What Are/Is Christian Ethics?

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The ambivalent use of the verb form evident in the title of this article tells you something. But before talking about that - let me ask you - which should it be: "is" or "are?" Is the word ethics singular or plural?

If you don't know, or aren't sure, you're not alone! I have discovered that more than a few Christians do not know whether the noun "ethics" is singular or plural, a fact that probably is indicative of another more important one - they know virtually nothing about ethics, either.

To begin with, then, we must study the word and its referents. The noun comes from the Greek ***ethikos*** which means "arising from use or custom." The more basic term, from which *ethikos is* derived is *ethos*, which signifies "use, custom, manner, habit." The latter term is used, for instance, in the New Testament in Hebrews 10:25 where the bad "habit" or "custom" of absenting oneself from the assembly of other believers is mentioned. Clearly, then, the word ethics originated in the customs and habits of groups to which their members were expected to adhere.

Ethics today refers to the standards of conduct adopted by a group or individual; as a discipline, it is the study of moral values belonging to such groups or persons. Obviously, the words "medical ethics" describe those standards under which physicians, nurses and other medical personnel conduct themselves when carrying on medical practice.

The problem with this concept of ethics, deeply embodied in both the word and its history, is that human beings set standards according to the values that they accept. There is no objective, universal standard of moral value applicable to all medical persons for all time and in every culture. Moreover, each discipline takes upon itself the task of determining its own ethical code. These codes are, therefore, subject to change according to the whims of society and the biases of the majority of the persons subscribing to them. Strictly speaking, Christians should not operate under such relativistic codes.

In medicine, for quite some time, the Hippocratic oath formed the basis for medical ethics. That vow, repeated by graduating physicians as late as the 1950's, reads as follows:

THE HIPPOCRATIC OATH

1 swear by Apollo, the physician, and Aesculapius and Health and All-Heal and all the gods and goddesses that; according to my ability and judgment, I will keep this oath and stipulation:

To reckon him who taught me this art equally dear to me as my parents, to share my substance with him and relieve his necessities if required, to regard his offspring as on the same footing with my own brothers, and to teach them this art if they should wish to learn it, without fee or stipulation, and that by precept, lecture and every other mode of instruction, 1 will impart a knowledge of the art to my sons and to those of my teachers, and to disciples bound by a stipulation and oath, according to the law of medicine, but to none others.

1 *will follow that method of treatment which, according to my ability and judgments 1 consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest any such such counsel; furthermore, I will not give to a woman an instrument to produce abortion.*

With purity and holiness 1 will pass my life and practice my art. 1 will not cut a person who is suffering with a stone, but will leave this to be done by practitioners of this work. Into whatsoever houses 1 enter 1 will go into them for the benefit of the sick and will abstain from every voluntary act of mischief and corruption, and further from the seduction of females or males, bond or free.

Whatever, in connection with my professional practice, or not in connection with it, l may see or hear in the lives of men which ought not to be spoken abroad I will not divulge, as reckoning that all such should be kept secret.

While 1 continue to keep this oath unviolated may it be granted to me to enjoy life and the practice of the

> *art, respected by all men at all times but should I trespass and violate this oath, may the reverse be my lot.*

Obviously, that oath has little bearing upon what medical people believe and do today. But, what I want to ask is this: was the oath ever an acceptable standard for Christians? I am not thinking about the plain paganism of the oath so much as the fact that even in its best clauses ("I will not give to a woman an instrument to produce abortion.") it is humanistic and not Christian. Nothing there is based upon the Word of the living God. It was a purely human production, having no greater authority than the views of those who assent to it, and could be altered or given up as quickly as physicians' views change. Indeed, that is just what has happened; and as a result, today, there is virtually no standard code of ethics; each man does and believes that which is right in his own eyes.

But is that all bad? My contention is that it is not. While one must grieve over the licensing of sin that has led to the disavowal of many former values, he must rejoice over the fact that Christians can no longer take it for granted that their compatriots will seek the welfare of their patients (indeed, they never should have since only God can tell us what the welfare of another might be). No longer can Christian medical personnel simply follow the crowd and the direction of professors in medical college; they are forced to question them as never before. Such naïveté has at last become all too apparent.

What this all boils down to is the fact that at last Christians are required to think clearly about the true foundation for the values they will take with them into their medical practice. Will modern codes - the pronouncement of elite physicians today (who are no less pagan than Hippocrates, just less obviously so) - be the standard to which they adhere? And - just what code will you make your personal code: an AMA code? A state medical association code? The code of some hospital? Or will Christian physicians, together with the help of knowledgeable and sympathetic theologians, draw up their own code of belief and practice based solely upon the principles of Scripture - the only permanent, objective standard they can trust?

> **The Hippocratic oath, in spite of its open avowal of paganism, its nepotism, its self-seeking brotherhood of physicians, etc., had this going for it: it unmistakably recognized the necessary relationship between medicine and God. And it called upon physicians to vow before God to treat men, whom Christians know are made in His likeness, according to the lights of their religion.**

It even demanded purity and holiness of life, recognizing that the man giving the treatment had to have a sincere religious

commitment. Modem codes do not. Of course, the gods to whom the Greeks prayed do not exist, their religion was false and the standard for treatment of men would be set according to the values and principles of paganism. But, at least, these pagans saw the need for a physician to take an oath before the God in which he believed. Should Christians do any less?

The inseparable connection between medicine and faith is obvious in James 5 where oil (medicine)[1] was ministered with prayer. Moreover, the concern in James 3:9, Genesis 9:6 for the life and welfare of other human beings that should characterize the treatment of Christian physicians must stem from the significant fact that they are created in the image and likeness of God. That does not mean that people have great dignity and worth, as some of those enamored with self-esteem teaching claim, but rather that God does. It is because they reflect Him that the Christian physician considers any attack upon or mishandling of human beings as an insult to God Himself. Here are at least two reasons (out of many) why it is important for Christian physicians to draw up a Christian Confession of Faith and Practice for Medicine. Call it a Christian Code of Ethics, if you will; but if you do, be sure that it differs from every other code by the fact that its basis is the unchanging and unchangeable Word of God. Every point in such a code must grow out of and be consistent with Scripture.

My plea, then, is for a code of ethics for Christian physicians, nurses, and other medical personnel based on a permanent, objective God-given standard for faith and life. Time has long past for Christian physicians to draw up such a code. If this article can give impetus to a movement in that direction, its goals will be achieved.

Oh, yes, you probably did want to hear about the word "ethics" - is it plural or singular? My dictionary tells me that it is a plural noun when it means a system of moral principles, but singular when used to denote the field or discipline which studies such matters.

For details on this, see my Competent to to Counsel where I point out that the verb "anoint" is not the ceremonial word *(chrio)* but the ordinary one used by physicians that means to "smear, rub" *(aleipho).*

A Biblical Model for Medical Ethics
2. Three Ethical Perspectives of A Biblical Integration

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In the March 24, 1983 issue of the **New England Journal of Medicine,** Dr. David Hilfiker describes the case of a woman named Elsa Toivonen. Eighty-three years old, she had been confined to a nursing home since a stroke three years earlier had left her hemiplegic and aphasic. She had wasted to 69 pounds and developed decubitus ulcers on her back and hip. Dr. Hilfiker very honestly chronicles his struggle over the best course of action when she develops a fever of 103.5°, probably due to pneumonia, at 3 a.m.

> "There in the middle of the night I consider `doing everything possible' for Mrs. Toivonen: transfer to the hospital, intravenous lines for hydration and antibiotics, thorough laboratory and x-ray evaluation, twice-daily rounds to be sure she is recovering, more toxic antibiotics, and even transfer to our regional hospital for evaluation and care by a specialist. None of it is unreasonable, and another night I might choose just such a course. But tonight my human sympathies lie with Mrs. Toivonen and what I perceive as her desire to die."[1]

He laments the facts that his medical training did not address, and physicians do not discuss, the large issues involved in these decisions; and that old, chronically ill, debilitated persons generally receive a lower level of care than do the young, acutely ill.

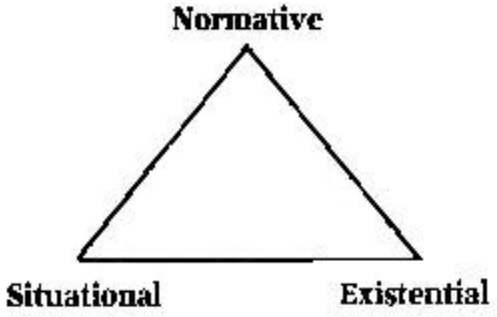
He feels as though he is "flying by the seat of his pants" - alone. He describes this sort of situation as "awesome," and his decisions as often being "irrational."

INTRODUCTION

In the first article in this series, we examined the influence one's worldview exerts on the questions one asks of life and the kinds of answers that are logically entailed. We documented how one's presuppositions about the nature of the universe, the origin and verification of knowledge, the nature of man, and the destiny of the universe and of man serve both to direct and to limit one's basis for meaning and value, man's place in the

cosmos, the possibility for universal ethical principles, and the significance of illness, death, and medical care.

In the solution of particular ethical problems such as Mrs. Toivonen's, there are three key considerations to be made, which can be illustrated as three "angles" on medical ethics:



First: ***we need a standard of right and wrong.***
What is the summum bonum or greatest good to be pursued? In medical ethics these normative questions include: What determines the value of a person's life? Is it intrinsic or determined by level of function? Is preservation of life always paramount, or is relief of suffering more important? What is the meaning or significance of death? Is killing ever justified? What rights do persons have, and how are they defined, derived, and protected? Can they be lost or forfeited? Who has the prerogative to determine the course of action? Does the patient, family, doctor, hospital administrator, or society? What is to be done when the parties disagree? Does the patient have absolute autonomy? What responsibilities do we have toward one another, and how are they enforced? What should be our motives in approaching difficult problems?

Second: ***we must understand the situation that faces us.***
What exactly is the nature of the dilemma? What is the patient's prognosis without treatment? What treatment is available, and what are its risks and benefits (how will it influence the prognosis)? What importance do the supply of resources and the cost of therapy have?

Third: ***what is the personal (existential) investment of each of those involved?***
What are their desires? What are their motives? These three aspects of ethical problem-solving give rise to three major schools of thought, with different goals to be accomplished, and differing strengths and weaknesses. The
Normative perspective focuses on the need for a standard of right and wrong, the **Consequentialist** seeks to
establish goals for each situation, and the **Existentialist** cares only that individual wishes be carried out. Each of
the three emphasizes one of the important aspects of the problem at issue, but generally excludes the other two, and thus fails to integrate the analysis fully. Our discussion of these perspectives will follow the outline of the Table on page 26.

