



HEALTH-CARE ETHICS

A Comprehensive Christian Resource

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Introduction

On some matters of social ethics Christians are able to provide a precise understanding of the issues based on Scripture and/or community tradition, but this is not always true when new concerns arise. In particular, with issues in bioethics, specific scriptural direction is not always to be found in the Text.¹ This is further complicated for believers when needing to “get along” with those of the world in a particular setting (that is, with those who are not Christians but fellow residents of morally complex communities). Still, for the evangelical, *bioethics* is a subset of moral living, one that can be interpreted with biblically described virtues and vices.

Sometimes believers become vulnerable to moral carelessness and want the quickest moral answer in order to either work with or conflict with those of the world. When a clear path for moral action is not readily discovered, believers may abandon Christian values because of uncertainty about application, favoring some clearer position based on supposedly more fundamental “human” principles, or social convention. At best, this is done under the assumption that standards are established by general revelation or natural law. At worst, there is an appropriation of the world’s standards without serious consideration of Christian values.

It is equally problematic when some believers use simplistic rules, sometimes called a cookie-cutter approach, by imposing preexisting Christian moral categories or rules in circumstances for which they do not apply and on people for whom such categories make little or no sense. At best, this allows a

¹Verhey notes: “There is, for one thing, the *silence* of Scripture about bioethics. Scripture simply does not speak of the new powers of medicine or the new moral problems that they pose. . . . The Bible simply does not answer many of the questions that new medical powers have forced us to ask. The authors of the Scripture, even the most visionary of them, never dreamt of these new powers, and it is folly to ‘search the Scriptures’ looking for them” (Allen Verhey, *Reading the Bible in the Strange World of Medicine* [Grand Rapids: Eerdmans, 2003], p. 35).

Verhey is correct in a specific sense and to this extent, the Scripture is silent directly; but, as noted in the body of this chapter, the epistemological expectations of evangelicals require that the Text be used in defining, even if only analogically, core moral issues. Verhey would likely agree, at least to some extent.

quick response at moments of crises. At worst, it eliminates needed careful analysis in emerging fields of ethics.

Believers must acknowledge that when new circumstances call for new moral considerations, they must base their final decisions on and live their lives in light of the relationship they have with God through Jesus Christ, yet with the hope that various points may be found for common action with those of the world. The Christian, in seeking the eternal good (true virtue), may be satisfied to some degree when proximate goods are obtained or earthly moral ends are met while cooperating with those of the world. The virtuosity of the Christian life should not be any different now than in the past, though the specific expressions may vary with circumstances and values of the societies in which they live.

The purpose of this work, then, is threefold:

1. To provide believers with Christian models for making decisions in bioethics and shaping behavior in life sciences and health care.
2. To assist Christians in finding language that can be used with those of the world in reaching agreement on common, proximate moral concerns.
3. To help those of the world to understand Christian, specifically evangelical Christian, morality.

The chapters of this work are arranged in a pattern not unlike the Sunday morning sermon that is addressing a specific community concern, so that

- core Christian moral understandings are drawn from Scripture;
- an evangelical Christian interpretation of a current bioethical concern is offered in light of that core understanding;
- a “translation” of this Christian position into language usable by Christians operating in the arenas of the world, and by those of the world who have to engage evangelical believers, is provided.

The first task of Christian bioethics is *not* to enter into extensive ethical discussions with those of the world, but to determine from within the Christian community what relationships define, which virtues inform, and what principles guide any moral analysis. Then the believer may draw conclusions consistent with the Christian faith regarding moral matters of health care and the life sciences. The believer can then translate those conclusions for the world for the purpose of cooperating in non-Christian settings.

