Can bioethics be Christian? In the following commentary, we try to offer one perspective on how aspects of Christian theology can inform bioethics. We do not try to engage any one specific bioethical issue from a Christian perspective. Nor do we try to offer any new, groundbreaking way of thinking about bioethics from a distinctively Christian perspective. Much more modestly, we seek to prime the pump by offering six loosely related points of entry into how to think about bioethics from a distinctively Christian perspective. The six points are only a sketch, items for discussion rather than a definitive, comprehensive treatment. These comments are lightly revised from a talk I gave at the 2011 Christian Medical and Dental Associations (CMDA) conference; they thus reflect the concerns of CMDA as well as the unique challenges of the North American cultural context.

The first point of entry is something of an icebreaker, an attempt to offer one or two points of theological contact with the current, largely secular conversation about bioethics. What kind of posture should Christians adopt toward secular bioethics? If I am a medical student and I am sitting in that compulsory class on medical ethics that no one cares about but we all have to take, in what category should I place the material that we are being asked to study? I think a helpful first response from the believer is the doctrine of common grace. According to this doctrine, God shows mercy on all human beings, whether they are regenerate or unregenerate. He gives life and pours out many blessings to all. It is by God’s common grace that all human beings have the ability to show virtue and justice in displays of authentic morality. And it is also a testimony to God’s common grace that all human beings, whether believer or unbeliever, can study history, science, and even bioethics, since we all use thought and rationality. For instance, consider the four-principle method of applied ethics popularized by Beauchamp and Childress in their book *Principles of Bioethics*. It forms the foundation of secular medical ethics: beneficence; non-maleficence; autonomy; justice. Beneficence is the duty to do good for the patients. Non-maleficiency, conversely, is the duty not to harm the patient—“First of all, do no harm.” Autonomy speaks to the patient’s right to self-determination. The individual patient has a right to determine his or her healthcare. Finally, whereas the other three principles focus on the individual, the principle of justice speaks to the needs of the broader society. Justice demands that patients be treated fairly or equally. These four principles can plausibly be seen as evidence of God’s common grace. Christians and non-Christians can use them in ways that promote a just bioethics. These four principles were originally offered as a way to bridge the differences between various religious and philosophical perspectives. Since we live in a pluralistic and ideologically divided society, secular bioethics has offered potential ways to reach consensus on how to arrive at the common good; but, of course, that is all rather optimistic! These principles reflect the naiveté of what historians call the Enlightenment—and many have rejected those assumptions. Furthermore, as we Christians think about bioethics we are compelled to balance common grace with the recognition of the noetic effects of sin.

In the Greek language, *noētikos* means intellectual, so the “noetic effects of sin” are how sin affects our intellectual lives. Sin’s noetic effects are the many ways in which sin sabotages our intellectual lives. An important study by Stephen Moroney helps us understand this aspect of the doctrine of sin. We can distinguish two levels of influence: sin affects whatever topic we are engaging intellectually or it affects me, the individual person. Moroney calls these two elements the “object known” and “the personal subject.” This makes sense—sin can either affect me, the thinker, or it can affect whatever I am thinking about. Our ability to think properly about bioethics can therefore be impaired by the noetic effects of sin. Whenever bioethics touches subjects that are central concerns in the witness of Scripture, we can anticipate the noetic effects of sin. Graham Cole explains,

> [W]here the Scriptural testimony will particularly impact our understanding of the disciplines, I believe, will have to do with our anthropology. Every discipline presupposes some doctrine of the human. In some disciplines that doctrine is very much on the surface and potential conflict between the Christian and others will [be] more to the fore. One might suggest that there is a principle of proximity to the anthropological. In the discipline of logic where the human is not the object of inquiry conflicts may be minimal. But in the discipline of psychology such conflict may be inescapable.
What kind of glasses are you wearing? Perhaps contact lenses? Or maybe you only need the occasional pair of sunglasses. Glasses are analogous to our worldview, the filter through which we interpret everything we see. It’s an analogy that breaks down, to be sure, but it is useful in reminding us that all perceptions and interpret reality in different ways. Our perspective or point of view is our worldview. And our worldview has a great deal to do with what we think, learn, and know about our world.

