

The Church and Bioethics

Turning Local Churches into Centers of Bioethical Dialogue

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Do not merely listen to the word, and so deceive yourselves. Do what it says
(James 1:22)

Netherlands legalizing euthanasia; Princeton University hiring Peter Singer, the eugenicist, to teach that life has only the meaning assigned to it, and that anyone judged defective may be eliminated; and embryonic stem cells opening a pathway to brain repair to help cure Parkinson’s disease. These and other bioethical issues are ripe with ethical dilemmas. They present a small snapshot of what seems to many to be a growing desire by the medical profession to embrace a culture of death, or what a number of doctors and bioethicists call the “new medicine.” Though the philosophy behind the “new medicine” isn’t unique in and of itself, it has experienced an incredible rebirth, especially in the aftermath of World War II.

For centuries the Hippocratic Oath was the standard ideal for medical care throughout Western civilization and the basis for modern-day health care. First birthed by Hippocrates around 400 B.C., the oath emphasized a sacred bond between doctor and patient, doctor and teacher, and doctor and God(s). Believers in the Hippocratic tradition saw the importance of these horizontal and vertical relationships between mankind, and with the divine as a means to properly care for the human patient and value the sanctity of human life. “The starting point of the tradition, first pagan and then baptized into Christian service, lies in its conviction that the physician is a healer” (Cameron, 1991, p. 59) not a destroyer of life.

Following World War II, a reconstruction of Hippocratism began to take shape with the Declaration of Geneva. This post-war medical ethics document watered down the traditional Hippocratic Oath and completely removed the relationship with God. “The act of displacing an oath with a declaration bears powerful witness to the secularizing of the western medical tradition,” declares Dr. Nigel Cameron in his book entitled *The New Medicine*. The Hippocratic Oath is a covenant between doctor, patient and God that is not to be broken or changed, while the Declaration of Geneva “is a series of ethical assertions which invite amendment and revision” (Cameron, 1991, p. 87). The result of replacing the Hippocratic Oath with a declaration that claims strong links to the Hippocratic tradition, but in reality keeps distancing itself from the latter, equates to the replacing of sanctity of human life with quality of human life.

The second half of the 20th Century has borne witness to a major shift in the perception of and response to the human condition. Our technological prowess continues its rapid advance in many areas, opening up new, exciting and challenging prospects.

Many believe science will provide the answers to the world's problems, especially if we allow scientists the flexibility to investigate and discover ways to make life better for society. Advances in medical science have allowed the average American greater longevity, which could be enhanced in the future through medical technology and the discovery of more information about our genetic makeup. For instance, the practice of using fetal stem cells from aborted babies to repair damage from Parkinson's disease, stroke, Huntington's disease and epilepsy is gaining acceptance in both public and private sectors, due to the possible benefits to patients.

Proponents of fetal stem cell research argue that, if medical science has the capability of providing help to a vast number of individuals suffering from debilitating diseases, why not allow more research in areas such as fetal experimentation? Since abortion is legal, shouldn't our nation's best minds be looking at ways to use the aborted fetuses to improve the overall physical and mental health of mankind? This brand of utilitarian ethics, which supports the new medicine philosophy, is becoming very acceptable because many people, especially in the medical community, are convinced that harvesting stem cells from the million plus aborted fetuses per year could improve the health, or in the future completely heal millions of mentally and physically ill men, women and children throughout the world. What should be the Christian worldview or perspective on these life issues? Have Christian medical and non-medical professionals been relegated to a back seat position on these ethical issues? Do we as Christians have any strategy that could penetrate the secular influence that has gained control in our post-Christian nation? What can we do?

If Christians are going to have a "salt and light" impact on the moral and ethical issues of the day, where society welcomes the ideas and solutions presented by born-again, evangelical believers, three major ideas need to be understood and implemented. First, Christian lawyers, educators, ministers, administrators, laymen and doctors must see that medicine has a theological component to it. Second, believers in all professions, especially doctors and nurses, must speak out against the "new medicine" in a radical or dissident manner. Third, to support this ongoing, outspoken approach against the post-Hippocratic Western medical culture, believers need to develop and maintain centers of bioethical dialogue. These centers would act as a catalyst to help educate the Body of Christ on ways to tell the difference between what is right or wrong in medicine, as well as developing an effective network between legal, medical, educational, political and religious institutions to implement what is learned.