Among evangelical Christians, the primary source of moral analysis and

conversation is not, as might be expected by academics—the scholarly study of Barth, or Ramsey, or Schaeffer, or even Calvin or Wesley. Generally, these are not nearly as important to evangelicals as C. S. Lewis, Billy Graham, John Stott and even the devotional author Oswald Chambers. Not “pure” academics, but popularizers and pastors provide the basic moral guidance for the community through readily accessible moral analysis. This is not usually done out of intellectual laziness, but because evangelicalism is a movement that emphasizes the simplicity of the message. Protestantism generally, and evangelicalism specifically, is a leveling religion. It is to be expected, then, that the vast majority of moral analysis within the evangelical community occurs not in the classroom or in scholarly papers, but in the congregation listening to a sermon, in the small-group fellowship and between individual believers.

The closest parallel from another religious community is Rabbinic Judaism with the emphasis on Scripture distinctly understood within its own community, past voices being given precedent, but the uniqueness of contemporary concerns requiring renewed dialogue. Finally, after the community and the individual decide how to act, the individuals and community enter into conversation with those outside that community. In comparison, evangelicals are likely to cite a short story or parable of Jesus’ ministry, discuss it with other believers, then draw from it specific commands or inferences for moral guidance.²

Admittedly, some evangelical academics construct their ethical arguments using deductive philosophical approaches. This is usually done on the basis of some principle or two, presumably thought to be found in the Text or based on natural law or general revelation, which then leads to various conclusions. However, the best reading of the Scripture is not in part, but as a whole. If the language of principles is to be used, then multiple principles should be recognized. These, which are more observations of what the story of redemption contains than principles in a philosophical sense, can be drawn together more inductively than deductively, as an expression or working out of the gospel story in the lives of individuals and communities.

Recently, perhaps in rebellion against reductionist deductive approaches, some evangelicals have asserted the need to “contextualize” using sociopsychological arguments. They claim that new understandings have emerged. Such might reasonably be claimed for bioethics, but great care must be taken

²The Jewish parallel is described well in Scott B. Rae and Paul M. Cox, *Bioethics: A Christian Approach in a Pluralistic Age* (Grand Rapids: Eerdmans, 1999), pp. 36–38.

not to assert the need for new examinations in order to justify discarding the old. Aside from the fact that this is demonstrably not consistent with the gospel that uses both the old and the new, it sometimes borders on the edge of hubris even while providing an important critique. The usefulness of such an approach is that it takes into account new issues, such as some of those in bioethics. In addition, the use of contemporary non-Christian language is useful in translating Christian values to the unbelieving world. Still, “contextualizing” is not ethically sufficient reasoning.

In actual practice the primary reasoning method used by most evangelicals is analogical. Each Sunday in virtually every evangelical pulpit, scriptural stories are read, considered in their original context and then applied to contemporary concerns—evangelistic or ethical. There is no reason for those in the evangelical community who are more seriously engaged in ethical analysis not to do the same. With bioethics this is particularly true, given the paucity of direct reference in the Text to bioethical issues and the significant disagreements about such in society at large. This primary reasoning method is not unlike that used with Hassidic storytelling or even some of Aesop’s and Philo’s allegories. It should come as no surprise given the approach of Christ and, in particular, his use of narrative.

The story of Jesus as the Christ uniquely explains the fundamental relationship between God and humanity, and how that relationship should come to define all other relationships. These cannot be reduced to specific worship patterns, doctrinal proclamations or ethical injunctions, but can be expressed in them. As is sometimes said among evangelicals, one does not so much make the Christ story a part of one’s life as make one’s life a part of the Christ story. As such, to the believer, this true story is uniquely authoritative.

The core doctrines, the worship and the morality of Christianity center on the salvation narrative. The most important creed, the Nicene Creed, is a distilled telling of the offering of Jesus Christ. When recited with “I believe . . .” or “We believe . . .,” it becomes more than a statement of historical fact, but a statement of the source of the believer’s salvation. Similarly, the central rituals of Christianity are retellings of the life of Jesus Christ with the believer inserted into the story as a participant. Likewise, Christian ethics are, or should be, an adaptation of one’s life to the story by acting in conformance to the life of the Lord.

