Christians and Bioethics: Can the Bible Help?

By Gerald R. Winslow

“Bioethics: a discipline dealing with the ethical implications of biological research and applications, especially in medicine.”—Webster’s Ninth New Collegiate Dictionary.

About 20 years ago, I tried to introduce a course called “Christian Bioethics,” at the Adventist College where I was teaching. One of my colleagues doubted the wisdom of the idea. The topic, he agreed, was interesting, but how could there possibly be a Christian approach to new questions in biology and health care when such questions were so clearly outside the moral territory of the Bible? After all, Scripture has no specific text applicable to most of the issues in the emerging field of bioethics. Despite my colleague’s doubt, I taught the course on an experimental basis.

Times have changed. Loma Linda University, where I now teach, houses the Center for Christian Bioethics, which recently celebrated its 10th anniversary. At the university, students can
now earn an M.A. degree in bioethics.

What has changed? First, the urgent questions of bioethics—questions central to what it means to be human—stubbornly refuse to disappear. In fact, the issues have multiplied. Second, a growing number of Christians have accepted the responsibility to join the bioethics fray.[1]

Consequently, my former colleague’s questions are more pertinent now than ever. Can we develop a distinctively Christian approach to issues of bioethics? Can this approach honestly be based on the Bible? Such questions demand serious attention by Seventh-day Adventists, with their commitment to Biblical faith and health care.

**Dilemmas in bioethics**

Recent developments in bioethics illustrate all kind of questions that Christians need to address.

**Abortion.** Having read countless student papers on the subject, I sometimes think that all sides have been exhausted. But the issue shows no sign of disappearing. In fact, conflict over abortion appears to have turned uglier. And new biomedical developments promise to intensify the moral questions.
For instance RU486, the abortifacient drug developed in France, over time will probably become available worldwide. Its use will make abortion cheaper, safer, and more private, thus increasing the need for morally responsible individuals to think clearly about their choices. Christians, especially those involved in health care, cannot avoid addressing the moral status of prenatal human life. Those Christian who believe, as I do, that God wants us to protect prenatal life and that abortion, even when necessary, is a serious moral matter must ask what it means to make our faith practical. What can Christians do to reduce the tragedy of abortion?

**Euthanasia.** In the past, most countries had laws forbidding euthanasia (mercy killing). Euthanasia was associated with the corruption of medicine in Nazi Germany. But more recently, new medical techniques for prolonging human life have caused many people to wonder about the quality of life being extended. Are we actually saving lives or simply prolonging the process of dying?

The questions arises with ever greater frequency in those countries rich enough to be burdened with excessive
technologies. Starting in the Netherlands and moving to the United States and other countries, we are seeing a new, public willingness to “aid: those who are dying by intentionally shortening their lives. Is withholding or withdrawal medical care, which seems only to add to the dying patient’s suffering, morally the same as actively ending the patient’s life? Does it matter if the active measures are taken by health care professionals (i.e., assisted suicide)? Does Christianity, which has traditionally opposed suicide and euthanasia, have answers for the current dilemmas introduced by technology’s ability to control the end of life?

Reproduction. Among the newer questions of bioethics, none is more intriguing than those associated with assisted human reproduction. In addition to artificial insemination, surrogate mothers, and in vitro fertilization, we can now clone human embryos by cell division. We may even be able to harvest and store oocytes (i.e., developing egg cells) taken from the ovaries of aborted fetuses.

New possibilities for human life seem to be limited only by the imagination of the new technocrats. All this raises profound
questions about parenthood, family, and caring for one’s “own” children. In addition, commercialization of these new processes has added to the moral complexity, as people are drawn to participate because of their desire to make money. In the face of such dilemmas, what is the Christian view of procreation and family? What Christian principles should guide in decisions about offering or accepting new techniques for assisting human reproduction?[2]

**Human genetics.** New advances in genetics seem to provide more sweeping possibilities for defining what it means to be human. The mapping of the human genome is proceeding faster than most people would have predicted just a few years ago. Soon we may be able to identify thousands of traits that will develop in a person by prenatally studying that person’s genetic code. The power of this new knowledge holds fantastic promise for health care.

The ability to predict genetic disease and then prevent them is exciting to anyone who cares about averting human suffering. It takes only a little imagination, however, to imagine how such information might also lead to such abuses as selective abortion for
relatively trivial reasons and discrimination against those who carry certain genetics defects. How do Christians decide how to make optimal use of the medical opportunities provided by new genetic information, while rejecting the potential abuses?