NORMATIVE PERSPECTIVE

The essential element of the Normative perspective is its emphasis on an "ought" that transcends particular situations and

personal wishes. It is based on principles considered to be universal and absolute, applying to all people, independent of time, geography, culture, or individual concerns. The normativist, citing the principle of the sanctity of life, might insist that Mrs. Toivonen's life be preserved regardless of cost or other considerations. After all, it might be argued, nothing is more valuable than life itself, so all other factors are subordinate when life is at stake. Immanuel Kant, a proponent of the Normative perspective, considered his "categorical imperatives" to be unconditional. Among these were truth-telling - one should never, under any circumstances, tell a lie - and the maxim that persons should always be treated as ends and not just as means. He considered them to be logically obvious. He appealed to a god of practical necessity, not the Judeo-Christian God, to establish them.

Christianity is generally thought of as a Normative perspective since it is based on absolute principles communicated by God. Indeed, if it must be classified as one of the three perspectives, it fits best here.

Any Christian ethical analysis must place heavy emphasis on Christian norms in order to be faithful to the Lord. But, as we will discuss below and in subsequent articles, an approach which places exclusive emphasis on norms is less than fully Christian. It is a truncated Christian approach because it does not integrate the sovereignty of God with the situation, or the immanence of God with our personal concerns.

The obvious strength of the Normative perspective is its provision of a firm standard of right and wrong, and of a definite goal toward which to direct ourselves. The situation is not expected to provide its own goal in some intuitively obvious manner, and the wishes of individuals are not simply granted without regard to broader considerations.

However, as with each of the perspectives, there are obstacles to the establishment of the correctness of the Normative perspective:

1. How are the norms derived? Why should be be considered universal? If they are established merely by force of logic or by appeal to a god of practical moral necessity, how are we to settle disagreements over the proper norms?

2. How are the norms to be made binding? How will we handle people who won't go along with our norms, or with the idea of norms altogether? Various measures can be used to make them **legally** binding, but if we have chosen or "discovered" the norms on our own, there is no way to make them **morally** binding.

As Christians, of course, we appeal to the omniscience and revelation of the sovereign God to answer the first question.

All the principles of apologetics are brought to bear on the unbeliever; but finally, only by faith can one acknowledge that what God has said is normative and universal. The second obstacle is hurdled by the fact that we are ultimately accountable to God himself rather than to any human authority; God's law is morally binding because he is the Lord and we can never escape His scrutiny.[2] Apart from this, there are no satisfactory answers.

Each of the perspectives also presents certain pitfalls if it is emphasized exclusively and the other two aspects of ethical analysis are ignored. When norms are all we can use to guide us, our solution lacks immanence; the Normative perspective becomes a body of ethereal principles with vague applicability to real-life struggles. Which norms apply in which situations? Is one to preserve Mrs. Toivonen's biological life at all costs, or to have a sense that "her time has come"? Would it be more merciful and respectful of life to try to cure her pneumonia, or to allow her to die in relative peace (after all, pneumonia has been called "the old man's friend")?

What is to be done when it appears impossible to avoid violating one of two norms? If one is sheltering Jews, what is one to do when the Nazis knock on the door? Should one lie in order to avoid harm to the Jews, or allow harm to come to them in order to avoid lying?

Often the normativist creates a hierarchy of norms in order to solve these dilemmas. When two are in conflict, the lower norm is violated in deference to the higher. Some Christian ethicists attempt to resolve moral conflicts in this way. However, this is not entirely satisfactory because, in creating true "tragic moral choices" it appears to make God the author of evil (which He is not[3]) by putting us in situations in which it is impossible to be faithful (which He has promised not to do[4]). The fact that He says His law is **perfect**[5] surely means that it is not contradictory. Indeed, we will see that a fully Christian ethical model avoids placing the law in conflict with itself.

CONSEQUENTIALIST PERSPECTIVE

The Consequentialist approach to ethics, as the name implies, maintains that the consequences of an action judge its rightness or wrongness. There is no universal standard of good to be applied in all situations. Rather, each situation is expected to provide its own ought, so the goals of two situations might differ greatly.

Whereas the standards of the Normative perspective are unconditional and "categorical," those of the pure Consequentialist perspective are entirely conditional, relative, or "hypothetical."

If any of the three perspectives prevails in modem ethics, it is this one.

· Situationalism

Situationalism is consequentialism on a small scale. It is concerned mainly with the consequences of an action on those who are directly affected by it, and not on the community, nation, or world as a whole.

Its most well-known proponent is Joseph Fletcher who, though an ordained minister, has very little to do with biblical Christianity. In his **Situation Ethics** he holds as binding only the principle of "love," taken from the "greatest commandment" to love one's neighbor as oneself. He insists that we abandon all other norms in order to do the "loving" thing. We can morally do **anything** we can justify as being "loving." In one situation it might be loving to save a life, in another to end it. In general, marital fidelity is useful; but if a situation arises in which infidelity satisfies someone's need, it is "loving," and therefore not only permissible but desirable.

Situationalism in medicine is typified by the "risk-benefit" analysis.[6] In the case of Mrs. Toivonen, Situationalism would ostensibly not be bound to a certain agenda, but would evaluate her "quality of life," taking into account her debility and pain, the discomforts as well as the potential benefits of treatment, her previous attitude toward medical care (which Dr. Hilfiker indicates was not very positive), and any other relevant factors. The situationalist would not consider "cost-benefit" analysis improper, either; Mrs. Toivonen's financial assets and her net usage of resources vs. her contribution to society can all permissibly enter into the decision.

· **Utilitarianism**

Utilitarianism is consequentialism on a large scale. For its proponents, the collective is preeminent, and the consequences of an action on the individual are of secondary importance. It seeks to calculate the sum total of good and bad effects produced by an action, and to maximize the former and minimize the latter. This, it is believed, would produce the "greatest good for the greatest number," and allow for public policy decisions to benefit an entire community or nation, or the whole world.

Utilitarian arguments are often used in medicine during discussions of the allocation of expensive therapies. For instance, these therapies may not be made available if the beneficiaries are few and the burden on society's resources great. Mrs. Toivonen would undoubtedly be the casualty of a utilitarian analysis: she is consuming a great deal more than she is producing, and her demise would liberate resources for use by others. It may not only be acceptable, but mandatory that she be put out of her misery.

The strength of the Situationalist perspective is fairly obvious. It is sensitive to situations, ostensibly without having preemptive formulas for the right thing to do. It fits into the relativism of the prevailing naturalistic worldview, while allowing for a sense of compassion. Utilitarianism's potential advantage is its broad, even global assessment of resources, needs, and other factors relevant to social justice.

However, the weaknesses of this perspective are also obvious. The most serious relates to the definition of the good.

How does one establish what consequences are desirable? Why is one result preferred over another? In order to answer these questions, appeal must be made to at least one non-consequentialist principle, such as Joseph Fletcher's "love." Some consequentialists argue that we all have an inherent notion of good and evil. Not only is this not true, but it is not enough, for it assumes that our notions are correct, which they may not be.

For instance, in medicine, a strict risk-benefit analysis without clear standards for the just treatment of persons is dangerous. As an example, many of the arguments advanced in favor of abortion on demand are consequential. Justification of legalized abortion in order to make it available to rape victims or to avoid the complications of "back-alley" procedures is thoroughly situational. Arguments that genetically defective children should be aborted are often utilitarian. By defining the fetus as nonhuman, a selfish modern value, personal convenience, is allowed to usurp the universal right to life.

Attempts to judge the quality of a peron's life such as Mrs. Toivonen's are meaningless without a standard to indicate what kind of quality is acceptable and what is unacceptable, and whether there is some level of quality at which life is not worth living. Yet such a standard cannot come from a purely consequentialist framework.

Therefore, consequentialism cannot stand on its own, without appealing to a value system; by itself it falls for lack of norms. At best, it borrows norms from a general consensus or a heritage such as Christianity; at worst, subjective rules and agendas are passed off as situational imperatives.

Beyond this, utilitarianism has the added problems of justifying the preeminence of the collective and of calculating, much less accurately predicting, good and bad outcomes. Why should Mrs. Toivonen's fate be determined by an impersonal computation of costs and benefits? If an individual or minority group must be disenfranchised in order to produce even a slightly better effect for society, a pure calculus might demand that it be done, without helping determine when doing so is blatantly unjust. It falls into the trap of ignoring personal concerns.

EXISTENTIAL PERSPECTIVE

The Existential perspective, on the other hand, cares only for personal wishes; it seeks only the autonomous fulfillment of individual goals, so it is also called the Egoist perspective. The egoist considers all ethical decisions to be private matters, and rejects accountability to any other persons, norms, or consequences. While ethical Egoism as a philosophy is less common than utilitarianism, in practice it is quite pervasive in American society.

If Mrs. Toivonen were an egoist and were able to express her wishes, she would demand that it makes no difference what anyone else says, she wants this or that done. If Dr. Hilfiker were an egoist, he wouldn't care what Mrs. Tolvonen said! He probably would have stayed in bed.

Ethical Egoism is more realistically illustrated in modern medicine by the abortion ethic: at least 97% of abortions are performed purely for personal convenience (not for the consequentialist reasons cited above), and most are likely justified by this perspective. The assertion, "It's my body, and you can't tell me what to do with my body" is (often unwittingly) solid ethical Egoism. The Hemlock Society, which exists solely to aid persons in committing suicide with few questions asked, is likewise largely in this camp. If one signs a Living Will only to maintain one's autonomy and to eliminate dependence on or accountability to others, again the Existential perspective is at work.[7]

The Existential perspective is attractive because it maximizes personal freedom. It is relativism in the extreme, insisting that one need not be accountable even to do what is in one's own best interest. In rejecting the subordination of the individual to the collective, it is suspicious not only of social planners, but of any outside constraints.

The establishment of this perspective as the correct one is no easier than is that of the other two perspectives. Egoists assume that because we are innately self-centered, we should be free to pursue our self-interest without impediment.

However, in assuming this, it commits the "is-ought" fallacy. The fact that we are egoists does not justify promoting Egoism. The existentialist's problem is the opposite of the consequentialist's: why is the individual preeminent, and collective concerns impermissible?

Exclusive emphasis on the Existential perspective is subject to two major pitfalls:

1. The relentless pursuit of one's own interests is not always the best way even to maximize pleasure. Indeed, the Bible teaches us that we are most fulfilled when we lay aside our own interests for those of others.

2. It cannot be universalized, for if it were, anarchy would result. It provides no sense of duty between persons, undermines the rule of law, and destroys both public morality and the basis for medical practice.

