

Guest Editorial

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We live in an anything-goes society where standards of morality are lax and in some cases nonexistent. As physicians we are frequently expected to reflect this philosophy under the guise of objectivity. WE are taught that we should never impose our own moral opinion on our patients, that all decisions are their own. Indeed, all decisions are their own. However, this may at times place the physician in conflict with his own conscience. This is especially true when we are expected to discuss abortion as a valid option.

I believe that most physicians have a personal ethical code. IT may be conscious, it may be subconscious, but it is present. Frequently, however, this moral code has been smothered by societal expectation and seared by peer rhetoric. Such rhetoric teams with compassionate catch words such as reproductive freedom and constitutional rights.

The medical profession no longer has an unchangeable standard. Gullible professionals seem to like whatever lollipop is dangled before them. Physicians have dropped the ball, and it is rolling quickly downhill. Where it is heading we fear even to imagine.

I venture to project that, unless we act, physicians of decades to come will become puppets of the state. They will be ordered to follow rigid criteria regarding whom to treat and how to treat them. More frightening, they will also be told whom to euthanize. This may easily be within the lifetime of our own medical practices. We will then wonder why we didn't speak up when we had the freedom to do so.

Fortunately, there are physicians such as you and I who yearn to reclaim their profession. The Physicians for Moral Responsibility (PMR) is an organization dedicated to helping such doctors become moral leaders. PMR encourages them to speak in their schools, churches and medical societies, and to write letters to their journals and newspapers. PMR endeavors to help influence society to reestablish the acceptance of the Judeo-Christian standard through the courageous efforts of bold professionals. We urge you to join our struggle to re-establish the dignity of the healing arts.

PMR's address is: P.O. Box 98257, Tacoma, WA 98498.

The Image of God and The Practice of Medicine

Then God said, "Let us make man in our image, according to our likeness...And God created man in his own image, in the image of God He created him; male and female He created them." Gen.1:26-27.

Our attempt to develop biblical principles for the practice of medicine is necessarily based upon systematic theology. When one puts together the pieces of a puzzle, they will not fit anywhere except where they were made to contribute to the whole. A system requires that pieces fit, not be randomly placed anywhere. When Christians speak of a world view, they are speaking of a unified system of knowledge. It is not enough to understand Bible verses or the ethics that are derived from them. One must fit each piece of knowledge into the whole; otherwise, one never has the completed picture (worldview) and, worse, one does not know what pieces may be present that do not belong, and what pieces may be missing. Christians are too often satisfied with a pile of pieces, some of which don't belong and others that are missing. Dr. Dough Heimburger has given examples of an application of the Biblical world-view to medicine in a previous issue.¹

Man made in the image of God is a crucial piece to the puzzle for the practice of medicine. This article will make a beginning attempt to shape the piece and determine where it interdigitates with medical practice and ethics. It is with some embarrassment

that this concept does not appear in my foundational book!

ITS IMPORTANCE

The image of God in man is extremely important within a culture dominated by an evolutionary hypothesis for the development of man. It is not carrying this image too far to say that it is the one factor, even for the creationist, that separates man from the animals. If, as God created living things, He had created man without this distinction, then man could indeed be placed with the animals and the focus on man in the Bible beginning with the second chapter of Genesis would seem strange and without basis. Even the theistic evolutionist (and probably the majority of Christians hold this position) must confess that God did not merely develop man by progression up the phylogenetic ladder, but did something unique in His creation of man.

WHAT IS IT?

Theologians are not entirely agreed upon the answer to this question. Further, their answer is predicted upon their "brand" of theology. Generally, they fall into three categories: Armenian, Roman Catholic, and Reformed.² I will focus on the latter as the more complete and biblical. Even so, the subject is not simple. Certain assumptions are necessary. (This references cited will discuss these

assumptions for those interested.)

(1)"Image" and "likeness" are synonyms. All the references are agreed upon this point. (2) The image of God, even though severely marred, is still present in man after his Fall (1 Cor. 11:7, James 3-9). (3) Man is dichotomous, consisting of body and soul (or spirit)³ A trichotomous view of man (body, soul and spirit) would not necessarily change the following presentation, but would make it more complicated.

We shall begin with a simple list of all the possibilities and then work our way through them. The image of God could include the physical body, the mind and all its faculties (intellect, judgement, rationality, understanding, communication or fellowship, will, emotions, morality, intuition, and self-consciousness), dominion over the earth, the soul or spirit, and righteousness. The easiest to exclude as the image of God is the body. God is a spirit without form or physical substance. The body, as the dwelling place of the soul and the Holy Spirit in the believer, has great significance, but it cannot be the image of God.

At first glance the soul, as the immaterial or non-physical dimension of man, might seem to be the image of God. Further consideration, however reveals that animals have a soul. In fact both words used for soul and spirit in the Old Testament are ascribed to animals: soul (nephesh) in Gen. 1:21,24, 6:17. 7:15 and spirit (ruach) in Gen. 6:17, 7:15; Eccl. 3:19, 21. Further, angels and demons are

spirits, but are never identified in the Bible as being made in the image of God. Thus, the simple presence of the soul or spirit is not the image of God in man.

Man's righteousness can be viewed in two ways: perfect or complete righteousness and a degree of righteousness. Obviously, when Adam and Eve fell, man lost all identity with perfect or complete righteousness. Thus, this definition of righteousness cannot be the image. Then, might some degree of righteousness be the image? Many men and women do at times behave in both ordinary and extraordinary ways that would seem to please God. Further, they have some understanding of the law of God written on their hearts (Rom. 2:15). These two arguments, however, will not hold as the image. First, righteousness consists of more than behavior; it consists of one's standing before God and one's motives. Second, man's sinful nature prevents a clear perception of the law of God and a willingness to obey it. This argument concerns the central tenets of justification and sanctification and is more extensive than we can manage here. It will stand, however, as a fundamental of orthodox Christianity.

Dominion over all living things and the earth is one dimension of the image. Man is God's vice-gerent, exercising a limited authority of God's total authority. This dominion, however, is only possible be a more important part of the image.

Finally, and most importantly, we come to man's mind and its faculties. Conservative

theologians almost (if not all) agree that man's mind is a function of his soul (spirit). Although I have listed various faculties of the mind, they can be simplified into two: rational (logical) thought and knowledge (intellect). To "think God;s thoughts after Him" requires knowledge of them and the ability to follow his reasoning process. Although Adam and Eve did not have total knowledge (as we can never have either), they were able to reason infallibly.⁴ Obviously, we are not now able to reason infallibly, and this loss represents a major tarnish upon that image. Nevertheless, we are able to know some things truly and to reason accurately.

The other faculties that we have listed are predicted upon these two. Judgement is reasoning based upon available knowledge. Understanding is the reasoning that gives explanation and coherence to knowledge. Morality is judgment of right and wrong according to on;e knowledge. Intuition is inborn knowledge⁵ and probably subconscious judgment. Self-consciousness is the knowledge that "I" exist as an entity distinct from all other things. Communication is the ability to reason what knowledge is or is not to be given to someone else and how it is to be stated. The will is more complex than can be presented here, b simply it is truth put into action (energized, if you will). In other words what is actually believed to be true will be acted upon by the will. Similarly, the emotions are more complex. With some careful thought, however, it can be demonstrated that God does not have emotions because He is immutable and emotions represent a change in

psychological state.⁶

Fellowship needs special attention. Surprisingly, it is almost absent from discussion of the image of God, even though it is orthodox belief that the Trinity is the ultimate fellowship. This ability may be closer to the reality of the image than anything considered so far. Simply, fellowship is conveyed in the New Testament as the Greek *koinonia* as sharing or having something in common (Acts 2:44;Phil.4:14, John 1:3,6,7). It is surely not coincidental that *koinonia* is the word for Communion (ICor.10:16), the most intimate fellowship between God and man.

Through careful reasoning fellowship is recognized as shared knowledge, or better, shared truth. Shared possessions may exist among people who otherwise hate each other, often exemplified when inheritances are divided. So, physical sharing is not fellowship. What is it that causes joy and happiness when certain people are together? It is not just the physical presence of the person, but the knowledge of thoughts (beliefs and experiences) that are valued by both. The more extensive that knowledge and experience, the greater the fellowship.

Applied to man's relationship with God, close fellowship existed between Adam and Eve and God before their sin. Gen. 3:8 implies that "the presence of the Lord" was common in the Garden. After their sin God continued to reveals Himself throughout biblical history until His revelation (the Bible) is completed. Even at the very

moment of their sin, He provided a way to know (fellowship with) Him again (Gen. 3:14, "He shall bruise you on the head," the first prophecy of the forgiveness to be provided in Jesus Christ). IT is not without meaningful intent that being a "new creature" in Christ is conveyed by a transformation of the mind (Rom. 12:2) and repentance (II Cor. 7:10, literally a change of mind).

THE PRESENCE OF THE IMAGE

The next question that must be answered is whether or not this image is present throughout the life span of the individual. Adam was created as an adult, but pro-life Christians have argued rightly that individual human life begins at conception. How is the image of God present, then, in the conceptus (union of the sperm and egg), the embryo (the first two weeks after conception), and the fetus (the medical term for the unborn child). The argument is both biblical and physiological. We deal with it briefly in order to focus on the application.

The simple but decisive argument is that man is the image of God regardless of what that image is conceived to be, not that he manifests or contains or achieves the image of God.⁷ A person is not wholly defined by what he is at a given point in time, but his potential, his actuality, and his experience. Each of these is not only determined by the life of the person on earth, but his eternal destiny.

Perhaps, the concept that every human being is a member of the human race most

clearly demonstrates the presence of the image of God in the mentally retarded, those with severe birth defects and those who otherwise do not seem to have any readily identifiable characteristic with the image of God. As Christians, we know that all people of all times are divided into the saved and the unsaved (Mt. 25:31-46) or those who are in Christ and those who are not (Rom. 5:12-21). Further, Christ speaks of the entire church as a person, that is, one body (I Cor.12:12-30) and one bride (Mt. 9:15). Thus, there is a definite sense in which every person, regardless of his or her characteristics, has identity with the whole "image" of the human race.⁸

Other lesser arguments may be simply stated because of space. In the womb man is "fearfully and wonderfully made" (Ps. 139:14), an indirect correspondence to the image. A person may be regenerated from the time of conception.⁹ John the Baptist in his mother's womb was "filled with the Holy Spirit" (Lk. 1:15b) and showed a conscious response the Jesus' presence (Lk. 1:41). Throughout life each person has the innate ability of knowledge and reason, even though his physical condition may not allow the expression of his abilities.¹⁰

APPLICATIONS IN MEDICINE

The first, and possibly the most important, is that man is unique. Simply, man is or his is not. The technological dilemmas created by modern medicine have compelled some scholars to derive categories for man under

certain conditions where he may be treated differently than at other times. Even Christians have been swayed under this compulsion. Dr. Norman Geisler describes the unborn child as "not fully human," "a potentially human being," and "pre-human,"¹¹ As he discusses people with severe medical conditions (e.g. the permanently comatose and terminally ill), he uses the description "sub-human," "post-human," and not "truly-human."¹² Dr. Gareth Jones in his discussion of abortion and early gestational life uses "potential person," "personhood," and "personal and non-personal fetuses."¹³ Dr. Jones even states that "the fetus is being built into the image and likeness of God."¹⁴

These descriptions, which are also categories, are inconsistent with the presence of the image of God in man even with the distortion of that image by sin. The only allowable categories for human beings are alive or dead. The union of an egg and sperm produces a person who is fully human regardless of defects or lack of "normality" until the time of his or her death. No philosophical or moral qualification of a "person" is possible. A person is (alive) or is not (dead). To make a category for humans other than alive or dead is to allow abortion for a variety of reasons, to allow experimentation of the unborn (as is current in England with the human embryo up to two weeks), and to allow the use of a drug or other means to kill or aid in the suicide of a terminally-ill person.

