The Contribution of Foundational New Testament Theological Themes to the Meaning of Basic Bioethics Principles

R. Dennis Macaleer

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THE CONTRIBUTION OF FOUNDATIONAL NEW TESTAMENT THEOLOGICAL THEMES TO THE MEANING OF BASIC BIOETHICS PRINCIPLES.

A Dissertation

Submitted to the Center for Health Care Ethics

McAnulty College and Graduate School of Liberal Arts

Duquesne University

In partial fulfillment of the requirements for

the degree of Doctor of Philosophy

By

R. Dennis Macaleer, D.Min.

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THE CONTRIBUTION OF FOUNDATIONAL NEW TESTAMENT THEOLOGICAL THEMES TO THE MEANING OF BASIC BIOETHICS PRINCIPLES.

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ABSTRACT

THE CONTRIBUTION OF FOUNDATIONAL NEW TESTAMENT THEOLOGICAL THEMES TO THE MEANING OF BASIC BIOETHICS PRINCIPLES.

By

R. Dennis Macaleer, D.Min.

December 2011

Dissertation supervised by Gerard Magill, PhD

Beauchamp and Childress’ *Principles of Biomedical Ethics* is a well accepted approach to contemporary bioethics. Those principles are based on what Beauchamp and Childress call the common morality. This dissertation employs New Testament theological themes to enhance the meaning of contemporary principles of bioethics. Beginning with the incarnation in the New Testament, the invitation-response hermeneutic is developed as a hermeneutic to use in studying the New Testament. The primary New Testament text for this study is the twin commands from Jesus to love God and love one’s neighbor. Three theological themes are developed from this study and these three themes are employed to enhance the meaning of contemporary bioethics principles. The three themes of the image of God, the covenant, and the pursuit of healing are deeply embedded in the New Testament and in the ministry of Jesus Christ in
particular. Three contemporary bioethics principles are used for this dissertation, based on *The Belmont Report*. They are the principle of respect for persons, the principle of justice, and the principle of beneficence. In each case, the theological themes are shown to enhance the meaning of these bioethics principles. Each of the three principles, as understood through the three theological themes, is applied to a current bioethics issue to demonstrate the efficacy of this approach. The three current issues addressed are the withdrawal or withholding of life-sustaining treatment, the distribution of health care in the Untied States, and the use of palliative care.
DEDICATION

To Karen, she knows why.
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A. Contemporary Principles of Bioethics

1. A description of the four principles of bioethics

Ethics as a theological discipline is the auxiliary science in which an answer is sought in the Word of God to the questions of the goodness of human conduct. As a special elucidation of the doctrine of sanctification it is reflection on how far the Word of God proclaimed and accepted in Christian preaching effects a definite claiming of man.¹

Karl Barth, the Swiss reformed theologian who was one of the most influential theologians in the twentieth century, begins his classic work on ethics with this definition of ethics as a theological discipline. Written in 1928 Barth’s Ethics predates much of the modern discussion of bioethics in both the theological and philosophical spheres. Yet in the study of bioethics and the New Testament, Barth’s Ethics is a place to begin. This dissertation proposes to seek in the Word of God answers to the questions of the goodness of human conduct in particular in the field of bioethics. This dissertation will use foundational New Testament themes to contribute to the meaning of basic bioethics principles.

The discipline of bioethics is both old and new. The discipline is old in that Roman Catholic and Jewish theologians have been writing about various aspects of bioethics or medical ethics for centuries. Yet bioethics is new because bioethics has
emerged as a separate discipline in the last four decades. This distinct discipline of bioethics has spawned its study apart from any particular theological or philosophical perspective. One of the seminal works in bioethics now in its sixth edition is *Principles of Biomedical Ethics* by Thomas Beauchamp and James Childress.  

Beauchamp is a Professor of Philosophy and a Senior Research Scholar in Georgetown University's Kennedy Institute of Ethics. He has been in Georgetown and studying ethics since receiving his Ph.D. there in 1970. He is also one of the primary authors of the Belmont Report, issued in 1978 on the protection of human subjects during medical research. The Belmont Report had a profound impact upon bioethics in this country. Childress is the Hollingsworth Professor of Ethics and Professor of Medical Education at the University of Virginia, where he directs the Institute for Practical Ethics. Like his co-author he has written numerous articles and books in the field of bioethics. Their work has become well accepted for both the content of *Principles of Biomedical Ethics* and for the way it articulates the basics of bioethics, particularly the four primary bioethical principles of beneficence, non-maleficence, autonomy, and justice. These four principles of bioethics are based in the common morality.