BIBLICAL SYNTHESIS

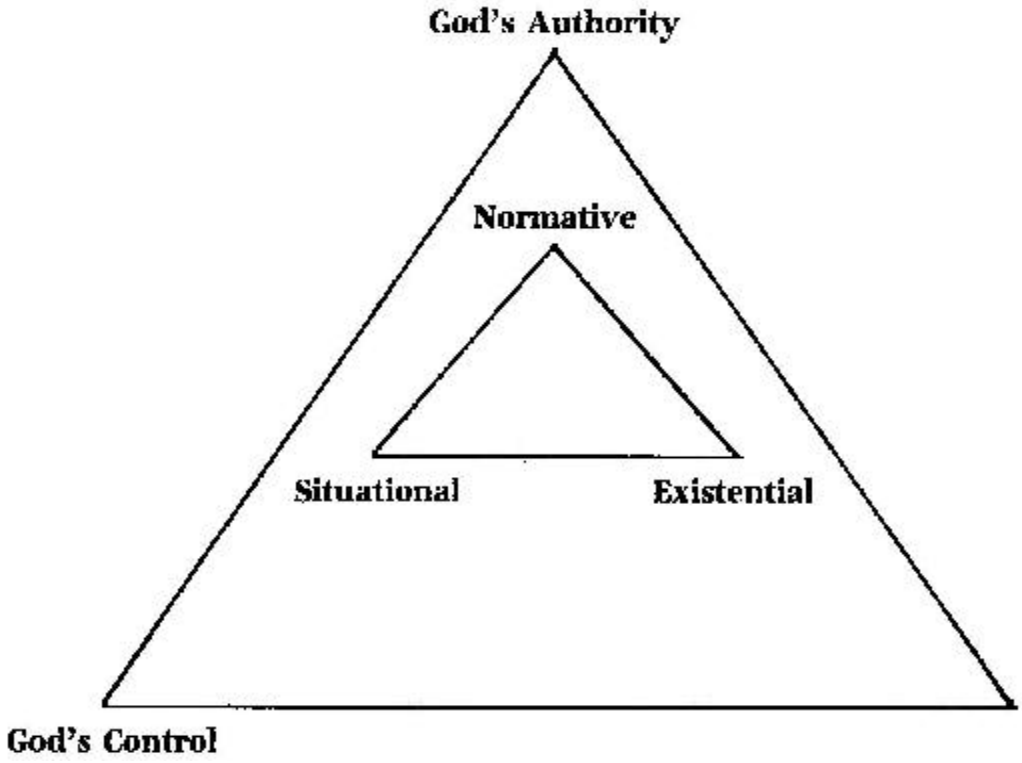
It is clear that each of the three perspectives is of crucial importance but also has serious shortcomings. None by itself provides a sufficient basis for morals. By ignoring the other two, each will miss important elements of any ethical dilemma. Integration of the three is clearly needed; yet none of them has an adequate way of accounting for the others.

Christianity is generally placed in the Normative camp. God in his authority,[8] omniscience,[9] and relevation[10] of the Truth has provided us with absolutes that inform all of life. His Word is the standard by which all our actions are judged.[2] But this is not all Christianity provides. Because

God is sovereign, "working out everything in conformity with the purpose of His will,"[11] the situations we find ourselves in have meaning and should be considered carefully. He does not require that we apply His norms in a vacuum, but sovereignly places us in **circumstances** where they will apply. By His grace, He does not make faithfulness to His perfect laws impossible at any time, but promises to "provide a way out." [4] Thus Christianity accounts well for the situation.

Further, our personal concerns are of interest to God. This is demonstrated by the fact that He is **always present with us, in every** situation we encounter.12 He has asked us to cast all our cares on Him, '3 and gives us discernment through spiritual maturity14 and prayer." Thus, He does not scorn our deepest desires and needs like a detached lawgiver. Also, He cares not just that we apply His Truth mechanically, out of duty alone, but instructs us to do so with the right motives. 16 The maker of our innermost being dwells with us, and we abide in Him.'? In Christianity, existential concerns find a solid foundation.

The triangle used earlier might now be expanded to illustrate the metaphysical basis that the Bible provides for each angle:



A biblical approach to problems such as Mrs. Toivonen's will be elaborated in future articles. However, in brief, it is obvious that norms such as the intrinsic value of life apply. She is still a creature of God, made in His image, and precious to Him. Yet we cannot assume that for this reason every available medical resource must be marshaled to save her life. In the perspective of eternity, our life on earth is not all there is. It is also clear that, appearances notwithstanding, her situation is not "hopeless." Though our understanding is cloudy, there are reasons for her and Dr. Hilfiker's predicament. Further, since there are many options available, is it possible that there is not one, and only one, that is correct?

After carefully analyzing her overall situation, remembering her attitudes when she was competent, evaluating all possible courses of action and their benefits and risks, and committing decision to prayer, we might find any of several options is acceptable. A biblical model for medical ethic quires that we take into account whole counsel of God as revealed Scripture so that we faithfully discharge the responsibilities He has given us, do not violate any clear biblical norms, and choose and carry out a contextually

appropriate course of action with the proper motives.

THREE MAJOR ETHICAL PERSPECTIVES

Perspective	Essential Elements	Example Proponent	Strengths	Weakness of Establishment	Pitfalls of Exclusive Emphasis	Biblical Perspective
NORMATIVE	Transcendent "ought"	Kant Truncated Christianity	Provides goal & standard of right & wrong	How are norms derived & made binding?	Lacks immanence (insensitive to particular situations)	God's authority & revelation
CONSEQUENTIALIAST						
• Situationalist	Situation provides its own "ought"	Joseph Fletcher Abortion ethic Living will	Sensitive to individual situations	Why are certain consequences preferred? How is the good defined?	Rules made up as you go along	God's control of all things
• Utilitarian	Greatest good for greatest number	Jeremy Bentham John Stuart Mill Abortion ethic Living will	Brand or global picture	Why is the collective preeminent? How to calculate results?	Individuals swallowed by collective	God's control of all things
EXISTENTIALIST (egoist)	Autonomous fulfillment of personal desires	Hemlock Society Abortion ethic Living will	Maximizes personal freedom	Why is the individual preeminent? Why should we do only what we want?	Can't be universalized -- produces anarchy, destroys public morality	God's presence with su

References

1. Hilfiker D. Allowing the debilitated to die: Facing our ethical choices. N Eng J Med 1983;308:716-9.

2. Heb. 4:12-13, *"The word of God is living and active. Sharper than any double-edged sword, it penetrates even to dividing soul and spirit; joints and marrow; it judges the thoughts and attitudes of the heart. Nothing in all creation is hidden from God's sight. Everything is uncovered and laid bare before the eyes of him to whom we must give account. "*

3. Jas 1:13, *"When tempted, no one should say `God is tempting me.' For God cannot be tempted by evil, nor does he tempt anyone."*

4. I Cor 10:13, *"No temptation has seized you except what is common to man. And God is faithiful; he will not let you be tempted beyond what you can bear. But when you are tempted, he will also provide a way out so that you can stand up under it."*

5. Ps 19:7-9, *"The law of the Lord is perfect, reviving the soul. The statutes of the Lord are trustworthy, making wise the simple . . . The ordinances of the Lord are sure and altogether righteous."*

6. Used daily by all physicians in making treatment decisions, this method is vital to good medical practice and is not necessarily an expression of Situationalism. But as we will elaborate, risk-benefit analysis by itself is insufficient for ethical decision-making without a normative context.

7. Note, however, that Living Wills can also be an expression of consequentialist concerns: the situationalist emphasizes that under certain circumstances dying is preferred to living; and the utilitarian may promote living Wills to avoid burdening society with chronically-ill persons who require active care.

8. Lv 18:2-5, "1 *am the Lord your God. You must not do as they do in Egypt, where you used to live, and you must not do as they do in the land of Canaan, where 1 am bringing you. Do not follow their practices.* You *must obey my laws and be careful to follow my decrees. 1 am the Lord your God. Keep my decrees and laws, for the man who obeys them will live by them."*

9. Is 46:9,10, "1 *am God, and there is none like me. I make known the end from the beginning, from ancient times, what is still to come. 1 say: My purpose will stand, and 1 will do all that 1 please. "*

10. 1 Pet 1:20-21, *"No prophecy of Scripture came about by the prophet's own interpretation. For prophecy never had its origin in the will of man, but men spoke from God as they were carried along by the Holy Spirit."*

11. Eph 1:11, Also Is 45:5-7, "1 *am the Lord, and there is no other; apart from me there is no God... I form light and create darkness, I bring prosperity and create disaster; 1, the Lord, do all these things."*

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."*

12. Mt. 28:20, *"Surely I will be with you always, to the very end of the age. "*

13. I Pet 5:7, *"Cast all your anxiety on him because he cares for you. "*

14. Heb 5:14, *"Solid food is for the mature, who by constant use have trained themselves to distinguish good from evil."*

15. Jas 1:5, *"If any of you lacks wisdom, he should ask God, who gives generously to all without finding fault, and it will be given to him. "*

16. II Cor 9:7, *"Each man should give what he has decided in his heart to give, not reluctantly or under compulsion, for God loves a cheerful giver."*

17. Jn 15:5, "1 *am the vine; you are the branches. If a man remains in me and I in him, he will bear much fruit; apart from me you can do nothing."*

Management of Chronic Neuromuscular Diseases in Children

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Physicians caring for children with severe neuromuscular disorders are often faced with decisions concerning how aggressive the therapy should be. Before the widespread use of mechanical ventilators, no effective treatment was available for weakness developing in breathing muscles, and the children subsequently died because of respiratory failure. With the introduction of mechanical ventilators and other forms of advanced technology, physicians were placed in situations where they had to deal with complex medical and ethical issues. Traditionally, the decisions of how to manage these difficult problems were based on discussions between the physician and patient and/or parent. However, each new advance in technology has extended the ethical scope of the decisions.

In this paper we deal with three related questions.

1. What is the prevailing practice in regard to management of these difficult problems?

2. What treatment is medically or technically feasible?

3. What is the Biblical mandate for management of these patients?

Patient-care issues other than mechanical ventilation are quite pertinent to these children, but our discussion will focus on the use of this modality.

METHODS

A questionnaire assessing the level of care physicians would choose to give patients with various forms of neuromuscular disease was sent by mail to 25 child neurologists (CN) and 26 pediatric critical care specialists (CCS). The subjects were senior physicians who were recognized experts in their specialties and were not chosen by random. Completed questionnaires were returned by 21(84%) CN and 15 (58%) CCS.

The questionnaire consisted of seven

vignettes with forced choice responses assessing the level of care the physician would deliver to each patient. The responses were measured in ordinal scales ranging from either I to 3 or I to 4. In cases where the subject checked more than one response item to a vignette, the mean score of the two items was used as their response (e.g. 2 and 3 = 2.5).