The second application is a prohibition of

the union of a human gamete (egg or sperm), with a non-human gamete (sperm or egg). First, God created every "kind" to procreate after its own "kind" (Gen. 1:11, 12, 21, 24, 25). Second, He specifically proscribes the mixing of kinds in certain situations (Lev. 19:19, Dt. 22:9). One distinction, however, is necessary in this prohibition: the substitution of parts rather than the whole is allowable. That is, a whole person is an entity that is entirely distinct from his isolated liver or heart. Pertaining to our discussion, parts of animals (from whole organs, such as hearts, to sequences of genes) sequences could be transferred to humans.¹⁵

The third application is the elevated status given to all humans, especially those encountered routinely in medical practice who are markedly deformed. Physically, they may be children who are severely retarded or otherwise brain-damaged, adults crippled with metastatic cancer, or the elderly patient whose mind no longer functions rationally or responds minimally to external stimuli. Spiritually, they may be the obnoxious alcoholic who presents at the emergency room in the middle of the night, the persistent hypochondriac who defies any concrete diagnosis or response to treatment, or the devastated wife who has been infected with gonorrhea by her unfaithful husband. The contrast in behavior wrought by differences in the terms that describe man is striking. A health care worker either approaches patients first to determine whether they are persons and then treats them accordingly or he approaches patients first to determine whether they are persons and

then treats them accordingly or he approaches them with the conscious attitude that they are created in the image of God. In other words does "personhood" or "image of God" more greatly enhance the treatment of the patient. Further, which concept gives direction to solutions to their problems?

The fourth application is that the image of God does not require that everything medically be done for all people. Sickness and injury are directly or indirectly a result of the sine of Adam and Eve and personal sin.¹ The state of sin is spiritual, not physical. That is, medicine cannot restore the fullness of the image of God in man. The image conditions man's treatment of other men, but it should not be the goal of men to restore it physically. The dream to cure all medical problems and make man immortal can be seen as an attempt to restore the image of God in man. The care and treatment of the body is not to be minimized, but it must be considered along with the other biblical responsibilities of individuals, families, churches, and societies.

A fifth application concerns eugenics. Although the application of this concept to genetic engineering seems new, eugenics has been a focus of some social planners for the last hundred years. Most states still have laws that certain people who are mentally retarded or have mental illness may not have children and may even be sterilized. Eugenics, then, is the attempt to breed men and women in ways that will enhance certain characteristics, such as intelligence and athletic ability. Again,

however, the major problem with man is his deformed spirit, not his physical limitations. Is a mental retardate who is faithful to his wife "better" than the Nobel laureate who is unfaithful to his marriage? This position is not, however, to exclude the correction of genetic abnormalities that have been clearly identified with physical problems. A chapter in a book soon to be published by me will discuss eugenics at some length.

At certain points we reach our limitations. We have reached that limitation in current expenditures, as indicated by the forced cutbacks in federal and private spending for medical care. We reach that point when medical treatment no longer offers a reasonable chance of cure in terminally ill patients or prolongs their inevitable death. We are not God who can restore that image; neither are we God to harm or destroy that image. We are finite in our ability even to correct the physical damage of sin upon that image. The image of God both enhances our attitude toward patients and places God-ordained limits on what we are able to do.

References

1. Heimburger, Dough, "A Biblical Model for Medical Ethics," 1(1):5-10, 1987.
2. If any reader is not familiar with these categories, he cannot seriously pursue biblical ethics in medicine. Many principles are necessarily different according to which category is believed. My primary sources for the Reformed position are:

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Kuyper, Abraham, *The Work of the Holy Spirit*. Trans. by J. Hendri De Vries, Reprint. Funk and Wagnalls Company, 1900. Grand Rapids: Eerdmans Publishing Company, 1979, pp. 203-251.

Murray, John, *Collected Writings*. Vol. II., Edinburgh: The Banner of Truth Trust, 1976, pp. 34-46.

3. Adams, Jay E., *More Than Redemption*. Phillipsburg, New Jersey: Presbyterian and Reformed Publishing Company, 1979, pp. 108-118.

4. Kuyper, Abraham, *Principles of Sacred Theology*. Trans. by J. Hendrik De Vries, Reprint. Encyclopedia of Sacred Theology Its Principles. Charles Scribner's Sons, 1898. Grand Rapids: Baker Book House, 1980, pp. 106-149; Clark, *The Biblical Doctrine of Man*. pp. 14-19.

5. Clark, *The Biblical Doctrine of Man*. pp. 34-46.

6. The Westminster Confession of Faith, II.I., states that God is "without body, parts, or passions." See a discussion of this description in *What Presbyterians Believe*. Gordon H. Clark, Phillipsburg, New Jersey: Presbyterian and Reformed Publishing Company, 1965.

7. Clark, *Biblical Doctrine of Man*, p.9.

8. Kuyper, *Principles of Sacred Theology*, pp. 150-182.

9. Kuyper, *Work of the Holy Spirit*, pp. 107-308.

10. Clark, *Biblical Doctrine of Man*, p.15.

11. Geisler, N.L. *Ethics: Issues and Alternatives*, Grand Rapids: Zondervan Publishing House, 1971, pp. 219, 234.

12. *Ibid.*, p. 234.

13. Jones, D>G., *Brave New People*, Leicester, England: Inter-Varsity Press, 1984, pp. 156-184.

14. *Ibid.*, p. 172.

15. This statement is not to endorse every substitution of animal parts for humans' parts. The issue is a separate ethical subject in itself. For example, the brain, testicles and ovaries may come so close to the identity of the whole, that these should not be transplanted.

16. Payne, F.E., *Biblical/Medical Ethics*, Milford, Michigan: Mott Media, 1985, p. 79--83.

Additional Literature

Christian couples with fertility problems may benefit from *The Beginnings of Life: Human Fertilization and Embryo Research*.

This twelve-page pamphlet deals succinctly and Biblically with modern medical methods of dealing with infertility problems. The pain of childlessness is compassionately discussed in light of Biblical principles, followed by a lucid analysis of their application to in vitro fertilization and artificial insemination by donor and by husband. It is written to be comprehensible by readers with no medical training. The pamphlet was published in 1986 by the Reformed Presbyterian Church of Ireland and the Evangelical Presbyterian Church and is available from: Covenanter Book Shop, 98

Lisburn Road, Belfast BT9 or Evangelical Book Shop, 15 College Square East, Belfast BT16DD. The cost depends upon the U.S. dollar's exchange rate with the British pound.

Our mail brought some information relating to literature and other helps for homosexuals and those ministering to them.

Healing for the Homosexual, a booklet of testimonies containing sound Biblical principles regarding this life-consuming but escapable sin, is available from Presbyterian & Reformed Renewal Ministries, Int'l, 2245 N.W. 39th Street, Oklahoma City, OK 73112.

Transformation Ministries, P.O. box 55805, Seattle, WA 98155, offering a number of resources for homosexuals seeking release through obedience to Jesus Christ.

Another resource for making contact with ministries and material related to homosexuality is Exodus International, P.O. Box 2121, San Rafael, CA 94912.

Medicine & The Decalogue-- Medicine & The Second Commandment: It appertaineth Not Unto Thee, Physician

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Most Reformed folk are familiar with the Second Commandment by what is called the "Regulative Principle", whereby that which is not commanded by God in worship is forbidden; in context, the immediate concern is the worshipping of God through physical objects. Some explanations of this issue can be found in the Heidelberg Catechism Question 981, Belgic Confession Article 32, 1 Calvin's Institutes II. VIII.172, and in the Westminster Larger Catechism Questions 107-110.3

The Reformed divines saw neither Deut. 12:32 nor the regulative principle as bound by the walls of the church building, but rather sought to apply the general equity of God's law to all facets of life. The Westminster Assembly, in this spirit, saw as one of the sins forbidden by the Second Commandment that of "tolerating a false religion" (Deut. 8:6-12; Zech. 13:2,3; Rev. 2:2,14,15,20; 18:12,16,17) expressed in Larger Catechism Question 109.3

As Christian physicians we must choose between theonomy -- God's law -- or

autonomy -- self-law -- in developing an ethic to regulate our lives and practices. If we are to properly "kiss the Son" (Ps. 2:12) and bear Him witness, we then must purge our minds and practices of the false religion of humanism. Here, then, are four humanistic myths prevalent in our culture with which we must deal in a Scriptural manner.

The first such myth is the doctor-as-priest concept. Most of us undoubtedly have endured formal encomia regarding the assumption of the mantle and charisma of medicine, or at least read such in books or journals. Dr. Felix Marti-Ibanez put it succinctly: To be a doctor, then, means much more than to dispense pills or to patch up or repair torn flesh and shattered minds. To be a doctor is to be a mediator between man and God.⁴

This theme was also recently taken up by physician-rabbi E.R. Braverman in the pages of the Southern Medical Journal. HE has proposed a "spiritual behavior inventory" to assess a patient's "spirituality" in a manner analogous to the mental status exam. In discussing the implications of such

a tool Beverman tells us that: "Religion is incomplete without medicine and science, for there is no way of life without medicine and science. Indeed, more people are immunized than are circumcised or baptized...The increasing role of physicians in social concerns...speaks for the pervading function of medicine as surrogate priesthood in America..."⁵

According to Scripture, medicine is a salvific activity, for healing is implicit in the meanings of the words God used for salvation (Heb. Yeshuah, Gk. Soteria). Health is also a blessing of covenant fidelity (Deut. 30:15ff; 32:39), enabling us to better be about God;s work.⁶ Nevertheless doctors are not priests, save for the general priesthood of believers. The only physician to have had a mediatorial role in a covenant -- which is, after all, what a priest does -- was the Great Physician; He shares this distinction with no man (I Tim. 2:5).

So what, then, do physicians do? Since true healing requires spiritual healing, such healing cannot occur without the Church.⁶ All a physician can do -- and only with patient compliance -- is to forestall imperfectly the inevitable. Patent coronary arteries and normal biochemical profiles are not tickets to heaven, and these define the limits of medicine per se. So where did these physicians get the idea that they were priests? Obviously, from the same source from whence Cain offered God a bloodless sacrifice, Nadab and Abihu offered foreign fire on the alter, Uzzah presumed to steady the ark, Uzziah presumed to burn incense, etc. -- from a

rebellious and sinful nature. Let us have covenant mediation to the High Priest after the order of Melchizedek, and be about the work which He has given us to do.

Our next myth to consider is the Regulative Principle of Sodom and Gomorrah: "whatever I do is okay as long as I don;t hurt anyone else." Such is the dark side of American individualism, though the unctious babbling of this phrase would undoubtedly gain one a free drink and a toast in a gay bar. Since humanistic ethics boils down to personal preference anyway, how could our society say anything but this?! In medicine this is known as the ethic of autonomy, where the individual reigns supreme and is sole arbiter of right and wrong. Hr. Heimburger⁷ called this view the "egoist ethic", and gave illustrations of it in the abortion and "living will" movements; the thought herein is the same -- "I'm autonomous and thus am free to do whatever I want to do".

