

## Biblical Ethics in Medicine

Franklin E. Payne, Jr., M.D.

*Dr. Payne is Associate Professor in the Department of Family Practice at the Medical College of Georgia and an elder in the First Presbyterian Church in Augusta, Georgia.*

---

Among Christians a new consciousness in medical ethics has been raised by abortion, infanticide and euthanasia. The horror of these practices is often called "sound medical practice." This situation brings into question all the ethics of a medical worldview that allowed such practices to become routine. Many ethicists have observed that Protestants have lagged behind in their development of medical ethics. As evangelicals, we must be concerned that our approach to medical ethics is thoroughly and distinctively biblical. The little work that has been done in medical ethics by most evangelicals, however, does not meet this qualification.

The statement of this failure is not meant to impugn the intentions of those who have tried. They may not have known what is required. The task is not a simple one, but neither is it impossible. We will define an approach for those who desire to be truly evangelical.

First, let us clarify the word evangelical. An evangelical is a Christian who believes the inerrancy of the Bible (some distinguish between inerrancy and infallibility, but I do not), the existence of God in three persons (the Trinity), central truths about Jesus Christ (His deity, virgin birth, sinless life,

substitutionary atonement, true miracles, bodily resurrection, ascension, and personal return), the necessity of regeneration, the indwelling Holy Spirit in the believer, the eternal conscious existence of believers in heaven and unbelievers in hell, and the spiritual unity of all believers. These seven "fundamentals" appear in the National Association of Evangelicals' Statement of Faith. Organizations and churches may make slight modifications, but these convey the basic position.

These fundamentals are not arbitrary. They have been hammered out over the twenty centuries that the church has existed. A correct synonym for evangelical would be "orthodox," but it is less desirable because of its association with certain denominations. The watershed issue, however, has been stated by Dr. Francis Schaeffer in his last book.<sup>1</sup> Formerly, inerrancy and/or infallibility meant that the Bible was without error in the whole or in its parts. Lately, however, some evangelicals have begun to limit these terms.

*This may come from the theological side in saying that not all the Bible is revelational. Or it may come from the scientific*

*side in saying that the Bible teaches little or nothing when it speaks of the cosmos. Or it may come from the cultural side in saying that the moral teachings of the Bible were merely expressions of the culturally determined and relative situation in which the Bible was written and therefore not authoritative today.*

The person who speaks or writes must be identified with his position concerning Scripture. Without this identity it is dangerously deceptive to accept the teaching of anyone who claims to be an evangelical. There are wolves among the sheep an. 10:1-18). With some discernment they can be identified and we will cover some means by which this discernment can be made. On the foundation that Scripture is inerrant and infallible, what principles enhance our ability to develop biblical ethics in medicine? My observation is that *among evangelicals the development of these principles is much more the problem than agreement in theory.* Arbitrarily, I am dividing these principles into two categories. One contains the basics and the other contains directives.

### THE THREE BASICS

The first basic is **the sufficiency of the Bible to provide principles** that govern all problems that we encounter, even in the complex biotechnology of modern medicine (II Tim. 3:16-17; II Peter 1:3). Admittedly, in most instances, principles that apply to medical ethics are one or more steps removed from the explicit statements of Scripture. Logic and

systematization (see below), however, can give a certainty and finality about many ethical problems that are not explicit.

The second basic is **the Bible as the starting-point for these principles.** Too often, Christians start with the positions that other Christians take rather than what the Bible says. Although their ethical principles may be biblical, they still must be proved by Scripture and identified with specific texts. What must be examined are the thoroughness of the ethicist's work and his commitment to biblical truth as the authority of God. A major error today is that a principle is based upon one or two verses that do not take into account many others that deal with the same topic. An example is the concept of medical practice. I am unaware of any work that reviews all words and concepts relative to the practice of medicine in the New Testament other than in two sections of my book.<sup>2</sup>

The third basic is **the authority given to Scripture.** In other words, how seriously is what the Bible says taken into account? For example, it is clear that the Bible both forbids murder and states that life begins at conception. Compromise of that authority begins when the deformity of the child, the rape or incest of the mother, or the mental illness of the mother is used to justify induced abortion. To say that the Bible is the authority does not mean that other sources are not valuable or that they do not help us to understand Scripture. As the final authority, however, biblical principles must be given functional control (a term coined by Dr. Robertson McQuilkin). The "edge" must always be given to the Bible if

there is any doubt or conflict with another opinion. It is crucial to hold the position that *no condition or idea can overrule biblical principle or statement*. Christian psychologists and psychiatrists often make this error. I have detailed arguments to illustrate some of their errors in my book.<sup>3</sup>

Let us move now to those directives that will help to assure our arrival at medical ethics that are biblical.