The differences between the CN and CCS in their responses to each vignette were tested with Kruskall-Wallis Analysis of Variance Tests for Ranked Data.' The data in the Table are presented as mean ranks so that the higher the mean rank score the more aggressive the choice of therapy.

RESULTS

In the first three vignettes dealing with infants and young children, there were no significant differences in the therapy offered by CN or CCS. The physicians appeared to increase the level of care as the patient increased in age. For example, in the first vignette dealing with a newborn suspected of having spinal muscular atrophy who developed respiratory failure (Table), 14.3% of the CN and 26.7% of the CCS recommended the use of mechanical ventilation ($p > 0.05$). In the second vignette describing a bright two-year-old with spinal muscular atrophy whose breathing becomes compromised without evidence of pneumonia, 40% of the CN and 50% of the CCS physicians would choose mechanical ventilation ($p > 0.05$). In contrast, in a bright two-year-old with spinal muscular atrophy who develops pneumonia and respiratory failure, 33.3% of the CN and 66.7% ($p > 0.05$) of the CCS would add mechanical ventilation, if necessary, to the standard pneumonia treatment of IV fluids and antibiotics.

For the two vignettes (5 and 6) describing adolescents who develop respiratory failure following pneumonia, the CCS physicians recommended significantly more aggressive treatment than the CN's. For a bright 19-yearold female with spinal muscular atrophy, 73.4% of the CCS compared to 38.1% of the CN ($p < 0.032$) would continue mechanical ventilation indefinitely, if necessary. For a dull normal 16 year-old boy with Duchenne muscular dystrophy 46.6% of the CCS and 9.5% of the CN ($p < 0.009$) recommended continuing mechanical ventilation as long as necessary. In contrast for a nine-year-old child (number 7) with spinal muscular atrophy and an IQ of 35 who develops pneumonia and respiratory failure, 70% of the CN and 46.7% of the CCS would limit treatment to antibiotics and fluids.

The fourth vignette described a two-year-old child with pharyngeal muscle weakness who has had several episodes of aspiration pneumonia due to his severe swallowing difficulties. For this child 94.3% of the CCS physicians would recommend the most aggressive therapy option offered of surgical insertion of a feeding device, as compared to 60.9% ($p \leq .034$) of the CN's.

Fourteen CN and 13 CCS wrote explanatory notes in addition to (or in 3 cases, rather than) answering the

questionnaire. Two themes ran through their comments. Fourteen physicians emphasized the importance of discussing alternatives with the family and/or patient. Seven (six CN and one CCS) outlined the general principle of avoiding mechanical ventilation in this group of patients.

The questionnaire itself and detailed results are available on request from the authors.

DISCUSSION

The most apparent result from the questionnaire is that many specialists dealing with children having neuromuscular disorders would opt against mechanical ventilation in circumstances where death is the likely outcome without mechanical support. CCS tended to choose long-term ventilation with greater frequency than CN. Many responders additionally noted the importance of explaining the alternatives to the patient and family.

Two other factors seemed to influence the choice of care. As the age of the patient increased, more vigorous therapy tended to be applied. This may relate to the technical difficulties with mechanical ventilation in very young patients or to the fact that older children have demonstrated their potential to survive. Additionally, a lower cognitive level of the patient also appeared to result in mechanical ventilation being offered less frequently. The structure of the questionnaire, however, did not allow this point to be examined statistically.

The long-term use of mechanical ventilation clearly is a medical alternative in older patients with Duchenne muscular dystrophy and other less common dystrophies, but it is not the most commonly chosen one. Colbert and Schock sent questionnaires to directors of Muscular Dystrophy Association clinics.[2] Approximately one-third of the clinics routinely prescribed respiratory support with a wide variety of negative and positive pressure ventilators for these patients. They stated, "some physicians hesitate to prescribe ventilatory aids because they see prolongation of life for people with progressive disease as increasing suffering and placing an unnecessary burden on the families or caretakers. Other doctors readily offer such support systems with the assumption that their patients can continue to enjoy a meaningful life". Alexander et al. employed long-term mechanical assistance in ten patients with Duchenne muscular dystrophy.[3] Mean survival after adding assistance was 3.4 years. Bach et al. reported 29 muscular dystrophy patients who required mechanical ventilation 24 hours per day.[4] Their average age was 27 years with a range of 15-54 years. Twenty-four of those individuals lived in the community. Three were married with a total of five children. Several were involved in professional careers. Interviewing five young men who were totally dependent on respirators, Gilgoff wrote, "When asked if they wanted a no resuscitation order to be added to their charts should they arrest, all were adamantly opposed".[5]

Less experience is available in young children or infants with spinal muscular atrophy. Although older children with

spinal muscular atrophy surviving to later ages without mechanical ventilation can be approached in the same manner as older children with muscular dystrophy, very young children with spinal muscular atrophy present unique problems. First, they are usually too young to participate in any decisions. Secondly, there is much less experience in maintaining these individuals with mechanical ventilation. Splaingard et al. listed two patients, 6 months and 1-1/2 years, with spinal muscular atrophy, who received mechanical ventilation and survived for extended periods.[6] However, details of their courses were not provided. In general, far less experience is available in this area, and the technical problems, such as maintenance of tracheostomy in a small, growing patient, may be nearly insurmountable.

From this comparison of prevailing views among medical specialists dealing with this area and what is technically feasible, a picture of a wide gap emerges. More extensive treatment is available and possible than is recommended by the majority of physicians. The responding physicians are well-acquainted with the full character of these difficult problems, and the number of technical options available may exceed the ethical ones. Nevertheless, in consideration of the great variability of views among the physicians themselves, it is all the more important that parents be knowledgeable about the medical options as they really exist. In these decisions, there is no reason to conclude that the physician's opinion is automatically better-founded than the parent's. Although our questionnaire was designed to assess physicians' views and not those of parents, many specialists added comments indicating the importance of an informed parent.

Issues concerning the older child with neuromuscular disease operate in the context of a patient who participates in decisions. Mechanical ventilation in patients with these disorders may not be merely prolongation of the act of dying; life may be prolonged for months or years. The physician and family must know a great deal about the course of the illness with respirator therapy. Is the process of dying only to be extended by painful, undignified means, or is the possibility of prolonged life to be held out? There is no Biblical mandate for prolonging suffering, but the extension of life as created by God is to be honored. In order to withhold extraordinary treatment, Koop said, "I must know an extraordinary amount about the disease process under consideration. I must know an extraordinary amount about my patient. I must know an extraordinary amount about the reaction of my patient to the disease process in question."[7]

The decision to withhold treatment or extend life is not a theoretical one. The first brings about an irrevocable conclusion, and the second requires an on-going commitment under often difficult circumstances. The overriding Scriptural command should be: "Thou shalt love thy neighbor as thyself (Mark 12:31).[8] How best to follow this command may not always be clear, but the possibility of extended prolongation of life seems to offer the greatest potential for

demonstrating this love. Cordon Clark emphasized the intellectual and volitional aspects of such matters of the heart; clearly the response to a command is not based in the emotions.[9] Fulfilling the command in this circumstance involves more than a decision to persist with therapy. Continuing action is required. This may mean not only involvement with the particular patient but also the establishment of large scale, costly programs to support management of these patients.

Is the older patient free to choose against continuing life? The courts usually will respect the wishes of a patient not to accept a particular form of therapy. However, Scriptural commands are always offered in the context of a living individual, and it is difficult to see how the patient can be obedient to these commands by choosing death. The presence of a severe illness does not absolve the patient of the responsibility of obedience. job wanted death because of his illness (Job 10:18), but was reminded that God was in control. The concept of a "meaningful" life pales in comparison to God's creation and sovereignty; the idea that a patient's life must have "meaning" in order to be preserved becomes muddy in this context. The general principle of choosing life over death is most important, but it must be admitted that it is impossible to include all circumstances under this rubric. These exceptions, however, do not affect the rule.

With the younger child the medical details are even less clear, and the parents must take the responsibility for decisions (Col 3:20). This seems to be the general, public view. The Presidents' Commission stated, "Public policy should resist state intrusion into family decision-making unless serious issues are at stake and the intrusion is likely to achieve better outcomes without undue liabilities."[10]

Addressing the issue of treatment for seriously ill newborns, the Commission noted that the presence of "permanent handicaps justify a decision not to provide life-sustaining treatment only when they are so severe that continued existence would not be a net benefit to the infant."° The Commission observed that this strict standard excludes consideration of the possible adverse affects of the child's life on the rest of the family, society, etc. This is an exceedingly important principle and would seem to apply to young patients with neuromuscular diseases. The basis of this principle is the sixth commandment (Exodus 20:13). Considered in this context, the rationale for withholding therapy because of the patient's cognitive impairment is very weak. To summarize, the Biblical commandments for love, the extension of mercy, and the prohibitions of the sixth commandment against murder are essential considerations for young children who would die without mechanical ventilation. These commands should override consideration of the technology available and the effects of the decision external to the patient. Parents may benefit greatly from seeking the counsel and prayers of wise elders (Jas 5:14).

Other considerations should include the prohibition against lying (Exodus 20:16) to

the patient, appropriate application of anointing with oil and prayer for healing (Jas 5:13-16), and the state of the patient in respect to salvation. Any decision should provide latitude for the supernatural work of the Holy Spirit both for physical and spiritual healing. For example, it would seem that great efforts should be made to maintain life in an older child who is not regenerated. "Life" is mentioned many places in the Scriptures, but a large percentage of these references pertain to eternal or everlasting life with God and not to life on the present earth.

Finally, there is no logical or Biblical distinction between not starting and discontinuing a clearly non-beneficial treatment. To make this distinction amounts to domination by the technology of the situation. Although we may have emotional restraint about stopping a particular therapy that has been started, the guiding principle is still the Biblical command to love the patient.