Needless to say, God expressed stern disapproval of this ethic in Scripture. The judging of nations (Ps. 2, etc); the destruction of Sodom and Gomorrah; the plagues brought upon Egypt prior to the first Passover; the punishments for violating the Second Commandment; the command for Christs to baptize nations (ethnos), and countless other examples from the Bible make it clear that we as humans share a connectedness with each other which is sinfully disdained in American thought. In short, when consenting adults break God's law together, others are hurt. Indeed, what hemophilic child stricken with AIDs from contaminated blood products "asked for

it"? What the above mentioned blood-donating sodomites did in the privacy of their own rooms has killed others! In similar fashion, will God not answer the innocent blood so cavalierly shed by abortionists? Hint: read Ex. 20:13,21:22, and Num. 35:33ff. "There is a way which seemeth right unto a man, but the end thereof are the ways of death" (Pro. 16:25); to reject God's law is to court death (Deut. 30:19). Theonomy leads to the blessings of Gerizim; autonomy -- doing "that which was right in (our) own eyes" (Jdg. 17:6) -- leads to the curses of Ebal. Physicians are not exempt from the command to kiss the Son.

Myth #3, sin-as-sickness, is fallen man's way of trying to evade God's judgment by pleading extenuating circumstances. IN this mode of thought, the sinner cops a plea of illness and is transformed by an extraordinary act of Providence into a victim worthy of compensation. Such autonomous scatology is seen most clearly in regards to alcoholism and violent crimes such as murder. According to Alanon, "Alcoholism is a legitimate disease like diabetes, epilepsy, cancer or heart disease ...is a chronic disease process...Alcoholism develops only in people with the 'X-FACTOR' (capacity to develop the addiction to alcohol). It does not develop in people who do not have the X-FACTOR regardless of how much and how often they drink."8

We are all-too-familiar with cases of murderers and rapists and other such evading the just sentence of death thanks to the pseudoscience of forensic

psychiatry; though I, at least, draw a blank when trying to think of an example from Scripture when some physician, monthly prognosticator, Chaldean, necromancer, or witch of Endor ever got a client's death sentence commuted.

Physicians treat illness, not sin; although, of course, much illness is the direct result of sin and all illness is the result of the Fall. We can, again in our office of believer-priest, hold out the Divine offer of forgiveness and grace, but in no wise has God authorized physicians to take the sword out of the hand of the civil magistrate. The issues of substance abuse and psychiatry will be discussed more fully in later articles, but suffice it to say that the treatment of sin is the prerogative of God alone, who normally works through the channels of His Church. In our roles as physicians it appertaineth not unto us to equivocate by calling sin sickness; ask King Asia.

Finally, in a similar vein, there is the myth of sin-as-legitimate-option. Homosexuals are not perverts, but rather practice an "alternative lifestyle;" profligate fornicators are but the "significant others" in the "New American Family"; "choice" and "rights" are words used in conjunction with women who murder the fruit of their wombs; tax-subsidized day-care centers, referred to tongue-in-cheek as public schools, teach sex education from a position of "moral neutrality". Should we demand anything else from a society whose god is its belly? Can we as Christians break the First Commandment of secular humanism: "Thou shalt ram neither thy religion nor thy

values down the throat of thy neighbor"?

If what I am about to say offends the principled pluralist, so be it; but I answer the first question with a "yes" and the second with "it's my religion or yours, and mine is the true one -- so open wide"! Enough of this drivel and alleged neutrality; either "The earth is the LORD'S, and the fullness thereof; the world, and they that dwell therein" (Ps.24:1) or it is not. Either we kiss the Son, or receive the head wound (Gen.3:14).

Neutrality towards God's law is hostility towards it, and makes about as much sense for a Christian as a man of the ante-bellum South saying, "I don't believe in slavery, but if my child wants a slave I'll pay for one and make sure that we use a reputable dealer." In medical practice this is analogous to the ordering of serum alpha-fetoprotein levels or amniocentesis for a reason other than the determination of fetal lung maturity -- i.e., that which precedes elective abortion. Likewise, it may be likened to routinely dispensing oral contraceptive pills to single women for reasons other than hormonal disorders, i.e., that which promotes promiscuity. It behooves the Christian physician to review his practice, and to reform it so as not to "call good evil and evil good" (Isa. 5:20).

A Biblical world view is one of the most important weapons we have for the reformation of medicine; what is in our heads will guide our affections and thereby direct our hands. If we are to "bring into captivity every thought to the obedience of Christ" (2 Cor.10:5), our foundation for

ethics and practice must be laid upon Scripture alone, and our heads ruled by the Logos.

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Confession for Christians in Health Care

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In the April issue, Dr. Jay Adams challenged the medical community to formulate a confession of faith and practice. The following suggestion by Dr. Robert Maddox is offered as a partial response to this. Dr. Gary Crampton makes explanatory remarks.

1. We believe God is the Creator and Sustainer of life, and thus, Sovereign over all.
2. We believe Scripture is the written Word of God, the only rule of faith and life, including the practice of medicine.
3. We believe man is a creature, a living being made in the image of God. We are, therefore, to demonstrate concern for the life and welfare of man.
4. We believe that in Adam's fall, all his ordinary posterity received in themselves the penalty of death, and all the misery and sickness of this life.
5. We believe Christ's redemption of His own is complete; yet misery sickness and

death will persist until the final release of creation from its bondage.

6. We believe that God has given primary responsibility for health to the individual; that in marriage, the body of one spouse belongs to the other; and that the head of a household is responsible for those under his care.
7. We believe that the church, in its role as teacher and guardian of God's people, must instruct, counsel and exhort to such behavior as is conducive to better health, and must, after their due confession, pray for and anoint those who are sick.
8. We believe that the state has a limited role, though legitimate interest, in health, and to that end God has sanctioned the imposition of restrictive measures.
9. We believe that God had called us to serve Him in the mitigation of the effects of the fall on health, relieving misery, curing sickness and delaying death, as His agents of secondary cause.

10. We believe that our advice is our principal service to our patients, as they seek to be stewards of their bodies, though God has given various skills and medications to be used wisely for this purpose.

11. We believe that our lives should be examples of holiness and purity, as befitting our calling, and that all we do and say be for God's glory and the advancement of His kingdom.

1. We believe God is the Creator and Sustainer of life, and thus, Sovereign over all.

The God of the Bible is the One who has sovereignly decreed all things which will ever come to pass (Eph 1:11). He carries out these decrees by means of creation and providence. God created all that will ever be created in a period of 6 days (Gen. 1:1-31). He carries out these decrees by means of creation and providence. God created all that will ever be created in a period of 6 days (Gen. 1:1-31), after which he rested from His creative work on the 7th day (Gen. 2:1-3; Heb. 4:3b,4). By means of providence the Almighty sovereignly preserves and governs all of His creation and brings all things to their appointed end. Thus, we claim God as Sovereign -- no purpose of His can be thwarted (Job 42:2). He works all things after the counsel of His will (Eph. 1:11).

2. We believe Scripture is the written Word of God, the only rule of faith and

life, including the practice of medicine.

The Bible (OT and NT) is God's infallible revelation of Himself to mankind, and his will for mankind. Scripture speaks to and equips us for every exigency and area of life, including medicine (II Tim. 3:16,17). The Bible is the only source of absolute truth in medicine. Thus, the Word of God is the foundation for the study of health. Anything that conflicts with the inerrant truth of Holy Writ must be rejected as fallacious. Therefore, all medical findings and practices are to be analyzed in light of Holy Scripture.

3. We believe man is a creature, a living being, made in the image of God. We are, therefore, to demonstrate concern for the life and welfare of man.

Man (male and female) was created on the 6th day of creation, in the image of God, with dominion over the creatures, to subdue the earth for the glory of God, under his Law (Gen. 1:26-28). Hence, man must be considered the crowning act of creating and the highest of all created beings. One can recognize in this truth the fact that man is very important to the Triune God of the Bible. Thus, man's life, health, and welfare are of great significance (Mk. 2:1-12; 5:25-34; Jas 5:13-16).

4. We believe that in Adam's fall, all his ordinary posterity received in themselves the penalty of death, and all the misery and sickness of this life.

Adam, as the first man, was the federal head, or representative, of all mankind.

Thus, when he fell into sin, in the garden of Eden (Gen. 3:31-13), all mankind fell with him (Rom. 5:12-19; I Cor.15:22). That is, Adam's sin was imputed to the entire human race. The significance of the fall is cosmic in nature -- the whole creation was affected (Gen. 3:14-19). This includes death, sickness and misery, which are the result of sin.

5. We believe Christ's redemption of His own is complete; yet misery, sickness, and death will persist until the final release of creation from its bondage.

Jesus Christ, the second and last Adam (I Cor. 15:45), came to redeem a fallen world. He came to reverse the cosmic effects of the fall (Jn. 3:16; Rom. 5:12-19). This was accomplished (positionally) in His death, burial, resurrection and ascension (Mt. 28:18; II Cor. 5:17; Col.1:20). Nevertheless, misery, sickness, and death will continue until the ushering in of the final estate of glory at the second advent of the Lord (Rom. 8:19-25). At that time all evil, and its fruit, will be removed from us forever (Rev. 21,22).

6. We believe that God has given primary responsibility for health to the individual; that in marriage, the body of one spouse belongs to the other; and that the head of the household is responsible for those under his care.

Each individual, made in God's image, is responsible to care for himself, both spiritually and physically (I Tim. 4:8; III Jn. 2; Eph. 5:28,29). He is to seek to improve his health in order to be more productive in

God's Kingdom (II Kings 5:1-14; Mk. 5:1-20). Likewise, he is to seek the welfare of others in their physical need (II Kings 7:3-20; Mk. 31-5). The special covenant of marriage gives one spouse unique responsibility, as well as privilege, for the body of the other (I Cor. 7:1-7). Likewise, the father, as head of the household, has been given special responsibility for the care of his family (Eph. 5:22 - 6:4; Col. 3:18-21).

7. We believe that the Church, in its role as teacher and guardian of God's people, must instruct, counsel and exhort to such behavior as is conducive to better health, and must, after their due confession, pray for and anoint those who are sick.

The church's function is that of carrying out the Great Commission of the Lord Jesus Christ (Mt. 28:18-20). This includes: (a) Evangelism, and (b) Education of the people in the whole counsel of God (Acts 20:27). The latter is to include instruction with regard to physical, as well as spiritual, health care. Such instruction should be done "publicly" (from the pulpit) and "from house to house" (personal counsel, see Acts 20:20). The elders of the church are to play the major role in the oversight of the flock -- teaching, admonishing, exhorting, etc. Likewise, they are to be much involved in prayer and visitation of the sick and needy (Jas. 5:13-16). But all Christians are "competent to counsel" (Rom. 15:14) and need to be involved in this ongoing ministry.

8. We believe that the State has a limited role, though legitimate interest, in health,

and to that end God has sanctioned the imposition of restrictive measures.

The state, as minister and servant of God (Rom. 13:4-6), is to be involved in the oversight of the health care of its citizens. This role is to be limited in nature (Dt. 17:14-20; 1 Sam. 8:10-18). The watchcare of the state would include public health inspection of hospitals, restaurants, etc. (Lev. 13-15), and mandatory quarantine where necessary (Lev. 13-45, 46).

9. We believe that God has called us to serve Him in the mitigation of the effects of the fall on health, relieving misery, curing sickness and delaying death, as His agents of secondary cause.

