. 5:31); one notices a trace of sarcasm here. Other New Testament references include the woman with a flow of blood refractory to treatment (Mk. 5:25; Lk. 8:43), our Lord's statement "Physician heal thyself' (Lk. 4:23), and Paul's reference to Luke as "beloved physician" (Col. 4:4). All in all, none of these references provides either moral guidance or a favorable view of physicians.

As for medical intervention in Scripture, one is again bereft of a flattering portrait. Jer. 8:22 mentions a balm, and Jesus sarcastically prescribed eye salve for the Laodicean Church (Rev. 3:17,18); both texts are allegorical. Wine was prescribed by Paul for Timothy in I Tim. 5:23, and was used by the Good Samaritan (Lk. 10:34). Oil, too, was used by him but, as Dr. Payne pointed out, " . . . in this instance medical knowledge is not useful", for such treatment could conceivably increase the risk of infection.' Dr. Payne further stated - as ought to be obvious to those upholding covenant theology - that God would never give a harmful prescription. Again, the woman in Mk. 5:25 and Lk. 8:43 is hardly a good testimony for the state of the art of the current gynecology.

Both Testaments abound with healing' and resurrections; Dr. Payne noted that none were ascribed to physicians or medicine, but rather all were acts of God -tlwough His appointed agents.' One should also note the overall tenor of Scripture in subordinating the physical aspects of life to the spiritual (e.g., Mt. 5:29,30; I Tim. 4:8). Thus Scripture provides us with no warrant to glorify medicine; this does not stop us from doing so.

Our pagan culture is infused and suffused with materialism, a tenet of which is a belief called "scientism." Herein is science apotheosized with humanism its creed, scientists its priesthood, the educational establishment its rites and orders; and, of course, grant money its sacrifices. The medical denomination uses its armamentarium as its sacraments, and is confessionally secularly ethical. Dr. Erde, ethicist at my alma mater, wrote of how his brand of Bible-free ethics would help us with "clarification of ideas," such as, by "proposing a distinction between being **human** (a biological, genetic category) and being a **person** (a moral category)"; how such can "thus facilitate understanding of brain death and harvesting organs, and even contribute to better understanding of

some abortion issues," and enable us to become more adept at "people improving" by "telling stories" - myths to live by? "with only implicit 'morals.' "14 Read Prov. 9:10 and 16:25, Dr. Erde. Such an antichrist ethic makes us but Humanistic Pharisees who, like the Pharisees, sit in Moses' seat without Divine behest. We assume the "therapeutic privilege" in the face of the Ninth Commandment; bestow personhood by human criteria opposed to Gen. 1:27, and revoke it similar by means of abortion; "medicalize" sins like drunkenness (Prov. 20:1), murder (Ex. 20:13), infanticide (Lev. 20:2-5; Ex. 21:22,23), and homosexuality (Lev. 20:13) by labeling them respectively as alcoholism, "temporary insanity" (why not "murderism?"), "therapeutic" abortion, and "alternative lifestyle" and compound the sin by offering medical therapies as the means of paying off the "wages of sin" (Rom. 6:23).

The general public, despite its wholehearted devotion to the medicine cult, seems to understand Rom. 2:14,15 well. The Law tells them of God's attributes, with an emphasis upon His infallibility; we who play God, then, are expected to play by the rules. This may have some bearing on the current malpractice free-for-all. Yet the public continues its worship at Apollo's altar, praying to escape the consequences of years of trampling asunder the Sixth Commandment in their own bodies and, since "God is love," they assume an inherent right to complete medical care without any personal responsibility for preventive maintenance. While medicine cannot be held entirely accountable for the cult's growth, attempts by physicians to stem the tide have been conspicuous by their absence. As opposed to the ministerium, the cult's priests are handsomely paid.

How should we, as not only physicians but as Christians of the Reformed Faith, view our vocation? To summarize, then: medicine is indeed a worthy calling, but without any legitimate pretention to greater Divine approval than any other lawful vocation; physicians, being without ordination or any Divinely-bestowed honors of *charismata***,** cannot view medicine as a holy office. God has, as demonstrated in the **Confession** V, established second causes, so the practice of medicine is certainly within His established cosmic order and within His command to subdue nature (Gen. 1:28). We must eschew the cult of medicine as idolatry, cease from overly glorying in our own attributes - which are but His gifts to us - but rather glory in our election (2 Cor. 10:17), supplant the false religion of medicine with the true faith (2 Cor. 10:10) in our practices and, God willing, in our society.

