

## THINKING THEOLOGICALLY ABOUT BIOETHICS

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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 theological 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.<sup>1</sup> 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-maleficence, 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.<sup>2</sup> 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.<sup>3</sup>

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 prideful 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 epistemological category will be especially significant in the areas of ethics and politics, theology and metaphysics.<sup>4</sup>

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"<sup>5</sup>—exponentially increase and complicate the ways in which the noetic effects of sin affect an individual. These theological 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 wag: 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 naïve 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,"<sup>6</sup> 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

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that is the beginning of a theological argument for bioethics to be done in a more dialogical, multicultural, and global key.

The second point of entry relates to the role of Holy Scripture and the Christian tradition in bioethical reflection. For Protestant Christians, especially evangelicals, 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* authority but only a relative authority since it stands *under* the authority of Scripture.<sup>7</sup> All our traditions, even our ecumenical councils and creeds, must always be tested by Holy Scripture. As the Westminster Confession of Faith puts it, “The supreme judge by which all controversies of religion are 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” (I.x). This insistence assumes, of course, that confessions are already summaries of long, patient, consensual exegesis of biblical texts, but the Reformation point still stands. Protestants are right to stake this position. True Protestants do not hold to *sola scriptura* as if it is opposed to church tradition; no, they will want to be catholic, they will want to think and confess the faith in continuity with the orthodox, universal church. Therefore both Scripture and the confessional tradition are important (with Scripture the ultimate norm). To think critically about bioethics is to think biblically and along the patterns set by the orthodox tradition.

In 1989, over twenty years ago, Dennis Hollinger published an article in the *Journal of Religious Ethics* titled, “Can Bioethics Be Evangelical?”<sup>8</sup> In that article, he faulted evangelicals for what he called their “biblicism.” While Hollinger affirms the evangelical commitment to a high view of Scripture, he regrets the fact that evangelical bioethics tends to “draw the content and style of ethical reflection directly from biblical statements, particularly imperative

ones.”<sup>9</sup> The immediate problem with this approach is that there is far more going on in Scripture than imperative commandments—there are prayers, songs, parables, letters, hymns and so on. What will evangelical bioethics do with *those* parts of Scripture? Hollinger goes on to give three specific concerns related to the evangelical use of Scripture in ethical debate.

**First**, Scripture does not specifically address many modern bioethical issues. Therefore if we only appeal to explicit imperative commands 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 biblicism which moves from direct-statement imperatives to the issues at hand.”<sup>10</sup> Hollinger’s **second** 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 1:41, Jeremiah 1:5, and Psalm 51:5, arguing that these are often appealed to by evangelicals as an argument for the full personhood of the unborn. The problem here, he says, is that none of those biblical texts address the metaphysical status of the unborn which is what is relevant to the abortion debate. Finally, the **third** concern that Hollinger emphasizes is that evangelical biblicism works with a truncated vision of the biblical material. It so privileges the imperative passages in Scripture that it misses the other genres of Scripture which may also have a significant bearing on problems in bioethics.

Dennis Hollinger wrote that article over twenty years ago, but it is not clear that much has changed in evangelical bioethics. Let us not be unfair here;

there are clearly exceptions. There are evangelical scholars who are addressing the weaknesses that Hollinger identified, but as a generalization it does seem as if Hollinger’s criticisms could be addressed to this generation. Evangelical contributions to bioethics continue to be haunted by these unsatisfying uses of Scripture. It is sad to have to say that.