### TWELVE DIRECTIVES

**Biblical ethics are distinctive.** The Christian is engaged in "a gigantic battle that splits the universe."<sup>4</sup> Our medical ethic by its nature must contrast with the medical ethic of our profession at many points. The Bible describes this contrast in various ways: a lack of unity, light and darkness, righteousness and lawlessness, disagreement, no fellowship, the temple of God and the temple of idols (11 Cor. 6:14-16); the foolishness of the world and God's wisdom (I Cor. 1:18-31); and a lack of conformity (Rom. 12:2). This contrast does not mean that we will differ at every point because all men have some correct knowledge of right and wrong (Rom. 2:15) and of God's presence in the universe (Rom. 1:19ff). Abortion, infanticide and euthanasia reveal the tip of the iceberg. Our hope is to develop a comprehensive medical ethic that will contrast with the secular humanistic ethic at every necessary point.

**Biblical ethics build on the work of other biblical scholars.** I have

encountered more than one Christian who has stated that he is going to develop a Christian approach to his profession without recourse to the work of others. The intent is right; the means is totally unbiblical. Such an attitude reflects the epitome of modernism and individualism. First, all believers are dependent on other believers (I Cor. 12; Eph. 4:11-16). Second, no one person in an entire lifetime can learn Greek and Hebrew, develop his own systematic theology, write commentaries on all the books of the Bible, and in essence develop a library on the Bible that is necessary to assure oneself and others that one's work is consistent with all that the Bible teaches.

Who or what do we build upon? Primarily, we build upon the extensive knowledge already available in the church. Creeds, confessions, commentaries, textbooks on systematic theology and other such works have been painstakingly written over the centuries to mine the depths of the Word of God. Obviously, all these cannot be read or studied, but one can select those that are faithful to the Bible as the revealed will of God and that will give concrete identification to the biblical truth that is relevant to the area in which one is studying. This is not to say that these words are without error, but one can know the basic truths of our faith with sufficient certainty to distinguish truth and error. The necessary comprehensiveness of this approach brings us to the next principle.

**Biblical ethics includes all Christian minds.** Since all believers make up the body of Christ, the Christian mind consists

of the minds of all Christians. No one can be left out. For our focus on medical ethics, this inclusion means that every Christian potentially has some thought to contribute. I say potentially because his contribution must be consistent with a comprehensive and systematic biblical ethic and because every Christian does not necessarily have a new thought. The teachable mind receives ideas from unlikely sources, but a journal can be an effective vehicle to develop this Christian mind. A journal provides a wide exposure of Christian minds to each other; the authors express their thoughts and the readers can respond with additions and disagreements. Thus, the Christian mind becomes a more comprehensive process.

**Biblical ethics are scientific.** Prior to modern times "science" applied to any area of knowledge that was approached systematically. For example, theology was called the "Queen of the Sciences" (a reflection of what we have called "functional control" above). Today, science is narrowly confined to the natural sciences. Here, we are using science according to its former meaning. Biblical ethics must be systematic. Until any knowledge is systematic its inconsistencies and errors can remain obscure. Each principle must be compared and contrasted with others to see if and where it fits into the whole. Unfortunately, logic and philosophy are no longer generally taught in both secular and Christian schools. These disciplines can provide the methodology for systematization. Further, any systematization of biblical ethics must be consistent with some established

systematic theology as the foundation to biblical ethics.<sup>5</sup>

**Biblical ethics become more fully developed through experience.**

Experience challenges our ethics: Are they comprehensive to cover all contingencies? Are they defined with enough clarity to be readily applied? Are they consistent from one situation to another? Should our principles be modified because of the situation? The last question seems more of an existential, than a biblical, philosophy. But, reality may at times require a certain modification, sometimes to a broader principle and sometimes to a more restricted principle. For example, we would like to say that a baby should never be delivered so prematurely that it has no chance to live. Real situations, albeit rare, do require that a choice be made between the continuing presence of the baby in the mother's womb and the mother's life. Of course, extreme care must be taken that situations are always governed by principle, and not vice versa, but until principles are tested in the reality of situations, some openness to modification must be maintained. This interaction of principle and practice is thoroughly and clearly presented elsewhere.<sup>6</sup>

**Biblical ethics requires an understanding of hermeneutics.**

Sound theology is not haphazard. Standard principles of interpretation have been developed and these are ignored with the certain result that serious error will occur. Biblical ethics require that Scripture be interpreted; such interpretation must be careful and complete. It cannot be done

without some understanding and application of hermeneutics. Fortunately, Dr. R.C. Sproul has written a concise book that contains much of what we need.<sup>7</sup>

**Biblical ethics requires precise definitions.** Theologians say that some words are "univocal," that is, words that have only one meaning. The modern existentialists have obscured such precision of definition and evangelicals have been unduly influenced. Precise definitions are rarely a part of evangelical writing, frequently with the excuse that they make reading too "dry." For such lack of definition and precision evangelicals are losing their distinctiveness. Biblical ethics defines *the way* of "the way, the truth and the life" (Jn. 14:6) and "the narrow way" (Mt. 7:14). Can it accomplish its purpose with imprecision?