References

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4 Erde, E.L., "What Can an Ethics Professor do at a Medical School?" ***NJAOPs Journal,*** June 1984, 8-10.

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The Frustration of Fallibility

Hilton P. Terrell, M.D., PhD.

"... ***Ye shall be as gods, knowing good and evil,"*** the serpent promised Eve. Mankind wanted godhood and believed Satan's half-truth. As eternal existence without the power to have eternal health is no blessing, so is knowledge of good and evil without the power to enforce the good. Pretenders to God's throne must have all the divine qualities in full measure. One of God's attributes is infallibility. Anyone who wants to be God will be pressed toward this unattainable goal and will realize only frustration. Medical practice today reveals frustration arising from a pretense of infallibility.

Our nation has progressively disowned God and legitimate human authorities whom He has appointed. Thus, we come under increasing pressure to manifest God's powers personally. Though we want His autonomy, we lack the ability and despise the responsibility which goes with it. An escape from our dilemma is to anoint some human institution with improper authority in order to displace responsibility from ourselves.[1] But no sooner has an entity been charged with authority than we rebel. We resent authority whether it is legitimate or not. Medicine is an institutional target for today's rebellion because of its legitimate and illegitimate authority.

Physicians' actual authority over free patients is quite limited and is wholly derived from our patients' responsibility for themselves. Our duty is to encourage patients' accountability to God as it relates to health. We should not accept responsibility for the patient's self, governance nor can we properly be held by patients to possess God's powers on their behalf. There is a difference between being the patient's adviser, educator and assistant and being his warden. "Am I my brother's keeper?" Cain asked God. Cain's question was wrong because it was a devious answer to God. Had Abel carelessly or deliberately injured or killed himself despite Cain's advice to the contrary, Cain's question would indeed have been a defense. We physicians are responsible to help the helpless within our means but we lack the power to be ultimately accountable for the illnesses or deaths of others unless we ***deliberately*** harm them or commit grossly ignorant or careless acts. As helpers, we represent a facet of God's nature. There is a difference, though, between being God's ***representative*** and being ***God***. Our patients want us to be their keeper whenever their own autonomous acts have gotten them into difficulties. They often want us to provide the godlike powers they lack while yet safeguarding their autonomy. Christian physicians must learn to reject this contract.

Though the medical profession is not uniquely a recipient of this generation's rebellion against God's authority, the physician does provide a personal focal point onto which patients project their frustration with the results of their own autonomy and fallibility. Focusing blame away from one's self is an ancient practice .z Ostensibly possessing great knowledge and the power of life, supposedly always available, physicians are increasingly required to be error free. Both the public and physicians often behave as though the profession's standards ought to be omniscience, omnipotence and omnipresence. The power of the state is used by patients to pressure physicians toward divine infallibility.

Decisions bearing on treatments near the end of life, for example, were once left to patients, their families, elders and physicians. This arrangement made for some errors even though these are the proper authorities for such decisions. Since man is infallible, such errors should be tolerable within broad limits before state authority should have access to the decision. Should these proper authorities decide to shoot the patient to "put him out of his misery," for example, this improper decision would give the state legitimate access. Since abortion is murder, this, too, is a state concern. Most medical decisions, however, do not enter the state's domain of authority and erroneous decisions made by patients, their physicians and other advisers do not automatically open the case up to the state. Only if authority granted by God to the state is usurped by the patient and his advisers is the state legitimately involved. The general view, however, has progressed to the position that state authority must be injected whenever fallibility of any sort by other authorities is disclosed. Someone must be called to task for errors, using state power; it is often the physician.

Ethics committees and courts review end of life decisions. Treatment decisions regarding any patient are reviewed by standing hospital committees. The need for hospitalization is reviewed by those third parties who pay the bill. With so many eyes on us, actual or imaginary mistakes are sure to be exposed. If man is required to be infallible, discovery of error is tantamount to proof of guilt. Ordinary errors are not distinguished by any sure criteria from gross negligence, patterns of carelessness or exercise of inappropriate authority. Failure to return a telephone call is held to have caused a late diagnosis, for example. Treatment is delayed. The patient suffers. Since God does not forget telephone calls (and can distinguish the crucial ones from the trivial), the physician-god must account for himself. It is of no consequence that the injured person has, equally often, forgotten phone calls.

