

The Christian Worldview of Medicine

Ed Payne, M.D., Chairman
William Reed, M.D., Co-chairman

With contributions by members of the Medicine Committee of the Coalition on Revival Jay Grimstead, D.Min., General Editor, E. Calvin Beisner, M.A., Assistant to the General Editor

Ed's Note:

The Coalition on Revival was an outgrowth of the International Conference on Biblical inerrancy that met in Chicago in 1978 to take a stand against the assault on Biblical truth. That conference's statement took the form of Affirmations and Denials. The Coalition determined to apply Biblical truth to spheres of knowledge in the modern world. These spheres were Law, Government, Economics, Business and Occupations, Education, Art and Communication, Medicine, Psychology and Counseling, Science and Technology, Christian Unity, Local and World Evangelism, Making of Disciples, Helping the Hurting, Revitalizing Christian Colleges and Seminaries, Family, Pastoral Renewal, and Educating Christians on Social, Political, and Moral Issues. The Affirmations and Denials (and other information on their activities) of all these spheres are available in one bound volume @ (800) 954-1122, Ext. 900.

While I wrote almost all of this document, it has received some editing and additions with which I do not fully agree. However, they are not sufficiently major to require further comment here.

Introduction

The usual training of health-care workers and the practice of medicine virtually ignore the spiritual side of man, the reality of God and supernatural revelation, and the historical role of the healer as a kind of priest. This situation in medicine reflects the dominant view of Western society that man is only an evolved animal.

Medical ethics are relative and can give no concrete answers to the complex dilemmas of today's advanced bio-technology. Man believes that he is the master of his own fate and is able to "improve" his physical and mental abilities through drugs, artificial reproduction, and genetic engineering. Health-care costs continue to rise above the resources of individuals and society.

Unfortunately, most Christian health-care workers have not been able to discern the difference between Biblical and naturalistic values and ethics. They have been taught to maintain a "neutral" and "non-judgmental" attitude. The Bible, in contrast, speaks of light and darkness, a contrast that is readily apparent and that does not allow a Christian to be neutral. If Christians believe that all Scripture is able to "thoroughly furnish" and "adequately equip for every good work" (II Timothy 3:16, 17), then the starting point must be a thorough understanding of God's Word and a consistent practice conditioned by that understanding.

In an age of widespread specialization and heavy patient demands, it is extremely difficult to resist the pressure simply to work hard in one's field, to try to be moral, and to go home exhausted. The prevalence of abortion, however, has awakened us to the implications of the modern medical ethic. We must ask ourselves this question: If abortion is so readily accepted as "good" medical practice, are there other common medical practices equally wrong, from God's perspective? This document is an initial attempt to discern Biblical concepts for health and the practice of medicine.

STATEMENTS OF AFFIRMATION AND DENIAL

EPISTEMOLOGY

1. Revelation and Science

We affirm that the health-care worker must have a thorough knowledge of the Bible practically applied to his personal and professional life (II Timothy 3:16, 17; II Peter 3:1).

We deny that the Bible conflicts with medical science when both are correctly understood (Genesis 1:12:25; Colossians 2:3).

2. Authority

We affirm that the Bible is the final authority for health, medical care, and medical ethics (II Timothy 3:16, 17; 11 Pet. 3:1).

We deny that medical ethics should be determined by the desires of the patient, the ethics of a medical organization, current medical practice, technical feasibility, or governmental legislation (II Timothy 3:16, 17; II Pet. 3:1).

3. Anthropology

We affirm that God created man distinct from the animals as a unity of non-material (nonphysical) and material (physical) components that both affect the presence or absence of health (Genesis 1:26-28; 2:7).

We deny that man can be treated medically as simply a bio-chemical entity that has evolved (Genesis 2:7).

4. Human Worth

We affirm that the worth of an individual person is determined by his creation in the image of God (Genesis 1:27).

We deny that the worth of a person can ever be determined by his quality of life or his usefulness to society, and that the health of collective humanity

necessarily supersedes the health of the individual (Genesis 1:27).

HEALTH

5. Health

We affirm that perfect health is a Biblical concept that has been experienced only by Adam and Eve prior to their sin (Genesis 2:17b; Romans 5:12; I Corinthians 15:21, 22).

We deny that perfect health is possible except for the state of believers in Heaven (Hebrews 9:27; I Corinthians 15:42-58; II Corinthians 5:1-4).

