Ethics and the Medical Model of Disease

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What is disease? After providing a few synonyms, a medical dictionary makes a stab at a definition: "... an interruption or perversion of function of any of the organs; an acquired morbid change in any tissue of an organism, or throughout an organism, with characteristic symptoms caused by specific micro-organismal alterations."[1]

In medical school our teachers, on the rare occasions they addressed so basic an issue (why waste time on the obvious?), were more freewheeling, defining disease as "dis-ease, that is, that which makes our patients lose their ease." None of us challenged this ridiculously broad-based definition which includes such diverse things as: bronchitis, an overdue bill, a missing child, an argument, or inappropriate attire at a party.

Though no one would call all of these things disease, it is strange what things do now wear the label "disease". This article will propose that the medical profession has grossly overextended its definition of disease in order to apply a medical model of intervention where other sorts of intervention should be preeminent. Further, it will be maintained that most ethical issues related to a disease cannot be decided if the problem is, in fact, not properly considered to be a disease. That is, problems which are not disease, or not primarily disease, cannot be solved by medical ministrations. Instead, such problems are usually complicated by applying a medical diagnosis and treatment. Clear understanding of the ethical principles is hindered, costs rise, and boundaries of proper authority are confused.

The "Medical Model"

The so-called medical model of intervention presumes that some organ, tissue or function of the body is abnormal and the cause of the patient's complaint. The duty of medicine is to find the cause and, if possible, remedy it. The first step is to discover the source of the disorder, to give it a name - a "diagnosis". The diagnosis implies a prediction of the expected or usual course - "prognosis". If the prognosis is not satisfactory, therapy may be available to correct the ailment. Physicians have long noted that the cause of the patient's complaint may not lie in an organ, tissue or function of the *body*, but in the psyche or in the patient's social, vocational, economic, marital, or even political milieu.

What is different in recent years is that these non-somatic problems are treated as if they *were* the disease. Medicine now offers, for example, "family therapy", not to help families deal with an organically ill member, but to deal with families which aren't getting along well together for any reason. The family relationship itself is perceived as somehow "sick" and in need of "therapy". Though sickness is often used as a metaphor by other disciplines2 (the economy is "sick"), medicine has begun to act literally on metaphorical illness.[3]

Fifteen years ago Dr. Goldman asked whether medicine belonged beyond the boundaries of organic disease .4 His answer was, generally, no.5 Without the ability to physically observe a lesion or physiological malfunction in the body, we are on very shaky ground to call something a disease and treat it as such. For example, Dr. Goldman pointed out that schizophrenia "was not independently verifiable beyond what the patient said and how he behaved."6 Logic is lacking when we use the same features which define a disease to justify its status as a disease. How do we know if someone is schizophrenic? Because of the way he behaves. Why does he behave that way? Because he is schizophrenic. Despite many tantalizing leads and considerable searching, no organic lesion has yet been identified in

schizophrenia. Essentially, a person is mentally ill if physicians say so. There are real dangers in such unverifiable groupthink opinions, to which a fair number "patients" in Soviet psychiatric hospitals can testify.

Closer to home, a person is adjudged to be anxious or depressed by observing his behavior and listening as he testifies of his internal psychic state. While it is legitimate to accept such testimony and observations as definitional of "anxiety" or "depression" it is presumptuous to assert that one's theory attains an understanding of such complaints. It is also presumptuous to maintain that medical treatment is *the* proper way to help anxiety or depression. Few younger physicians can conceive of anxiety and depression in any other way than as problems requiring medical treatment. Bodily therapies, usually in the form of ingested chemicals, form the backbone of the treatment.7

Disease Distinguished From Illness

Some physicians use the existence of the synonyms "disease" and "illness" to draw a distinction between the patient's experience (the illness) and the defining features used by physicians (the disease). McWhinney describes illness as:

> "all the sensations of the patient and all the ramifications of his disorder. It includes his symptoms, his disabilities and discomforts, his defenses and supports, his weaknesses, his attitudes to his condition and to the physician, and the effect of the disorder on his relationships and his work. A disease is a theoretical construct that we use to explain something about the patient's illness."

Physicians largely ignore the "theoretical construct" nature of disease. Diseases are now regarded as objective realities "out there" in the patient, to be dealt with in a medical model. At the same time, all the significant features of illness as listed above by McWhinney, if they are dealt with at all by physicians, are usually arrayed in schema developed originally for the natural sciences but inappropriately adopted in the last century by psychology. Actually, a person's spirit, not his body, is the ultimate locus of his defense, supports, attitudes, etc. The body is involved as a mediate cause of these qualities. The natural sciences are unable to shed any light into this inner, non-material aspect of human beings.