Initiating these three goals to restore Christian Hippocratism within our nation will not be an easy task. To confront and educate mainstream professions and institutions that march to a different bioethical drummer, Christians "must nurture an alternative community, a community which is radically countercultural in its values and its testimony" (Kilner, Orr, Shelly, 1998, p.38). In other words, like Hippocrates, Christians must present an effective, alternative professional model that refutes the current new medicine tradition. The Christian community of doctors, lawyers, educators and clergy must boldly and dramatically challenge today's culture of medicine to accept a better way to care for the sick and to respect the sanctity of human life. To accomplish this task, the Christian worldview of medicine must be tied into a theological understanding of who we are: made in the image of God, redeemed by the blood of Jesus Christ, filled with His Holy Spirit, and anxiously awaiting His return. To effectively

debate issues concerning health care, abortion, genetic intervention, or other life issues, “nothing can be more important than to gain our theological bearings to understand what medicine truly means – to peer over the wall, as it were, and see how medicine looks in the eyes of God” (Kilner, Orr, Shelly, 1998, p.38).

It would be fantastic if the media, general medical profession, entertainment industry, and centers of higher education teamed together to truthfully inform and educate our society on moral issues surrounding the medical field, such as abortion, doctor-assisted-suicide, euthanasia, infanticide, genetic intervention, and reproductive technology. Of course, many in these professions have their bias toward a view that doesn't agree with “Therefore choose life, that you and your children may live...” (Deuteronomy 30:19). It is at this juncture in time that the Christian Church needs to expose the injustices of the “new medicine” and reestablish the moral standard that values each human being as a precious soul who needs loving care during life, sickness and death.

Our nation's moral decline is due in part to the Body of Christ's corporate absence from the ethical issues of the day. The Church's unethical behavior in refusing to act as a unified body to stop the shedding of innocent blood needs to be renounced by its members. A new revival in Christian activity needs to be birthed and then propagated in the community. The Church needs to take hold of Paul's exhortation to believers in Corinth:

Therefore, since through God's mercy we have this ministry, we do not lose heart. Rather, we have renounced secret and shameful ways; we do not use deception, nor do we distort the word of God. On the contrary, by setting forth the truth plainly we commend ourselves to every man's conscience in the sight of God (2 Corinthians 4:1,2).

Throughout the centuries God has moved the Christian Church to speak the truth plainly in the realm of medicine, while at the same time providing solutions to the medical needs of people at large. It is time to give that same devotion of Christian conscious and duty in medicine to our nation's present and future generations.

To galvanize the effort to form a radical or dissident Christian counterculture, which will effectively challenge, and someday hopefully replace the new medicine philosophy, centers of ethical dialogue need to be established throughout the country to educate and motivate believers to “...not merely listen to the word, and so deceive yourselves. Do what it says” (James 1:22). Though some of these centers will be actual academic institutions, such as Trinity International University in Deerfield, Illinois, most of them need to be the Christian churches throughout our nation.

There is no other institution on this planet like the Church, where one can find such a spectrum of people, representing every possible profession, meeting locally together throughout our entire nation for a common purpose. Many secular organizations and institutions, which hold to the new medicine philosophy, employ Christian men and women. These born again believers may feel inhibited, ignorant or overwhelmed by the constant secular pressure in their workplace, unable to promote or debate their ethical stands on various issues.

To be effective “salt and light” in the 21st Century, the Body of Christ must develop a collaborative spirit to explore biblical alternatives, so that the Church can be proactive in addressing current and future bioethical issues. If church leadership throughout the United States could be influenced to see the need for sound, Bible-based, bioethical teaching and preaching from the pulpit during Bible studies and Sunday School programs, a bottom up approach in educating and motivating our nation to accept Christian bioethics could be accomplished. Creating an atmosphere of inspired spiritual and intellectual dialogue within the church community will require a consistent flow of pertinent information and ideas on bioethics to Christian doctors, nurses, lawyers, educators, politicians and clergy. These tools and resources for the Body of Christ would aid believers to be better prepared to present a firm Christian perspective, sensibly challenging their secular colleagues on various bioethical situations in the marketplace of ideas. In fact, many individuals who are not medical or legal professionals could find themselves involved in areas of bioethics they never dreamed possible.