6. We affirm that optimal health is achieved through spiritual regeneration, Biblical obedience, and current medical knowledge, the latter always under the authority of the Bible (Nehemiah 8:10b; Psalm 90:10; II Corinthians 5:17; Exodus 15:26; I Kings 3:14; Psalm 38; Proverbs 3:7, 8; II Timothy 3:16, 17).

We deny that optimal health may be achieved through medical knowledge alone (Exodus 15:26; 1 Kings 3:14; Psalm 38; Proverbs 3:7, 8).

7. The Family's Responsibility

We affirm that the primary responsibility for health maintenance, disease prevention, and medical care resides with the family, as it is defined Biblically (Genesis 2:24; Exodus 20:12, 14; Ephesians 5:22:4).

We deny that optimal health can be achieved without the assumption of this primary responsibility, and that minor children should ever be treated for any medical problem, except in an emergency that is clearly life-threatening, without the consent of one or both parents (Genesis 2:24; Exodus 20:12, 14).

8. Mental Health

We affirm that spiritual regeneration and Biblical obedience are absolutely essential to a Biblical concept of mental health (Ephesians 4:9:16; II Timothy 1:7; James 1:6-8).

We deny that psychiatrists can promote mental health without evangelism of their unsaved patients and a thorough application of Biblical principles for their Christian patients (Nehemiah 8:10b; Psalm 90:10; I Corinthians 15:1-19; II Corinthians 5:17).

9. Longevity

We affirm that increased longevity generally results from obedience to specific Biblical commands (Psalm 90:10; Proverbs 3:7, 8; Ephesians 6:2, 3).

We deny that long life may generally be achieved without obedience to these specific commands (Deuteronomy 28; Romans 6:23a).

DISEASE AND DEATH

10. Sin and Disease

We affirm that the ultimate cause of all disease, deformity, disability, and death is the sin of Adam and Eve (Genesis 2:17b; Romans 5:12; I Corinthians 15:21, 22).

11. Death

We affirm that spiritual death is immeasurably worse than physical death (Matthew 10:28b; Revelation 20:14, 15).

We deny that treatment of the physical body is the highest priority for the health-care worker (Matthew 10:28b; I Timothy 4:8b).

12. Sins and Disease

We affirm that medical problems are very frequently caused by personal sins (Proverbs 23:19-21, 29-34; I Corinthians 3:17; I Corinthians 6:9, 10).

We deny that the presence of disease, deformity, and disability necessarily implies God's temporal judgment on the person afflicted (Job 2:4-8; John 9:1-3; Acts 3:2).

HEALTH-CARE WORKERS AND THE PRACTICE OF MEDICINE

13. Priestly Calling

We affirm that the health-care worker has a priestly calling, because health involves the whole person (Luke 4:18; Hebrews 12:13; 1 Peter 2:9).

We deny that this high calling allows the health-care worker to neglect other callings of God, such as his spouse and family, worship and work with his local church, and personal Bible study and prayer (Ephesians 5:22-33; Hebrews 10:25; Ephesians 4:11-13; Psalm 1:2; Matthew 6:9-13).

14. Role Model

We affirm that the health-care worker should maintain a lifestyle that is an example of spiritual and physical health (Philippians 3:17; 1 Timothy 3:1-13).

We deny that the health-care worker is able to fulfill his priestly role without this lifestyle (Philippians 3:17; 1 Timothy 3:1-13).

15. Sabbath

We affirm that the physician must regularly rest and worship on one day in seven (Exodus 20:8-11).

We deny that all medical care supersedes the observance of a weekly sabbath rest by healthcare workers (Exodus 20:8-11).

16. Wholistic Medicine

We affirm that health-care workers should provide resources for disease prevention and health maintenance, as well as therapeutic and rehabilitative measures, and demonstrate the interrelatedness of these areas (Luke 10:30-37; 1 Corinthians 6:19, 20; I Timothy 4:8).

We deny that health care can be primarily concerned with therapy and rehabilitation (Luke 10:30-37; I Timothy 4:8).

17. Malpractice

We affirm that untoward effects of diagnostic procedures and of medical treatments should be carefully weighed against their benefits (I Corinthians 3:16, 17; 10:31).

We deny that the current prevalence of malpractice suits results from a Biblical concept of liability (Exodus 21:23-25).