In addition to understanding the human genome, we have the power to change it. During the past 20 years, biologists have discovered how to manipulate the genes of many different forms of life, including humans. Genetic material can be moved from one life form to another, even across biological kingdom boundaries. Again, the potential for aiding those with serious diseases is astonishing. A person whose disease results from a missing or defective gene can be “infected” with the needed genetic material. Although such treatments are still in the experimental stages, they show wonderful promise. But there is also the threat of misuse, as people are tempted to use the power not only to alleviate human suffering but also to produce “higher quality” human beings. A common example is the increasing demand for genetically engineered human growth factor to cause normal children to grow taller than they otherwise would. What are the moral limits of genetic engineered? Does a belief in divine
creation help us answer this question?

**Limits of medical science**

All of these “advance” might lead to medical science to ever new heights of confidence. But some other recent developments remind us of the limits of our scientific success. For most of this century, we believed that we were gradually eliminating the most dreadful of human diseases. But the AIDS pandemic has renewed our sense of vulnerability as we face stubborn enemies of human health. Even diseases like tuberculosis, which were thought to be largely under control in most industrialized countries, are beginning to reappear with disturbing frequency. And new strains of antibiotic-resistant bacteria threaten human health and security. What does Christian sacrifice mean in a time of pandemics, especially when some of the diseases, such as AIDS, are also associated with deadly social stigma? Does biblical faith offer any guidance about whether we should take the risks necessary to care for those in need?

Another reminder of limits is the fact that no society is rich enough to provide all its citizens with the latest and most expensive medical technology. As expensive new treatments, such
as organ transplantation, have moved from category of experimental to that of “standard care,” even wealthy societies have had to face the reality of economic limits. More and more we hear debated over rationing health care, including potentially life-saving treatments.

One basic fact guarantees that this problem will only become more exasperating: The human capacity to invent things outstrips our capacity to pay for them. The idea of foregoing marginally successful medical technologies because they are too costly strikes many people as morally offensive. But, in the long run, we cannot avoid facing this reality. So who should get scarce life-saving medical resources? Those who can pay the most? Those who are most valuable to society? Alternatively, if such expensive medical technologies cannot be provided to everyone in need, should they be provided to any one? What does Christian ethics say about questions such as distributive justice?

**Can the Bible help?**

Central to Christian faith is the conviction that God provides guidance for the decisions that we must take. Through His Word (2 Timothy 3:16), through His Spirit (John 16), and
through fellowship in the faith community (Acts 15, 1 Corinthians 12), we have the resources to carefully reflect and decide about God’s will for us. These resources work together to develop basic Christian virtues in our lives. Much of the time, Christian traits of character such as neighbor love (Romans 13:8-10), treating people impartially (Acts 10:34), and willingness to obey God’s commandments (John 14:15) lead to actions that reflects Christian responsibility. At other times, however, Christians face genuine moral dilemmas, especially when two or more Christian values apparently conflict.

Such dilemmas, as noted earlier, are not uncommon today in bioethics. Christian maturity requires an honest, biblical approach to such difficult moral questions. There is, of course, no simple Christian formula for resolving all moral complexities. Still, we can outline basic considerations that Christians should include in the decision-making process.

**Openness to the Spirit’s guidance.** Christian ethics begins with prayerful openness to God’s continued guidance (Matthew 21:22). Specific issues of bioethics may be new, but they need not intimidate us, because God has promised through the
Holy Spirit to lead us to the truth that we need to be faithful to His will (John 14:15-17). Our prayer for the direction of the Spirit stems from an acknowledgment that God’s wisdom is vastly superior to our own (Proverbs 3:5, 6; 1 Corinthians 3:18-20).

Acceptance of the Spirit’s direction leads us to the Bible, where God has revealed His moral wisdom (Psalm 119:105). In response to God’s love, we are motivated to obey His commandments (John 14:15). The Ten Commandments (Exodus 20:1-17) and many other biblical expressions of God’s will give us specific guidance for a wide range of human activity (Psalm 19:7,8), including bioethical concerns. Even when no single text speaks directly to a specific bioethical question, the Bible still provides broad, summary principles to guide our actions (see Micah 6:8; Matthew 23:23).

For example, we don’t find specific passages telling us what to do about the transfer of human embryos or the use of genetic therapy. But if we cooperate with the Spirit and search the Scriptures for some fundamental guiding principles, we will not be disappointed. Not only in the commandments of Scripture, but also in its history, poetry, and prophecies we have a wealth of
resources that enliven our moral imagination and enable us to see human life from the perspective of God’s values. These resources are most productive when we seek to understand what the text meant to the people who first received it and the direction in which God was leading them step by step. Seventh-day Adventists also can find guidance in the writings of Ellen G. White.

**Essential principles.** The Bible tells us that the essential values and principles for our moral lives are unified in love. Jesus makes love for God and love for persons the essential foundation of ethics (Matthew 22:34-40). Paul affirms this as well: “The one who loves another has fulfilled the law…. Love does no wrong to a neighbor; therefore, love is the fulfilling of the law” (Romans 13:8-10, NRSV).