The influence that a priest or minister has over his congregation cannot be overemphasized. If a pastor or priestly father is worth his salt, he will be very protective of the people under his spiritual care. Unfortunately, not very many pastors or priests are trained in understanding the myriad of complicated bioethical issues that may affect his or her flock and the relevance of such issues to Scripture. This lack of knowledge and training could act as an obvious barrier to attracting leaders to fully take hold of the vision to use their churches as centers of bioethical dialogue. The lack of bioethical education is only an obstacle that needs to be recognized and overcome.

A more unsettling obstacle lingers within the Christian Church today. It is indicated by some very disturbing statistics, backed up by two comprehensive studies. In 1987 the Alan Guttmacher Institute produced survey results that claimed 1 out of 6 women who have abortions profess to be born-again, evangelical Christians (Henshaw and Silverman, 1988, p.163). That equates to 250,000 abortions per year. A later study published in the July/August, 1996 issue of *Family Planning Perspectives* reports that Christians are accounting for nearly 300,000 abortions per year. Many Christians find these statistics hard to believe, but in light of reports from various Crisis or Caring Pregnancy Centers (CPC’s), they are regrettably very real. For example, former Focus on the Family’s crisis pregnancy coordinator, Sydna Masse, stated, “Parents will call us here at Focus and say their daughter is pregnant...and most are leaning toward abortion. A lot of these are Christian parents...” (Tiffany, Masse & Mathewes, 1996, p.6).

These alarming facts indicate that church leaders are failing or finding it very difficult to grasp the influence that abortion and other sanctity of life issues have on their congregations. An annual message on abortion or euthanasia is not going to give people sitting in the pews a firm foundation on ways to face stressful and difficult life and death decisions. As for abortion, pastors and priests need to be encouraged to seek Biblical truth on the issue (Exodus 20:13; 23:7), and to consistently reveal God’s view on the shedding of innocent blood (Proverbs 6:16,17; Jeremiah 22:3,5; Isaiah 1:15,16) in order to move their congregations to godly action (Proverbs 24:11; 31:8; James 1:22; 2:17). The Church needs to build on this strategy to insure the protection and care for the preborn, as well as others who cannot speak for themselves. Additional strategies are needed to stand up to the approaching juggernaut of genetic and reproductive bioethical problems.

“By wisdom a house is built, and through understanding it is established” (Proverbs 24:3) is an appropriate Scripture to reflect upon as the Christian Church ponders the need for better education, especially in dealing with genetics and the diverse applications of new technologies. The past 35 years have shown a remarkable increase of technological development, particularly in the field of genetics. A 1990 study by the National Science Foundation revealed, “only one in four Americans, for example, actually understand(s) DNA’s relationship to inheritance” (Kilner, Pentz, & Young, 1997, p.157). Other studies have shown that a majority of Americans know very little or nothing at all about genetic testing or gene therapy. This lack of knowledge will not deter Americans from demanding the advantages these new technologies offer, but will foster misconceptions about such things as genetic disorders, that could influence the sanctioning of inappropriate practices. For instance, pre-natal genetic testing may reveal a serious genetic defect in a baby, which could cause the mother to choose abortion because of what “might” happen in the future.

Genetic technologies promise remarkable developments in treating future afflictions. Besides the benefits, this same technology could cause anxiety for many of its benefactors if it reveals abnormal genetic information.

Certain deleterious genes are rapidly being discovered that may predispose one to breast cancer, Alzheimer’s disease, Huntington’s disease, cystic fibrosis and a myriad other disorders. A majority of Americans who will seek after genetic tests and interventions will not comprehend the potential implications due to their lack of knowledge (Kilner, Pentz, & Young, 1997, p.158).