A physician fails to inquire of a pregnant patient the details of her husband's "rash" during her prenatal visit. The physician's lapse leads to failure to predict a serious genetic disease in their unborn child, "preventable" by abortion. God knows every rash and the significance of every utterance of every patient (though in this instance He must forget the unborn child's life). The hapless physician-god is required

to answer in court for his fallibility before State officials (who in the very act are rejecting their own proper responsibility to protect the unborn child's life). Patient autonomy is preserved by the technique of setting one divinity (the state) against another divinity (the physician). We physicians are a convenient addition to humanism's pantheon.

Nationally, we are denying God's sovereignty across the board. A maritime loss is blamed not on the storm but on the weatherman's carelessness in forecasting.' We are shortening the list of occurrences which are "acts of God" by adding them to the list of human acts (any human but ourselves). We, at least in the Bible belt, have heard families after a loss console one another with, "God doesn't make any mistakes." A trite statement it is, but theologically correct. More often now we feel in the families' comments a search for some human agency to blame. Acts of God are transformed into acts of physician demigods. Consistent with the patient's desire to escape blame, there is no recognition of his own fobbed responsibility. An autonomous patient can have a paid scapegoat when his fallibility is revealed. A patient who routinely undertakes a voluntary health risk such as smoking, working in a coal mine or overeating can hold a physician liable for failure to recommend an annual PAP smear, if harm comes of the omission. The three voluntary risks listed above are, respectively, 560, 245 and 260 times more dangerous than missing the PAP test.[4]

Why have we physicians allowed ourselves to be hooked into demigod status? We have risen to the baits of power, social esteem and money. It feels good to be approached as a god. In recent years it has also paid well. We can complain about the unfair expectations of infallibility but we will not be free until we release the baits. We like the autonomy and perquisites of divine power just as much as our patients. Only if we return to our proper limits of authority and power will be able to help divest ourselves of expectations of infallibility.

In order to avoid the issue of the patient's and physician's responsibility to God, our profession has been accepting responsibility that should adhere to the patient. It is quicker and more profitable to inject penicillin than to explore erroneous beliefs which led a fornicating patient to contract gonorrhea. Even introducing the issue of sin into the medical encounter is now considered "judgmental." In a sense we thus tacitly pretend with the patient that the disease is the only judgment and the medicine the full atonement. Antidepressant medication is abused when it substitutes for a search for underlying sinful life habits. We have chewing gum to help you quit smoking. It is supposedly an adjunct to a behavioral modification program to break the habit. Such programs are probably honored in the breach but even if they aren't, what do we teach our patients with programs limited to technical interventions?

We teach the error that there exist technological solutions for problems of moral import. Technological "answers" are a characteristic of our nation. We have

breath-analyzers to detect drunken drivers, as if detection were the problem. We have burglar alarms, dead bolts and security lights in lieu of courts that righteously manage their God-given authority to punish evildoers swiftly. We have birth control pills for adolescent females whose parents have abandoned discipline and supervision to teachers who do not know God.

The public looks at physicians as those who have the power to deflect the consequences of their own autonomy. To the extent that we physicians allow such a belief to go unchallenged, we are undertaking responsibility that belongs to our patients. We shoulder a burden properly theirs when we deal only with the physical features of the problem and reinforce misconceptions that there are no other features, no connection to spiritual choices. We dress the wounds of our people as though they were not serious. If we do not relate disorders to patient's autonomous sins, as we have the opportunity, we can expect potential retaliation whenever the consequences of autonomy aren't deflected by us. What is the purpose of a humanist's god but to give out goodies on demand and humbly take blame when the goodies cause trouble?

TELL-IT-LIKE-IT-IS MEDICINE

Physicians must correct patients' expectations that we can bear responsibility for the consequences of original sin or of their particular sin. We must learn to insert this correction as a part of diagnosis and treatment. We must be willing to say such things as, "you are anxious and depressed because you: (1) are pursuing the possession of too many things, (2) neglecting your wife, (3) holding a grudge against your co-workers, (4) directing your thoughts toward the calamitous, (5) shirking the preaching of the Word, the sacraments, prayer and the fellowship of the saints, (6) etc.