The adoption by psychology of this natural science model was a mistake. It led to use of a medical model by psychology in the therapeutic applications of its doctrines. Psychology is better conceived as a religious model. When psychology is perceived as a religion its essential competition to Christianity becomes more evident. Authority granted by the state to practice psychology would be recognized as actions in favor of a particular religion, and probably would be curtailed. Money expended on psychotherapy for psychological "disease" would then be more accurately comprehended as offerings for the priesthood of the alternate religion. If psychologists flattered physicians by adopting a medical facade of disease existing in behavior patterns or in the psyche, with diagnosis and treatment needed, physicians have returned the compliment. Medicine accepts psychology and psychiatry as the relevant disciplines to which most nonorganic patient problems in living should be referred.

Definition of Disease Is Expanding

Some physicians operate by a pragmatic definition of disease - they believe they can recognize disease even if they cannot define it. This pragmatism has led medicine into some ethical difficulties from which there will be no release until the pragmatic definition is surrendered. Physicians have always had to deal with people trying to avoid work, with liars, criminals, gamblers, abusers of wives and children, and with children failing in school. Only in recent decades, however, have physicians begun dealing with these problems in living by *medical* means. No longer are these problems considered *hindrances* to diagnosis and treatment of other, physical, problems the person might have, they are now made into diseases and become the *objects* of treatment.

Pragmatism is a deep philosophical pit to be avoided. It has become routine, for example, to find medical

personnel who regard corporal punishment of children, per se, as child abuse and hence in need of (state-coerced) "therapy." It is inefficient to point out to such medical pragmatists the poor practical consequences of failure to corporally punish children, even if they will let themselves see it. Remaining pragmatists they will only leap to another myopically-viewed consequence-driven theory. They can even hop to the use of high voltage cattle prods to alter children's behavior because "it works". Their pragmatism itself must be challenged from Scripture.

Medicine's expanded warehouse contains many new items, including some which are "industrial strength" and command much interest in medical ethics as well as large proportions of our expenditures for "medical care." Though the history of Obstetrics is fairly long, the number of aspects of human reproduction now under its purview is enormous. It is as if all pregnancies have necessarily become diseases because medical problems do issue from some of them. Contraception has fallen almost entirely into the hands of the medical profession because we are supposed to know enough about reproductive function to interdict conception. By virtue of the fact that it has become a common part of medical practice, fertility control is managed in most respects as a disease. It is listed in the patient's "Problem list", medicines are prescribed or surgery done, and "medical" insurance generally pays for the service.

Partly because of the physician's legitimate involvement in infertility, virtually all questions regarding sexuality in our culture are deferred to physicians, even those which concern sexual behavior rather than bodily pathology. Most of these questions have substantial moral import. The disease liability of pregnancy thus has extended our scope into a realm which is more troubled by moral concerns than by organic ones, and for which nothing in our natural science training equips us.

Alcoholism has long since passed into the category of disease. The U.S. Supreme Court's atavistic 1988 decision to the contrary cannot be expected to reverse the trend. Drug abuse is considered a medical diagnosis and the medical model of disease is applied to it. Homosexuality languished in the category of disease, where it never belonged, until the 1970's when the American Psychiatric Association pulled it into the "alternate lifestyle" lifeboat, where it still doesn't belong.

Psychiatry

For decades Psychiatry has been building an ark to which all human problems in living are being brought, lest they be judged as sin. The gross tonnage of Psychiatry's payload of sin might be the reason that Psychiatry is one of the few medical specialties in which there is a real shortage of physicians. Next to anxiety and depression, the most numerous feathers on Psychiatry's coup stick represent the "addictions". A quantum leap has moved addictions into an orbit above ordinary diseases. Though ordinary diseases are usually thought to be innocently contracted, they can include an element of culpability on the part of the afflicted. "If you had been wearing your seat belt, you wouldn't have this cut on your forehead." "If you weren't 75 pounds overweight, your knees wouldn't hurt so much.

