

Using the Bible as a Basis for Medical Ethics

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Reprinted from Luke's Journal (CMDf Aus) Feb 2001.

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Responsible medical practice today is faced with a spate of ethical problems. Many of these are generated by rapidly emerging biotechnology and, by their nature, challenge our understanding of the human nature and the practice of medicine. Let me illustrate.

It is now possible to bring about safe early abortion by the use of the chemical agent RU486—the 'morning after' pill. It is possible to generate new individuals by In Vitro Fertilisation (IVF), both from the gametes of couples in a stable family relationship, but also from disparate sources of ovum and sperm and by the use of surrogacy. It is possible to diagnose by genetic mapping techniques the gene pattern of the early embryo (either at the pre-implantation stage during IVF or at a later stage by chorionic villi sampling or amniocentesis). All of this has created an expanding market for abortion, with indications ranging from gross foetal abnormality to the convenience of choice of a boy or a girl. Ethical considerations of abortion have therefore expanded to include 'therapeutic' abortion for genetic and 'child-ordering' reasons. This can involve both post- and pre-implantation embryos.

We can add to this the development of stem cell cloning technology which presents possibilities to save life and to relieve suffering by the provision of sources of compatible tissue and organs. Such technology is however associated with the use and destruction of pre-implantation embryos developed by cloning and IVF techniques for stem cell production. The disposal of excess embryos generated by IVF and early embryo experimentation are of course current realities of the medical science undergirding this aspect of medical practice. That these procedures are possible does not justify their use—in ethical terms the 'ought' is not determined by the 'is'—but it does point up the complexity of some of the ethical issues. How do we understand the nature of humanity? When does the zygote become human—at formation or later in its development? And how do we balance the 'value' of the embryo against other 'good' outcomes? These are difficult issues and a variety of biblically sustainable positions may be held by well-motivated Christians.

In facing the ethical issues raised by the present medical scene however, we have a responsibility to avoid trite or emotive responses—to examine decisions made both personally and collectively with a proper ethical perspective, appreciating that such decisions are not as clear cut as might be suggested by the polemics of the pro-life/pro-choice debate.¹ Ethical decisions must often be made appreciating that, outside Eden, there are often conflicts between equally important principles that are difficult to resolve.²

The Bible knows little of contemporary technological medicine. It gives no commands about In Vitro Fertilisation, or stem cell cloning, or embryo experimentation—or even directly about abortion! How then do we as Christians who accept the Bible as a guide in matters of faith and conduct (2 Tim 3:16) use it as a guide for medical conduct and ethics? Proof-texting can be misleading. We need to appreciate the necessity of understanding the context in ethical matters as in other areas of faith and conduct. To equate the prenatal choice of Jeremiah (Jer 1:5) or similar verses, for example, with an absolute commitment to the protection of every

formed embryo, including the 60–70% spontaneously aborted, may be poor exegesis. Likewise to consider the abortion matter closed by referral to the sixth commandment “Thou shalt not kill” is to over simplify an often complex ethical dilemma, with conflicting issues involved.³ Does this command apply also to a pre-implantation embryo, or indeed to a post-implantation embryo? Should we equate the value of such embryos with that of a foetus, or of a child, or an adult? If value is defined by purely biological criteria (rather than spiritual qualities) then are we reducing humanity to the simply biological?

There are dangers therefore in superficial application of the biblical text. We need to engage in the rather more onerous task of proper exegesis of the Biblical text, to determine the context, to compare Scripture with Scripture with the object of extracting some principles relevant to our medical ethical dilemmas.⁴ If we do this with humility we may find that answers may not be quite so simple and that some of the principles enunciated may generate differences in some cases that are not easily resolved. Good men and women may then agree to differ. Agreement in enunciating ethical statements may not be easy.

But first things first. Let me suggest a number of Old and New Testament principles that we might consider in dealing with current medical dilemmas.