In love, then, we have a practical basis for resolving values conflicts. This means we must apply all biblical norms in ways that are consistent with love. To affirm this is not asking for impossible. We have love made real in the person of Jesus (John 3:16). The ministry of Jesus embodied God’s love and awakens in us the desire to follow Him (Philippians 2:5; 1 Peter 2:21). In Jesus’ healing ministry and in His respect for those who were
vulnerable and rejected, we have an example with profound implications for bioethical issues. Since Jesus is the ultimate revelation of God’s moral values (Hebrews 1:1-4), in Him we have the authoritative source to deal with complex moral issues.

God intends that Christians assist each other in following Jesus by participating in the life of their faith community (Matthew 18:20). God give gifts to the member’s of His body so that they may help one another with growth in the faith (Ephesians 4:11-16). When the early church faced perplexing issues, the leaders gathered in council and, led by the Spirit, they arrived at practical decisions (Acts 15:1-35). In so doing, they gave us an example of mutual trust that we should follow when addressing the potentially divisive issues of our time, including questions of bioethics.

With these biblical teachings as a basis, we can establish a framework for careful, faithful decision-making (for an example, see box on page 7). When we are secure in biblical faith, we are not intimidated by the new and challenging questions by bioethics. Instead, we gain the confidence that God will continue to lead us and empower us to enter any area of humanity inquiry, thus serving Him and humanity better.[3]
A Christian Framework for Bioethical Decisions

1. **Analysis.** Begin with a clear understanding of the issue.
   
   · **What facts are in question?** To arrive at mature moral judgments requires a clear grasp of facts, including current scientific data and the nature of the purposed interventions.
   
   · **What concepts need clarification?** Concept clarification involves preciseness of language and meaning of central terms. Conceptual confusion leads to communication failures. For example, Is artificial insemination using the sperm of a donor “adultery”? Is the withdrawal of artificial life-support from a dying patient the same as “euthanasia”? For Christians, clarification of concepts requires that the language of moral discourse be in harmony with the principle of Scripture.
   
   · **What values are in conflict?** Identify explicitly the values at stake. For example, in caring for a dying patient, is there a conflict between the possibility of extending the person’s life and alleviating pain? Spirit-guided sensitivity ensures that we do not overlook key elements that should affect our understanding of the issue.
What human relationships will be affected? Christian ethics should be always sensitive to how decisions affect personal relationships. For example, how would artificial insemination affect relationships within a family? Biblical principles are designed to foster healthy human relationships.

What is the appropriate realm of moral authority? Who is the appropriate agent to make a bioethical decision? For example, the decision to accept or forego a particular medical intervention belongs to the patient if he or she is a mentally competent adult. If the patient is not competent, who decides? Family? Medical personnel? Society? The Bible acknowledges various types of authority, according special roles for parents, church leaders, and government officials.

2. Alternatives. Give creative attention to a variety of options.

What courses of action exist? God has given us the creativity to imagine, evaluate, and carry out alternative courses of action. For example, in caring for the dying, are
there better ways to preserve the person’s dignity and alleviate pain rather than resorting to euthanasia?

· **What are the likely effects of various options?** While accurate prediction may not be possible in every case, it would be irresponsible not to consider the probable effects of a decision. For example, what are the likely complications of having a woman provide surrogate gestation for another woman?

3. **Principles.** Mature, Christian decisions are guided by God’s principles.

· **What relevant principles can be derived from a study of God’s Word?** As we search the Scriptures, the Holy Spirit will empower us to discern principles to guide us in our decisions. Such study attempts to recover Scripture’s original meaning and to understand the moral direction in which God was leading. That direction reaches its clearest presentation in the ministry of Jesus.

· **Can the shared experience of the faith community assist us?** Being part of God’s people helps us to share moral insights in an atmosphere of mutual trust and
respect. This includes a study of the reflections of Christian both now and in the history of the church.

4. **Decision.** Prayer and careful Bible study should give confidence to make decisions and humility to change them when necessary.

   - **What decision best fits with relevant biblical principles?** In facing complex moral decisions, Christians are not always free from ambivalence. However, Gad has given us sufficient resources for courageous decisions and appropriate actions.

   - **What obstacles must be overcome in order to implement the decision?** We should implement our decisions with relevant strategies, including principled measures for surmounting hindrances.

5. **Evaluation.** Learn from the past decisions and make adjustments as needed.

   - **What is our honest assessment of the decision?** God continues to work with and through us even when we err. Christian humility leads to new understanding and admission of past mistakes. God’s grace in liberating in
this regard, since our ultimate destiny is secure in Christ and does not rest on the perfection of our decision-making.


[3] Parts of this paper were first presented to the Christian View of Human Life Committee of the General Conference of Seventh-day Adventists. Those interested in obtaining a copy of the statement in English that the committee has produced on bioethics may write to the health and Temperance Department of the General Conference: 12501 Old Columbia Pike; Silver Spring, MD 20904-6600; U.S.A.