This brings us to the third point of entry which is closely related to the second, namely the role of Christian doctrine in bioethical reflection. Recent theologians have mourned the relative absence of Christian doctrine in the life of the church, let alone in the wider public discourse.<sup>11</sup> One sociologist even talks of the “strange disappearance of doctrine in the church.”<sup>12</sup> Many Christians, both evangelicals and non-evangelicals, are more likely to find their self-understanding in the plausibility structures of our therapeutic, individualistic, postmodern culture. Whatever happened to Christian doctrine? A church historian has described doctrine in the following way: doctrine is “What the church of Jesus Christ believes, teaches, and confesses on the basis of the word of God.”<sup>13</sup> More needs to be said, of course, but let us use that as our functional definition for our present purposes. I want to argue that Christian bioethics cannot survive without deeply integrating doctrinal perspectives 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, like God’s providence, in relation to a bioethical concern. However, it seems much rarer to find our most significant scholarly treatments wrestling with Christian doctrine in meaningful, substantive ways. Even my remarks here

are only suggestive, trying to gesture at something richer, more profound, more reflective of the deep resources available within the Christian tradition (for an ecumenical example, see the journal *Christian Bioethics*). We know there is something better, but there are not many examples to which we can point. Roman Catholic thinkers are often much more rooted in doctrinal reflection than their fellow Protestants, not least because they are more ostensibly rooted in a longer, ongoing tradition of ethical reflection. Evangelical Protestants should be dissatisfied with this state of affairs; we ought to do better (here the complaints by Hollinger seem relevant).

There is one exception. Evangelicals have done much work with the doctrine of the image of God, the *imago Dei*. In ethical debates about abortion and embryonic stem cell research, we frequently see reference to the significance of this doctrine for understanding what is at stake scientifically, metaphysically, and doctrinally. Biblical texts become significant here, including passages like Genesis 1:25-27, Genesis 9:6, James 3:9, and others. If you have read up on this topic recently, you will know there have been long debates within the tradition and among biblical scholars about how to understand the image of God. In what does it consist? Our rational capacity? Our functional capacity? Our ability to be vice-regents, representatives of God on earth? And so on. These exegetical debates have their place, of course. I do not want to suggest that the doctrine of the image of God is a transparent or undisputed concept. Nevertheless, such debates cannot in themselves minimize the theological significance of the doctrine of the image of God. They raise questions that we need to work through in company with other believers from the past and the present. Doctrines themselves are reliable windows into what is really real; they are God-given; they 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 doctrines, particularly when they are more central than peripheral to the Christian tradition, have a *greater authority* than science and should recalibrate and reinterpret many of those same bioethical 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 paltry theological range and imagination. In my experience, even evangelicals 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.<sup>14</sup> 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 all promising signs, but we can and should do better. I would suggest that we approach the difficult 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 close ties to my first point about the doctrine of common grace.<sup>15</sup> So, one definition of natural law is that it is "unchanging moral principles common to all people by virtue of their nature as human beings." Again, Catholic bioethicists are more familiar with this category, but

Protestants and especially evangelicals typically are not. The main point I wish to make under this heading is, first, that there are historical reasons that modern Protestants have resisted embracing the natural law tradition. Second, I want to suggest that Protestants, especially confessional evangelicals, need to retrieve something like natural law to help them think in the most competent ways about new bioethical challenges.

There is growing historical evidence that some version of natural law is consistent with the thought of the early Reformation tradition.<sup>16</sup> That is an important insight because, for so long, Protestant theology and the natural law tradition were thought to be highways traveling in opposite directions. Protestants continue to be scared of the natural law tradition. Many are simply unaware of this part of the Christian heritage. A valid concern from Protestants relates to the Protestant Scripture principle. As I have mentioned already, Scripture is the norming norm; we Protestants hold to *sola scriptura*, and that is a good thing. Some evangelical bioethicists worry that natural law thinking tends to rely on human powers of reason; as such, they say, it neglects the noetic effects of sin and the priority that we should be giving to Holy Scripture. I think these are valid, important concerns, but let me explain why I think that Protestant bioethics can still learn from the natural law tradition. It has to do with what I call ontological rather than epistemological reasons.<sup>17</sup> Ontology is about the nature of reality; epistemology is about the nature of knowledge. Natural law traditions that make universal, unqualified epistemological claims do strike me as potentially undermining an evangelical 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 strengthened by a robustly realist understanding of natural law. What I mean is this: consider the situation with reproductive ethics. Protestant