Creation Ethics

Creation Theology (both in Genesis and other areas of the Bible) brings out several relevant principles. Creation is seen as good and ordered (Gen 1:31). Humanity is created in the image of God as relational beings with stewardship (dominion) over God’s creation (Gen 1 26–28).⁵ These are not intrinsic properties but given by God—not simply biological properties but spiritual. Marriage is put forward as an exclusive, monogamous, heterosexual norm (Gen 2:24).⁶

These aspects have particular relevance to medical ethics. Humanity (male and female in equality) have ‘human rights’. Such rights are derived by our potential for relationship to God and given by God. From this human exclusiveness (not from our biological uniqueness) derives the sanctity of human life—given by God and taken by God. It determines the particular place humanity has in the created order. Humanity is not just animal, not just biological, but spiritual. We are persons capable of relationship with God. This applies to those who are disabled mentally and physically, to those who are terminally ill or suffer degenerative disease such as Alzheimer’s disease. Our personhood is not dependant on biological integrity, or on our contribution to society, but on being made in the image of God. This issue has clear relevance to consideration of abortion and euthanasia, but raises the problem already alluded to—when does the biological zygote become a person and is this determined by biological, philosophical or spiritual considerations? There are defensible positions for the biblical Christian for a wide array of answers.⁷

Medical practice is a particular example of the stewardship role of humanity, with control of creation under the hand of the Creator—acting on behalf of God to carry out His purpose in tending creation. (And in a more restricted sense it justifies our role as doctors in manipulating creation in order to relieve suffering and treat disease.) To object to new technology on the basis of ‘playing God’ is to deny this creation stewardship role. This however has been a common response, for example, in the cloning debate. One must however mount a much more substantive ethical argument than this as a biblical Christian.⁸ Arguments against reproductive cloning may reasonably be mounted—on safety grounds, on narcissistic grounds, on grounds of creating individuals as means and not ends, or on the grounds of commodification of

children (who are individuals created in the image of God).⁹ Stem cell cloning however is a somewhat different matter. It has a claim for ethical justification with its potential for medical benefit. Here we have an inevitable conflict between the principle of providing life for potential organ recipients who are made in the image of God (and have a right to life) and of the death of pre-implantation embryos. As in many cases of abortion, widely interpreted, we have to make choices of relative 'value', and this often on the basis of our understanding of the humanity or not of the embryo.¹⁰ We stand as co-creators, stewards of God's creation—but responsible to give an account of our stewardship.

The family unit—monogamous, exclusive and heterosexual—provides a creation pattern (along with natural law) for procreation and child-rearing in considering the availability of IVF technology. On these grounds it might be considered inappropriate, on 'protection of children' grounds, to promote IVF for singles or homosexual couples. Indeed one can understand, if not perhaps share, the concern of Roman Catholic ethics with IVF technology on the grounds that it separates procreation from sexual intercourse.¹¹ One might recognise, but again not necessarily share, the unbending opposition of conservative ethics to abortion under all circumstances even if other lives are considered or if pre-implantation embryos are involved. Such a stand results from an understanding of the personhood (and hence human rights) of the embryo from the earliest stage. This perhaps is a warning about the difficulties in reaching consensus in this area and of the consequent difficulty in formulating policy statements. One must deal sensitively rather than polemically with these issues.

Covenant Ethics

Covenant Principles are invoked when we look to the Ten Commandments for medical ethical guidance. These are normative ethical statements, but need to be seen in the wider context of Israel as the community of God, living in relation to God, each other and the surrounding nations.¹² The law, both the ten commandments and the detailed expansion of them that follows Exodus 20, were prescriptions for Israel to live as the community of God. They were an expression of right relationship to God indicated by right relationship to one's fellow.¹³ They are picked up in the two commandments of Jesus; 'Love God' and 'Love your neighbour'. Community relationships are directed at family (respect for parents), to sexual covenants (adultery), to preservation of life (killing), and to property (coveting). Emphasis is on relationship to persons not things. The frequent concern with 'the stranger, widow and orphan' that reverberates throughout the law is a salutary reminder of God's care (and hence our care) for the weak in society. This might resonate in the abortion debate. The general passages often quoted regarding the value of prenatal life (Ps 139:13–16, Is 49:1, Jer 1:5, Job 10:8–12, Luke 1:41–44 etc) certainly establish God's concern for life before birth. The prenatal infant is cared for by God and seen as continuous with extrauterine life. The foetus is seen in Scripture as part of the community for whom we have to care. This care must be seen, however, in relation to the remainder of the community; the starving child or the threatened mother are also part of the community of God and recipients of his care. All may be under threat in our fallen world. It is of interest to note that the only specific reference in the law (or indeed the bible) to abortion is in Ex 21: 22–25. In this passage the relative value of the mother and unborn child has been interpreted variously to distinguish or equate the value of the mother and foetus. It is difficult, therefore, on biblical grounds to give absolute value to the unborn child in the light of such conflicting interpretation.