18. Competence

We affirm that Christian healthcare workers should achieve and maintain high levels of professional competence (Matthew 5:48; Romans 12:1, 2; II Thessalonians 3:11, 12).

We deny that a health-care worker's status as a Christian excuses inferior standards of medical care (Matthew 25:14-20; Romans 12:1, -2; II Thessalonians 3:11, 12).

19. Health-Care Team

We affirm that physicians ought to consult nurses, therapists, and other allied health-care workers for information related to patient care decisions (I Corinthians 12:12-31).

We deny that final decisions can be made by anyone other than the patients and their physicians (Romans 12:4-8; James 5:14-16).

20. Broad Care

We affirm that Christians should provide loving care across the entire spectrum of health care, especially where gaps exist in the current system-e.g., terminally ill patients and unwed mothers (Matthew 18:1-6; Luke 4:18; James 1:27).

We deny that the current health-and medical-care systems, even with an increase in government programs, is able to meet these needs (Matthew 26:11; Romans 13:4).

21. Spiritual Dimensions of Illness

We affirm that the treatment of the spiritual dimension of illness by health-care workers is ethical (Matthew 5:29, 30; 6:25-34; 10:28; 1 Corinthians 13:3).

We deny that any agencies of civil government or of any other institution have the authority to prevent this dimension of treatment (Matthew 22:21; Acts 5:29; Romans 13:7).

22. Economics

We affirm that the cost of health and medical care should be borne primarily by the family with supplementation by private voluntary insurance, contributions, and the Church according to Biblical design (II Thessalonians 3:10-14; I Timothy 5:8).

We deny that medical care should be provided by civil government except for disease, disabilities, and injuries directly caused by governmental service (Romans 13:1-5).

23. Motivation and Remuneration

We affirm that the health-care worker should receive payment for his services as determined by the free market (Matthew 10:10b; Luke 10:7; II Thessalonians 3:10; I Timothy 5:18b).

We deny that the primary motivation of the health-care worker should be financial gain (Titus 1:7; I Peter 5:2).

24. Sexuality

We affirm that according to Biblical design, sexual stimulation and fulfillment should take place only between a man and a woman who are legally married to each other (Genesis 2:24, 25; Exodus 20:14; 1 Timothy 3:12).

We deny that adultery, fornication, homosexuality, or lesbianism constitute moral behavior in any situation, and that the prescription of birth control methods to unmarried men or women is Biblical (Exodus 20:14; Matthew 5:27, 28; 1 Corinthians 6:9, 10; I Timothy

1:811). We further deny that homosexuals qualify as a specially protected legal minority and that homosexuality is a civil rights issue.

25. Responsibility for Health Education

We affirm that the primary responsibility for health education resides in the family, the Church, and the health-care community.

We deny that health education should be provided by civil government, because governmental involvement in health education has generally proved to be pernicious, immoral, and anti-Biblical.

26. Quarantine of Communicable Diseases

We affirm that AIDS (Acquired Immuno-Deficiency Syndrome) should be quarantined in a manner similar to other communicable diseases such as tuberculosis and typhoid fever.

We deny that AIDS qualifies as a handicap that should be given special status and remuneration.

27. Community

We affirm that Christians should have other Christians for their physicians (when they are available) because medicine is a priestly calling (I Corinthians 6:1-8; James 5:14-16).

We deny that medicine and the Church are unrelated fields of service (I Corinthians 6:1-8; James 5:14-16).

28. Priority

We affirm that health and medical care should be available to all people within the capacities of a free market to provide them and the consumer to pay for them (Matthew 25:32-46; Luke 4:18, 19).

We deny that such care is an unlimited right that may be promoted to the detriment of other social responsibilities (Matthew 4:4; I Timothy 4:8; II Thessalonians 3:10).

HEALING

29. Healing Process

We affirm that healing may occur through the body's natural processes, God's supernatural act, or demonic forces, concurrent with or entirely separate from standard medical intervention (Matthew 7:21-23; Luke 10:34; I Thessalonians 2:9, 10; I Timothy 5:23; James 5:14-16).

We deny that miraculous healing is limited to any particular time in history (James 5:14-16).

30. Presence of Disease

We affirm that God allows some Christians to experience acute and chronic disease, disability, or deformity (Job 2:4,8; John 9:1-3; Hebrews 12:5-11; I Peter 1:6, 7).