TABLE:

	Child Neurologists	**Pediatric Critical Care Specialsts**	
Mean Ranks of Level of Aggressiveness in Therapy Chosen by Child Neurologists and Pediatric Critical Care Patients	**MEAN RANK**	**MEAN RANK**	**P**
1. An extremely hypotonic newborn is delivered to a family where a previous child has died of spinal muscular atrophy. Muscle biopsy at one week of age, along with electromyography, is consistent with spinal muscular atrophy. The infant is alert and there has never been any indication of hypoxia. In the second week of life, the infant begins to develop indications of respiratory failure. It becomes clear that intervention would be required to maintain life.	18.24	18.87	NS
2. You are following a two-year-old with spiVVnal muscular atrophy in your practice. Although acquisition of motor skills has been minimal, the child is quite bright and speaks in sentences. Over the course of a few weeks, the breathing becomes compromised. Chest x-ray does not reveal any evidence of pneumonia.	16.92	18.32	NS
3. A bright, two-year-old child with spinal muscular atrophy develops pneumonia and respiratory failure.	16.60	21.17	NS
4. A two-year-old child with congenital myopathy has severe swallowing difficulties and has developed several episodes of aspiration pneumonia secondary to pharyngeal muscle weakness.	15.00	20.67	0.034
5. A nineteen-year-old girl has had muscle weakness since early infancy with a diagnosis of spinal muscular atrophy. The child has never walked. However, the school performance has been excellent. She develops pneumonia and respiratory failure.	15.55	22.63	0.032

6. You are following a sixteen-year-old boy in your practice with Duchenne muscular dystrophy. His intelligence is dull normal. He develops pneumonia and respiratory failure.	14.81	23.67	0.009
7. A nine-year-old child with spinal muscular atrophy develops pneumonia and respiratory failure. The child has previously had an episode of respiratory failure with hypoxia. That episode left the child with severe cognitive deficit (IQ 35).	16.27	20.30	NS

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The Good Samaritan: Original and Updated Versions

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Dr. Orient was graduated from Columbia University College of Physicians and Surgeons in Philadelphia. She is currently in the solo practice of general internal medicine in Tucson, Arizona. The following is an excerpt from a speech presented by her in 1986 to the Association of American Physicians and Surgeons, of which she is president. She admits that the "original is plagiarized from a famous Rabbi."

The story begins with a man who fell among thieves. A Samaritan took pity on him, mounted him on his own beast and brought him to an inn. **The Samaritan did** not deposit him on the doorstep and disappear. Nor did he threaten the innkeeper with loss of his license, or a fine, or sanctions, or disgrace in the eyes of the community, if he failed to provide for the victim's needs. On the contrary, the Samaritan offered the innkeeper a Roman denarius, a silver coin valued at about nineteen cents, the customary daily wage for a laborer. Not a princely sum, but the innkeeper apparently considered it adequate. The Samaritan even offered to pay more, if necessary, in an early example of cost-based reimbursement. As it is written in Luke 10:35, "`On the morrow, when he departed, he . .. said unto (the host), `Take care of him, and whatsoever thou spendest more, when I come again, I will repay thee'." The innkeeper evidently trusted the Samaritan's word. Perhaps he had a reputation for honesty, reliability, and prompt payment. What might be even more surprising is that the Samaritan also trusted the innkeeper not to overcharge him.

Not surprisingly, it was a lawyer who asked the question that the parable is supposed to answer: "Who is my neighbor?"

Today, the question is still pertinent, but the answer of the parable is often distorted. The focus has shifted from individuals to society as a whole, and the number of victims has multiplied. In today's ethos the people who resided along the highway, or in the next town, or even in the whole nation, might be considered just as responsible for aiding the victim as the priest and the Levite were. And all might be blamed for the societal forces that purportedly created the new victim class, the band of thieves. The original story illustrated the principle of subsidiary - that we should aid those who are close to us - whereas the new ethics emphasizes social responsibility.

The Samaritan was a stranger and a foreigner, but he was the victim's neighbor in the sense that he was in the right place at

the right time, and he had it within his power to render aid. Because he chose to do so, he has been singled out for praise throughout two millennia. But it is doubtful that many of today's ethicists would consider him to be much of a hero. Didn't the victim have a right to help? Besides, the Samaritan's motives might be questioned. He is said to have acted out of a feeling of compassion, so it is likely that he gained some sense of personal satisfaction from his good deed. There were surely many poor or injured people in the region on that very day whom he did not choose to aid, even though he was a prosperous man. Those who follow his example, on the advice of the Rabbi, are even less worthy of esteem - for did not the Rabbi commend his action to the lawyer on the basis of self interest?

This is what you must do, he said, to inherit eternal life. The proffered reward was substantial, and the standards not all that high. The lawyer was just told to love his neighbor as himself - no worse, and no better either.

In the parable, the innkeeper is not the hero, but then he also is no villain. He was probably just a regular fellow with a wife and children to support and bills to pay. It is possible that he was a compassionate man, who gave a little extra to the victim without asking for repayment. We don't know. But he apparently did not risk the debtor's prison in order to care for his unfortunate patient. If the Samaritan had not offered the denarius, he might even have performed a "wallet biopsy" on the hapless victim, to find that the wallet had, alas, been stolen. Most likely, the innkeeper provided only the basic services - no cardiopulmonary resuscitation, no coronary artery bypass, no liver transplant, no preventive medicine, no psychotherapy, and probably not even a private room.

The story omits altogether one character who has assumed extreme importance today: the gatekeeper. We can only guess how they managed to do without him. Who was there to see whether there was room in the inn, to hold the denarius for several months, and to make sure that the charges did not exceed the prepaid amount?

Every day you see the consequences of new concepts of responsibility in your medical practice, so you will surely recognize the following, revised parable, told from the perspective of a socially responsible bioethicist.

AN UPDATED VERSION OF THE GOOD SAMARITAN

A man fell among antisocial elements, who had probably had a deprived childhood. (In the absence of property rights, there are, of course no thieves.) A priest and a Levite passed by, and notified the proper agency in charge of prioritizing and providing for the victim's right to medical care in an efficient and fair manner.

While the bleeding victim was awaiting his turn, a Samaritan came along. The Samaritan was moved by pity (a deplorable trait, since tenderheartedness can lead to favoritism and other evils).

However, he had no oil or wine for pouring on the man's wounds, no beast, and no denarius. Because the business in which he was engaged did not serve the social good, his property had been redistributed to those who needed it more. He was thus unable to help the man.

Eventually, some member of the helping professions brought the victim to the inn, where he was evaluated by the gatekeeper. There was a delay because the man's identification card had been stole, and it was difficult to verify his eligibility.

Also, the gatekeeper needed to confer with a utilization review advisor, who was more expert in applying the criteria.

The admission criteria had been recently revised by a committee of community-based professional consultants, including the priest and the Levite.

Once the gatekeeper certified that the man was both eligible and needy, he assigned him, by now in a moribund state, to a preferred innkeeper. The innkeeper's duty was to take care of the patient, for whatever reimbursement society decided upon. In former times he might have gotten a denarius; but in the age of cost-efficiency, he would make do for less, without any decline in the quality of care. Otherwise, he would lose his innkeeper's. license, or face other sanctions.

An innkeeper who complained that he had fallen among thieves would be accused of greed and selfishness. If he failed to cure the patient, the priest and Levite could accuse him of incompetence or negligence, and the man or his heirs could instigate a lawsuit, with the aid of the neighborly lawyer. The innkeeper's union, in turn, could complain that society had not provided adequate resources or had allocated them unfairly. They could also propose an additional tax on the Samaritan for programs to alleviate the conditions that lead to roadside crime.

Abortion and the Ancient Practice of Child Sacrifice

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Despite considerable biblical evidence already summoned to support a strong pro-life position, more scriptural testimony seems to be needed to convince some Christians that anything less than such a position is unbiblical. One objection frequently raised to a dogmatic stand against abortion is that the Bible never specifically addresses the issue. The reason for this omission has been pointed out by the Old Testament scholar Meredith Mine who, commenting on the lack of abortion legislation in biblical law says, "It was so unthinkable that an Israelite woman should desire an abortion that there was no need to mention this offense in the criminal code."[1]

There was, however, a rite performed in ancient Israel which has many parallels to the modern practice of abortion and is specifically addressed in the Sciptures. It was the rite of child sacrifice and Moses said it was one of the "detestable things the Lord hates" (Deuteronomy 12:31). In this paper the largely neglected parallels between the ancient rite of child sacrifice and the modern practice of abortion will be examined in detail.

ARCHEOLOGICAL and EXTRA-BIBLICAL LITERARY DATA

Before the biblical texts which address the practice of child sacrifice are examined, it will be helpful to draw on some of the archeological and extra-biblical literary data for the background they provide.

In 1921 the largest cemetery of sacrificed infants in the ancient Near East was discovered at Carthage. It is well established that this rite of child sacrifice originated in Phoenicia, ancient Israel's northern neighbor, and was brought to Carthage by its Phoenician colonizers. Hundreds of burial urns filled with the cremated bones of infants, mostly newborns but even some children up to age six years old, as well as animals have been uncovered at Carthage.

They were buried there between the 8th century B.C. and the fall of Carthage during the third Punic War in 146 B.C. On the burial monuments that sometimes accompanied the urns, there was often inscribed the name or symbol of the goddess Tanit, the main Phoenician female deity, and her consort Ba'al Hammon.' Infants and children were regularly sacrificed to this divine couple.

Fulfillment of a vow was probably the most frequent reason an infant or child was sacrificed as witnessed by the third century B.C. Greek author Kleitarchos (paraphrased by a later writer):

> *Out of reverence for Kronos (the Greek equivalent of Ba'al Hammon), the Phoenicians, and especially the Carthaginians, whenever they seek to obtain some great favor, vow one of their children, burning it as a sacrifice* to *the deity if they are especially eager* to *gain success.*[3]

A typical example of an inscription follows:

> *"To our lady, to Tanit, the face of Ba'al and to our lord, to Ba'al Hammon that which was vowed (by) PN son of PN son of PN. Because he (the deity) heard his (the dedicant's) voice and blessed him.*[4]

Thus fulfillment of a vow before or after obtaining a special favor from the gods, a favor that brings blessing or success to the dedicant, appears to be the most common reason for child sacrifice. Occasionally, however, at times of civic crisis, mass child sacrifice was practiced as attested by the first century B.C. Greek historian Diodorus Siculus who reported the response of the Carthaginians to their army's defeat by Agathocles in 310 B.C.:

> *Therefore the Carthaginians, believing that the misfortune had come to them from the gods, betook themselves to every manner of supplication of the divine powers . . . In their zeal* to *make amends for their omission, they selected two hundred of the noblest children and sacrificed them publicly.*[5]

The actual rite of child sacrifice at Carthage has been graphically described by Diodorus Siculus:

> *There was in their city a bronze image of Cronus extending its hands, palms up and sloping toward the ground, so that each of the children when placed thereon rolled down and* fell *into a sort ofgaping pit filled with fire.*[6]

Plutarch, a first and second century A.D. Greek author, adds to the description that:

> *the whole area before the statue was filled with a loud noise of flutes and drums so that the cries of wailing should not reach the ears of the people.*[7]

There is conflicting evidence regarding the

actual cause of death of the victims. Some reports suggest that they were burned alive[8] while other reports suggest that the infants and children were slaughtered first.[9] The victims, themselves, were members of both the wealthy mercantile and estate-owning class as well as the lower socioeconomic class as attested by the titles of the dedicants on the burial monuments.[10] Occasionally, however, the upper class would substitute lower class children for their own by purchasing them from the poor and then sacrificing them as Diodorus Siculus reports:

