The need for compassionate strangers

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The development of an understanding of bioethics which is rooted in the health care professions and set within the context of Christian faith will neither answer all our current problems nor readily commend itself to the secularists who largely adorn the bioethics academy. But it will achieve two vital results. First, it will enable those many physicians, nurses, administrators, and ethicists who work self-consciously within and lead the foundations of professional identity to engage in the wider discussion which claims secular ground within hospitals and professional contexts, their own position can be informed by the commitments of Christian faith before they seek to translate it into terms in which it can be traded in the marketplace of ideas. They do not need to begin with secular starting points. Secondly, and partly as a result, the development of a thriving Christian bioethics will itself challenge the new secularity of the field, since only by the exclusion of Christian sensitivities has bioethics been able to ignore its own long tradition, and its grounding in the identity of the profession. Yet most Christians have been slow to articulate their understanding of medicine in theological terms aside from its offering a context for Christian service.

The blend of Christian Hippocraticism which was still remarkably intact a little more than a generation ago is now ignored in most bioethics discussion or, when noted, generally reviled. In its place, as the basis for the moral structure and integrity of medicine, we see the rise of a post-Hippocratic tradition which has been enshrined in the marketplace and bioethics of the last twenty-five years. As it is post-Hippocratic, it is also post-professional in character. The marriage of skills and values which characterized Hippocratic medicine and the foundations of professional identity has crumbled. These changes have gone hand in hand with a growing reduction of the medical “profession” to essentially a consumerist-corporatist exercise in the delivery of saleable skills to the market.

Now in this context, how should Christian physicians and other believers who would support them position ourselves? We must seek to maintain a presence within the medical culture of our day. But it must be a presence characterized by dissidence. As in the culture at large, so here, there is no virtue in withdrawal. By the same token, there is not much more in simply conforming to the image of the new medicine and being absorbed. We must be present, but present as dissidents. In order to prepare ourselves to engage in that kind of task, we must turn first of all to a theological understanding of medicine, which in turn derives from a distinctive perspective on the nature of human being.