We deny that any absence of healing is necessarily due to a personal sin or a lack of prayer, faith, or spiritual maturity (II Corinthians 12:8, 9; Philippians 2:27; I Timothy 5:23).

METHODOLOGY FOR ETHICAL DECISIONS

31. The Situation

We affirm that within the world view structured by Biblical principles, the patient's situation points to those principles that govern the actions of health-care workers (Matthew 18:25-27; John 8:10, 11; 9:1-3).

We deny that the situation without this Biblical structure, that is, "situation ethics," determines the ethical decision (Matthew 5:17-20; John 14:15, 21; Romans 13:10; I Corinthians 13:1-3).

32. Motives

We affirm that personal motive, in addition to behavior, determines whether an act is ethical or unethical (I Samuel 16:7; Psalm 139:23, 24; Matthew 5:27, 28; Hebrews 4:12).

33. Truth-telling

We affirm that the Ninth Commandment requires a physician always to tell the truth to his patients (Exodus 20:16).

We deny that lying promotes the health of patients and necessary relationships within their families (Exodus 20:16).

34. Confidentiality

We affirm that Biblical authority within the family and the welfare of others in society may supersede the confidentiality of the physician's relations with individual patients, and that confidentiality should be strictly guarded when it does not conflict with other Biblical principles (Genesis 2:24, 25; Ephesians 6:1-3; I Peter 3:7; Matthew 18:15-17; I Corinthians 5:113).

We deny that confidentiality of individual patients is an absolute requirement for health-care workers (Matthew 18:15-17; I Corinthians 5:113).

ISSUES AT THE BEGINNING OF LIFE

35. Beginning of Human Life

We affirm that individual human life begins with the fertilization of the human egg with the human sperm (Genesis 4:1; Numbers 11:12; Psalm 51:5).

We deny that the embryo conceived by this process must meet any other criteria to attain the full ethical and legal status of a person (Psalm 51:5; Matthew 18:8-10).

36. Abortion

We affirm that induced abortion is murder except to save the physical life of the mother, and that participation at any level is sin (Exodus 20:13; 23:22-25; Psalm 51:5; 139:13-15; Jeremiah 1:5).

We deny that the choice of the mother takes precedence over the life of the unborn child, and that detection of abnormalities or defects in the unborn child

is grounds for induced abortion (Exodus 20:13; Psalm 139:13-15).

37. Infanticide

We affirm that infanticide, either by deliberate action or by inaction, is murder (Exodus 20:13).

We deny that the best interests of the family in particular or society in general are improved by infanticide (Matthew 18:1-10).

38. Intrauterine Intervention

We affirm that intervention with an unborn child at any stage after conception should be permitted only to correct clearly defined physical disease or deformity when sufficient evidence exists that the potential benefit to the child clearly outweighs any harmful effects or the possibility of death (Psalm 139:13-16; I Corinthians 6:19, 20).

We deny that the unborn child should receive medical treatment that is any less careful or necessary than that provided to any human being (Genesis 4:1; Psalm 51:5).

39. Genetic Engineering

We affirm that alterations of human genes before or after birth should be strictly limited to the correction of clearly defined disease or deformity when sufficient evidence exists that the potential benefit to the person clearly outweighs any harmful effects or the possibility of death (Genesis 4:1; Psalm 51:5).

We deny that man has the wisdom to change human genes except to correct clearly defined physical disease or deformity (Psalm 139:13-16; Luke 4:40; James 5:14-16).

40. Fertilization

We affirm that fertilization of the wife's egg by her husband's sperm is the Biblical pattern of reproduction (Genesis 2:24; Matthew 19:4-6).

We deny that the fertilization of the egg of a woman with the sperm of a man who is not her husband is Biblical (Genesis 17:19-21; 38:24).

41. In Vitro Fertilization/Surrogate Mothers

We affirm that the Biblical location for conception and development of an embryo or fetus is its biological mother (Deuteronomy 6:4-9; Ephesians 6:4).

We deny that the conception and development of an embryo and fetus should take place within any in vivo or in vitro location other than its biological mother except possibly for the few hours needed for in vitro fertilization and the growth of the embryos) to the stage that allow for its (their) transfer (Deuteronomy 6:49; Ephesians 6:4).

ISSUES AT THE END OF LIFE

42. Euthanasia

We affirm that euthanasia, either by deliberate action or by inaction, is murder (Exodus 20:13).