bioethics, especially at the lay level, is all over the map on this. Some evangelicals use the oral contraceptive pill, some do not. Some favor the use of IVF, others do not. Some would reject the very idea of surrogate motherhood, others embrace it. The main problem here is the lack of an overall theological consistency, and we could magnify the point by looking 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 evangelical approach is sometimes vulnerable to a functionally nominalistic approach to Scripture. Briefly, nominalism is the view that there are no universal essences; 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 universal essences and that these universals exist independently of our reasoning about them. (Realism and nominalism were vigorously debated in the medieval period). Here is how I am trying to apply these categories to bioethics: What 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 grounding for our bioethical convictions is explicit divine commands in Scripture. Part of the problem as we have already mentioned is that Scripture has much more to say about bioethics than explicit divine commands. Furthermore, this kind of evangelical nominalism does not help us see how Scripture testifies to a real, moral ontology, a created order. We evangelicals need a richer language to talk about the ontological aspect of our bioethical claims. We need a more compelling way to speak about the bioethical realities that exist and that are morally binding on all people independently of what any of us think or say or do. The natural law tradition can help

here. Please understand that we do not have to use the expression “natural law”; Lutherans talk about “orders of creation” which gets at the same idea. We confessional evangelicals need to do more work in this area. We need to think more clearly about how to relate the idea of natural law to more familiar theological concepts like common grace or general revelation. We need to clarify how orders of creation complement an evangelical Scripture principle. Gaining more clarity in these and other areas can only help us, moving forward, as we engage pressing questions in modern bioethics.

The fifth point of entry into a Christian perspective on bioethics is what I have called “the problem of syncretism.” Here I am stealing a page from the discipline of missiology, the study of Christian missions. In the context of missiology, we refer to syncretism as those instances in a given setting when the Christian gospel is corrupted or subverted by non-Christian assumptions or cultural patterns. For instance, imagine that missionaries have traveled to a non-Christian village in Ghana; they diligently preached the gospel of Jesus Christ dead and risen, witnessing a number of conversions among the people. They establish new churches, they translate Bibles into the ethnic dialect, people hear regular sermons and Bible instruction and so on. However, when many of these new Christians are affected by some physical complaint or a really difficult situation at home, they do not go to the pastor. They go to the local witch doctor! I think we are all familiar with this kind of scenario. This is what we would call syncretism—the problematic blending of Christianity with non-Christian thought patterns. In such a situation, we want to ask—we need to ask—whether the Christian gospel has really deeply and truly converted the minds and hearts of these people, or whether conversion has only been superficial. Of course, among missiologists there are debates about these matters and the example I have given is rather stereotypical, somewhat cliché. There is enough truth in it, though, for the purposes that we are

interested in here—because I think we can take the challenge of syncretism and apply it to the North American context of bioethical debate in a fruitful and self-critical way.

For as we all know, bioethics is intensely politicized in the U.S. The embryonic stem cell debate is a case in point. Republicans tend to be pro-life and support adult 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 speak with both Christian courage and humility. If we are to think critically and theologically about bioethics, we need to understand the perennial temptation for North American evangelicals toward what we can rightly call political syncretism. I am sure I do not need to be making these points to this audience, but it is still worth briefly reviewing the issues.