The salvation of the Christian is holistic in nature; that is, it involves the whole man. The healing ministry of Christ, both physical and spiritual, makes this abundantly clear (Mk. 2:1-12; 5:25-34). The final state of man is body and soul (I Cor. 15:20-23); I The. 4:13-18) - holistic salvation. Thus, the Christian is to be much concerned for the present health care of mankind -- those made in God's image (Mt. 5:44; Lk. 10:30-37; Jas 5:13-16).

10. We believe that our advice is our principal service to our patients as they seek to be stewards of their bodies, though God has also given various skills and medications to be used wisely for this purpose.

The principal Christian service to mankind is that of counsel in the Word of God (Col.

1:28, 3:16). The Christian is to recognize that not all medical advice is sound/biblical; thus, one must know what God says about the issue (II Chr. 16:12). Likewise, God is the giver of gifts -- both within and outside of the church ministry (Rom. 12:3-8; I Cor. 7:17-24). Christians are called to serve in all godly vocations, including medicine. [Those so called must understand the limitations of our profession.]

11. We believe that our lives should be examples of holiness and purity, as befitting our calling, and that all we do and say be for God's glory and the advancement of His kingdom.

The Christian life is to be exemplary in the pursuit of holiness (II Cor. 7:1; Heb. 12:14; I Pet. 1:16). All of life is to be lived to glorify the True God of the Bible (I Cor. 10:31). The work of glorifying God is biblically defined as accomplishing the work He has given us to do -- the individual, church, state, medical profession, etc. (Jn. 17:4). Thus, the proper biblical advancement of medical practice is to be viewed as pleasing to the Deity.

Cloning: Rebuilding The Tower of Babel.

The Reverend Charles McConnell

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"Those crazy scientists should not be playing God:" "When they clone a man, I hope they choose a super-athlete." "I'd rather see them clone an Einstein."

The newspapers are full of stories describing the revolution about to be wrought by genetic engineers. Should Christians view their operations with approval or alarm? Indeed, with respect to the cloning of human beings, what is there to be so upset about, if anything at all?

To answer that question, let us see what the cloning of human beings is. "A clone is created by implanting the nucleus of a human cell, from any part of the body, into the enucleated cell of a female egg. This process, which can be repeated as often as eggs and womb are available, creates genetic copies of the donor of the nucleus...It has the additional fillip of making possible the abolition of males, since the three necessary elements -- a cell nucleus, an enucleated egg, and a womb -- can all be provided by a woman. Successful cloning has already been done with frogs, salamanders, and fruit flies... Progress toward cloning feeds on a stream of recent success related to in vitro fertilization, the conception of a child in a

laboratory dish and the transmittal of the blastocyte or fertilized egg to the uterine wall."¹

Man has been cloning useful plants for a long time. Cloning in animals is still in the experimental stages. Notwithstanding David Rorvik's book *In His Image: The Cloning of Man*, human cloning thus far is impossible. Nor is it likely in the foreseeable future. Some "scientists predict that it will be at least fifteen years before a human might be cloned. Many scientists say that such a feat will never be accomplished or never be attempted. Many people from all walks of life feel that it never should be."²

My thesis is that the cloning of a human being is unbiblical; therefore, it should not be attempted. Christians need to examine cloning biblically beforehand so that they are prepared to raise their voices of protest and concern. The church has now a unique opportunity to develop its ethic before a situation actually arises.

The cloning of human beings is unethical because it is one example of man in revolt against God. The Christian's warfare requires us to destroy speculations 'and

every lofty thing raised up against the knowledge of God... taking every thought captive to the obedience of Christ" (2 Cor. 10:3-5). Many scientists are in open defiance of God and are purposing to establish an order apart from Him. They dream and plan a world in which God is left out and man is everything, a world in which man is his own god. Whether or not a man can be cloned is not the issue. The issue is: should the cloning of human beings even be pursued?

In answering that question, it should be pointed out that modern scientists are not the first to be in open defiance of God, purposing to establish an order apart from Him. The tower of Babel in Genesis 11 was the earliest, concerted mass effort to accomplish such a purpose. It provided a rallying point so that mankind would not be scattered in order to replenish the earth. Genesis 11:4 "breathes defiance of God. After the flood God had bidden Noah (Gen. 9:1) and his sons 'to replenish the earth.' This, of necessity, involved spreading abroad. These Babylonian builders... preferred to remain a closely welded unit and to refuse to obey God's injunction. The tower was to provide the rallying point and to be at the same time a token of their oneness of purpose. So it, of necessity, becomes the symbol of defiance of God."³

Babel was intended as an advance against God. The cloning of man is a modern tower of Babel, using microscopic cells instead of bricks to advance against God. The people gathered at Babel wanted to determine their own future, their own

direction. Those who would clone human beings have in mind the same purpose. Babel is a symbol of unity against God's purpose. So it is with the cloning of man. In the cloning of human beings man is a sovereign, and as such seeks absolute control over life and death, and the ability to create and alter life at will. Everything must be man-made and man-controlled. The stage has been set for the cloning of human beings to be accepted by society by society by the new reproductive technologies such as artificial insemination by donor, in vitro fertilization, surrogate motherhood, and sex selection techniques. Of these techniques, cloning is the epitome of man's reach for sovereignty.

The reproductive technologies are rationalized as a public good because they help infertile couples to have desperately wanted children of their own. The Christian community has become desensitized to the social impacts of these technologies and that, in turn, has led to a shift in attitudes and behavior. This has happened incrementally without conspiracy or malice. As a result our ethical conscience has been transformed. The reproductive technologies, which include cloning, must be examined not in light of the infertile couple they help to have children of their own; but rather these technologies must be examined in light of their destructive influence on both the family and God's intended order of procreation.

Cloning and the other more developed reproductive technologies of artificial inseminations by donor, in vitro fertilization, surrogate motherhood, and sex selection

techniques are all inimical to the family for at least four reasons.

1. These technologies circumvent the act of love.
2. They "promote the trend toward regarding sex as just another means of pleasure."⁴
3. "They weaken the male connection to the psychologically potent realm of procreation,"⁵ thus fostering male lust and irresponsibility and contributing to the further breakdown of the family.
4. They abdicate the tie between the mother and child, thus removing the very crux of human identity.

God said to the first couple, "Be fruitful and increase in number..."(Gen. 1:28). The means that God ordained to achieve that goal is the physical union of a man and a woman who are committed to one another as husband and wife. That is God's intended order for the begetting of children. With cloning the need for such union is eliminated. The man or woman simply contributes a microscopic cell that is "processed" through gestation and finally "birth". The cloned embryo may make use of a female uterus, but merely as a hatchery in which the cells could divide, multiply and develop.

Cloning, the modern tower of Babel, upsets and contravenes God's intended order of procreation; namely, the physical

union of a man and a woman.

Gen. 11:5-8 is clear that God is exceedingly displeased with man's intrusion into divine prerogatives. Only God is sovereign. Man has been made a vice-sovereign, or a vice-regent, as the dominion charter of Gen. 1:26-28 so clearly and exceedingly delineates; but man may not rise above his viceregency without displeasing God. The present preoccupation of genetic engineers with the cloning of animals to perfect the technique of cloning man is an example of another intrusion into God's sovereignty. IT is man making man after his own image. It is modern science saying, "Come, let us build...so that we may make a name for ourselves..."

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Ethical Issues in Medical Insurance

Hilton P. Terrell, M.D., Ph.D.

An attempt was made in residency to teach me that the economics of medical practice mattered a great deal. I disregarded the effort, mostly out of a sense that my primary priority ought to be mastery of facts about diseases and treatments. In addition, it was easy to disdain monetary concerns coming from a group of physicians who seemed comfortably fixed with fine homes, second homes, expensive clothes, hobbies and automobiles. It seemed that they were speaking of "looking out for number one" financially, and some of them were. Less than a year out of residency, I discovered that some of my teachers had been referring to other powerful influences upon medical practice that attention to their own incomes.

The practice I was in was rural and heavily Medicaid. The "Aha!" experience, when the light dawned on me regarding the influence of the financing of medical care, began after I had examined two patients in succession from the same family. Each had a complaint which usually is not accompanied by physical findings or helpful laboratory tests. I don't recall now what the complaints were, but they were of the nature of an occasionally recurring tension headache. In a third examination room, I discovered yet a third patient from the same household. This time, there was an unmistakably ill patient, who had physical findings (fever, productive cough,

rales, elevated WBC) and a story that matched the findings. After dealing with that patient, I found a fourth room to contain yet another member of the same household who had complaints with no physical finding to match. The complaints sounded like a viral upper respiratory infection which could be expected to be self-limited in this otherwise healthy young person. All four of the patients were Medicaid.

When realization struck as to what had probably occurred, I decided to chick it out. I voiced my suspicions to a Navy-veteran medical assistant who had known the family for years. He laughed at my naivete and suggested asking within the family. the matriarchal head of the household was not one of the four patients, but was present and answered my delicately phrased question: I understood why the patient with pneumonia had come, but was puzzled as to the reasons why the other three had come, since they did not seem very ill. Without hesitancy or embarrassment, she explained that the trip was occasioned by the ill patient. Since they were coming to the doctor anyway, she had thought it a good idea to have the others "checked".

Of the three whose illness was determined only on the basis of their history, two had already left the office with a prescription

given by me, based upon their symptoms. Given the risk of any medication, they were probably more at risk from having come to the doctor than if they had stayed home! Behavior of this sort was alien to me. Even if a doctor visit had cost me nothing, as it had these four, I had always had better things to do than sit in a doctor's office to be examined. Unfortunately, with many variations on the theme, this sort of episode occurs regularly in American medicine. IT is exceedingly costly. The Medicaid system paid the same amount for my service to the patient with pneumonia as for the three who would have recovered had they never come, if indeed they were ill to begin with. In the one case of the patient with pneumonia, I was underpaid for the value of the service rendered. In the other three cases I was underpaid for the time spent with them, but grossly overpaid for the service rendered, since it was either of little worth or actually hazardous to them.

Though part of the fault lay with my naivete in not considering the family as a whole, part lay with the family's lack of financial restraint in seeking medical care. I have since tried to mend my practices, though certainly I am not able to catch all such visits, classified a "opportunity visits". The notion of restraining anyone's access to medical access to medical care by financial considerations is usually presented as a problem to be solved. As this example demonstrates, lack of financial restraint can cause medical problems, as well as unnecessary expense. The effectiveness of medical care tends to be overrated, while the hazards of medical treatment tend to be

underrated. For this reason I am convinced that, in our current situation, lack of access to medical care due to lack of money is no more problematic than is lack of financial restraint in seeking medical attention. Inability to obtain wanted medical care is commonly lamented without any recognition that broadening access without restraint may also be cause for lament.

It is inevitable that we must pay to sift an increased number of not-very-ill patients presenting because of Medicaid and other insurance plans, possibly putting them at risk, in order to find the one in whom medical care will make a positive difference? Are occurrences of this sore an irreducible characteristic primary care medicine, or are they related to the insurance scheme? A clue came when I noted later that self-pay patients almost never seemed to behave in such a fashion. Moreover, their health did not seem to be any worse than those for whom insurance coverage, of one sore or another, reduced barriers to a medical encounter.