We deny that intervention in the disease process of a terminally ill patient is always the ethical course of action (II Corinthians 5:1-9; Philippians 1:21).

43. Treatment of the Terminally Ill

We affirm that only the patient's physician, in consultation with other health-care workers, the patient, and the patient's family, is able to assess ethical treatment or non-treatment of the terminally ill (James 5:14-16).

We deny that living wills simplify these decisions (James 4:13-17; 5:14-16).

44. Right to Die/Death with Dignity

We affirm that all men and women will inevitably die (except Christians who are raptured at the Second Coming of Christ) because of the sin of Adam and Eve (Genesis 2:17b; 3:19b; I Thessalonians 4:17; Hebrews 9:27).

We deny that anyone has the "right to die" by any means or for any reason, and that "death with dignity" is compatible with a Biblical understanding of death and sin (Exodus 20:13; Ecclesiastes 8:8; Romans 14:7, 8; 1 Corinthians 6:19, 20; 15:56), except that it is honorable and loving for a man to lay down his life in voluntary sacrifice for another (John 15:13).

45. Sustenance for the Terminally Ill

We affirm that the image of God in all patients and the love that Jesus Christ calls us to give to all people determine the quality of care and comfort of the terminally ill (Genesis 1:26, 27; Matthew 25:32-36).

We deny that water, food, and air should ever be withheld from patients, or that they have the right to refuse these basics of life, when their medical conditions allow these substances to be taken by natural routes

(Exodus 20:3; Matthew 25:32-46; I Corinthians 6:19, 20).

46. Evangelism

We affirm that the unsaved status of a patient may indicate measures that would not usually be implemented with a believer, in order to gain additional time for evangelism (Acts 4:12; Hebrews 9:27; Revelation 20:14, 15).

We deny that the medical condition of the patient is the only relevant issue in terminally ill patients (Acts 4:12; Hebrews 9:27; Revelation 20:14, 15).

47. Suicide

We affirm that suicide is a violation of the Sixth Commandment (Exodus 20:13).

We deny that suicide is a Biblical solution to any life situation (John 10:10; I Corinthians 10:13; Philippians 4:19).

48. Organ Transplantation

We affirm that transplantation of human organs is ethical when Biblical standards govern the treatment of both donor and recipient through deliberate peer review (Matthew 19:12; John 9:1-3; Acts 3:1, 2), and that the premature pronouncement of a patient's death in order to obtain his donor organs is murder (Exodus 20:13; I Corinthians 13:3).

We deny that transplantation of organs violates the sanctity of the human body.

DRUGS AND DRUG ABUSE

49. Therapeutic Drugs

We affirm that drugs may be used under the proper supervision of health-care workers in diagnosis and treatment (Luke 10:34; I Timothy 5:23; James 5:14b).

We deny that drugs are necessary or sufficient in the diagnosis and treatment of all medical conditions (Luke 12:22-34; John 4:32-34; Romans 14:17; I Timothy 4:7, 8).

50. Psychotropic Drugs

We affirm that health-care workers should work to prevent drug abuse and dependency with patients who require drugs that affect the mind or senses (Proverbs 20:1; 23:29-35; Ephesians 5:18; I Peter 4:4).

We deny that medical care should be administered on the basis of chemical determinism as the only explanation of disordered states of the mind or senses (Genesis 1:26-28; I Samuel 21:13-15).

51. Substance Abuse

We affirm that abuse of such substances as drugs and alcohol involves physical disease, spiritual bondage, and distorted personal relationships (Proverbs 23:29-35; Ephesians 5:18; Genesis 9:20-23; 19:30-38).

We deny that the treatment of substance abuse can rightly exclude ministry to the whole person (Romans 12:3; Ephesians 5:18; II Timothy 1:7).

NEW AGE MEDICINE

52. Psychic Modalities

We affirm that the use of any psychic or supernatural means in diagnosis or healing, other than prayer to God according to Biblical instructions, is a dangerous exposure to occult and Satanic powers (Deuteronomy 18:10-12; Isaiah 8:19; Matthew 24:24; Revelation 9:21; 21:8).

We deny that psychic abilities, spiritism, divination, life energies, and other paranormal processes promote health or otherwise have any ethical or scientific basis in the practice of medicine (Deuteronomy 18:10-12; Isaiah 8:19; Matthew 24:24; Revelation 9:21; 21:8).