First a little history: in North America prior to the *Roe v. Wade* decision in 1973 when the Supreme Court ruled that the fetus was not a person with constitutional rights, it was primarily Catholics who were opposed to abortion. It was Catholics who opposed any kind of liberalization of abortion. Protestants were very slow in joining the pro-life movement. Surprisingly, after *Roe v. Wade* many mainline Protestants were in general approval of liberalizing abortion, and there were some who supported the Supreme Court decision. North American evangelicals were not as

supportive of abortion rights, but neither were they strongly pro-life either. From 1971-1979, the Southern Baptist Convention supported abortion in limited circumstances (rape, incest, damage to maternal emotional, mental, or physical health), and opposed legislation that would restrict abortion. Two points may be worth making in that regard. First, North American evangelicals at the time tended to be politically quietistic. They were not actively engaged in the political process and had largely retreated from public engagement in cultural affairs, so that is one reason that in the early 1970s evangelicals were not notable for opposing the liberalizing of abortion. The second reason that evangelical Protestants were not politically involved in standing up for the rights of the unborn, even when they disagreed with *Roe*, has to do with Catholic-Protestant relations at the time. Catholics as we noted were engaged in the abortion debate within the political sphere. Harold O. J. Brown who was the editor of *Christianity Today* in the early 70s, remarked: “At that point, a lot of Protestants reacted almost automatically—‘If the Catholics are for it, we should be against it.’ . . . The fact that Catholics were out in front caused many Protestants to keep a very low profile.”<sup>18</sup> In other words, because the Catholics were publically against abortion, evangelical Protestants reacted by keeping largely silent on the issue.

Everything changed by the end of the 70s. Probably the two most significant figures for evangelicals were Francis Schaeffer and C. Everett Koop. Schaeffer was a Protestant lay theologian who founded the L’Abri Fellowship in Switzerland and was the author of many books that encouraged the cultivation of a serious evangelical mind. C. Everett Koop was then at the Children’s Hospital in Philadelphia and later became President Reagan’s Surgeon General. Schaeffer and Koop sounded the trumpet and awoke evangelicals from their political slumbers. In a number of very influential writings and lectures, they warned that America was falling away from its Christian heritage and that Christians

needed to come out of their evangelical enclaves and become actively engaged in the public life of the nation. Significantly, they argued that evangelicals needed to collaborate with other pro-life groups including Roman Catholics and people from other religious beliefs so that together they could effect change.<sup>19</sup> And so was born the conservative evangelical pro-life coalition. As one popular author put it in a history of the pro-life movement,

Evangelical leaders began to call on Christians to stand in the public arena and apply the principles of the gospel to every aspect of their lives—both in the inner realm of piety and in the outer realm of polity. In 1978, Jerry Falwell’s Moral Majority was organized. Shortly afterward, James Dobson’s Focus on the Family, Pat Robertson’s Freedom Council, John Whitehead’s Rutherford Institute, Beverley LaHaye’s Concerned Women for America, and D. James Kennedy’s President’s Council joined veteran groups like Howard Phillip’s Conservative Caucus, Phyllis Schlafly’s Eagle Forum, Paul Weyrich’s Free Congress Foundation, and Rus Walton’s Plymouth Rock Foundation on the front lines.<sup>20</sup>

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 quietism 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 what we now know as bioethics had its origins in

Protestant campus ministers who were deeply concerned about what was happening in modern medicine; these campus ministers along with others were instrumental in the rise of bioethics. The role of evangelical Protestants in North American bioethics was obviously richer and more complex than I have been able to capture in this brief historical narrative of the pro-life movement!)<sup>21</sup>

That brings me to my second point—and here is why I have used the notion of “syncretism” to catch what I want to say here. North American evangelicals made an about turn with respect to political engagement. Now we are all too familiar in the U.S. with how bioethical controversies have large political ramifications. It is here that we see the problem of syncretism. The most powerful expression of syncretism in this context is when evangelicals think that a single political party somehow determines how we should think about abortion and other bioethical issues. Believers from other countries who have visited or live in the United States know exactly what I mean. It is difficult to have a serious or meaningful discussion about bioethical issues if we think that political affiliations are what is most important. The tail should not be wagging the dog. Do not misunderstand me. Abortion is a deeply important issue. It makes a lot of sense to vote along a party line because of how that party aligns on the abortion question. That is not the whole story though; political strategy is one thing, 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 convictions are syncretistic. There are appalling and embarrassing examples of this kind of thing and it would probably not be edifying to start listing them. To be sure, we need faithful thinkers who can help us develop a more responsible theology of political engagement (it is as if evangelicals moved from one extreme to another, from political quietism to a kind of naïve, exuberant political