Addiction, however, flies above such weather. The word oozes non-responsibility, at least in its diagnostic uses. Medical treatments for addictions proceed far beyond legitimate intervention in the physical consequences of drug abuse. Lip service is still given to the concept of responsibility, although usually in an environment created specifically to eliminate it. Hospital psychiatric units are often plush retreats from family and work responsibilities, paid for by insurance or taxpayers. "Three squares" a day, a bed, a pool table, books and "passes" into the community make life more than bearable. You will be asked to discuss your problems with other patients in sessions called group therapy. In some mystical way people who are individually unwilling to cease their habits enable each other to do so if they are thus grouped together in an atmosphere which has reduced their responsibility.

Dictionaries haven't kept pace with the changed meaning of "addiction". They refer to addictions as mere "habits." Even Cub Scouts now know better. Habits can be deliberately created or broken, by acts of the will. The medical model of disease renders the human will posse'. We now imagine addictions to be central nervous system engrams, abnormally strong neuro-chemical bonds which amount to lesions in the brain, so

powerfully influencing behavior that those afflicted with an addiction are not to be held entirely responsible for the development of the habit or for breaking it.

Those who examine the human brain have never seen a "will" in it. Like the early Russian cosmonauts who failed to see God in space, medicine finds no will in human brains and concludes that there is none. Our logic runs thusly: Major premise - Natural science must deal only with measurable physical phenomena. Minor premise the will is neither matter nor physical energy. Two improper conclusions are usually inserted. One is - "the will doesn't exist or is a mere epiphenomenon." B.F. Skinner worked out the horrible details of this erroneous conclusion and pronounced them good. The other, more common improper conclusion is - medicine is natural science and must not concern itself with the will. The proper conclusion is that natural science must not make any pronouncements about the will. It cannot be proven too weak to break "addictions", nor can it be exculpated in understanding their origin.

One does not have to deny that neuro-chemical bonds or pathways are present in people with those strong and damaging habits medicine has taken to calling addictions. Neither does one have to deny that some people inherit certain genes which allow certain bonds to form in them more easily. It is necessary, though, to deny that such representation of habits in the physical body are causal of habits and inescapable through willful resistance. If neuro-chemical bonds are not willfully formed, that is, formed by repetitions of thoughts and/or actions, then no one is responsible for them. They are not sins. If they are not sins, then the Bible is in error for noting that they are. For example, though drinking alcohol is not condemned to scripture, drunkenness clearly is. Though the habit of drinking to the point of drunkenness may be very difficult to break, it is possible, and humans are responsible to do so.

For further example, some therapists are now beginning to speak of "sexual addictions". Some "sexually addicted" people commit sexual offenses against others. The concept of addiction has potent forensic implications at this point. If the offender is to be dealt with as a person with a presumptive CNS biochemical lesion which has overpowered his behavior, then he needs effective therapy as soon as some such is available, and isolation from potential victims meanwhile, but no civil condemnation such as the Bible specifies. If, though, the person was not "overpowered" but had control, then he requires judgment and penalty by appropriate human authority. At such a point the definition of "addiction" becomes a matter of physical life or death.

Even more serious, we can now read of "religious addictions." To be a Christian can thus mean to have pathology.

Post-traumatic stress disorder is another example of medicine's psychiatric growth industry. With this disorder you frequently relive or dream about a stressful event, you may feel estranged from other people, you may startle easily, and you may no longer enjoy things which you once enjoyed. You may feel guilty about the way you behaved during the stressful event. The stressful event can be anything from an earthquake to a business loss and the onset can be immediate or delayed by years.

If anyone escapes classification into post-traumatic stress disorder, there is "somatization disorder". For this, among other criteria, you must begin at it under 30, be "sickly", complain of at least 14 symptoms from a list of 37 (less if you are a man), and have no discernible physical reason for the symptoms. The symptoms include such things as muscle weakness, deafness, double vision, trouble swallowing, nausea, abdominal pain, bloating, diarrhea, painful menstruation, joint pain, dizziness, etc. Be careful if you have experienced these. Do not report them to your physician. If he is unable to discern a physical reason for the symptoms (which could be his failure) you may be afflicted with the somatization disorder.

Is Disease a Choice?