In the world of bioethics, worldview comes squarely up against the questions of who is a human being? What does dignity mean? How do we gather, analyze and interpret data? What are the boundaries of medicine, science, and technology? Our worldview may lead us to evaluate all input according to a pre-determined, desired outcome. Or, it could engender a deep sense of humility and awareness of our human limitations.

Let me illustrate how a faulty worldview—the “wrong” pair of glasses—can lead to wrong, even disastrous, conclusions. The United Nations Millennium Development Goal 5 calls for a 75% reduction in maternal deaths by 2015. When the data is evaluated globally, we are far from achieving that goal. When examined by country, the statistics disclose a less uniform pattern. Most maternal deaths occur in a few countries: Pakistan, Afghanistan, India, and sub-Saharan Africa. For example, there is a marked contrast between Sri Lanka, which had a total of 190 maternal deaths in one year, and Sierra Leone, where one in eight women die in childbirth.

So, what’s the problem? First, the actual number of women who die in childbirth has been overreported. Rather than 500,000 deaths annually, the number likely is closer to 350,000. This may be due in part to faulty boundaries of medicine, science, and technology?

Third efforts to reduce maternal mortality may actually be efforts to reduce abortion, and induced abortion (by method, whether surgical or chemical). Accurate data should separate childbirth, spontaneous abortion (spontaneous miscarriage) may be counted as a maternal death, but deaths from induced abortion might be excluded. Accurate data should separate childbirth, spontaneous abortion, and induced abortion (by method, whether surgical or chemical).

WHO’s Reproductive Health Indicators link the safety of abortion with its legal status. This flies in the face of some of the most reliable evidence that legalized abortion may hinder reductions in maternal mortality. Maternal mortality has increased in the U.S., which has one of the most permissive abortion regimes among liberal democracies.

Third, efforts to reduce maternal mortality may actually be efforts to reduce maternity. UN planners and other policy makers have made no secret of their intention to reduce population growth worldwide, particularly in majority world countries (developing nations). “Family planning services” are promoted as necessary to reduce maternal mortality. These services include pregnancy termination by induced abortion. “Fertility regulation” is a convenient label for chemical and medical abortions in countries where it is illegal. Deaths from the “abortion pill” or use of a manual vacuum aspirator would not be counted as maternal mortality due to induced abortion.

Finally, language is being misused and abused to disguise agendas that are objectionable, both in the U.S. and in the targeted nations. Obfuscation and misdirection are evidence of a worldview

The same point is made by Merold Westphal in a different idiom,

This I take to be a formulation of what one of my teachers used to call the Law of Inverse Rationality. By this he meant that the ability of human thought to be undistorted by sinful desire is inversely proportional to the existential import of the subject matter. We can be reasonably rational at the periphery of our interests, where opportunities for prudential self-assertion are limited. But the closer the topic to the core of our being, the greater the tendency to subordinate truth to other values. This has the clear implication that sin’s role as an explanatory category will be especially significant in the areas of ethics and politics, theology and metaphysics.

As we study matters that touch on those core issues at the center or close to the center of the human condition, we can expect the noetic effects of sin to be alive and well.

The more devastating aspect of sin’s effects, however, is on the so-called personal subject, which in this case would be the bioethicist or physician. A bioethicist has a unique personality, family upbringing, idiosyncrasies, likes and dislikes, strengths and weaknesses, and so on. All of these factors—“cultural, religious, social, psychological, political and economic influences”—exponentially increase and complicate the ways in which the noetic effects of sin affect an individual. These theo-

realities are helpful to understand, they help explain how professional bioethical discussions rarely illuminate the most ethically salient facts. It helps us understand the observation made by some way: “how do you define a bioethics expert? Answer: bioethics experts are people invited as media pundits to comment on issues as a way to legitimate what we have already decided we want to do as a society. The noetic effects of sin also clarify why secular bioethical discussions, even the most serious ones, often diverge significantly from a robustly Christian bioethics. In other words, we would be exceedingly naive if we thought that everything that goes by the name of bioethics is simply a manifestation of God’s common grace; it is surely that, but it is also—perhaps more so—a manifestation of the noetic effects of sin.