activism). More relevant to our present topic: if we are to be thinking critically about bioethics, we will need to decouple political red herring issues from the bioethical questions that demand serious theological and philosophical work. One problem with allowing political agendas to dominate our intellectual horizons is that the North American political public discourse is so shallow. It is too restricting, 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 simplistic, too superficial, to be a reliable guide for how faithful Christians can honor God in all of their lives, both private and public—not least in bioethics. To be aware of and sensitive to this problem of syncretism is already a first step in taking more seriously the challenges that face Christian bioethics.

The note I want to end on is a more pastoral one, what we might call “Everyday Bioethics.” There are several ways we can make this point. Abraham Kuyper was a Dutch Calvinist theologian and polymath who founded the Free University of Amsterdam (it now goes by the acronym VU University) and he became the prime minister of the Netherlands in 1901. He famously said, “there is not a square inch in the whole domain of our human existence over which Christ, who is Sovereign over *all*, does not cry: ‘Mine!’” What he meant was that genuine Christians should not be satisfied with a secular-sacred fallacy. We should not think that if we are true followers of Christ that we can compartmentalize our lives into those areas that are devoted to pious or spiritual activities and those areas that are meant for more

secular habits. In a very profound sense, the Lordship of Christ extends over every dimension of our lives. As 1 Corinthians 10:31 has it, “So whether you eat or drink or whatever you do, do it all for the glory of God” (NIV). Bioethics is a part of modern life that extends into both our public and our private lives. If we are to engage critically, that is Christianly, with bioethics, it must be in a way that affects how we think about bioethics politically and also how we live out our convictions on a day-to-day basis.

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 disgusting, indeed abominable, hypocrisy to allow her to secretly have an abortion. If Christian medical students are using cognitive stimulants, then it hardly seems worth the effort for those same students to write articles criticizing the problem of cognitive enhancement or the challenges of neuroethics. This makes sense: if we Christian bioethicists and medical professionals cannot get it right in our own personal lives, then we can hardly blame the 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 theoretically 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 will allow me to bring these sermon 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 academics and everyday 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 scholarly monks; it is for all of us, those in the pulpit and those in the pew. Christian bioethics must be the responsibility of all Christians, men and women, adults and children—bioethical problems are our problems. We face these decisions every day. Our lives are morally freighted moment by moment in a way that seems much more palpable today than in perhaps any other generation. 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 more than enough for you and me to be getting busy with in the days ahead. ●●●

- 1 Vincent Bacote, *The Spirit in Public Theology: Appropriating the Legacy of Abraham Kuyper* (Grand Rapids: Baker Academic, 2005), 92.
- 2 Stephen Moroney, *The Noetic Effects of Sin: A Historical and Contemporary Exploration of How Sin Affects Our Thinking* (Lanham, Md.: Lexington Books, 2000).
- 3 Graham A. Cole, “Scripture and the Disciplines: The Question of Expectations” (paper presented at the Conference on Scripture and the Disciplines, Wheaton College, Wheaton, IL, 25 May 2004), 14. This paper has since been published in Australia as Zadok Paper S142 Summer 2005.