While the subset of diseases now known as "addictions" would be more correctly be termed habits of choice, some Christians make all diseases into a choice. For example, Kenneth Copeland testifies:

"I have accepted Calvary as the Sacrifice that paid the

price for my total redemption --from sin, sickness, poverty, and death. I believe that, and I stand on it. I have certain rights, called righteousness, in the Kingdom of God, and one of these is the right to a healthy body. Jesus has provided it for me and I take hold of it with my faith.[11]

The context of Copeland's writing makes it plain that he believes that physical healing is a right for Christians now, not in some future state of glory. Mr. Copeland's wife advises Christians to deny the validity of bodily signs and symptoms in their quest for relief from sickness.[12] The results are "guaranteed." The Copelands are seconded in this belief by R. Gordon White, who advises us regarding sickness, "Do quit accepting something God never made or sent."[13] Dr. Lillian Youmans agrees that "you simply turn off the healing power when you let symptoms and feelings make you doubt that you were healed."[14] Such advice is to disease as the prosperity gospel is to money. Neither is consistent with Scripture.

It is true that many of the diseases which afflict America are the consequences of incorrect choices. It is not true that all diseases are. An overview of the origin of disease is helpful in understanding the distinction. The sin of Adam and Eve in the Garden of Eden is the ultimate reason that death came upon all of life (Rom. 5:12, Gen. 2:16,17, 3:19). By reasonable extension, disease came as a precursor of death. God pronounced creation "good" (Gen. 1:31), i.e., perfect, though incomplete and awaiting development through the unfolding of His creation mandate.

The damage at sin's inception was profound. No backwater of the universe and no cranny of the human body was spared the curse. Not only was the curse cosmic in extent, it is woven into the very design of nature now. Death is a feature now designed in, as witness fangs, claws, poisons, and whole ecosystems built upon death. It is normal. It is an error rooted in evolutionary dogma to base an understanding of disease only upon the fact that it is now normal, however. Doing so will lead to becoming friendly with death or disease at some points. Since the curse, disease and death are statistically "normal", but both are very abnormal states compared to God's original design.15 Disease and death are "natural" now only in that they are a part of God's redesign of nature after the fall of mankind. We are now designed to live an average 70-80 year lifespan, and to be subject to various ills meanwhile. These limitations are a curse upon us, not a blessing.

For each individual, therefore, disease is our share in the curse pronounced upon our race in Eden by God. Those who are ill did not necessarily choose a lifestyle or specific action which led to disease. Instead their susceptibility to disease may be a consequence of Adam's mis-choice and their particular disease according to God's sovereignty. Some diseases are our lot as a result of specific sins we have committed. We can sometimes discern the connection between the sin and the disease. Emphysema and cirrhosis, for example, often are traceable to an individual's acts. Failure to make the distinction between diseases we "innocently" contract and those we culpably contract, leads us to one of two errors. We either, as the health and prosperity gospel teaches, feel personally responsible for every disease we suffer or we accept no responsibility for diseases we had a hand in bringing on ourselves. Disease is not a choice. It is a consequence either of our own choices or of Adam's.

Eugenics and the Medical Model

Evolutionary dogma, which is the dominant natural science basis for medical practice today, treats disease and death as enemies for the individual in a species, but as beneficial or neutral for a species as a whole. Disease and death cull out of a population those members who are less fitted to their environment, removing their genes from the reproductive pool. The species as a whole is therefore strengthened, so the argument goes, though the individual suffered. For the race as a whole, therefore, disease and death may be perceived by evolutionists as beneficial.

Without other restraints, an evolutionist might countenance arguments not to resist death in some cases because it is beneficial for the physical survival of the whole. An example of this thinking in medicine includes not treating the mentally retarded because they will simply survive to breed other retardates.

Evolutionary thinking which holds that humans have evolved to the point that we can and should take hold of evolution and direct it is even more dangerous. From such thinking comes systematic breeding or extermination, depending upon what "diseases" one might be said to have. People who persistently believe in angels and a personal devil might be delusional enough to have their fertility discouraged, for example.

Motivation to push contraception among the "poor and disadvantaged" among us often proceeds more from a desire to limit the numbers of the underclass and (thus protect our privilege) than from compassion for the poor. How often I have heard a physician defend prescription of oral contraceptives to the unmarried poor by reference to his personal tax payments. Likewise, it is probable that anonymous sperm donors consider their contributions as eugenically superior.

Those favoring euthanasia defend it most often as a "kindness" to relieve suffering. Their reasoning is: "They shoot horses, don't they?" The implication is that humans aren't less than horses, and deserve as much mercy. Evolutionists, however, have trouble seeing how much *more* than horses humans are. God has made us explicitly accountable to Himself for human life. We are forbidden to take life as an act of "mercy." We relate to Him somewhat as animals relate to us. Just as *He* may relieve our disease by taking us out of this life, so may we do with animals but not with one another.