The most significant personal dimension to sin’s noetic effects is the presence (or absence) of spiritual regeneration and the Spirit’s ongoing sanctification. As Hebrews 5:11-14 suggests, separation from God distorts my knowledge of him, and vices like self-centeredness, pride, impatience, and envy all pervert my noetic capacities. “Our moral and spiritual state affects what we think,” explains Moroney. This observation does not mean that Christians will always offer the most helpful perspectives on bioethics. Indeed Christians are far from immune to the noetic effects of sin—so there is no infallible way to predict how these effects will play out in bioethics scholarship, or any other scholarship for that matter. This is all the more reason for us Christians to think faithfully about bioethics in our vocations in a very careful, wise, and prayerful way—and also, to do so in conversation with others who have different perspectives and therefore different blind spots, for that will help mitigate the noetic effects of sin in our own lives. Perhaps
that is beginning of the theological argument for bioethics to be done in a more dialogical, multicultural, and global context.

The second point of entry relates to the role of Holy Scripture and the Chris-
tian tradition in bioethical reflection. For Protestant Christians, especially evangeli-cal, it is important to maintain the authority of the Bible. Scripture is the “norming norm,” the ultimate standard of authority; whereas tradition is the “normed norm,” it is an author-
ity but it has normative character. Wherever it stands under the authority of Scripture.

All our traditions, even our ecumeni-cal councils and creeds, must always be tested by Holy Scripture. As the Westminster Confession of Faith puts it, “The supreme judge by which all contro-versies of religion is to be determined, and all decrees of councils, opinions of ancient writers, doctrines of men . . . are to be examined . . . can be no other but the Holy Spirit speaking in the Scripture” (1.3). This “insistence assumes, of course, that modern concern is closely related. When evangelicals cannot find relevant imperatives in Scripture, they then look for passages which can be applied to the contemporary bioethical issue—even if those passages are not directly related to the issue at hand. Specifically, Hollinger mentions passages like Luke 14:1, Acts 15:28, Galatians 3:28, and Leviticus 19:36, which argue that God’s commandments extend to bioethical considerations, as well as the imago Dei. This means that we can and should do better. I do not want to argue that Scripture bioethics cannot survive without deeply integrating doctrine into bioethical reflection. Christian doctrine needs to inform, it needs to structure, it needs to shape how we analyze many bioethical problems that we face in the twenty-first century.

We must pause and recognize the irony here. Part of the difficulty, the challenge before us, is that as important as this task is, it remains largely undeveloped in literature written by evangelicals. One does find scattered essays written here or there where an evangelical tries to think about a doctrinal issue, but God’s providence, in relation to a biotechnological concern, is rarely discussed. Things are drawn from and rooted in Scripture and they therefore ‘share’ in its authority. Modern science has an epistemic authority that it exerts on bioethics and bioethical discussions. What I want to suggest, controversially, is that Christian doc-
trems, particularly when they are more central than peripheral to the Christian tradition, have a greater authority than science and should be recalcitrant and reinterpret many of those same bioethi-cal discussions. Evangelicals are right, therefore, to appeal to the imago Dei in bioethical debate. It grounds much of the recent work on the significance of human dignity as a bioethical concept. Of course, there are poor or superficial examples of how to use this doctrine in Christian bioethics, but I am saying that evangelicals are right to draw on it as we develop bioethical positions.