The sixth Commandment has a much wider implication than often envisaged.¹⁴ It asserts a general principle of the sanctity of life, both positively in promoting life and negatively in opposing its destruction. Its stringency needs to be seen, however, in our society which promotes over-nutrition in a world in which millions die of starvation, and which tolerates

excess consumption of resources in the midst of, and often at the expense of, third world poverty. It needs to be seen in a third world context, where infant mortality is at unacceptable levels.

It also needs to be said that this commandment stood as an enduring positive statement, a generalisation, in the context of a society that prescribed capital punishment for adultery, family disobedience and homosexual practice. Some people were seen to have lost their right to life in the interests of the promotion of life in the community—the interests of a community whose priority was the maintenance of human welfare in a hostile political context. We would be wise not to equate our context with theirs. Proof-texting from the law ignoring context would produce some strange rules.

While it is important to promote the sixth Commandment in relation to abortion, this should not be done by excluding the right to life to abortionists, as in a policy espoused by a small number of pro-life campaigners, nor the exclusion by omission of the right to life of third world refugee children. There is a need for some balance. There is also (and this is perhaps even more controversial) the need to recognise that both foetus and adult as humanity outside Eden are often struggling for survival, and sometimes there are difficulties in promoting life for all. Choices, unfortunate as that might be, must sometimes be made between the life of the mother or the foetus, or between the survival or well-being of existing children and the life of the foetus. Fortunately, these circumstances are not common in Western society, and nor do they prevent us from opposing the wholesale killing of foetuses for social reasons in our society. They do caution us, however, against a simplistic application of the sixth Commandment to abortion or to the making of blanket statements which fail to recognise the need, and in some cases the responsibility, to make choices which involve attributing a lesser value to an embryo or foetus.¹⁵

Wisdom Ethics

The Wisdom literature (Proverbs, Job, Ecclesiastes) represents a corpus of biblical literature outside the covenant stream. It describes (rather than prescribes) the behaviour of the wise person and underlines that the knowledge of God represents the beginning of wisdom. Such behaviour is appropriate as ethical behaviour in the world. Job (e.g. in his defence in chapter 31) describes as wise his concern for the disadvantaged, the widow and orphan, for justice to the poor, and his rightful use of his resources. This reinforces attempts to use our (medical) resources or abilities in caring for the weak in society and in distributing justice. It reinforces Old Testament ethical principles from other sources.

Eighth Century Prophets

The Old Testament prophets, particularly the 8th century prophets (Amos, Hosea, Isaiah and Micah) extol and reinforce covenant principles of the law—living as the community of God. Micah's exhortation to "Do justice and love kindness" (Micah 6:8) provides a summary of the requirements.¹⁶

Rights are to be distributed equitably, not by wealth or position. The need for distributive justice is extolled to a nation that had largely ignored their responsibilities. In our espousal of biblical medical ethics we have perhaps been least diligent in this area. How much justice is demonstrated in the abundance of medical resources and technology in first world countries and the paucity in the third world? How much justice is demonstrated by the consumption of medical resources by the first world at the expense of third world health? How hypocritical are we in promoting costly radiotherapy, in vitro fertilisation, or transplant surgery which benefit

very small numbers of persons in the western world, when the same cost would provide life saving immunisation, or infant welfare or HIV care for hundreds of individuals in the third world? I realise these are not simple equations, but perhaps we might consider these matters in relation to disobedience of the sixth commandment “Thou shalt not kill”, or as an expression of justice, or both. Should these issues be considered in writing CMDF policy statements?

What does the New Testament add?