The Bible makes it plain that death is an enemy both for the human race as a whole and for individuals. For the Christian, the sting of death has been removed, (I Cor. 15:55) but this last enemy must be faced (Heb. 9:27). Again by extension from death, disease is also an enemy. Death and disease are temporary in their reign (Rev. 22:2,3; Rev. 21:4; I Cor. 15:42-49). Disease should be resisted like any enemy. Neither disease nor death may be categorized as simply a "part of life," to be passively accepted. That is a lie. They are the antithesis of life. They are part of a curse upon mankind, with merciful provision being made by God in the form of medicine. Disease is an intruder upon life's original design. Our resistance may be by prevention, by cure, by amelioration or adaptions to a disability to preserve some function. By resisting we demonstrate physical compassion, we demonstrate God's provision for our spiritually and physically fallen state, and we demonstrate obedience as stewards of our physical life and service for Him.

Appropriate Use of Medical Model Has Limits

Since all disease has a spiritual cause, either in Eden or in particular sins, the final remedy is spiritual. We cannot overturn God's curse with material means. Flesh and blood cannot be so medically preserved or protected as to admit us without dying into heaven. Our stewardship is, therefore, not a simple matter of "doing everything" possible in every situation (I Cor. 15:50-57).

There are two instances in which the impotence and illegitimacy of using material means to defeat disease must be recognized. One is when it is poor stewardship to prop up the failing body - when it is time to go and be with Him, receiving a spiritual body impervious to death and disease. Ecclesiastes 12 provides a graphic picture of the body broken by the ravages of time and illness, "days of trouble" in which curative treatment is usually vain. The other instance is when a person unrepentantly persists in a sinful behavior which leads to disease. Stewardship is again involved. If you pull your neighbor out of the ditch and he repeatedly jumps back in, you may eventually find it a better use of your resources to pull out others who will not continue to jump in. It may be kinder to allow the person to remain under the tutelage of his disease than to remove him from the classroom.

In both categories we deny Romans 6:23 if we persist in efforts to cure. We are sometimes trying to use technology to attain the kingdom of God for our patients, just as Adam and Eve used technology of their own design to try to cover their sin. God did not provide medicine as a means for us to obtain eternal life. *He* provides that. Ultimately, only God's provision will suffice. He will provide a new body after death for those who are His and He will provide either discipline unto salvation or judgment unto eternal death for those who persist in sin. Medicine can ameliorate the effects of God's curse on our body for a time, but it cannot *remove* it.

Submission to disease and death in some circumstances is not making a friend of death. Neither is it a means whereby we may seek to purify our race by absenting ourselves and our defective genes from it. It is, rather, refusing to make an idol of physical health. Careful consideration of what is proper stewardship of medical care and one's body will often require the counsel of church elders. Few physicians are oriented toward stewardship at this level. We are tied up in stewardship of our tax dollars, our hospital privileges, our practices. The elders should consider their responsibility to teach and prepare members to make decisions about disease and treatment it is preventive counsel. Waiting until a family has a member in extremis hinders clear decisions.

Normalcy Substitutes for Design

It would be nice if the medical profession could discern what the post-Eden redesign of our bodies is, and how physically or functionally a diseased person deviates from that design. Since we don't know what the new design is, though, we must resort to a statistical norm to define disease. Deviation from a statistical norm, unfortunately, is a deficient way to define disease, if it is understood that our whole race is abnormal due to the curse of disease and death passed upon us. By statistics we compare bent things to bent, trying to determine just how much "bentness" is health.

Our culture erroneously equates "normal" (meaning many people have it or do it) with acceptable. The advice columnist enlightens us regarding, for example, masturbation: " . . . all you need to know about masturbation is: It is normal. Every healthy normal person has masturbated. Now I tell you what it is not: It's not depraved, a crime or harmful to your health . . ."[16] I doubt the columnist would make the same assertions regarding, say, gossip, which is equally "normal," but have no idea of a basis upon which she would make a distinction between the two, since both are "normal." Neither, however, is morally good. Evidence, therefore, of normalcy fails to support her point about whether or not it is "depraved." The medical profession participates in this sort of thinking, which, in the case of masturbation, teaches that it is "normal", natural, and tension-relieving . . . a *necessary* developmental precursor of adult sexuality [emphasis supplied]."[17] An Indiana physician assures us that mutual masturbation by teens is guilt-free, avoids pregnancy, is "normal" and fun.[18]

An example of discerning disease from design can be seen in the structure of the human lungs. The tensile strength, compliance and vascularity of the lungs suggest certain design limits upon their function. We cannot know for sure the details of the pre-fall or post-fall design for lungs, but we exercise some understanding of a design when we set the volume and pressure limits on a mechanical ventilator. In consideration of AIDS, a few Christian physicians have noted that the design of the vagina makes it much less vulnerable to trauma and invasion of germs than does the rectum.