The image of God is only one doctrine, and there are many other doctrines that Christians confess that are central to the biblical narrative. Evangelicals have been far less impressive here, showing a very palpable theological range and imag-
ination. In my experience, even evan-
gelicals who work more regularly in the area of bioethics find it hard to think in robust doctrinal ways about these issues. There are notable exceptions, however, like recent books by David VanDrunen and Brent Waters. There are also signs that some of our younger emerging scholars are making strides in this area. Many of them are trained in the more rigorous metaphysical philosophical tradition, something that has been more common within Roman Catholic circles. These are promising signs, but we can and should do better. I would suggest that we approach the dif-
ficult problem of enhancement, just to pick one example, from the perspective of specific, abiding Christian doctrines that can help us in our analysis.

My fourth entry point into a Christian perspective on bioethics relates to the natural law tradition. It has to do with what I call the natural law imper-sonal and theological claims do strike me as potentially undermining an evangeli-cal Scripture principle. We must always insist that Scripture has authority over all human areas of knowledge, but I think there is something to be said for a more ontological understanding of natural law. Christian bioethics will be threatened by a robust but realist understanding of natural law. What I mean is this: consider the situation with reproductive ethics. Protestant
that is the beginning of a theological argument for bioethics to be done in a more dialogical, multicultural, and global manner.

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First, Scripture does not specifically address many modern bioethical issues. Therefore if we only appeal to explicit imperatives in Scripture for bioethical reflection, then we will think that Scripture does not address many, perhaps most, urgent problems facing us today in bioethics. Hollinger says: “Of course most evangelicals realize this dilemma and yet want to speak to these issues. But the fact that they have given so little attention to most of them (with the exception of abortion), may in part be rooted in a biblicalism which moves from direct-statement impera-
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The confessional tradition is important to my first point about the doctrine of

the resurrection of Jesus Christ, teachings, and confesses on the basis of the word of God.”13 More needs to be said, of course, but we will use this as our functional defi-
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bioethics, especially at the lay level, is all over the map on this. Some evangelicals use the oral contraceptive pill, some do not. Some evangelicals do, some do not. Some would reject the idea of surrogate motherhood, others embrace it. The main problem here is the lack of an overt political consistency, and we could magnify the point by look- ing at other non-reproductive ethical questions. These are very complicated issues so I do not want to pretend I have found the silver bullet. One dimension of the problem is that the standard evangeli-
cal approach is sometimes vulnerable to a functionally nominalistic approach to Scripture. Here is one way to view that there are no universal essenc-
es; they do not have an independent existence. All we have are particular or individual things; our human minds construct their “essences.” Realism disagrees and affirms that there are uni-
versal essences and that these universals exist and that we can talk about them. (Realism and nominalism were vigorously debated in the medi-
eval period). Here is how I am trying to apply this category to bioethics issues that do our bioethical convictions refer to?

What aspect of reality are they about? When I say that standard evangelical bioethics is sometimes vulnerable to a functional nominalism in its use of Scripture, I mean that bioethical realities lack a robust realism. The only ground-
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bioethics, especially at the lay level, is all parroted by our Christian heritage and that Christians are deeply concerned about what was happening in modern medicine; these cameams were instrumental in the rise of bioethics. The role of evangelical Protestants in North America bioethics was obviously richer and more complex than it had been to capture in brief historical narrarive of the pro-life movement.21

This history invites a few observations. The first point is that when we review this history we see that Catholics were much more consistent than evangelicals. We need to be clear about that. On the abortion question, Catholics were most consistent in pointing out the deep moral questions that were relevant to the discussion. Evangelicals were late comers. We should be ashamed about that. As orthodox Protestants, we should have discerned how the Scriptures and our Christian tradition spoke powerfully about the metaphysics of personhood and what it means to be made in the image of God. Part of the historical reason for this shortcoming, of course, was the political quintessence that emerged as a result of fundamentalist-modernist controversies in the early twentieth century. (In the 2011 CBHD summer conference, Dr. Edmund Pellegrino informed his audience that we now know as bioethics had its origins in