> *in former times they (the Carthaginians) had been accustomed to sacrifice to this god the noblest of their sons, but more recently, secretly buying and nurturing children, they had sent these to the sacrifice.*[11]

Two inscriptions at Carthage even show that occasionally the parents would sacrifice a defective child hoping to later receive a healthy one as a substitute. In one inscription a man named Tuscus says that he gave Ba'al *"his mute son Bod'astart, a defective child, in exchange for a healthy one.* "1z Child sacrifice probably became a standard practice for both religious and sociological reasons. Diodorus Siculus suggests that the:

> *ancient myth that Cronos did away with his own children appears to have been kept in mind among the Carthagians through this observance.*[13]

The second and third century A.D. Roman lawyer and Christian apologist who was a native North African and spent most of his life in Carthage, Tertullian, wrote:

> *Saturn (the latinized African equalivant of Ba'al Hammon) did not spare his own children; so, where other people's were concerned, he naturally persisted in not sparing them; and their own parents offered them to him, were glad to respond...*[14]

According to the ancient myth, Saturn selfishly swallowed up the first five of his children in order to prevent his destined dethronement by one of them.[15] Hoping to gain Saturn's favor and thus his blessing, the Carthaginians worshipped Saturn by imitating him. Serving a god with ungodly attributes, the Carthaginians were willing to submit to his murderous demands. Indeed Saturn's demands may have assisted the Carthaginians in their own self-serving plans. For the Syro-Palestinian archeologists Lawrence Stager and Samuel Wolff suggest that "Among the social elite of Punic Carthage the institution of child sacrifice may have assisted in the consolidation and maintenance of family wealth. One hardly needed several children parceling up the patrimony into smaller and smaller pieces . . . for the artisans and

commoners of Carthage, ritual infanticide could provide a hedge against poverty. For all these participants in this aspect of the cult, then, child sacrifice provided `special favors from the gods."[16] This suggestion is supported by archeological evidence at Carthage that the practice of child sacrifice flourished as never before at the height of its population as well as civilization."

BIBLICAL CITATIONS

Child sacrifice was not confined to Phoenicia, Carthage and the western Mediterranean world. It was also practiced by the Canaanites and through the process of religious syncretism by some Israelites. The earliest reference to child sacrifice in the Bible is found in Leviticus where the practice is address by Moses in connection with Molech:

> *Do not give any of your children to he passed through (the fire) to Molech for you must not profane the name of your God. 1 am the Lord.*
>
> (Lev. 18:21; see also 20:1-5)

In I Kings 11:7, Molech is identified as "the detestable god of the Ammonites" and recent archeological evidence in the former territory of the Ammonites from the period of the Conquest supports biblical testimony that child sacrifice was practiced in Jordan roughly contemporarily with Moses."[18] The Hebrew word *Molech is* the same Semitic root as the Punic word **mulk** which was found inscribed on several burial monuments at Carthage giving linguistic evidence for the continuity between the practice of child sacrifice in Canaan and at Carthage. But whereas at Carthage the word refers to the sacrificial offerings including human sacrifice, in Leviticus it refers to the god who demands child sacrifice.[19] The "passing through" refers to sacrificing by burning in a fire.[20] For this "passing through to Molech" (same Hebrew words in Leviticus and Jeremiah) took place later in Israel's history in the region of the high places of Ba'al in the Valley of Ben Hinnom in Jeremiah 32:35. This murderous scene was described by the Lord through the mouth of Jeremiah in earlier chapters:

> *For they have forsaken me and made this a place* of *foreign gods; they have burned sacrifices in it to gods that neither they nor their fathers nor the kings of Judah ever knew and they have filled this place with the blood of the innocent. They have built me the high places of Ba'al to burn their sons in the fire as offerings to Ba'al - something I did not command or mention, nor did it enter my mind. So beware, the days are coming, declares the Lord, when people will no longer call this place Topheth (possibly derived from an Aramaic word meaning hearth or*

> *fireplace but here referring to the precinct of child sacrifice)" or the Valley of ben Hinnom, but the Valley of slaughter.*
>
> (Jeremiah 19:4-6; see also 7:31,32)

The history of child sacrifice in ancient Israel and God's response to the practice can be uncovered by examining the biblical texts that address it in the Pentateuch, historical books and prophetic writings. In the Pentateuch, Moses warns the Israelites who will soon enter the land of Canaan (Leviticus 18:3 and 20:21-24) where they will be exposed to the cult of Molech not to sacrifice any of their children to the god:

> *The Lord said to Moses, say to the Israelites: "Any Israelite or any alien living in Israel who gives any of his children to Molech must be put to death. The people of the community are to stone him.* 1 *will set my face against that man and 1 will cut him off from his people; for bygiving his children to Molech he has defiled my sanctuary and profaned my holy name. If the people of the community close their eyes when that man gives one of his children to Molech and they fail to put him to death, 1 will set my face against that man and his family and will cut off from their people both him and all who follow him in prostituting themselves to Molech.*
>
> (Leviticus 20:1-5; see also 18:21)

The penalty for sacrifice to Molech is harsh, i.e., stoning to death (Lev. 20:2); for it is a serious offense against the Lord.

1. It defiles God's sanctuary (Lev. 20:3) and since His holy presence cannot abide in a place polluted by sin it threatens abandonment by God of His people.

2. It profanes God's holy name making God appear less than the holy God that He is by inferring that He is a God who desires, or at least permits, child sacrifice.

3. God knew that the practice of child sacrifice to Molech was a form of spiritual prostitution (Lev. 20:5). God's relationship to His people is a close personal one with a human analogy in the sexual intimacy of marriage. God, of course, expects the exclusive commitment of marriage, not the pick-and-choose relationships of prostitution.

4. In Deuteronomy, God through Moses rejects child sacrifice even if allegedly done in the worship and service of God Himself (Deut. 12:29-31). In reference to the nations of Canaan that Israel was about to invade and dispossess (12:29) and the worship of their gods (12:30), Moses commands:

> You *must not worship the Lord your God in their way because in worshipping their gods, they do all kinds of detestable things the Lord hates. They even burn their sons and daughters in the fire as sacrifices to their gods.* (Deuteronomy 12:31)

With remarkable discernment Moses recognized that such unacceptable service can sometimes begin not as a conscious determination to do ungodly things but as an "ensnaring" by other nations and their gods (12:30).

Two of Moses' admonitions against child sacrifice are found in the stipulation section of the loosely covenant treaty form of Leviticus 1821 (Lev. 18:21) and the more rigid covenant treaty form of Deuteronomy[23] (Deut. 12:29-31). In the covenants made between God and Israel, the Lord expected His people to obey the civil, moral and religious stipulations. His commands were to be obeyed because of allegiance to His Lordship and out of a sense of gratitude for His great acts of redemption (Lev. 18:2,3 and Deut. 5:1,2,6 and 12:1).

> *Failure to obey the covenantal stipulations is failure to give God full allegiance as Lord and failure to respond appropriately to His gracious acts of* ***redemption.***

Disregarding the covenant stipulations is a serious offense, some of which, including child sacrifice, are so grievous as to be punished by capital punishment which is to be done by the entire community (Lev. 20:2,3). If the offense goes undetected by the community, God Himself threatens to "set my face against" and "cut off" the offender (Lev. 20:3) - probably a threat of premature death.[24] So detestable to God is child sacrifice that He even threatens to set His face against and cut off those who, though not participants in the practice, "close their eyes" to the crime (Lev. 20:4,5). Further, the warning not only applied to God's covenant people but to any non-Israelite living in Israel (Lev. 20:2). Child sacrifice was not one of the many tribal customs aliens who lived in Israel were permitted to practice.

In these Pentateuchal passages dealing with child sacrifice the offense is recognized as a sin in at least three different ways. As noted above it was seen as a sin against God, i.e. in defiling His sanctuary, in profaning His holy name, in spiritual prostituting to Molech and in ungodly worship of the Lord Himself. But child sacrifice was also perceived as a sexual sin and/or sin against the family as well as a sin against the community. In Leviticus 18 (see also Lev. 20:9ff) the stipulation against child sacrifice is listed among various sexual sins, e.g. incest (18:6ff), adultery (18:20), homosexuality (18:22) and bestiality (18:23). It is not obvious from the immediate context of Leviticus 18 and 20 why child sacrifice is linked to various illicit sexual practices. It is probable, however, that the worship of

Molech not only involved child sacrifice but the pagan custom of cultic prostitution. In Isaiah 57:9, "Molech" *(Melech* in Hebrew. But it must be remembered that vowel notation was a later addition by Masorete scholars to the received consonantal text). is mentioned. Earlier in the chapter "those sacrificing their children" (57:5b) is in parallel with "those burning with lust" (57:5a). They are also described in 57:3 as "offspring of the adulterer and the prostitute." The Hebrew word for adulterer is masculine while the prostitute is feminine, indicating that the children are the offspring of an adulterous father and a prostituting mother. But the phrase is not to be taken literally. Rather, the declared attributes of the parents are in fact used to characterize the offspring themselves." The connection between child sacrifice and cultic prostitution is even clearer in Ezekiel where we read:

> *And you took your sons and your daughters whom you bore to me and sacrificed them as food to the idols. Was your prostitution not enough? You slaughtered my children and made them pass through (the fire) to the idols.*
>
> (Ezekiel 16:20,21)

Thus the Old Testament scholar Moshe Weinfeld links cultic prostitution with child sacrifice in Isaiah and Ezekiel saying, "The children born of cultic prostitution associated with Molech were presumably delivered to the idolatrous priests, even as the offspring of a regular marriage may have been handed over to Molech."[26] Given that some of the children offered to Molech were conceived illegitimately during adulterous/prostituting affairs, it seems probable that child sacrifice offered a convenient way to dispose of the consequences of these aberrant sexual practices.

Another possible reason for grouping child sacrifice with illicit sexual practices is that they are all sins against the family. Of the sexual sins listed together in 20:l0ff, the Old Testament scholar Walter Kaiser, Jr., says: "Every assault against an individual here is simultaneously an attack on the very existence of the family."[27] Kaiser sees these sexual sins all as sins against the family since they disrupt normal family relationships. It is possible then that child sacrifice, which was clearly an assault against the family, came to be associated with other stipulations that protected the family. Since the family was the foundation of Israelite society, any threat to the family was a threat to the community as well. Thus, the community was to be vigilant in guarding against the practice and was to take the severest community action against any offenders, i.e., stoning to death.