For many things, however, it seems that we are stuck with the deficiency of defining "healthy" by means of statistical norms. An adult North American male who is four feet eleven inches tall is considered abnormal, but is he diseased or is he merely toward the tail end of a normal distribution curve? If a deficiency in growth hormone levels can be shown perhaps we have a disease deserving of treatment.[19] It would be better if we had some rational basis for knowing what the range of our "design height" is, though that seems unattainable. So much is determined by what is culturally desirable. Medically, we can easily engage in the equivalent of high tech tattooing altering our bodies permanently to fit cultural norms. Being taller is generally preferable in the U.S. It may not be any healthier. Christian plastic surgeons might help us by working out the ethics of cosmetic surgery.

Wrinkles and sagging breasts are undesirable in a culture which worships youth. Medicine has a perennial discussion regarding a proper view of aging - whether certain age-related changes are disease or "normal." A distinction between "normal" aging and disease is spurious. Deterioration was not in the original nor in that to come (II Cor. 4:16). Adverse physical changes of aging are a part of the curse and properly considered diseases, though for most of them we are unable to do very much. A more fruitful approach to aging and chronic disease than focusing on the disease aspect of it

has been outlined by Mold, who proposes goal-oriented medical care rather than disease oriented care.[20]

Disease Must Include Consideration of the Spirit

The medical profession depends upon its natural science basis for its expertise in defining diseases. It must require, if not proof, at least substantial evidence of physical disease. Medical practitioners, however, make a great mistake in relying only upon natural science for the *treatment* of disease. It is an unwise practitioner who limits himself to the material aspect of his patients. The material and the nonmaterial aspects are intimately related. Physicians must go beyond natural science to treat people.

Natural science forms only a part of the basis from which physicians must operate. Although our calling is to minister to the needs of people as felt in the machinery of their bodies, we dare not be body mechanics only. To assume that our concerns end with the physical manifestations or determinants of disease is tantamount to placing a wall of separation between the body and spirit. Whereas spiritual counselors are quick to consider referral to a physician to rule out physical contributions to a problem, physicians are much less quick to consider spiritual contributions. We need to develop an interest in our patients as beings whose spirits are in charge of habits, of compliance, and of other aspects related to physical complaints.

When we venture beyond our natural science basis in problem-solving we should avoid the nosology and methodology offered to us by psychology. Underneath a patina of Biblical phraseology even Christian psychologists almost invariably utilize godless theories and Biblically-wrong practices.21 As artisans, physicians must connect the patient's spirit to his/her problem, recalling all the while that we have no necessary expertise or authority in spiritual matters (unless we are ordained or working under ordinational authority and working with our own flock). We may need the help of those who are knowledgeable in scripture to discern when an illness has a spiritual root. It is not un-medical to urge patients either to access the spiritual authority under which they live or to place themselves under one if they have none.

Conclusions

A number of practical implications follow from considering the definition of disease, even if a final definition is elusive. We should be careful about referring to non-disease as disease except in clearly metaphorical use. We should resist use of a medical model for that which is not organic disease. Physical techniques are wrong when applied to spiritual problems. As stewards of Christ, we should resist disease where it is possible, and we should encourage our patients to do likewise. However, we should not resist disease at any cost. We are stewards not only of our own bodies but also of our gifts and talents. That fact may require that we allocate less than all available resources to physical health. In doing so we recognize that the curse of disease and death is still upon our flesh. Not until we are given a new, spiritual body will we or our patients be disease-free.

As we point patients away from their conceptions that all their bad feelings are from disease, we can show instead how spiritual problems lead to bad feelings. In refusing the priestly function with which patients want to invest us, we can point them to our high priest, Jesus Christ. Christian patients who present to us a spiritual problem for unction by the medical model attempt thereby to make us priests. We can go only a certain distance with them. After making the distinction between spiritual problems in living and organic disease clear and perhaps outlining a basic step or two in a spiritual approach, we must remand them to their Church. For the numerous pastors unaccustomed to physicians who refuse to medicalize the non-medical, we may need to help them escape inappropriate use of the medical model.

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