Analogically, the church is like a guild to which one is drawn, and in which a convert is apprenticed in the doctrinal beliefs, the morality and the worship

practices of the faith relationship. Or the convert is like an adopted child who learns the grammar of morality, the pattern of worship and the lessons of doctrine of his or her spiritual family. Or the convert is like an immigrant immersed in a new national culture, adopting with fervor the values of the new homeland that she or he had admired from afar. Or using an analogy pertinent in bioethics, the believer is like a physician who needs an internship and residence under the supervision of a more experienced practitioner to develop skills in moral diagnosis and treatment. These are only similes, metaphors and analogues for the actual process of living within *the* faith relationship.

As a simple practicality, then, Christian ethics can genuinely be expressed only from within the community of faith and, then, directed toward the world. Therefore, it is incumbent on believers, as part of the faith community, to be as informed as possible about issues they may need to address. In the West at the end of modernity, this certainly includes the arena of bioethics. Believers, then, need models that are coherent with Scripture and in accord with appropriate traditional interpretations of Scripture while being informed (but not governed) by information that is accessible to both the faithful and those of the world (i.e., “facts” of history, sociology, psychology, the natural sciences, etc.).

Using the Scripture in this way, Christians acknowledge the final inadequacy of moral constructs based on anything but Jesus Christ. What he said and what he did is the foundation of truly right and good moral action. This means that while important matters—for instance, cost, individual rights, aversion to pain and so on—may be properly taken into account, they cannot be allowed moral preeminence within the community of faith. Rather, individual believers involved in bioethical analysis—and this means everyone from family members making decisions for themselves and their loved ones, to researchers studying genetic modification of nonhuman organisms, to practitioners determining which technologies might serve both the needs of the patient and the treatment funder—must recognize that their decisions are not isolated from the community of faith, commitment to Christ and belief that he is Lord. Christianity, after all, is a religion based on relationship: first with God, then with other believers and then with all those who are made in the image of that saving God.

Three levels of analysis correspond to these three levels of relationship and are needed for Christians to engage in contemporary bioethics. Using all three allows one to remain true to the gospel and make positions understandable for constructive exchange with the world.

- Core Christian moral understandings are represented in the stories of the gospel narrative.
- Evangelical Christians can interpret these to obtain guidance about contemporary moral concerns, including those in bioethics.
- “Translation” of Christian positions can be made using the languages of the world, including philosophy and the social sciences.

For the evangelical Christian, relationships with God, other believers and those of the world are interactions of ongoing obligation. The obligations arise out of a categorical duty to God, that is, they are deontological. These relationships are shapers of virtue in that they are the pattern of imitating Christ. And they are actions that will lead to the best ultimate outcome, thus serving the utility of the divine economy.

Any number of persons can use this book, including ministers or teachers for preaching or instructing within the church and Christian laypersons involved in health care. Also, this book can assist nonbelievers to better understand how evangelical Christians tend to think about the morality of health issues. The book is structured with two broad sections. Part one, “The Theological and Ethical Nature of Evangelicals,” includes chapters one through three. The second broad section addresses characteristics of all humans and how those are expressed in bioethical debates. Part two, “Characteristics of Humanity and Bioethical Debates,” includes chapters four through seventeen. To be true to the ethical method, each includes three main sections: “Part One: The Text” considers the biblical passages; “Part Two: Christian Bioethics” makes observations about the Christian life and health care; “Part Three: Christian Bioethics and the World” then applies these observations in non-Christian bioethical settings. Perhaps one could call these observations principles of evangelical ethics, or core values, but the empirical process is more akin to engaging the story of the Text and then determining how it can be lived out.

Each chapter addresses specific bioethical topics. In addressing these topics, the primary purpose is to lay the foundation for approaching the moral concerns rather than to provide final resolution of those concerns. This is contrary to most bioethics works, which focus on particular topics or emphasize cases. These are appropriate approaches, but to understand evangelical morality it is necessary to first understand the ethical operation of the individual believer in the community of the faithful.