These habits may have produced a nest of crooked molecules somewhere in your brain that has become the chemical expression in your flesh of your disobedience. Giving you an antidepressant chemical may straighten out the crooked molecules but unless we address the life patterns we will only encourage you to believe that the consequences can all be chemically nullified. Confess these sins and let us get about a plan to reconstruct your life according to God's outline. . ." A plan may include a chemical, surgery or any other physical modality.

In comparison with the latest gorillacillin or prosthetic organ, this kind of medicine seems plodding and unfruitful. It is more difficult and less scientific in the narrow sense. Much pre-evangelism and evangelism is involved. Money does not flow in, since this kind of practice is not procedure-oriented and is time-consuming.

One of the first responsibilities a physician should encourage is that the patient be responsible for medical costs. Physicians who themselves deal directly with third parties regarding payment should consider whether they are treating their competent patients as objects rather than as the architects of their own health. Patients have

learned to be financial objects in one generation; physicians are now being taught this same lesson and finding it painful.

In addition to an assured payment physicians must surrender other godlike perquisites if the infallibility trap is to be escaped. We must alter our notions of "keeping up" with medicine. While we would not be so brazen as to claim knowledge of all that is in our medical field, we like to feel that we keep abreast of all that could be important. We subscribe to modified omniscience for ourselves.

Consider. . . that over two million articles related to medicine are published annually.[5] If we assume that 99% of these can be ignored because of redundancy, irrelevance to our field or discernible inaccuracy, we still have a full-time job mastering the remainder. If we could manage that task we would be ignoring our work and other priorities. We should not cease learning in despair over this limitation but should recognize that a life of learning will not establish our infallibility.

IS SUBSPECIALTY MEDICINE AN ANSWER?

Subspecialization in medicine receives part of its impetus from the frustrations of incomplete knowledge. If you don't know everything then you will make errors. Errors are impossible for a god. As subspecialists, of us may obtain satisfaction knowing more in our narrower field than other local practitioners. Relative mastery can be mistaken for actual mastery. Even in an ultra-subspecialty, however, there will be facts or skills that a single individual lacks. The gap can only widen as knowledge inevitably expands faster than anyone could keep up. Our arts and science are so inferior to the power of God that a doubling of knowledge every day would not move us perceptibly closer to His power. Our so-called facts have utility but are not defensible as the absolute representation of nature our patients take them for. We must be careful lest we tacitly concur with our patients this false conception. "Facts" in medicine have a short half-life. There is a definite place for medical subspecialization but too large a representation may reveal our profession's anxieties about incomplete knowledge more than it relieves our patients' ills. We need to examine our personal motivation for entering subspecialized medicine. Frustration with incomplete knowledge is a non-durable motive for entering a subspecialty. Special to interests and opportunities are more enduring reasons.

The self-serving promotion of medicine's potency also needs correction if we will escape the shackles of infallibility. We cannot cure a common cold. The usual ***maximum*** life span of people in developed nations is little different from what it is in third world nations or in our own country three generations ago.6 The increased average life expectancy of developed nations would almost disappear if we counted all those people conceived but not allowed birth. Economic advancement of a nation correlates at least

as well with improved life expectancy as does medical care.[7] Wide variations in medical practices among developed nations do not result in life expectancies equally divergent."

New treatments carry new complications and prices which are nationally unaffordable, if widely applied. We physicians should be more often humbled by our own impotence in the face of disease than exalted by our control of it. News media carry stories routinely extolling treatments, physicians or hospitals. Those reports that criticize adverse effects, costs or effectiveness fail as a counterbalance. Their tenor is more of a personal or institutional failure to keep pace with the supposed inexorable advance of medical science than an exposure of our general ignorance.