We can enunciate many relevant principles from a variety of Old Testament streams that give us some help in approaching medical ethical issues. Jesus, by word and deed, provides an extension to these principles. His is not an ethic of rules but of response. Stein defines Jesus’ ethic as “an ethic of relationship in which the nucleus is provided by the love command”, and indicates that the “hallmark of the kingdom is love—the agape love of God as seen in Jesus”.¹⁷

Jesus, by word and deed, promoted an ethic of undeserved love (agape) motivated by the love of God. His summary of the law expressed as the two commandments to love God and neighbour was exemplified in his actions. The model of the great physician relieving suffering and caring for those in need—neither judging the individual nor condoning their sin—marked his ministry. He expressed what God is like; loving, righteous, just, caring in His dealings with those in need irrespective of their faults or their circumstances. Again this provides a model for Christian medical practice. “Neighbour” was not a restricted term in Jesus’ ministry.

Conclusions

What can we conclude from our very cursory biblical survey?

First, we have the privilege, indeed the responsibility, as medical scientists and doctors to act on God’s behalf as His stewards, to explore and apply methods and technology that relieve suffering. In so doing, however, it is incumbent on us to reflect God’s activity, acting with love and concern for humanity, not violating the sanctity of human life by promoting its removal, nor by prolonging its end by the use of available technology.

Second, we have the responsibility to seek to share our skills, both personally and collectively, in a way that exercises justice and recognises the rights of humans of all creeds and nationalities to share in God’s bounty.

Third, we envisage the human community as a community with often conflicting needs and limited resources.

Finally, we recognise that in suffering and in its relief we have not yet attained the fullness of the kingdom. We live outside Eden and not yet in the kingdom. Decisions may therefore not be easy nor provide a satisfactory result for all concerned. In both abortion and euthanasia it may not be easy to apply blanket rules, nor define inviolable principles.¹⁸ Many questions may be answered in different ways by Christians seeking to work out their faith and ethics in daily practice—even by sincere Christians with a strong commitment to biblical authority. All of this should underline the need for humility in making our own decisions or in criticising those of our fellows.

1. See e.g. the discussion of some of these issues in Chapter 11, "Human Value Throughout Life" in D Gareth Jones, *Valuing People* (Paternoster Press, 1999).
2. For an excellent consideration of ethical decision making see Chapter 4, "The Approaches to Decision Making" in D Cook, *The Moral Maze* (SPCK, 1983), and for an application to medical ethics see the two chapters that follow; Chapter 5, "Matters of Life and Death (1). Abortion" and Chapter 6, "Matters of Life and Death (2). Euthanasia".
3. For a consideration of the implications of the 6th. Commandment see Chapter 5, "Respect for Human Life" in Lewis B Smedes, *Mere Morality* (Eerdmanns, 1983).
4. See e.g. Chapter 3, "Biblical Foundations", in Jones, op. cit.
5. See D Atkinson, *The message of Genesis 1–11* (IVP, 1990), pp 36–42.
6. Ibid, pp 71–79.
7. This is discussed in Chapter 5, "Personhood and the Image of God " in Jones, op. cit.
8. For a discussion of the problems of this argument, see Ted Peters, *Playing God?* (Routledge, 1997).
9. For a wide range of religious views in this area see R Cole Turner (ed.), *Human Cloning—Religious Responses* (John Knox Press, 1997).
10. See Chapter 7, "Coming to terms with human embryos" in Jones, op. cit.
11. See Anthony Fisher, *IVF—The Critical Issues* (Collins Dove, 1989), pp 299–303.
12. Christopher Wright, *Living as the People of God* (IVP, 1983).
13. See Chapter 1 "Commands for Fiddlers" in Smedes, op. cit.
14. See Chapter 5 "Respect for Human Life" in Smedes, op. cit.
15. See e.g. the discussion of abortion in Smedes, op. cit., pp 124–145.
16. See Chapter 2, "Respect for Peoples Rights" in Smedes, op. cit.
17. See Chapter 6, "The Ethics of the Kingdom" in Robert H Stein, *The Method and Message of Jesus' Teachings* (Westminster Press, 1978).
18. See Chapter 11, "Human Value Throughout Life" in Jones, op. cit.