Despite the covenantal stipulations and warnings against child sacrifice, Scripture records that some Israelites did in fact practice child sacrifice. Of Ahaz, the 8th century B.C. king of Judah, we read:

> *He walked in the ways of the kings of Israel and even made his son pass through*

> *the fire, following the detestable ways of the nations the Lord had driven out before the Israelites.*
> (2 Kings 16:3)

Sadly Ahaz's grandson Manasseh followed in his footsteps (2 Kings 21:6). But these accounts of child sacrifice were not isolated as recorded by Jeremiah (see above). Being a prophet of God it was Jeremiah's obligation to prosecute on behalf of God the covenant lawsuit against those who had broken the covenant. The evidence against the Israelites was incontestable for it was publicly visible to all. As the Lord's mouthpiece, Jeremiah testifies against Judah:

> *They have set up their detestable idols in the house that bears my Name and have defiled it They have built the high places of Topheth in the Valley of Ben Hinnom to burn their sons and daughters in the fire - something 1 did not command nor did it enter my mind.*
>
> *(Jeremiah 7:30,31; see also 19:4,5)*

Because of this offense for which Israel is corporately responsible, Jeremiah predicts disaster (7:32-34 and 19:1-3), 6-15). If only the people would repent, disaster could be thwarted (Jeremiah 18:5-11). But the Israelites were a "stiff-necked" people who would not listen to God's words (Jer. 9:15; see also 18:12; cf 18:5-11). They had forsaken their God to serve other gods even to the extent that they would sacrifice their own children spilling "the blood of the innocent" (Jer. 19:4). Mannaseh's grandson Josiah had tried to bring about reformation among the Israelites. After renewing the covenant between God and His people (2 Kings 23:1-3), Josiah:

> *desecrated Topheth which was in the Valley of Ben Hinnom, so no one could use it to make his son or daughter pass through the fire to Molech.*
> (2 Kings 23:10)

But Josiah's reformation was short-lived as evidenced by Jeremiah's prophetic witness (see above). God used Rome to judge Carthage in 146 B.C., bringing an end to child sacrifice there. Hundreds of years earlier God used Babylon to judge Israel when the Babylonians destroyed Jerusalem, leveling God's temple which signified God's just abandonment of His people, and leading Israel into captivity. While exiled in Babylon, Ezekiel reminded the two prostituting sisters Oholah (representing Samaria in Ezekiel 23:4) and Oholibah (representing Jerusalem) of the reason they had been exiled. In confronting the two with "their detestable practices" the Lord through Ezekiel said:

> *they have committed adultery and blood is on their hands. They committed adultery with their idols, they even made the children they bore to me pass through the fire) as food for them.*
>
> (*Ezekiel* 23:36,37)

Idolatry had not disappeared by New Testament times, but took on a broader meaning. Commenting on- the New Testament authors' understanding of idolatry, Herbert Schlossberg notes that "a man can place anyone or anything at the top of his pyramid of values, and that is ultimately what he serves. The ultimacy of that service profoundly affects the way he lives."[28] Physical idols were still common in New Testament times, e.g. I Corinthians 8:4,5. However, in Pauline theology idolatry is also recognized as any worshipping or serving the creature rather than the Creator which is equivalent to exchanging the truth of God for a lie (Romans 1:25 cr 1:23).[29] Placing anything above the Creator and His truth is idolatry, for in this idolatry the creature's erroneous value judgments are substituted for the Creator's correct ones. Sadly, people know the truth but suppress it (Romans 1:18). For God has revealed His nature, power and laws both in the visible world and in the hearts and consciences of humanity (Romans 1:19,20, 2:14,15). But mankind is on a downward spiral of depravity and destruction that begins with devaluing the Creator and His truth and ultimately leads to an outpouring of God's just wrath at the final judgment (Romans 1:24-32, 2:5,8,9,12). Even now mankind is experiencing God's wrath as He gives men over to the consequences of their sin (Romans 1:27,26,28). Apart from God's gracious intervention, all mankind faces the present and future revelation of God's just wrath. But as recipients of God's righteousness through faith in Christ Jesus, we have been justified (Romans 1:17, 3:21-28). Having been justified by His grace, our lives must not be conformed to his world's idolatrous values but be transformed by the renewing of our minds to God's perfect will (Romans 12:2).

PARALLELS OF ABORTION AND CHILD SACRIFICE

At the risk on the one hand of pointing out obvious parallels and on the other hand of suggesting parallels which some may say are forced, we compare the ancient practice of child sacrifice with the modern practice of abortion. However, before going any further it should be noted that the parallels between the two have been recognized for centuries. Tertullian, for example, commenting on the Roman practice of infanticide by comparing it to the Carthaginian practice of child sacrifice admonishes:

> *there is no difference* as to *baby killing whether you do it as a sacred rite or just because you choose to do it.*

In the same context Tertullian describes the Christian attitude towards both abortion and infanticide saying:

> *For us murder is once for all forbidden; so even the child in the womb, while yet the mother's blood is still being drawn on to form the human being, it is not lawful to destroy. To forbid birth is only quicker murder. It makes no difference whether one take away the life once born or destroy it as it comes to birth. He is a man, who is to be a man, the fruit is always present in the seed.*[30]

The most obvious parallel between the rite of child sacrifice and the practice of abortion is the sober fact that the **parents actually kill their own offspring.** There are however many other parallels. At Carthage the main reason for sacrificing a child was to avert potential dangers in a crisis or to gain success through fulfilling a vow. Today many times when a woman faces an unwanted pregnancy, abortion seems to be the only way to resolve the crisis she finds herself in. The potential danger to reputation, education, career, etc., become overwhelming. To avert the seemingly terrifying consequences of carrying a pregnancy to term, the woman may turn to abortion as a means of escape. Another woman may experience much less of the anxiety and fear that accompany a crisis. She may simply see the pregnancy as an intrusion into her self-serving lifestyle and an obstacle in the way of the road to her success. Sadly this woman's offspring must be sacrificed so that she can continue uninterrupted with her plans for the future.

It is no secret that in American society **extramarital sexual intercourse** (fornication and adultery) is the cause of most pregnancies that end in abortion. Pregnancy is a risk many are willing to take knowing that any undesired consequences can be eliminated by abortion. The theologican Carl Henry recognizes this fact in calling abortion "the horrendous modern immolation of millions of fetuses on the alter of sex gratification."" As suggested earlier, child sacrifice in Canaan may have been a convenient way to dispose of the consequences of the illicit sexual practice of temple prostitution associated with the cult of Molech. If so, the modern practice of men irresponsibly engaging in sexual intercourse with women to whom they do not intend to commit themselves and provide for parallels the wayward Israelite man engaging in extramarital relations with a temple prostitute. In both cases the men leave the women to bear the consequences of their aberrant sexual practices. New England Christian Action Council executive director John Rankin rightly calls this **irresponsible behavior of men towards women** as "the ultimate male chauvinism."[32]

As noted earlier, child sacrifice may have been a means of population control at Carthage. At present around the world abortion is sanctioned, even encouraged, by some societies as a means of **population control.** In China, communist party agents actually impose great social and economic pressure on couples to abort their offspring if they already have one child. In this country, the sanctions are more subtle. Presumably, Medicaid-

funded abortions afford the poor equal access to medical care, but one wonders whether some wealthy policy makers hope to control population growth among the poor under the guise of good will. In this there is an intimation of a parallel to the Carthaginian practice of the wealthy buying the poor's offspring to sacrifice in place of their own children. Apart from state funding, occasionally both the rich and the poor will abort later pregnancies if they feel their families are large enough. As at Carthage, socioeconomic concerns often play a prominent role in the decision.

Sometimes the Carthaginians sacrificed defective children in exchange for healthy ones. It is now standard medical practice to do an amniocentesis at an early stage of pregnancy when **congenital abnormalities** are suspected. If an impairment is confirmed, the parents are advised to consider terminating the pregnancy. To carry to term and raise a defective child is not expected of the parents since they can exchange the frail one they now have for a healthy one in the future. In some states obstetricians who fail to advise their patients of the need for an amniocentesis can be successfully sued for malpractice on the legal grounds that the delivered infants are "wrongful life."[33]

Even the actual rite of child sacrifice has modem parallels in the medical techniques used to perform abortions. In the saline abortion **the dying infant is chemically burned** as it thrashes about for minutes to hours before finally succumbing. In the suction abortion **the loud whir** of the vacuum pump muffles the sound of the mother crying out in pain and sadness and the ripping and gushing sound of the infant being tom piecemeal from the womb.

Finally, **the flourishing of abortion** in modern America, like child sacrifice in ancient Carthage, at the height of its civilization is an unmistakable parallel. The words written by P. Mosca at the conclusion of his doctoral dissertation dealing with child sacrifice might well be written of abortion today, ". . . it is impossible to deal with this subject at any length without coming to terms with the human dimension: how could a culture so well developed morally, intellectually and materially tolerate so 'abominable' a custom? How could a sophisticated people sanction what seems to be such a barbaric practice for so long a time? How at the most visceral and critical level could human parents bring about the destruction of their own child?"[34]

One religious truth emerges in comparing ancient child sacrifice to modem abortion, i.e., people become like the gods/God they worship. The Carthaginians worshipped Ba'al Hammon, equivalent to Kronos and Saturn. Not surprisingly they became like him, willing to sacrifice their children to avert potential danger and gain success in their self-serving endeavors. Modern autonomous man worships himself and is willing to abort his own offspring in order to resolve crises and achieve his own goals. In serving the idolatrous self, men become more and more like the self-serving idol they worship, i.e. sinful man. They are willing to disregard any of God's gracious laws in order to accomplish their

own ends. In their self-idolatry men have set themselves on a downward spiral of depravity and destruction from which only God's gracious mercy can deliver them.

In contrast to those who worship themselves, those who worship the holy God become holy. God sets Himself before His people as the standard of righteousness, "Be holy because I the Lord your God am holy" (Lev. 19:2). In serving this righteous God, men and women become more and more like Him in righteousness. Of course, even the holy people of God have faith not in their own righteousness, but in the saving work of their righteous Lord, Jesus Christ.

CONCLUSIONS

Since there are many parallels between ancient child sacrifice and modern abortion, it is reasonable to conclude that the attitude of our unchanging God towards abortion today is similar to His attitude towards child sacrifice in the past. What then can we rationally surmise is God's judgment regarding the practice of abortion both among Christians and those who are not His people?