One medical practice which pushes us closer to godhood than most others is that of psychiatric testimony in criminal court. Psychiatric testimony is given special credence as if our training afforded us a window into the spirit of man. Psychiatrists are allowed to express opinions in court as to the state of an accused felon's mind when a crime was committed. Lacking even the buttress of a physical lesion on which to lean speculations, physicians thus intrude on authority given by God to the state. The state is thereby assisted in dodging its responsibility by such highly doubtful advice. Christian physicians (and judges) should try to remove psychiatric testimony from special privilege of this kind. Courts must judge on physical evidence and the testimony of actual behavior in relation to the alleged crime. Interpretations that track back into the nonmaterial part of man are not provable by our medical arts. The general condition of the heart of man is well described in scripture,9 if the court wishes to know. A particular spirit is opaque to science and medical expertise '° and physicians should refrain from being paid spiritual Peeping Toms.

We have mentioned only a few of the functional manifestations of infallibility in medicine. We can help our patients and our profession if we work to restore a more limited role for medicine in these and other areas.

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Seduction in The Classroom: Reflections of a Medical Student

Robert Maddox, M.D.

Dr. Maddox recorded these impressions during his final year in the Univeristy of Missouri-Columbia School of Medicine.

I have been asked on numerous occasions how medical school has influenced me. The question was once phrased, "Do you think you have been brainwashed?" The answer is regrettably affirmative. During our orientation the first week of medical school, we were informed that even more than to transmit facts, it was the goal of our "instructors" to "socialize" us, to mold us "to think, act and be like doctors." The methods and definitions were not at all clear to us at that point, nor am I convinced they were entirely clear to our professors and "models," several of whom professed Christianity.

Many in the class initially rebelled against this "socialization" concept. The reasons varied, from altruism to a desire for "an independent spirit." None was based on a fear that the desired product might be inconsistent with Scriptural demands. And none of those reasons has been sufficient to prevent molding into the "image."

There was no open attack on Scripture or Christianity during our basic science classes. On occasion a professor would make reference to the results of evolution; but with the same frequency, professors would mention the "design of the Creator." After all, if science is neutral, one would not expect simple basic science lectures to conflict with the Truth, since they purportedly relate facts. This was the attitude of Christian classmates, professors and, indeed, of the American public in general. But science is not neutral and the presuppositions of the lecturers were not indiscernible. Behaviorism was undeniably the basis for our anatomy, physiology, biochemistry, and even pathology. The disease, or eradication of it, was made ultimate. Man was a machine, like the animals, and animals served to model everything from protein malnutrition to alcohol abuse. Furthermore, and more insidious, there was the attempt to divorce morality from pathology, an easy enough task when one's purpose is "to teach the facts." The discrepancy was obvious enough when the lecturer on lung cancer was smoking every break. But lectures on the relationship of herpes and multiple sexual partners to cervical carcinoma fogged the obvious moral implications with statistics, emphasis on early detection and treatment as the cure, and complex grading and staging schemes. In physiology, homeostasis was substituted as the "chief

end of man."

The more obvious, though still often ignored attack was in our Social and Behavioral Sciences (SBS) course which ran continuously through our first two years. We studied the family and life cycles, interviewing techniques, and alternate health care system models (Great Britain, Sweden, Canada). The response from the students to this course was generally negative, though usually not for any Scriptural reasons. The open challenge to God's institutions- was still often ignored by Christians in my class; the less obvious attitudes we were developing went completely ignored. The concept of "physician" was being adopted un wittingly even as the class denounced the course.

The role of the physician in society, the attitude toward the patient and the basis for medical decision-making were developed from a humanistic framework. The technological myth, the right of the public to health care, the dissociation of morality from practice and the disease-free society were goals that classmates developed, either directly or indirectly from the course. Not one disagreed with the precept that they should not impose their ethical standards on a patient.

The clinical years provided the modeling and molding on a larger scale. The attendings and residents had experience in dealing with patients, disease and death and therefore became natural role models. It was from them that we learned to refer to patients as "dirtballs" or "gomers," to joke coarsely about patients' problems, to ignore pleas that we could not answer. The older attendings sometimes commented on attitudes but in many situations they resorted to the same "defense mechanism" (as they explained it). There were again the discussions on not letting your "moral feelings" influence your treatment of the patient, though by now this was natural. Cost-containment was the major ethical topic discussed. Medical ethics was being considered as a course elective for following years and several attendings brought up the topic for discussion, though none recognized a standard apart from themselves, society or the AMA. "Code status" was not as much of an ethical consideration as it was an issue of convenience for the resident on call.