53. Meditation

We affirm that conscious, rational meditation on God's attributes and Biblical content is a necessary dimension of health (Joshua 1:8; Psalm 1:2; 19:7; 119:50).

We deny that meditation or drugs that derange normal thought patterns or states of consciousness promote health in any way (Galatians 5:23; Ephesians 5:18, II Timothy 1:7).

A CALL TO ACTION IN MEDICINE GENERAL ACTIONS

Because of the preceding convictions, we call upon all men and women who name Christ as their personal Savior and Lord to join us in:

1. examining earnestly these affirmations and denials in the light of God's Word to see if they are true, and informing us directly of those points in which they believe we have departed from Scripture or logic;
2. re-examining our own medical theories and practices and asking God to show us where we are falling short;
3. repenting of all known sins, confessing and forsaking them, asking forgiveness both of God Himself and of all those who have been offended, and then making all possible restitution;

4. preparing for God to fill all of His people with the enabling power of the Holy Spirit in order that we may bring our personal lives and our medical theories and practice into closer conformity to His revealed will on a permanent and consistent basis;

5. seeking guidance from our brethren and local church authorities as to how we can mutually support and influence one another to make our medical practices glorifying to God;

6. seeking a balance of time committed to all areas in which we are called as Christians, especially to regular, systematic Bible study.

Having dealt with our own personal sins and failures, and placing ourselves accountable to the Bible and to the brethren, we now commit ourselves to:

1. conversing with all health-care workers and other Christians with the goal of discerning, clarifying, and implementing a Biblical practice of medicine;

2. influencing any known Christians or Christian associations with whom we work to consider seriously our affirmations and denials with the goal of enlisting their responses;

3. influencing those in the field of medicine who agree with our affirmations and denials to implement these proposals in their work;

4. mobilizing and networking our Christian resources and working in concert with the other professional spheres both inside and outside COR, to see the behavior of the Body of Christ and our nation change to approximate more closely the view of reality and morality presented to us in the Holy Scriptures.

SPECIFIC ACTIONS

To these ends, we commit ourselves to the following specific actions:

1. All Christian health-care workers must join the fight against abortion. According to their situations and opportunities, individuals and groups should be involved

in definite acts of activism against abortion. These efforts may be separate from or, preferably, in conjunction with Christians in other disciplines and with those pro-life groups (e.g., Christian Action Council and Birth-Right) that already have programs and strategies.

Health-care professionals should help pastors of Bible-believing churches to shut down all legalized abortions in their counties by employing the "Puget Sound Plan," which stopped all abortions in one Washington State county within 30 days. The plan works as follows:

1.1. Two letters are written back-to-back on a single sheet of paper (see model available from the Coalition on Revival, 89 Pioneer Way, Mountain View, California, 94041, or from the National Association of Christian Educators, P.O. Box 3200, Costa Mesa, California, 92628). One letter is from the pastor to his congregation, explaining the Biblical reasons why abortion is clearly murder and should be stopped by God-honoring people. The other is a form letter from Christian families to their family doctors kindly but family explaining that, if their doctors perform abortions or refer for abortions, they will immediately find new family doctors who do not. If a doctor's name appears on the list of doctors in that county who perform or refer for abortions, the letter tells him that if he wants to continue being their family doctor, they insist that he place his name in the local newspaper with a growing list of other doctors in the town or county who are publicly claiming they will no longer perform or refer for abortions. The power of this plan is that only doctors may legally perform abortions, and that most family practice doctors would lose much more than they would gain financially by not complying with such a demand.

1.2. The plan calls for pastors on a given Sunday to pass out the back-to-back letter to all people in their congregations and urge them to send the letter to their family doctor in the following two weeks (or go personally and read it to him), and to follow up with a phone call asking for his decision.

1.3 One person must see that the list of abortion doctors is obtained and that arrangements are made for a jointly funded newspaper ad.

2. Regular publications and seminars that teach Christians how to be proper stewards of their bodies should be promoted at regional and local areas. Christians need better health to have more energy, tolerate more stress, become depressed less often, and be more creative than our non-Christian counterparts for the advancement of God's Kingdom. Specific topics that should be addressed include weight loss, nutrition, exercise, sabbath-breaking, sleep, recreation, tranquilizers, alcohol, caffeine and other stimulants, tobacco, bulimia, lack of forgiveness, lack of personal integrity, and disobedience to God's laws 7. in general.