For a while, I developed a positive hatred of all medical insurance, and invested it with a large share of blame for what ails American medicine. Many bible passages, however, strongly support the idea of insurance as a good idea. Proverbs 27:12 states, "The prudent see danger and take refuge, but the simple keep going and suffer for it." Though we cannot predict it in detail, illness is virtually certain to strike each of us at some time in our life. Medical insurance can provide a kind of refuge, if we are willing to foresee probable illness. Provision for the foreseeable future is also

counseled in Proverbs 30:25. "Ants are the creatures of little strength, yet they store up their food in the summer." The arrival of the seasons is more predictable than the arrival of illness, but the two are comparable. Proverbs 6:6 commends us to "Go to the ant, you sluggard; consider its ways and be wise! It has no commander, no overseer or ruler, yet it stores its provisions in summer and gathers its food at harvest." Our responsibility to provide for our household is explicit in I Tim. 5:8: "But if any provide not for his own, and specially for those of his own house, he hath denied the faith and is worse than an infidel." It is reasonable to include medical care among the expected provision. John 19:26,27 records Jesus' provision for His mother.

Medical care cannot easily be stored by individuals, but participation in an insurance program can perform the same function; one is "storing" a fund to be expended on anticipated future services. Proverbs 21:20 states: "In the house of the wise are stores of choice food and oil, but a foolish man devours all he has." Clearly, something can be set aside for future exigencies, rather than devoured foolishly. Would it be wise for me to spend surplus money on a classy sports car when I have failed to store something for medical care for my household and for theirs?

John Calvin did not mention insurance in his passage on the eighth commandment (thou shalt not steal) but did summarize the fullness of the teaching of this commandment in both its positive and negative aspects. As part of the positive

aspect of the commandment he states, "...let [each man] pay his debts faithfully."¹ Medical insurance is one means of being ready to pay for the debts that illness or injury may suddenly cause.

In summary, it is fair to state that the Bible commends foresight. We can foresee probable medical trouble in general, and insurance enables us to deal with it financially in detail.

Insurance, not just medical insurance, has certain advantages of economy. If I have insurance I do not have to maintain a fund adequate to replace necessary housing or other property, should it be destroyed. It can share my small risk with others and use the money freed for more profitable investments. Insurance plans can help avoid slavery to enormous debts for which we are liable. Certain Old Testament passages make clear our financial liability for damage which was careless or foreseeable. Exodus 22:6, for example, warns: "If a fire breaks out and spreads into thorn bushes so that it burns shocks of grain or standing grain or the whole field, the one who started the fire must make restitution." A physician might cause more economic damage by careless use of his prescription pad than he would have personal resources to cover. Liability insurance enables us better to compensate anyone we have so damaged. (I will pass over negative aspects of liability insurance).

Because medical insurance is used to pay for medical care, it is often confused with biblical passages commending charity and compassionate acts.

Medical insurance must be clearly distinguished from charity. Charity includes the following features which are absent in insurance:

1. Charity is giving to a specific known need, already existing. IT is not a financial hedge entrusted to others because they might need it. (1 John 3:17: "if anyone has material possessions and sees his brother in need but has no pit on him, how can the love of God be in him?")
2. Charity is not a quid pro quo contract. It lacks the contractual accounting so characteristic of medical and other insurance. (Matt. 6:3: "But when you give to the needy, do not let your left hand know what your right hand is doing.")
3. Charity is the wise use of resources belonging to me to meet a need of another person. It is not the idea of the most for me at the least cost (II Cor. 8:1-4,13-15,20-21).
4. Charity is ignorant of any outcasts. there is no in-group (policyholders) and outcasts (non-policy holding Samaritans). This is bet illustrated by the parable of the Good Samaritan (Luke 10:29,30,33,37). by contrast, an insurance company controls its risk and increases its profits by categorically excluding certain high risk groups: the old, smokers, those already chronically ill, those who have been seriously ill in the past, alcoholics, the unemployed. Charity may include meeting needs of any of these. (There is some comparison in that charity biblically begins at home. It, however, doesn't end there.

Also, whereas categorical exclusion is not charitable, individual exclusion may be.) The outcasts, e.g., uninsured and underinsured, are part of the perceived problem in our current medical care system. Nationally, we have been trying to meet the needs of such groups by extending to more and more of them categorical entitlement to insurance. "Undeserved" charitable provision for their care will go farther in meeting their need than installing an undeserved entitlement to medical insurance which bypasses needed restraints and participation by the recipient.

MEDICAL INSURANCE IS UNIQUE

Not only must medical insurance be distinguished from charity, it has two special features that require special rules for it to work well. One special feature is the way claim validation and adjusting is managed; the other feature is the fact that the patient is usually not the person who purchases his medical insurance. The two features are a problem individually and their interaction is especially a problem. We will deal with these two unique features in separate sections.

I. Claim Validation and Adjusting

Let us consider some other types of insurance in order to understand how claim validation and adjustment is different for medical insurance. Life insurance requires a death certificate which must show causes and times that fit the policy restrictions. Homeowner's insurance utilizes an adjuster who inspects the damage and is supposed to be knowledgeable about local repair

and replacement costs. In addition, there is a realistic maximum amount written into the policy and certain exclusions, generally for high value items which must be separately insured. Auto collision insurance utilizes multiple garage estimates or a claim adjuster. A limit on coverage is also written into the policy.

Health insurance claims, however, are often valid simply on the claimant's statement. If my patient tells me she has a headache or dysmenorrhea or dizziness or tinnitus or nausea or back pain, neither I nor anyone can gainsay that. Such a patient can continually utilize insurance resources. Sometimes the resources end up being used helpfully, sometimes wastefully, sometimes actually to the patient's physical harm, as in the case of hazardous treatments or diagnostic testing. In this system the patient can persistently act as his or her own claims adjuster.

This feature of being one's own incontrovertible claim adjuster is different from other types of insurance policies have maximum coverage limits written into them, the effect is not the same as with policies to cover property losses. For one thing, the maximum amounts of coverage are usually very high. Utilization and, therefore, expense to the policy, may bear no good relationship to the significance of the illness or the potential efficacy of treatment available. An insured patient with persistent weak spells, or headaches, or abdominal pain for which multiple practitioners in various specialties admittedly have no effective remedy, can expend more insurance money than one for whom major

surgery is life-saving. Until high policy limits are reached, there is no one other than the patient to say, "Stop!" When one is in distress, self-governance is extraordinarily uncommon and that one is in danger of dishonoring God by desperate actions (Prov. 30:7-9).

Hope springs eternal in the human breast. For those with chronic or recurrent and inadequately treatable illnesses, such hope combined with insurance policy, becomes expensive. Fear also springs out of the human heart. Allaying fear can become expensive when an insurance policy is present. In a real sense, a fearful people who are well-insured medically, can attempt to purchase with insurance freedom from their slavery to fear of disease and death (Cf. Heb. 2:14,15).

People also occasionally malingering as did David in Philistia. (I Sam. 21:13: So he feigned insanity in their presence; and while he was in their hands he acted like a madman, making marks on the doors of the gate and letting saliva run down his beard.") Primary care physicians also see a fair number of people whose social, economic, marital, or legal problems are transmogrified into a medical problem. Though the physician may suspect early on in the diagnostic process that the problem is basically not medical in nature, the proof of that suspicion is expensive if it is possible at all.

AN HISTORICAL INTERPRETATION

Historically, health insurance was not

common in this nation until after World War II. It began to grow in the early 1950's. The additional money in the health care system stimulated its expansion, as it would any industry. New techniques, higher standards and better hospitals resulted. The prices also went up. Higher prices made the financial threat of illness greater. Health insurance thus became more attractive and more people bought it. Government allowance of insurance premiums as a deductible item encouraged employers to purchase it as a benefit for employees. Some people perceived a contrast between the health care delivery to the insured and to the uninsured elderly and poor. Believing health care to be a right to be secured by government, these people created a political clamor for these lesser-served groups to be included in the health care smorgasbord. They had their way in the mid-1960's.

Medicare and Medicaid were spawned. More money was turned into the industry and it responded with ever more sophisticated therapies, ever higher standards, and higher costs. Ordinarily, supply would keep up with demand, or the price would restrain the demand. However, if someone else is paying most of your health care costs, price is no restraint. Demand for health care is quantitatively unlike other human wants. It is more difficult to saturate.

Suppose, for example, that the government of Lower Slobbovia (with apologies to the late Al Capp) decided that possession of a refrigerator was a basic human right, to be guaranteed by the government. This

government realization would come after private efforts had placed refrigerators in the homes of many people, stimulating an increase in refrigerator designs (and price). After a significant fraction of the population was discovered to be without basic refrigerator availability, a government program would be instituted to meet this need. Through government subsidies to manufacturers and other means, refrigerator production would rise. Refrigerator technology would advance rapidly with the new infusion of money. Standards for what constituted a "decent" refrigerator would be drawn up and updated annually, along with prices.

A new government bureau, Humane Cool Food Agency (HCFA), would be set up to enforce Slobbovian refrigerator guidelines. Private advocacy and political groups would be continually finding geographic and demographic pockets of refrigerator deficiency, developing these pockets into new private markets and political constituencies. With such a national effort, and given the fact that refrigerators are completely designed by and understandable to their designers, there would come a time in lower Slobbovia in which you could leave beautiful new, high quality refrigerators on street corners to be taken for free, and no one would bother.

I don't believe you could reach such a saturation point with medical care. Though most people would behave reasonably, there are plenty who would sop up all the resources provided to them, and demand more. Furthermore, unlike refrigerators, the human body was not designed by man,

and is little comprehended by any man. There will be no end to researching the human body.

As medical care has apparently reduced disease, the response in our culture has been to medicalize more and more of life's hazards and problems. We have more medical problems now than 50 years ago, simply because of the expanding definition of what is a medical problem.² A popular advice columnist recommends medical treatment for shoplifting. Gambling is considered a disease. Everyone (except God) knows that alcoholism is a disease. Children who squirm and talk too much in school are brought before physicians for cure. Young women who starve and cause themselves to vomit in order to fit our culture's preoccupation with a slender figure are determined to have a disease, a strange disease, unknown in other cultures.

According to Dr. James Maloney,³ we are reaching an asymptote in the efficacy of medicine to extend life. Each medical gain now is ever so much more costly than the earlier gains. Over the 35 years ending in 1975, average life span increased 15%, whereas per capita expenditures for disease care increased 314%, after correction for inflation.⁴ There is an academic dispute as to whether there is an absolute upper limit of life span. The Bible suggests strongly that there is an absolute upper limit of life span. The Bible suggests strongly that there is (Ps. 90:10, Gen. 6:3). You can still read the research either way, but the studies supporting an absolute upper limit seem to me to have the upper

hand. We are closing in on that limit. (The much-vaunted increased average life expectancy is severely reduced if all the people aborted since 1973 are counted in the averaging). Future extensions of life will depend more and more on non-medical, behavioral changes. Most youthful deaths in our country are lifestyle-caused: accidents, alcohol cirrhosis, suicide, homicide and, soon AIDS.

The flood of government and insurance money over 30 increased the sophistication and expense of medical care. Simultaneously and out of proportion to the facts, it increased public expectations of medical care. Finally, the bottom of the deep pockets of the insurance companies and government was reached and, having captured much control, they began to turn the screws to govern individuals where individuals refused to govern themselves. The basically good idea of indemnity insurance has been perverted by removal of the governing effects of a free marketplace.