**Biblical ethics requires certain spiritual gifts.** With the popularity of teaching about spiritual gifts, the willingness of Christians to follow almost anyone is a striking failure to discern those who have teaching gifts. I have been painting a very laborious task for biblical ethics in medicine. Few will be willing or have the desire to pursue such a course except those whom God has gifted for that work. The many who are not called to this task will not have such a desire, but they are lacking in their spiritual duty when they ignore these biblical requirements for their teachers. Spiritual gifts necessary to develop biblical ethics are teaching, wisdom, knowledge, discernment and prophecy (as forthtelling, not foretelling).

**Biblical ethics must consider the situation.** In our reaction to situational ethics (re: Joseph Fletcher), evangelicals have often overlooked the place of the situation in biblical ethics. The principle is: The situation determines which biblical principles apply to that situation. The key concept is that the situation does not determine the principles. The situation is set within the biblical worldview and governed by it. Traditional situational ethics essentially have no principles and certainly none that are absolute and specific, as the Ten Commandments are. An example of this principle is a teenager who receives a prescription for birth control pills from her physician. His act would be immoral if she needed the pills for contraception. His act would be moral if she needed the pills to control heavy menstrual bleeding (a common problem). The act is the same; the situation determines which principles apply.

**Biblical ethics must be a concern of the local church.** The local church exists to nurture believers in their spiritual development. Since complete casuistry is impossible in medical ethics, most believers will need or ought to seek counsel for medical decisions that are not clear. The pastor and elders of their church are God's chosen men to provide the particular application needed. Although a church may refer its members to a Christian leader of another church for such counsel, most churches should be able to develop their own resources through the teaching of those who have the spiritual gifts for such counsel.

**Biblical ethics must have appropriate review before they are made public.**

The susceptibility of Christians to erroneous teaching is clear in Scripture (I Tim. 1:3-11, 4:1-5; II Peter 2:1-22). Likely, our modern approach to publishing Christian materials violates these warnings. As we have listed those spiritual gifts that are required to develop biblical ethics, those same gifts should be possessed by Christian editors. Many Christians believe that any publication by an "evangelical" organization or company is trustworthy. That assumption is seriously erroneous. The role of guardian of the truth is assigned to church leaders, specifically pastors and elders or their equivalents (I Tim. 4:6). Freedom of the press is necessary in a free society, but the freedom of the evangelical press is limited to biblical truth guarded in a biblical manner. These church leaders should be much more active to discern what their members read.

**Biblical ethics finally rests within the conscience of individuals.**

Theory becomes practice in the situation where individuals live. It is perilous for Christians to ignore the teaching and counsel of others. We have discussed the impossibility that one Christian can even begin to accomplish all that is required to know biblical principles. Preferably, individuals are taught and should seek this teaching in their local church. In turn this expectation requires church leaders to have been taught by others through books, lectures, preaching, tapes and other means. Thus we see the universal church and the particular (local) church in their respective, God-ordained roles.

**SERIOUS APPROACH NEEDED**

Will this diligent course of action guarantee medical ethics that are biblical? Obviously, it will not. My concern, however, is the superficial manner in which such ethics are frequently undertaken. This superficiality is not limited to medical ethics but prevails throughout evangelicalism.

A call to serious and careful study is needed everywhere. Our concern here is biblical ethics in medicine. With an application of these principles, we are more likely to arrive at agreement on many issues and have some certainty of our results. Most health professionals are not called to make this effort, but all are called to discern to whom they should listen and to contribute in some way (no matter how small) when they have an insight or they have a biblical reason to disagree with what has been said. The Christian mind needs to be developed to its fullest capacity for our times. The process, however, must follow certain prescribed principles or its result is likely not to be biblical and honor our Lord and Saviour Jesus Christ.

Our goal is articulately stated by Dr. Abraham Kuyper:

*Only in the combination of the whole race of man does this revelation reach its creaturely completeness . . . The knowledge of God is a common possession, all the riches of which can only be enjoyed in the communion of our race . . . but because humanity is adapted to reveal God, and from that*

*revelation to attain unto His knowledge, does not individual complement another, and only by the organic unity and by the individual in communion with that unity, can the knowledge of God be obtained in a clear and completer sense.*<sup>8</sup>

## References

1. Schaeffer, F.A., The Great Evangelical Disaster, Westchester, Illinois; Crossway Books, 1984, p.50.
2. Payne, F.E., Biblical/Medical Ethics, Milford, Michigan; Mott Media, 1985, pp. 101-107.
3. Ibid., pp. 155-180
4. Blamires, H., The Christian Mind Reprint. London: SP.C.K., 1963, Ann Arbor, Michigan: Servant Books, 1978, p.70.
5. Stob, H., Ethical Reflections, Grand Rapids: Eerdmans Publishing Company, 1978, pp. 31-49.
6. Ibid.
7. Sproul, R.C., Knowing Scripture, Wheaton, Illinois: Intervarsity Press, 1977.
8. Kuyper, A., Principles of Sacred Theology. Trans. by J. Hendrik de Vries,. Reprint. Encyclopedia of Sacred Theology: Its Principles. Charles Scribner's Sons, 1898. Grand Rapids: Baker Book House, 1980, p.272.