- 4 Merold Westphal, "Taking St. Paul Seriously: Sin as an Epistemological Category," in *Christian Philosophy* (ed. Thomas Flint; Notre Dame, IN: University of Notre Dame Press, 1990), 205.
- 5 Stephen K. Moroney, "How Sin Affects Scholarship: A New Model," *Christian Scholar's Review* 28 (1999): 446.
- 6 *Ibid.*, 444.
- 7 For a recent Protestant defense of this position, see Kevin Vanhoozer, *The Drama of Doctrine: A Canonical-Linguistic Approach to Christian Theology* (Louisville: Westminster John Knox, 2005), 151-85.
- 8 Dennis Hollinger, "Can Bioethics Be Evangelical?" *Journal of Religious Ethics* 17 (1989): 161-79.
- 9 *Ibid.*, 162.
- 10 *Ibid.*, 163.
- 11 Cf. Vanhoozer, *Drama of Doctrine*.
- 12 Alan Wolfe, *Transformation of American Religion: How We Actually Live Our Faith* (New York: Free Press, 2003), 67, cited in Vanhoozer, *Drama of Doctrine*, xi.
- 13 Jaroslav Pelikan, *The Emergence of the Catholic Tradition (100-600)* (vol.1 of *The Christian Tradition*; Chicago: University of Chicago Press, 1971), 1.
- 14 E.g., see David VanDrunen, *Bioethics and the Christian Life: A Guide to Making Difficult Decisions* (Wheaton: Crossway, 2009); Brent Waters, *This Mortal Flesh: Incarnation and Bioethics* (Grand Rapids: Baker, 2009). VanDrunen's work reflects the Presbyterian tradition; Waters is more mainstream.
- 15 My earlier reflections on natural law and Reformed bioethics can be found in a small commentary I wrote some years ago for CBHD: <http://cbhd.org/content/natural-law-reformed-bioethics-another-look>.
- 16 E.g., see Stephen Grabill, *Rediscovering the Natural Law in Reformed Theological Ethics* (Grand Rapids: Eerdmans, 2006); J. Daryl Charles, *Retrieving the Natural Law: A Return to Moral First Things* (Grand Rapids: Eerdmans, 2008); David VanDrunen, *Natural Law and the Two Kingdoms: A Study in the Development of Reformed Social Thought* (Grand Rapids: Eerdmans, 2010).
- 17 For a similar distinction, see Oliver O'Donovan, *Resurrection and Moral Order: An Outline for Evangelical Ethics* (2d ed.; Eerdmans, 1994), 85-87.
- 18 Cited in Robert C. Post and Reva B. Siegel, "Roe Rage: Democratic Constitutionalism and Backlash," (2007) Faculty Scholarship Series. Paper 169. [http://digitalcommons.law.yale.edu/fss\\_papers/169](http://digitalcommons.law.yale.edu/fss_papers/169).
- 19 Jack Willke, "A History of Pro-Life Leadership: For Better or Worse," in *Back to the Drawing Board: The Future of the Pro-Life Movement* (ed. Teresa R. Wagner; South Bend, IN: St. Augustine's Press, 2003), 126.
- 20 George Grant, *Third Time Around: A History of the Pro-Life Movement from the First Century to the Present* (Brentwood, TN: Wolgemuth & Hyatt, 1991), 143.
- 21 For more information see Thomas McElhinney and Edmund Pellegrino, "The Institute on Human Values in Medicine: Its Role and Influence in the Conception and Evolution of Bioethics," *Theoretical Medicine and Bioethics* 22 (2001): 291-317.



## BIOETHICS AT THE BOX OFFICE: AN UPDATE

COMPILED BY CBHD RESEARCH STAFF

**A** recap of relevant materials that have premiered on the silver screen since 2010. Readers are cautioned that the films represent a wide variety 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.movieweb.com](http://www.movieweb.com) or [www.imdb.com](http://www.imdb.com). For more backlists of Bioethics at the Box Office visit our website at <http://cbhd.org/resources/reviews/movie-review>.

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

*Limitless* (2011, Rated PG-13 for thematic material involving a drug, violence including disturbing images, sexuality and language) Categories: Human Enhancement, Neuroethics.

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

*Never Let Me Go* (2010, Rated R for some sexuality and nudity) Categories: Cloning, Organ Transplantation

*Tron Legacy* (2010, Rated PG for sequences of sci-fi action violence and brief mild language) Categories: Artificial Intelligence, Emerging Technologies, Human Enhancement, Transhumanism