WE NEED GOVERNMENT

Medical care must have a governor. Anyone who governs it will make errors. The best governor is the patient's wallet, the nexus between the values and needs in all aspects of the patient's life. Try a rewrite of the account of the woman with the issue of blood, assuming that she had medical insurance. (Mk 5:25-26: "She had suffered a great deal under the care of many doctors and had spent all she had, yet instead of getting better she grew worse.") Perhaps, if she had access to

modern medical insurance, she would have missed her cure altogether. She might have been off at the Supercalifragilistic Medical Clinic undergoing a fourth PiMeson Scan (at \$1,250 a throw).

Governors in medical insurance are the price of the policy and the method of claim validation and adjustment. To determine the method of government, let us examine three common types of third-party payment systems: indemnity insurance and two types of pre-paid insurance.

Indemnity insurance is still a common type of medical insurance. The patient is the claims adjuster; therefore there are not restraints except the deductibles, co-payments and the tenorial hassle of going to a doctor. Co-payments do make a difference. Brooke, et al., reported an extensive experiment in which there was random assignment of about 4,000 people, aged 14-61, none disabled, to one of 14 insurance plans.⁵ All of the plans were free in the sense that no premium was required. Only one plan required no co-payment, all the others required incremental degrees of co-payment by the patients for each service they received. The study lasted 7 years.

Patients with no co-payment or deductible made one-third more visits than those with co-payments, achieving only slight demonstrable improvement in health outcome. Several measures were used for health outcome: role functioning, social contacts, physical functioning, smoking, weight, cholesterol level, functional far vision, and diastolic blood pressure, were

among the measures of health outcome used. The only difference in outcome among the groups was in diastolic blood pressure and vision as measured by Snellen chart. For the group which did not have to pay any money for their health care the average diastolic blood pressure fell 3 mm and there was a 0.2 line improvement in far vision. Due to the large size of the study, these differences were statistically significant. Though the authors of the report seemed to regard these differences as also practically significant, their reasoning on that point is strained.

GOVERNMENT BY INSURANCE

Another common medical insurance plan today is pre-paid insurance. Health Maintenance Organizations (HMO's) are the best example. In HMO's an adjuster is installed other than the patient alone. Usually there is a coalition of adjusters: the patient (through limited reimbursement, and profit-sharing incentives), and the insurer (through profit-sharing and enforcement on "provider" hospital or physician).

In addition to the possibility that medical costs will not be controlled by such a bureaucratic scheme, HMO's pose ethical problems:

1. Is it morally proper for a competent free agent (the patient) to turn responsibility, hence authority, over medical care to someone else? As the temple of the Holy Spirit, may decisions regarding the care of our bodies be turned over to others who are subject to financial temptations to limit what is done for temple maintenance? (1

Cor. 6:19, 2 Cor. 6:16).

2. Is it morally proper for a physician to usurp the patient's responsibility? Is the patient's responsibility for his own health an inalienable trust from God? Should the physician accept governance of what will, or more importantly, what will not be provided?

3. Though the insurer and participating HMO physician may control costs in a given group, can the physician ignore persistent self-inflicted injury by an individual? Is it proper to continue participation in a plan for which pays for, hence, endorses financially, persistent and willful self-destruction by the patient? Oughtn't a physician encourage personal responsibility, especially in a nation whose health is so substantially damaged by self-inflicted diseases?

I have no firm answers. My working conclusion is that the patient has responsibility for his own health, and I am responsible only as an adviser and assistant. One obviously needs assistance to remove a sebaceous cyst from the interscapular region or to have one's eardrum examined. Neither should patients be expected to know as much about the human body and its malfunctions. But physicians cannot simply sell a contract, like Orkin, to keep the bugs out. We need patient's participation, and the wallet handle is one of the only ways some people can be induced to take the necessary interest. (Compliance with reasonable advice is another. Appointment-keeping is another. Truth-

telling during data gathering is another. These have been the cornerstones of my decision making process regarding who will and who will not continue to be a part of my practice).

In addition to HMO's and indemnity insurance there exists a variety of other arrangements which usually amount to a pre-negotiated fee scheme. Patients pay a fee for each service, but plan members have pre-negotiated a lower fee for themselves compared to others. The plans go by various abbreviations such as PPO's or IPA's. In plans of this sort the physician becomes the adjuster for each visit, having pre-adjusted the cost in negotiations with the patient's agent. If there is a co-payment required, the patient becomes the co-adjuster. If there is no limit to number of patient visits, the system will not save money, even though cost per visit may be lower. Physicians can arrange to have the number of visits increase to offset the lower cost per visit. Patients can increase the number of visits if they think they are not receiving all the time and service they require. Presumably, a conscientious Christian physician could resist the temptation to arrange unnecessary visits and a reasonable patient would not want to do so. What, though, of the idea of a fee that is lower for some patients than for others, for the same service? Proverbs 20:23 states, "The Lord detests differing weights, and dishonest scales do not please him."

Is the physician participating in a negotiated fee system as an act of negotiated charity? Is charity negotiable? If

not charitable, is he determined just to make less money? If not losing money on them, is he providing less care or overcharging other patients who receive the same service? The face appearance of pre-negotiated fees for some patients but not for others is one of differing weights. Other factors may rehabilitate the concept of negotiating fees for some patients. For example, some might defend them on the same principle as "loss leaders" in a grocery store. The physician makes it up in volume, and thus keeps the overall price down for everyone. Or, perhaps the physician considers other priorities higher than purity in billing, such as keeping a unique service available. Participation in prepaid systems may be the only way, a necessary compromise if some physicians are to continue in practice.

II. CONFLICT OF INTEREST IN PURCHASING

Though indemnity insurance is a good plan for medical insurance, it combines poorly with the feature by which someone else, usually an employer, pays the premium. Proverbs 20:14 states, " 'It's no good, it's no good!' says the buyer; then off he goes and boasts about his purchase". A purchaser who is not personally going to use a service will have more concern with the price than with the quality or availability of that service. Sixty per cent of the U.S. population has employer-paid insurance, 10% has privately paid, 6% has no insurance, the remaining 22% has some form of government insurance plan.⁶

When shopping for automobile insurance, I

decided to save money on insurance by choosing a high-deductible policy for one car and by simply dropping the collision coverage and assuming the collision risk on another older car. On fire and windstorm coverage for my house, I obtained a combined policy with other risks to reduce costs, but convinced the company to allow higher coverage than they initially wanted to allow. This decision cost me money. I was weighing my pocketbook against risk protection. IF someone else were paying the premiums, I would be tempted to agitate for lower deductibles, and for coverage on the older vehicle.

Furthermore, though I find all insurance policies difficult to understand, I have made an effort to understand the ones I purchased. If someone else were buying, I might tell them what I wanted, and then assume that it was so, until I had a claim. At that time I might find that the coverage was not what I expected, and be angry either at the one who presented the bill for the services, or at the one who bought the policy. Most physicians have been in the former situation and, as employers, some of us may also have been in the former situation and, as employers, some of us may also have been in the latter situation. Not a tenth of my patients have any rudimentary understanding of what their medical policies cover or do not cover, nor what they cost. This is not a good situation.

Medical insurance can also disrupt the free market interaction between buyer and seller if the physician deals directly with the insurance agent for payment instead of with the patient. Years of profiting from an

easygoing relationship with insurers hooked many physicians into dependence upon the insurers for payment. Gradually at first, now with vigor, the insurers have tightened the screws on physicians and attempt to dictate the price and many other features of medical care. Their dependence has caused physicians to hesitate to admit to their insured patients that they are rationing their care due to lower payment and other constraints.

GOVERNMENT INSURANCE

By whatever insurance plan, the biblical role of government in health care is much more limited than now exists in U.S. There is insufficient space to defend this controversial assertion here. The reader is referred to such biblical texts as Rom. 13:1-7, and 1 Pet. 2:13,14 for statements regarding the purpose of government. I fail to find any biblical warrant for a government role in the provision of individual medical care. A warrant for public health measures could be made from Old Testament texts. Whereas public health concerns may include such issues as environmental carcinogens, they do not include whether to irradiate Aunt Mae's bone cancer, whether she should be admitted to a hospital, or whether she should be put on expensive intravenous hyperalimentation if the time comes when she cannot eat.

Christians who insist upon government involvement in such issues must not only show the biblical basis for the government involvement, they must show how to constrain the government to obey God's

law in managing individual cases. A government which will sanction millions of abortions, which usurps family authority to teach and discipline children, which allows experimentation with human embryos, etc., is not trustworthy to look after Aunt Mae's best interests.

Whoever pays for medical care will determine what is done, including what is not done. Government-paid medical insurance will determine medical practice. Exceptions to government involvement in individual medical care would be for those in its employ, such as soldiers, or under its sanction, such as prisoners of war and jailed criminals. A government which has slaves can control their personal medical care, a caution to me when I consider our own elderly and poor, who themselves and through their political leaders are rapidly selling their freedom to control their own health care for the security of having generic health care at little out of pocket cost. Trading freedom for security is one of the ways to become a slave (Cf. Ex. 21:6).

Some might wish to include government in medical care on the basis of government-managed charity programs. Government welfare, even if it worked, cannot be charity. That which is taxed, taken under threat of force, is not charity (II Cor. 9:7). Whether government-paid medical programs "work", or whether the health of those so covered is any better because of the programs, is beside the point if government involvement is not God's plan. The finest experimental design cannot reveal "true truth" to us, but mere utilitarian facts with a cultural relativity and a certain

half-life.

Suppose research showed that a completely government-controlled comprehensive health plan improved a population's physical health significantly over a 10 year period. A government-mandated vigorous exercise plan for youth, government policies on agriculture to limit the supply of excessive amounts of red meats, government-subsidized vacation, etc., could probably do this. Who would doubt that the population's health would improve? Such government action has already occurred -- in Nazi Germany. A population willing to be enslaved can, at least for a time, be healthier under some regimes. Though we do not have formal research into the effects on German health, an eyewitness has testified to the contrast he noted between vigorous German youth and scrawny British youth at the outbreak of World War II? What would have been his assessment at the end of the war? The youth of Germany were decimated by Nazism. Similarly, abortion is sometimes justified because it leads to a healthier population. Neither health nor longevity should be set up as the ultimate values, but rather God's revised will. Freedom comes at a cost; part of that cost is recognizing that some people will abuse their health or ignore their illness to their own detriment.

IF NOT GOVERNMENT, THEN WHO?

This brings us to another question: what of those who are truly afflicted with disease, who are not insured, or not properly insured. If government doesn't take care of

them, who will? Should we just let them suffer, remain disabled or die? Hopefully not. Yet we should not erect a system designed to provide medical care for all while trampling on other biblical values. As stewards of limited resources we may seek to see those resources wisely distributed, but we have no guarantee that each individual's needs will be met, let alone his wants.

Genesis tells us that the earth has been cursed. Though it has many marvels, and though God's hand is evident in it to those whose eyes are open to the fact, there is something wrong with it. Trying to work in the southeast in a garden in the summer gives one an appreciation of the curse -- drought, weeds, hail, worms, bugs, animals, even small children all unite to destroy a garden. Dealing with disease in patients can be must the same, only more critical than tomatoes. If this premise of a curse, or a bent, damaged-but-not-destroyed nature is accepted as true, then we must realize that we do not have the option of undoing the curse, only ameliorating it for a time. All of my patients die...sooner or later...of something. By no material means, by no system of human organization, private or government, will we be able to eliminate disease and suffering. Our job is to make the best of what we have--stewardship. We are stewards of an omnipotent God, not omnipotent ourselves. If He has not put the material means within our control, we surely have no warrant from Him to seize the means from others in the name of health.