Like child sacrifice in ancient Israel, the practice of abortion by Christians is spiritual prostitution to an idol, defiles God's sanctuary and profanes His holy name. God alone is the Author of life and it is not the creature's prerogative to question the Creator's wisdom in bringing to life a fellow human being at conception. Whenever men disregard their Creator's wise judgment by destroying His innocent creation, they are serving another god. They are, in fact, spiritually prostituting themselves to the idolatrous self whom they believe is wiser in its value judgments. Some values which are put forward to justify abortion are clearly idolatrous, e.g., the mother's right to choose, which is placed at the top of the pyramid of values by those who call themselves pro-choice. Other idolatrous values are more subtle, e.g., empathy for a mother's suffering in the midst of the crisis arising from an unwanted pregnancy or concern for the quality of life of a defective fetus. Both of these later values are good in themselves but become idolatrous when they abrogate the Creator's wise judgment in creating human life. It is not as though God fails to realize in creating some human beings that they may become a source of conflict in an unplanned conception or that a handicapped person will indeed face difficulties.

Whenever Christians disregard the Creator's true value judgments, they dethrone God and by their sin defile the temple in which He dwells, the temple of their own body (see I Corinthians 6:19). Dethroned and defiled by the idolatrous sin of abortion, God threatens to abandon the wayward Christian unless there is repentance. For God will not dwell in a temple in which another god is enthroned and a sanctuary polluted by sin. And the Christian who approves of or participates in the sin of abortion not only affects himself but he profanes God's holy name. People intuitively know that a man's attitude and behavior reflect his values. The Christian claims that God's authoritative

Word determines his values. If a Christian then speaks or acts in away that is contrary to that Word, he brings dishonor to God's name. For to those who do not know God, the Christian is their chief witness to the Word of God. And the Christian who approves of or participates in the practice of abortion is testifying to the world that his God condones the practice. He is in reality bearing false witness, for by his attitude and behavior he infers that the Creator consents to His creatures destroying innocent fellow creatures. This false witness actually implies through his testimony that God is at odds with Himself. For in creating a human being God has clearly judged it to be of value. If God approved of abortion, He would be essentially saying that his value judgments are sometimes wrong.

Many Christians who accept or take part in the practice of abortion have not made a conscious decision to sin and bring dishonor to God by condoning idolatrous values. Regardless of the motive, however, these Christians are unacceptably serving God. Indeed God hates the detestable sin of abortion. For not only is abortion a sin against God and His innocent creation but it is a sin against the family and community as well. Scripture throughout teaches that children are a blessing from the Lord and that loving nurture is the godly response of parents toward their offspring. Abortion is the rejection of the God-given role to parent His creation. For an unmarried woman unable to cope with the doubly difficult role of single parenting, the child may be God's gift through her to a barren couple within the community. Whether God's blessing is received and lovingly nurtured by the biologic parents or given to adoptive parents, the birth of a child is a blessing to the family and community.

Often abortion is the evil solution to the consequences of a sexual sin. Whether a pregnancy results from fornication or adultery, where the mother is a guilty participant in the sin, or a pregnancy results from rape or incest, where the mother usually is the guiltless victim of another's sin, abortion is an ungodly solution. For the Sovereign Redeemer is able to bring about good where there was evil. A new creation resulting from a sexual sin is an extraordinary witness to this redemptive truth.

Sadly many Christians refuse to completely submit to the Lordship of the Creator and fail to appreciate the redemptive power of their God to save man from the full consequences of sin. The defective fetus is the victim of that original sin which resulted in the fall of all creation. A mother may be the victim of her own or another's sexual sin or the victim of corporate societal sin, e.g., unjust poverty. In all of these situations abortion has no redeeming character; for God never deals with sin or its consequences by countering it with sin but with righteousness. The unhealthy child should be loved and cared for more not less because of its weakness. The pregnant woman should be counseled to do what is right and given assistance in every possible way to support a godly decision to nurture in her body God's creation during its first nine months of life. Christians must always affirm, both by word and deed, the

sovereignty of the Creator and recognize His power to righteously redeem mankind from the results of sin.

Up to this point we have been trying to discover God's attitude towards abortion among Christians, based on Scripture's testimony of His attitude towards child sacrifice among the Israelites. We now turn to God's judgment regarding abortion among those who are not Christians and the Christian response to the practice among them.

As previously noted in the theocratic nation of Israel, some non-Israelite customs were tolerated and some, like child sacrifice, were not. Today God's people in the United States do not live in a theocracy; rather, they live in a democratic state. As such, Christians must determine, based on the principles of God's law, when they should become actively involved in the democratic process to restrict the behavior of some individuals in the interest of other individuals and society-at-large and when they should tolerate different values and customs. Abortion is clearly a practice which is intolerable and must be restrained by the state. For abortion is the denial of the inalienable God-given right to life" of an innocent human being and it is an attack at the very foundation of our society, i.e., the family and community. Even many of those who are not Christians acknowledge that abortion is wrong. For God's law is written on the hearts of men and women to which their conscience bears witness (see Romans 2:14). Others have suppressed God's truth by substituting their own self-serving idolatrous values. The truth of God's power and divinity have been revealed in creation (see Romans 1:18ff). But men and women have suppressed this truth and their rejection of this revelation of God is clearly evident in the sin of abortion. For scarcely is the power and divinity of God more clearly seen than in His creative power bringing to life each human being, everyone made in His own divine image (see Genesis 1:27). No man-made technology has the power to create life, much less a human life stamped with the divine imprimatur. Rather, through the medical technology of abortion mankind rebels against the creative power of the Almighty by destroying the divine image-bearers. No, abortion is not acceptable as practice by Christians or non-Christians and must not be tolerated by this or any other society. Those individuals who fail to heed God's law by condoning abortion will surely face God's judgment if they remain impenitent. Even those who do not condone abortion but fail to take action against it will face judgment. For as noted previously in Leviticus both the Israelite who sacrificed his child to Molech and those who closed their eyes to the sin faced the judgment of God. And if a society as a whole persistently rejects God's laws it will surely corporately face God's judgment. The city of Carthage and the nation of Israel are but two of many historical testimonies to the outpouring of God's wrath against unrelenting corporate sin.

Something is happening in this land which God did not command nor did it enter His mind - this place is being filled with the blood of the innocent. So beware, for

blood is on our hands and God will set his face against us unless we repent and are cleansed by his merciful forgiveness.

This is what the Lord says:

> **Look I am preparing a disaster for you and devising a plan against you. So turn from your evil ways, each one of you, and reform your ways and your actions.**
>
> (Jeremiah 18:11)

Oh, that we might not respond like ancient Israel.

> *It is no use. We will continue with our own plans, each of us will follow the stubborness of his evil heart.*
>
> (Jeremiah 18:12)

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19. Some scholars suggest that some uses of *Molech* in the Old Testament may have originally been used to refer to the live sacrificial offerings like Punic *mulk*. e.g., Mosca, P.G., op. cited, for summary see conclusions of chapter two and three.

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Note: Scripture quotes are the New International Version.

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Editor's Note

While still in graduate school, I decided to apply for medical school. Fellow graduate students deprecated medical school as "trade school" wherein one was "trained" but not "educated." Simple snobbery, I thought, and perhaps it was. I discovered later, however, some truth in their comments.

We physicians are a decidedly pragmatic group. The public expectation that we attend to short-term outcome probabilities and immediate, material causes urges our attention toward them. Appreciation of spiritual etiologies is more difficult to muster if one is going to administer a poison such as digoxin or actually cut into the patient's body. As early as medical school a habit may develop of pushing aside any "philosophical" issues. Internships usually provide little inducement to reflection on the whole being of our patients. The pressures of practice may seal habits of dismissing the nonmaterial (spiritual) features of patients' problems as "metaphysical." How do you see 20 patients in a morning if you try to explore the spiritual origins of their overeating, fornication or fist fighting?

My American College Dictionary defines pragmatism as a "more or less definite system of though in which stress is placed upon practical consequences and values as standards ... and as tests for determining their value and truth. " Is that not how medicine is practiced now, even by Christians? By habit do we not narrow our focus to the material aspects of patients? We haven't taken time to discover an overall theology of medicine. After all, how practical could that be?

If I do not prescribe birth control pills to a 20-year-old unmarried woman, for example, she may become pregnant and face serious spin-off problems. Pragmatically then, the pill is indicated. If I don't "play the game" with third party insurers, I won't get paid or my patients won't get full reimbursement. I can't practice optimally if I don't have money for a good staff and equipment or if I'm distracted by money shortages in my own household. Pragmatically, therefore, I will code things as they may not quite be. I'll sign on and pretend to provide patients with all the medical attention they need and want, when really I'm providing only what their insurer and my tried conscience will allow.

Not long into practice I found myself tripping over practical ethical issues littering the office floor. I became dissatisfied with the pragmatic "solutions" offered by others or tried by myself in ignorance or willful disregard of the Spirit's voice in the Word. The Bible is neither impractical nor silent on the practice of medicine. What is truly impractical is a philosophy of pragmatism. What is true is not deter mined by observing that it serves our purposes over a span o1 a few years. Conclusions

opposed to Scripture drawn from a "longitudinal" study over 5-15 years appear ludicrous to God

(Ps. 2:4) from His perspective of eternity. A recent OB/GYN newsletter informs me that no evidence exists that distribution of contraceptives prompts adolescents to begin having sexual intercourse. Malarkey! How inadequate a is 25 years to make such a statement! What is the "sexual revolution" other than a composite of implicit permission; enticements, and the removal of immediate material consequences and sanctions? The prevailing attitude of the nation has been changed by a myriad of such ludicrous beliefs.

Does a parent fulfill Deut. 6:6,7 by having his teenage instructed in contraceptive techniques? What is the message` "Don't have sexual intercourse outside of marriage. However, pragmatically speaking, the temporal consequences of raising a child out of wedlock are so bad that I'm going to teach you how to circumvent them. It may help you if you slip and disobey God and, incidentally, it may lower m5 health insurance rate and taxes. The spiritual consequences` To Hell with your spirit! I don't want you having a baby."

It is a hard thing to deal with the physical consequence; of sin, after the fact. Our local neonatal intensive care unit is largely **filled** with the tragic, expensive consequences of illicit procreation by teenagers. It is also a hard thing to assist *a* patient in planning to break or to continue to break God's laws on sexual intercourse, before the fact. For which would you rather be responsible before God? Are you pragmatically rating the bitter, lifetime consequences more highly than bitter, eternal consequences on issues like this?

We hope in this Journal to see "practical" issues ad dressed. The chains of pragmatic thinking need to be broken. Development of logical reasoning from Scripture car break them. Metaphysical issues will be recurring, enough to try the patience of anyone accustomed to getting as quickly as possible to an indicated physical treatment with a professionally acceptable short-term outcome. We may find that being "trained" is okay: "... solid food is for the mature who by constant use have trained themselves to distinguish good from evil" (Hebrews 5:14).