3. The economics of medicine must be re-structured according to Biblical economic principles in which the patient is responsible for the payment of medical care for himself and his family. This plan would eventually eliminate all levels of civil government from medical payments except for those problems that result directly from public or military service. Extreme care should be taken to make this transition with as little disruption to good medical care as possible. Physicians are called upon to be more cost conscious and to seek to create less costly alternatives to present practices without significantly changing their standard of care.

4. A formal dialogue should be established among Christian health-care professionals in which Christians who use God's supernatural power to bring about miraculous healings and the casting out of demons related to physical illness can discuss this issue peacefully with those Christians who do not use these means or who believe they are not valid.

5. A coordinated, national warning needs to go out to all Christians about the spiritual and physical dangers of participating as either doctors or patients in psychic, New Age medicine.

6. A group of traditional doctors needs to dialogue together with non-traditional practitioners to examine the credibility of such non-traditional health-care methods and treatments as chiropractic, combining

diets, herbal cures, laetrile, and colonics, so that these treatments may be examined first-hand to determine their scientific medical value.

7. The national and regional cochairmen of the medical sphere of The Coalition on Revival should plan seminars to teach these Affirmations and Denials and the thoughts upon which they are based at the regional and local levels.

8. Letters-to-the-editor in medical publications are a simple method of expressing one's ideas to a national audience. A very high percentage of these are published when they are reasonably written. Such letters are more likely to be published if they are not explicitly Biblical, even though they may be quite conservative in their content.

9. Attempts must be made to teach Christians who are psychiatrists where their "therapy" fails to conform to the Bible. This effort may be made on a personal basis, through seminars, or in publications. The COR Affirmations and Denials for Psychology and Counseling contain these basics and could be used in this manner.

10. Private practitioners should consider "donating" 10 percent of their time to the care of indigent patients, if they are not already doing so.

11. Opportunities must be sought to demonstrate that medical ethics are not discerned without a discussion of values, and that on that basis, the Bible is more concrete with a stronger tradition and larger following than any other source of values.

12. Those health-care workers who believe that they have the gift of discernment must somehow find time to study more, to write and speak, and to consider attending seminary or being disciplined by someone who is more mature in the faith, in order to expand their influence among other Christians. This need may be the most critical to the transformation of medicine toward the Biblical ideal.

13. Publications, such as journals and newsletters, must be begun on a national level in which serious Biblical

arguments concerning medical practice can be presented and readers can respond. Groups involved in this area should dialogue with each other and, where there is significant agreement, combine resources or in other ways support what the others are doing.

14. Some Christians will need to decrease their patient loads and/or working hours to become more balanced in all the responsibilities to which God calls us. One's spouse is the best person to judge whether this situation exists.

15. Efforts at the state level must be made to repeal the laws that allow minor teenage women to have abortions, to be treated without parental consent for sexually transmitted diseases, and to have contraceptives prescribed. In the meantime, Christian health-care workers can (with the kindness and mercy of Jesus Christ) refuse to treat these women in this way.

16. Every opportunity must be taken to oppose the "right to die" (including suicide), living wills, and euthanasia before greater momentum can be generated for the legislation of these concepts into law.

17. Physicians should restrict their prescriptions to drugs that are clearly effective. In particular, the use of minor tranquilizers and psychotropic drugs must be reduced, and in many cases eliminated, when they are prescribed primarily to reduce stress instead of to solve underlying problems.

18. Christian medical organizations and institutions such as Oral Roberts University and the Christian Medical Society should make a concerted effort to study these Affirmations and Denials to determine where they stand in regard to them in their practice and teaching.

19. "Alternative" sexual practices, both homosexual and heterosexual, as a moral choice between "consenting adults," must be opposed at every level. They should not be condoned by psychiatrists and others in medicine as if they did not have serious physical and spiritual consequences. Divorce, as a solution to any problem other than adultery and desertion, must never be presented as an option for believers or unbelievers in "psychotherapy" or any other type of counseling by

health-care workers.

20. Physicians should exercise their special opportunity to evangelize their patients, because salvation is the most pressing need for their health.

21. In addition, simple-to-understand pamphlets need to be written to explain how bodily symptoms can be manifestations of spiritual problems, thus directing patients to Biblical solutions: first salvation, then obedience.