In any nation people can be pointed out who do not have everything medically possible being done for them. This observation does not necessarily constitute and indictment of the prevailing system. The gaps need to be viewed in context of other accomplishments or drawbacks of that system. As mentioned, a slave state could probably achieve greater health for the population than a laissez-faire government. If we have a commitment to the "greatest health for the greatest number" without a commitment to other values such as freedom, we can have a healthier, more nearly enslaved population.

CONCLUSIONS

Though neither is an absolutely top priority, we are biblically committed to maintain our health (I Cor. 6:20) and to preserve or restore our freedom (I Cor. 7:21-23). What then, do we do about the gaps, if we are not to turn control over to government and insurance companies? From the foregoing the following strategies emerge for Christian physicians and church leaders:

1. Encourage medical insurance; it is encouraging a form of responsibility.
2. Encourage, where possible, insurance that has deductibles and co-payments which are substantial, i.e., as high as affordable for the family. This goes for individually purchased policies as well as for employers who offer plans to employees. First-dollar coverage encourages overuse of medical care. Virtually everyone is helped by having some hesitation to reach into his pocket.

Money saved by avoiding first-dollar coverage should be invested to increase family assets and thus enable even higher deductibles, with more savings, in the future. The goal is to move toward insurance for medical disasters and away from insurance for more routine medical problems.

3. Encourage insurance policies which reward proper life-styles. Let those who willfully endanger their health take the extra expense. Let us not pretend that disease in the U.S. is always a random event that falls out of the sky onto innocent, non-participating victims. Except near the limit of our life span, the evidence is that we bring disease on ourselves much of the time.

4. As "providers", health care personnel should refrain as much as possible from dealing directly with third parties. IT disturbs the restraints of the marketplace and reinforces the already prevalent notion among people the their health care is someone else's responsibility financially and otherwise.

5. Laws that tend to reconnect the purchaser of the policy with the beneficiary of the policy should be supported. At the present time this is seemingly an unattainable dream as Congress contemplates requiring all employers, even small businesses, to offer medical insurance to all employees. An interim step might be to allow employers to: (a) share savings in cheaper plans with their employees; (b) set up illness contingency funds within the company, which employees would have

access to for expenses not met in otherwise high deductible policies, and in which the could share in revenues for sums not expended.

6. Encourage charity. The practice of it is one of the better ways to encourage it. Could your church begin in a small way its own medical charity? Be sure not to operate it the way insurance companies do. Personal charity has the amazing advantages of including those frozen out of insurance, of the admission of limits to medical care, of taking into consideration all of the needs of the Kingdom, and of supervising individually the recipient's participation in his/her own health. (Again, recently, a patient revealed some substantial financial hardship regarding the cost of her needed chronic medications. My heart was soft but my head was hard. She was literally burning up \$2.50 a day in cigarettes, more than the cost of the medicine. My head prevailed. I am sorry for her plight, but I will not underwrite her self-destruction by cigarettes and call it love. An insurance company cannot individualize its dealings in such a manner).

7. Where possible, whatever the payment source, reason with the patient and family regarding the wisdom of unrestrained use of medical care at death's doorstep. Those deathbed dances are not only expensive for somebody, they often merely prolong the act of dying. We are not physically immortal, and all the resources of our selves, our insurer, our physician and our government cannot purchase immortality for us. If we try to pretend that government or insurance resources are sufficient, we

are promoting the trend for both to restrict medical care, very likely on ungodly grounds, and otherwise enslave us.

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The Terrible Infancy of Fetal Cell Transplantation Technology

"I have set her blood on top of a rock that it may not be covered." Ezekiel 24:8.

"The Church disowned, the tower overthrown the bells upturned, what have we to do but stand with empty hands and palms turned upwards in an age which advances progressively backwards." T.S. Eliot, "Chorus from "The Rock", 1934.

In the first half of 1987 a remarkable pair of short articles were published in two different national news magazines. The conjunction of these articles begs certain conclusions to be drawn and raises a whole host of speculative questions. It is the purpose of this article to raise as many of these questions as possible so as to be at least partially prepared for future developments.

From a Biblical point of view the titles or subtitles of these articles are ironic in the extreme. The first, from Time, January 12, 1987, bears the heading, "Help from the Unborn." The second comes from Newsweek April 20, 1987 and is entitled, "Selling a Pound of Flesh -- Patients Want to Share Biotech's Bounty". The former article deals with our developing ability to transfer "immunologically naive" fetal tissues into an older person's body for the purpose of alleviating certain deficiency diseases such as diabetes or Parkinsonism. "Fetal nerve cells," it states, "unlike adult cells, can regenerate and thus have the

potential to repair a damaged brain or spinal cord."

The latter article deals with the ground breaking medical/legal issue in which certain patients are claiming the rights to sell certain body parts which need to be removed anyway. This piece chronicles the story of one John Moore, a leukemia patient whose diseased marrow formed "high levels of GM-CSF, touted as a potential AIDS drug. Golde (Moore's physician) allegedly parlayed the spleen into lucrative deals with Genetics Institute, the company that helped him derive the drug from the spleen cells, and Swiss pharmaceutical giant Sandoz which put the drug into clinical trials." Moore sued Golde for a portion of the profits, according to the article. Thus far, Moore has lost his case, and Congress will be petitioned to extend their ban on organ sales to include such cases. However, in face of the relentless development of this technology, it appears inevitable that a market for many different types of tissue is going to open up rapidly one way or another, legally or illegally.

Before drawing conclusions from the foregoing articles, I would like to make a reference to a third article published in the April, 1987, issue of this Journal, that of Andrew White, M.D., "Abortion and the Ancient Practice of Child Sacrifice." Dr. White has skillfully and thoroughly

examined the parallels between the demands of idol worship in the cradle of civilization (which apparently exacted its tithe in the currency of human flesh rather than merely in the blood of rams or bulls) and the demands of contemporary secular society. The conclusion he draws is that our contemporary practices are really not all that much different from the worship of, say, Molech. Others¹ have pointed out the parallels between ancient false gods such as Baal and modern false deities such as nature, evolution, economics, or population control utopianism of the planned parenthood fundamentalists.

My conclusions about the potential impact of this type of technology are not modest: I believe that the face of medicine is about to be radically altered, and a whole new medical industry will arise -- one from which a Bible-believing Christian will be in principle excluded.

It must be clearly understood and underlined that spontaneous abortions are not considered desirable for transplantation, because it is assumed that many of these fetuses may bear genetic defects which might well wreak havoc with the recipient in unexpected ways. Precisely what is wanted is the normal, healthy preborn infant. A defective fetus remains as much unwanted as before. What is considered valuable then in these cases is exactly those products of conception that were extracted for reasons of convenience or comfort, psychological or socioeconomic. The child aborted for Tay Sachs will remain mere debris. To speak in the manner of Dr. White's article, such

"therapeutic" abortions are unacceptable, marred sacrifices, except in the sense that the mother and/or father hope to exchange it for a healthy one next time, just as was done in ancient Carthage.

If we look at the biblical record we must agree with Dr. White as far as he goes. That is, we admit along with T.S. Eliot that we have as a civilization regressed from a high point of relative Judeo-Christian consensus back to a certain level of pagan morality that vied with the worship of Jehovah in Biblical times. But in fact it could be easily argued that in our rush towards technological sophistication we have overshot even the most hardened pagans of ancient times, with hardly a blink from the never-sleeping eyes of the secular or religious media. I refer, of course to our newly-discovered Saturnine capacity not only to kill tiny infants but to devour them as well.

In view of Scripture, there are references to prophecies about the Hebrew nation, stating that at times it would sink so low and be so desperate with hunger that their adult members would cook and eat their own children. I would urge the reader at this point to review the Scripture references listed at the end of this article. Please note that such prophecies assume that the hearers would receive this news with profound dismay. The Bible never assumes that men would undergo temptation to consume their own children in times of plenty or prosperity. This is quite different from his warnings about worshipping false gods such as Molech. It is implied that there was genuine

temptation to give over oneself or one's family to such gods. Cannibalism of children was always seen as a genuine and very severe, almost an ultimate, punishment, not a seductive element in any sense of the word.

Many euphemisms will undoubtedly be developed for this fetal cell transplantation technology, but does it not merely amount to a rather sophisticated form of cannibalism? "We are confronted with a biological revolution which is going to be just as important as the nuclear revolution was for physics," declared Dr. Antonio Scommengna, chairman of the department of Obstetrics and Gynecology at Michael Reese Hospital. '...We are on the threshold of changing ourselves.' For all the promise of regenerating life, some darkness may lie beyond that threshold. 'I realize this opens up a Pandoras Box,' said Scommengna, 'a can or worms, or whatever you want to call it, but I foresee growing fetuses someday for spare parts.' A tiny shadow of cannibalism passes over that thought; a hint that an aging society might one day breed its young to replace its own worn-out organs.²

History does not give abundant examples of groups of people quite this short-sighted. It would seem almost too obviously suicidal to dismember our young people in order to give our older people a few more years, especially in a country that is near zero population growth already.³ Yet this is exactly what may be happening. We are all familiar with cannibalistic cultures which advocated consumption of certain parts of an enemy's body in order

to gain certain abstract qualities, such as courage or intelligence. However, this practice was confined, so far as I know, to enemies and not to the most helpless members of one's own family.

We note with mirth the fantasies of Ponce de Leon, who searched the territory of Florida for the fabled Fountain of Youth. Future generations may look at our flamboyant forms of biotechnology with either amusement or horror. The promise of artificial regeneration is a recurring theme in history, but this appears to be a quantum leap beyond previous schemes. Rather ordinary weapons have been used against the new born up until this time. They are only slightly cleaner variations of the infamous coat hanger. But this new array of techniques may have an impact on the human race as powerful and as undesirable as that of nuclear arms. One neuro-surgeon from Miami stated, "This field isn't growing, it is exploding." A comparison to a detonation is apt.

What follows will be divided into two parts. If the reader will bear with me, allow me to first briefly speculate as to what may occur in terms of events and attitudes to come, confining my remarks to what can be defined in a secular way. Then, having seen the Old Testament statements about the nature and source of this ultimate form of child abuse, let us continue to examine Biblical sources, focusing this time on the New Testament in an attempt to determine the optimal Christian response.

The easiest prediction to make is that successful transplantation programs of this

new type will give the Pro-choice movement a whole new set of slogans, just as the old ones were beginning to lose their luster. IT may also add to its constituency. No longer will its chief supporters be merely young and/or opportunistic, but the aged may join in their cause so that they, too, may have a choice. If, in addition, fetal organs or cell transplantation takes 20 to 30 years to mature, it may capture the middle ground as well. Incentives in regard not only to personal health but wealth would be virtually irresistible to the unregenerate man. To the "man without the Bible" there would seem to be almost no flaws to the new pro-choice arrangements.

In terms of this technology, having sufficient impact to change the character of medicine, I can only note with sorrow that this process has been underway for many decades and certainly began in earnest when we welcomed our comrades, the abortionists, in 1973. Transplant technology will, of course, probably give rise to additional respectability, graced with a subspecialty society, board exams, and so forth. Beyond that, the effects will depend on: (1) The scope of the techniques -- how wide the application may be. (2) The popularity of abortion. (3) The quantity of certifiably healthy fetal tissue available at any given moment. (4) The degree of public acceptance, overt and covert. (5) The response of Congress, the Supreme Court, and other governing bodies.