supportive of abortion rights, but neither were they strongly pro-life either. From 1971-1979, the Southern Baptist Convention, which at the time did not have a formal stance in the debate, was proportionally less involved in the public life of the nation. Significantly, the Southern Baptists were not engaged in collaboration with other pro-life groups including Roman Catholics and people from other religious beliefs so that there was a natural tendency to support embryonic stem cell research. Democrats tend to be pro-choice and support embryonic stem cell research. When President Obama took office, one of his first moves was to disband the President’s Council on Bioethics because he thought it had an ideological agenda (as you know, this council was commissioned by George W. Bush in 2001 and was led by Leon Kass until 2005 when Edmund Pellegrino took over). These polarizations are so familiar to us as North Americans that they become reified, they become tangible political realities that structure the way we think about bioethical issues. Christians who should know better are often snookered by these unfortunate trends. Here we need to tread carefully because we are on emotionally volatile ground. Nevertheless we need to remember with Edmund Pellegrino that Christians have a kind of naïve, exuberant political courage and humility. If we are to think critically and theologically about bioethics, we need to understand the personal tenor for those who see in their American evangelical toward what we can rightly call political Calvinism. I am sure I do not need to be making these points to this audience, but I do wish to do what is important. The tail should not be wagging the dog. Do not misunderstand me. Abortion is deeply important, but there is a sense to vote along a party line because of what that party aligns on the abortion question. That is not the whole story though, political affiliation and theological substance is quite another. Evangelicals need political strategy and we need theological substance; we should keep these two categories conceptually distinct. Evangelicals who confuse a political party's sensibilities with Christian conviction are syncretistic. There are appalling and embarrassing examples of this kind of thing and it would probably be not edifying to start listing them. To be sure, we need faithful thinkers who can help us develop a more responsible political strategy. If evangelicals moved from one extreme to another, from political quiescent to a kind of naive, exuberant political
not think that if we are true followers can make this point. Abraham Kuyper Bioethics toral one, what we might call “Everyday The note I want to end on is a more pas-

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we might emphasize the point here by

drawing connections between godliness

and the noetic effects of sin. Bioethics

is not just about theory. It is not merely

about abstract philosophical debates and

arguments. It is one thing to have

an intellectual position on a bioethical

issue, and it is quite another to live and

breathe those convictions, to exemplify

them in our lives with the help of God.

If I am a Republican evangelical, and my

beautiful sixteen-year-old daughter gets

pregnant out of wedlock—it is a disgust-

ing, indeed abominable, hypocrisy to

allow her to secretly have an abortion.

If Christian medical students are using

cognitive stimulants, then it hardly

makes sense for us to write students to

articles criticizing the problem of cognitive enhancement or

the challenges of neuroethics. This

makes sense: if we Christian bioethi-

cists and medical professionals cannot

get it right in our own personal lives,

then we can hardly blame the Millenials

and Christian non-physicians who are

struggling with these issues. There is

a more important point I want to make, though: failing to practice a distinctly

Christian vision of bioethics in our

lives can even affect our own theo-

tical convictions. That is the connection

between godliness and the noetic effects

of sin. If our own lives are not notable for

a consistent and convincing witness to

an evangelical bioethics, it is not long

before our own ostensible, theoretical

convictions begin to change and our

arguments start becoming self-serving

on this or that issue. That is a manifesta-

tion of the noetic effects of sin as we

try to justify theoretically the way we are

already living our lives practically. Godliness is important. Maybe it is not a

sufficient condition for getting to that bioethical position, but it is necessary for

Christians.

If you will allow me to bring these ser-

mous observations home, I would say that

Christian bioethics urgently needs

to be democratized within confessional

evangelicalism. This may be one of the

most pressing needs in Christian bioeth-

ics today. We need to find creative and

effective ways to help cultivate the most

serious, the most powerful, and the most

Christian bioethical sensibilities

within our churches, among parents and

children, among academicians and every-

day people. To realize that Christian

bioethics cannot be the preserve of only

the academics and scholars is to stand in

the best tradition of Reformation Prote-

stantism. Christian bioethics is not just

for the academic priests and the schol-

ars alone: it is quite another to live and

breathe those convictions, to exemplify

them in our lives with the help of God.