Once Americans are exposed to deviant genetic information about themselves or their children, to whom can they turn for sound ethical advice besides the secular medical community? It becomes imperative that the Christian Church, especially the Christian medical professional, scientist, educator and clergyman, take on these new bioethical challenges by seeking education, generating dialogue and encouraging action.

During the month of July a few hundred of men and women meet annually at a bioethics seminar on the campus of Trinity International University in Deerfield, Illinois, to reevaluate the future of bioethics, as well as to develop strategies to enable a Christian worldview on medical ethics to be disseminated, understood and accepted by our nation’s culture. This somewhat small but focused group, consisting of mostly doctors, nurses, lawyers, educators, and clergy, are the first wave of committed Christians to begin the process of educating and motivating others to change their way of thinking about medicine and the technology that encompasses it. Issues surrounding medical science affect everyone and the policy decision-making process on bioethical concerns should not be regulated only by lawyers, medical professionals and politicians.

The following initiatives have been birthed by the seminar participants to begin the process of developing tools and resources necessary to start church-centered education and dialogue on bioethical issues:

- Create educational curricula for all ages with an emphasis on reaching the youth.
- Train Christians to properly direct media to knowledgeable experts in bioethics.
- Develop a network of consultants to assist pastors in dealing with bioethical issues.

- Develop a multi-cultural exchange of views and insights on bioethical issues.
- Develop web sites on the internet to present a Christian perspective on bioethics.
- Use the internet to establish a coalition that exchanges information and ideas.
- Identify funding sources who would promote the above initiatives.

Once these initiatives are ready for implementation, the educational impact, ensuing dialogue, and saintly action needed within the church community hinges on how the information is presented and who presents it. In the church environment, adult education classes, youth groups and leadership groups should be specifically targeted. Of course, convincing the pastor that church leadership needs to address current and impending bioethical issues from the pulpit is of paramount importance. If necessary, outside speakers from the local area or academic institutions, like Trinity, could be called upon to first talk with the pastor and then to the congregation. Imaginative multi-media presentations using video and slide resources could be created to be reviewed by clergy and church members before a face to face meeting occurs.

It is very important that the information presented to the church audience be concise, biblically sound, factual, practical and not overly complicated with endless definitions and acronyms. Whenever possible, case studies that illustrate the benefits and risks of genetic technologies should be used in presentations or group discussions. It is also easy to oversimplify certain aspects of gene expression, and to convey the incorrect notion that humans are products exclusively of their genetic code. For instance, the media often misleads the public by suggesting that certain expressive traits, like intelligence and personality, are due to the effect of one gene. Since many people gain their science knowledge from the media, it is important to give the church community reliable information that will alert them to the great complexity of the topic.

Once this information is correctly presented, digested and evaluated, a desire for dialogue followed by action should begin to emerge from the church body as God's Holy Spirit moves believers to act like the Good Samaritan to comfort, cure, and care for those who are sick or emotionally hurting. Although the Bible doesn't address genetics directly, it does command Christians to speak up for those who cannot speak for themselves (Proverbs. 31:8), to bear one another's burdens (Galatians. 6:2) and make ourselves neighbors of those who are ill (Luke 10:37).

The ongoing abortion holocaust weighs heavily on many believers' hearts and minds. With the advent of doctor-assisted-suicide, now legal in Oregon, and the continual slaughter of approximately 3,300 babies per day in the womb, many Christians are showing signs of giving up the fight. If the Church cannot stop the killing of over a million babies each year, how can the Body of Christ be an effective force in swaying opinion concerning the controversies surrounding genetic intervention and its associated technologies?

Sadly, the United States of America has shifted its ethics to a personal autonomy or self-determination mode, relegating the sanctity of human life to a lesser status. It is the Christian's role to be this world's preservative, and not to worry what tomorrow will bring. If Christians become more unified and outspoken about their beliefs, and fervently focus on their role as "salt and light" by confronting man's relativistic viewpoints, the Christian worldview can again regain respect and authority within the nation's culture.

Genetic screening, genetic therapies, bioengineering and other applications can work for the common good, but also cast a dark shadow. Now is the time to foster dialogue and formulate guidelines and regulations, before the shadows become overwhelming (Kilner, Pentz, and Young, 1997, p.166).

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