For instance, let us suppose for a moment that applicability ascends rapidly; that abortion declines due to declining fertility,

fear of AIDS, etc.; and that Congress or the courts declare that a person's body is their own to sell, including all fetal tissues. In that scenario, the value of fetal parts might well exceed their weight in gold. And though it may stretch or imagination somewhat, it is not improbable that a form of "temple prostitution" will re-assert itself in the temples of Molech. That is, certifiably healthy males and females could consent to reproduction solely for profit (the temple of Mammon) perhaps with a form of nature worship or biotechnical Darwinism thrown in (the temple of Baal) so that the "ethical" dimension will not be ignored or the press be ever so slightly unfavorable. In such a case, ordinary medical practitioners will probably be reimbursed as they are today -- little for cognitive services, a great deal of complex procedures. Those who merely prescribe insulin will be left far behind economically speaking, in comparison with those who are offering naive beta cells from the fetal pancreas. The latter will be a part of a new health care team consisting of full or part-time prostitutes, transplant surgeons, abortionists, immunologists, and so on, not to mention the nurses, receptionists, administrators, and public relations experts who will function as well-paid and well-protected pimps in this application. The temptation to join in this lucrative process will be strong.

On the other hand, should there be wide applicability, tissue shortage, and a ban on marketing (as applies today to blood and other tissue transplants, all of which are voluntary and uncompensated by law) then the whole prostitution process may have to

go underground. In either case, if ethics continues to be advertised as purely a private matter, the medical profession need answer to no one. The term "ethical" then reverts to the status of language in general as revealed by Lewis Carroll's Humpty Dumpty, whose theory of linguistics is summarized by the statement, "A word means just what I choose it to mean..."

Let us suppose, however, that contraceptive technology stagnates, and there is a glut of available organs, or fetal cell lines are developed that can retain desirable qualities such as endocrinological potency or immunological insensitivity, for long periods of time in vitro. In this case, the prostitutional aspects will be negligible, but a well-established, highly respected abortion/transplantation industry will become part of our cultural and medical landscape. The same would be true if applicability turned out to be very narrow. Then, unless it fails altogether, it will still provide the Pro-choice movement with enticing rhetoric stating that society needs these fetal "donors" just as much as we need blood donors.

II

They have cast lots for my people, have given a boy as payment for a harlot and sold a girl for wine that they may drink. Joel 3:3.

What about "the man with the Bible"? Where does that leave him, as a citizen or as a practitioner of medicine? Here it is impossible to narrow the issue down to a certain number of factors and commence

to calculate. Too much speculation about Christians or about what God will or will not do might easily earn a false prophet's reward. The matter of personal calling complicates our vision, as does man's interpretation of God's Word. We find Christians of all persuasions, from strict Reconstructionist to Pietists. What then might I say in a short space that will be of assistance to the majority of readers, whom I will assume share my sense of being repulsed by this turn of the technological screw? Let me mention three points:

1. I believe there is ample Scriptural evidence that we should, before all else, approach this issue more as if we were a patient than as a physician. The Scriptures clearly indicate that destruction of children and the practice of cannibalism upon them were, like the diseases mentioned in some of these same passages, punishment visited upon the disobedient chosen people of God. We have been grafted into this group, if we profess Jesus as Lord. We are further told that if God did not spare the natural branches, then why should He be expected to spare the grafts? (Romans 11:21). "Do not be haughty, but fear." (Romans 11:20).

Let us know then with trepidation that the same motivations that taint to Pro-choice argument, ie., unbridled materialism, comfort, and personal well-being, also contaminate a vast portion of Christendom -- not just the radical health-and-wealth-are-yours ministries but also many of our mainline and evangelical organizations which put bodily and financial concerns

ahead of the Gospel in various subtle or not-so-subtle ways. Are contingency funds the fundamental wave of the church's future? If so, are we not responsible for our own impotence? Is God lacking in power, or is He simply wisely unwilling to lend it to such a carnally-minded people? And have these horrors come in to fill the gap where "Christian unbelievers" dare not tread? Has prosperity so intoxicated Western man, so insulated us from God, that we cannot recognize our own shortcomings and weep? Or, rather than repent, shall we imitate the various special interest pressure groups who curse one another continually and vie for material and moral advantage at every opportunity? The Epistle of James (1:19-20) says, instead, "...let every man be swift to hear, slow to speak, slow to wrath; for the wrath of man does not produce the righteousness of God."

So let us not blame others for our lack of spiritual courage. If there is to be a healing in this area, it must come from God, with ourselves being humble instruments of peace, or more likely, as "worthless servants" badly in need of healing from our sins.

2. After repentance and receiving Christ's forgiveness, it is incumbent on every Christian to live his own life in imitation of what he has received. This is elementary but cannot be repeated too often, even after it begins to become a reality. The point here is the most of us would do well, if we would obey God's will, to start with our own family -- to be a witness to them in word and in deed, with everything being

seasoned with love. Michael J. Gorman in his book *Abortion in the Early Church*⁴ notes that when abortion was rampant in the late Roman Empire, and while early church fathers universally condemned abortion, it was not rare for "so-called Christians" (Origen's term) to obtain abortions. I suspect this tragedy has occurred in most of our churches, as I know it has in mine.

Bringing up our family in the admonition of the Lord is therefore overwhelmingly important. What is the importance of gaining the whole world (even reversal of Roe vs. Wade) if we lose our own soul or that of one intrusted to us? Whether the abortion thus obtained is legal or not will make little difference then.

The more obvious point, but one not usually mentioned, is to bring up our family, period. Those of us called to be parents must consent to reproduce and thereafter serve willingly. If we are faithful in this, and transmit loving Christian convictions to our offspring, then we may someday have a population truly reverent of life -- not only willing but able to defend the unborn in ways that we cannot as yet. While those who are Pro-choice fail to reproduce or reproduce scantily, we cannot forget our commission to be fruitful and multiply. Presumably, God didn't wish us simply to clutter the planet with our bodies but rather wishes to see a redeemed people on earth who will follow Him to the ends of it and beyond. OF such people there is no surplus, nor is a proliferation of them likely to occur soon.

And again, if we fail to transmit Godly ideals to our children, is that possibly God's fault? Our children can make the same free choices we made but God knows if we have prejudiced them with hypocrisy, unbelief, or shallow spirituality unworthy of emulation.

3. Again referring to Michael Gorman's book, it is evident that while the early Church was adamantly antiabortion on the grounds of the humanity of the fetus and the indivisibility of human life, it never pressed directly to change the laws. In spite of the greatest of political sins of omission, their influence bloodlessly brought to the Western world a high legal view of the fetus that lasted from Constantine until the late 20th century. This was quite an accomplishment for a group committed initially to absolute pacifism but which also had no vociferous lobbyists and which was nearly uniformly despised by all respectable classical opinion! Their example might just be worth of imitation, even the pacifistic proclivity. (I say this with great caution, since a liberal idol will prove to be worth just exactly as little as a conservative one.)

Yet the previous hegemony of the pro-life position cannot be explained as a successful mutation of human history, the result of a happy accident. Which brings me to a final and central point.

4. Charles Finney had this to say: "I am convinced that nothing in the whole Christian religion is so rarely attained as a praying heart. Let me say again, if you lose your spirit of prayer, you will do nothing,

or next to nothing, though you have the intellectual endowment of an angel."

Billy Graham, when asked how our nation might be awakened spiritually, said, "First there must be earnest prayer (II Chron. 7:14). There must be a deep-seated, heart-yearning for revival -- not just a mere muttering of words, pious platitudes, and religious mouthing, but earnest, fervent prayer (James 5:16). Let your soul be anguished; let the tears flow; let your heart be burdened for the lost (Ps. 126:6)."⁵

If your tears have been shed as infrequently as mine, little wonder it is that nothing changes for the better. Very little politicking and campaigning will be necessary once a process of widespread sincere prayer begins. And such praying should continue as our central activity regardless of the barbarity or gentility of our nation's laws. There is no salvation for organizations, laws, or statistical analyses. God will not be running for election. He is most interested in you and me and how we respond to His invitation to fellowship with Him. If we need wisdom, He will grant it, if we ask (James 1:5-9). But without it, only a wasted motion and even wasted tears will result. The Lord builds His house with the building blocks of praying individuals. Precisely correct and necessary actions flow only from this edifice.

IN SUMMARY

In the way of a brief summary:

1. Abortion technology has made it feasible for the developed nations to

proceed from mere child sacrifice to a type of cannibalism of infants.

2. Scripture mentions cannibalism of children, but only as an extreme form of punishment to a very wayward people.

3. We are that wayward people, that Laodicean church that runs neither hot nor cold enough, numbered by prosperity and the secular bias of modern Western culture.

4. The first duty of today's Christian is that of sincere repentance, followed by evidence of an active prayer life and a willingness to serve as procreator and Godly parent when so summoned by our Creator.

Reference

1. Schlossberg, Herbert, *Idols for Destruction*, Thomas Nelson, 1983, p. 141.

Butterfield, Herbert, *Christianity & History*, London: Collins, Fontana, 1957, p. 9.

2. McNulty, Timothy, "Fetal research poses medical, legal, ethical questions", *Chicago Tribune*, July 7, 1987, p.1.

3. Wattenberg, Bent. T., summary article of "The Birth Dearth", *U.S. News & World Report*, June 22, 1987, pp. 56-63.

4. Gorman, Michael, *Abortion and the Early Church*, Intervarsity Press, 1982.

5. *Decision*, Feb. 1987, pp. 2-3.

Scripture References (NIV)

1. Leviticus 26:27-29, "If in spite of this you do

not listen to Me but continue to be hostile toward Me, then in My anger I will be hostile toward you, and I Myself will punish you for your sins seven times over. You will eat the flesh of your sons and the flesh of our daughters.

2. Deuteronomy 28:56-57 (curses of disobedience) "Because of the suffering that your enemy will inflict on you during the siege, you will eat the fruit of the womb, the flesh of the sons and daughters the Lord your God has given you. "The most gentle and sensitive woman among you -- so sensitive and gentle that she would not venture to touch the ground with the sole of her foot--will begrudge the husband she loves her own son or daughter the afterbirth of her womb and the children she bears. For she intends to eat them secretly during the siege and in the distress that your enemy will inflict on you and your cities." (This Scripture further goes on to list the diseases that will "cling to you".)

3. II Kings 6:28 (concerning famine in besieged Samaria)"This woman said to me, 'Give up your son so we may eat him today, and tomorrow we will eat m son.'So we cooked my son and ate him the next day I said to her, 'Give up your son so we may eat him', but she had hidden him."

4. Jeremiah 19:9 : I will make them eat the flesh of their sons and daughters, and they will eat one another;s flesh during the stress of the siege imposed on them by the enemies who seek their lives."

5. Lamentations 2:20 "Look, oh Lord, and consider: Whom have you ever treated like this? Should women eat their offspring, the children they have cared for?"

6. Lamentations 4:3-4 "Even jackals offer their breast to nurse their young but my people have become heartless, like ostriches in the desert. Because of thirst the infant;s tongue sticks to the roof of its mouth; the children beg for bread, but no one gives it to them."

7. Lamentations 4:10 "With their own hands, compassionate women have cooked their own

children who became their food when my people were destroyed."

8. Ezekiel 5:10 "Therefore in your midst fathers will eat their children, and children will eat their fathers. I will inflict punishment on you and will scatter all of your survivors to the winds."