In my earlier reflections on natural law and

reformed bioethics, it seems worth the effort for those same

students to write articles criticizing

the best tradition of Reformation Prot-

estantism; Chicago: University of Chicago Press, 1971),


http://cbhd.org/content/natural-law-reformed-bioethics-another-look.

For a recent Protestant defense of this position,


For a recent Protestant defense of this position,


For a recent Protestant defense of this position,


For a recent Protestant defense of this position,


For a recent Protestant defense of this position,

activism). More relevant to our present topic: if we are to thinking critically about bioethics, we will need to decouple political agendas from the pureding, squeezing everything into a narrow bandwidth of pro-life or pro-choice. The fact of the matter is that evangelicals need to be more pro-life, we need to have a much more robust understanding of the ontology of sex and the significance of procreation, we need to care much more about the problem of abortion and the hypocrisies that exist in many of our churches on these matters. However, we also need to cast our ethical gaze much more broadly to see that Christian bioethics transcends political affiliations; political discourse in North America is too morally thin, too hypocritical, too superficial, to be a religious issue, and arguments start becoming self-serving and shallow. That is a manifestation of sin. If our own lives are not notable enough, then we can hardly blame themillions and millions of Christian non-physicians who are struggling with these issues. There is a more important point I want to make, though: failing to practice a distinctly Christian vision of bioethics in our lives can even affect our own theoretical convictions. That is the connection between godliness and the noetic effects of sin. If our own lives are not notable for a consistent and convincing witness to an evangelical bioethics, it is not long before our own ostensible, theoretical convictions begin to change and our arguments start becoming self-serving on this or that issue. That is a manifestation of the noetic effects of sin as we try to justify theologically the way we are already living our lives practically. Godliness is important. Maybe it is not a sufficient condition for getting the right bioethical position, but it is necessary for Christians. If you allow me to bring you some sermonic observations home, I would say that Christian bioethics urgently needs to be democratized within confessional evangelicalism. This may be one of the most pressing needs in Christian bioethics today. We need to find creative and effective ways to help cultivate the most serious, the most responsible, and the most Christian bioethical sensibilities within our churches, among parents and children, among academicians and every day people. To realize that Christian bioethics cannot be the preserve of only the academics and scholars is to stand in the best tradition of Reformation Protestantism. Christian bioethics is not just for the academic priests and the scholastics; it seems worth the effort for those same Christians, men and women, adults and children—bioethical problems are our problem on a daily basis, every day. Our lives are morally freighted moment by moment in a way that seems much more palpable today than perhaps thirty years ago. In short, if we believe in Christian bioethics, if we want to think critically and theologically about bioethics, if we want to live out our deepest convictions before God with fear and trembling, then let me suggest that there is much more than enough for you and me to be getting with this in the days ahead.  

R. Wagoner; South Bend, IN: St. Augustine’s Press, (2003), 12.
20 George Grant, Third Time Around: A History of the Pro-Life Movement from the First Century to the Present (Brumfield; THI: Waltham & rept; 1991), 143.

**BIOETHICS AT THE BOX OFFICE: AN UPDATE**

In Time (2011, Rated PG-13 for violence, some sexuality and partial nudity, and strong language) Categories: Genetic Engineering, Human Enhancement, Radical Life Extension


Love and Other Drugs (2010, Rated R for strong sexual content, nudity, perverse language, and some drug material) Categories: End of Life, Pharmaceutical Ethics

**COMPILLED BY CBHD RESEARCH STAFF**

**A recap of relevant material that has premiered on the silver screen since 2010. Readers are cautioned that the films represent a wide range of genres and may not be appropriate for all audiences.**

**The reason for the rating classification is provided where available. Viewers are encouraged to read annotations/synopses available through such websites as www.movieguide.com and www.imdb.com.**

For more backflips of Bioethics at the Box Office visit our website at http://cbhd.org/resources/reviews/movie-review. **