Psychiatry was the clinical parallel to SBS in that it was most openly hostile to Scripture in its presuppositions and practices. The exposure of these is beyond the scope of this article. However, despite the shock of seeing psychiatry's failure, most students persisted in the belief that medicine was the answer to these patients' problems.

The seduction of medical students is apparent to at least a few "on the outside." Pastors must be particularly aware and warn (and counsel) their Christian medical students. Not all the students will be irretrievably seduced. But until medical training is done in the context of Scripture principles, the student must constantly be on guard and must frequently revaluate his practices and attitudes. Priorities must be kept straight, as neglecting the activities of the Christian life may be the area., of

greatest seduction. In addition, the student must begin to take measures to counter the tide of humanistic practice. On many services, the student may be the major patient advocate. He may have access to patients in ICU's where pastors and Christian friends are restricted.

"Let us stand firmly then, and walk circumspectly,
not as unwise, but as wise, for the days are evil."

Book Review
Evangelical Ethics: Issues Facing The Church Today

By John Jefferson Davis

Published by Presbyterian and Reformed Publishing Company Phillipsburg, N.J., 1985

Reviewed by Franklin E. Payne, Jr., M.D.

This book is a model for evangelical ethics. It deals substantially with current issues from a solid biblical position and a thorough review of relevant literature. Many more such books with these characteristics are needed. Dr. Davis is Professor of Theology at Gordon-Conwell Theological Seminary, a position from which he is able to approach the wide variety of subjects in his book. I will focus on the medical issues, since they are our primary interest.

The first chapter describes a method for evangelical ethics, as the Bible fails to speak explicitly to many modern moral dilemmas. He takes the position of "contextual absolutism," that is, "in each and every ethical situation, no matter how extreme, there is a course of action that is morally right and free of sin." Also, he holds that "a higher (ethical) obligation suspends a lower one" in some situations. Both these positions may be correct, but Christians must be very careful in their application. He concludes with a discussion of the Christian's responsibility in a pluralistic society.

The chapter on contraception is a bright light on the evangelical landscape that has virtually ignored an issue that affects almost all Christians. He gives a brief historical overview and then covers some methods of contraception. Next, he looks at the biblical perspective and concludes, "It may be argued, then, that contraception can be justified in terms of the general teachings of Scripture concerning the nature of man and Christian marriage. It does not follow, however, that the use of contraception would be right in all circumstances." He concludes the chapter with the related issues of premarital sex, sex education and the "population bomb."

His conclusions under "Reproductive Technologies" are sound. "Although artificial insemination by husband can be consistent with the divine outlook on marriage, it must be concluded that artificial insemination by donor is not." Surrogate mothers are "an illegitimate solution to one's infertility." Sex selection before or after conception has "compelling arguments" against it. In vitro fertilization in humans should be stopped until further research can "establish definitely" its safety.

The chapter on homosexuality is compassionate to offer the "power of divine grace to transform sinful attitudes," but uncompromising on the biblical prohibition against homosexuality, including the exclusion of homosexuals from membership and leadership in the church until they have repented of that sinful lifestyle.

In the next chapter he states that abortion is only permissible when the life of the mother is in danger.

"Infanticide and Euthanasia" could have been more detailed because the latter subject is so complex. Dr. Davis is, however, careful to point out the potential errors of ordinary vs. extraordinary means of life support, active vs. passive euthanasia, killing vs. letting die, and prolonging dying vs. sustaining life. Euthanasia, as actively ending another's life, is forbidden by the Sixth Commandment. He chooses the "durable power of attorney" over living wills, pointing out the problem with the latter. Here, however, he bypasses active involvement of the local church's leadership.

Other chapters include the topics of divorce and remarriage, capital punishment, civil disobedience and revolution, and war and peace.

This book is a work of excellent scholarship. It is more than an introduction to these issues, as it provides sound biblical direction. Concerning medical issues with which I am more familiar, further detailed work is necessary with many of his subjects. More importantly, such biblical analysis and direction needs to be extended into every area of medical practice. Finally, the agreement that I find in this book underscores the validity of biblical ethics, even beyond the explicit statements of Scripture. As evangelicals follow the thorough and systematic approach described elsewhere in this issue, the agreement can be substantial and demonstrates the Holy Spirit's unifying work.