2. The common morality is the basis of the four principles of bioethics

(a). A description of the common morality

Beauchamp and Childress base their principles on the “common morality.”  

“We will refer to the set of norms that all morally serious persons share as the common morality.”  

By their own admission they do not ground their work in any specific philosophy or theology. “When we say that the norms in this book are grounded in the common morality, we mean that they are not grounded in a particular philosophical or
theological theory. We will make numerous recommendations in this book that are controversial and involve appeals to theory, but these recommendations should not be confused with the common morality that forms our starting point." The four principle approach, sometimes known as principlism, has become the norm for many who practice medicine.  

Some criticism of *The Principles of Biomedical Ethics* has focused around this lack of a theoretical framework. Mark Kuczewski, director of The Neiswanger Institute for Bioethics and Health Policy, in a Hastings Center Report asserts that, “the book’s metaethical insights have been more controversial.” Ezekiel Emanuel, head of the Department of Bioethics at The Clinical Center of the National Institutes of Health, in the same journal posits that *The Principles of Biomedical Ethics* is in the midst of a “transition from advocating a deductive, singular approach to medical ethics to one that looks at common practice.” Another review of this work reaches a similar conclusion, “They [Beauchamp and Childress] conclude that the proper starting point is not theory but a set of considered, historically supported judgments – accepted initially without argumentative justification – that have been tested and modified. While the history and testing is admirable, some theoretical framework would be helpful to better understand these four principles and their application.”

This approach is an example of principlism, a form of ethical decision making using a set of predetermined principles. Robert M. Veatch, the former Director of the Kennedy Institute of Ethics at Georgetown University, writes that “Principles based theories are those that articulate a small set of general abstract, right making characteristics of action.” Veatch describes a number of principles in principlism. He
notes models that contain anywhere from one, utilitarianism, to ten, Bernard Gert’s ten-rule approach.”

Even James Childress criticizes some principlist approaches as being, “much closer to critical approaches, such as casuistry, that is recognized in some typologies of major approaches to bioethics.”

Even when there is agreement on the principles, this approach focuses on the principles and not any ethical or philosophical theory behind them. Henk ten Have, Director and Professor of The Center for Healthcare Ethics at Duquesne University states that in principlism, “bioethics focuses on mid-level principles.”

He goes on to further criticize this method as lacking a basis for deciding amongst the various principles. “No single rational criterion exists to decide which principle is overriding; no definitive scheme orders principles and guides the choice between them.”

Indeed Beauchamp and Childress attempt to address this with their mode of balancing principles, but even they admit that these principles do not constitute a general moral theory. This lack of a coherent scheme is exacerbated in some principles, such as the principle of justice. Views of justice vary widely and the application of the principle cannot be separated from its philosophical or religious roots.

(b) Other bases for the four principles of bioethics

(i) Other bases for the principle of justice in health care – Immanuel Kant

Principlism, for all of its popularity in the practice of medicine, is not the only basis for bioethics in the health care setting. Philosophies such as consequentialism, utilitarianism, and deontology have been at the heart of ethics discussions for centuries and bioethics is no exception. Immanuel Kant’s deontological viewpoint has influenced the practice of bioethics, in particular his view of not using people as means but seeing them as ends in themselves. Immanuel Kant writes in his *Fundamental Principles of the*
Metaphysics of Morals, “So act as to treat humanity, whether in thine own person or in that of any other, in every case as an end withal, never as a means only.” Ethical guidelines in research depend heavily on this principle articulated by Immanuel Kant and this principle is now a part of bioethics.

(ii) John Rawls’ basis for justice in health care

John Rawls, a professor of moral and political philosophy at Harvard in the mid to late twentieth century, in his A Theory of Justice has set a standard of justice that affects how the fourth of Beauchamp and Childress’s four principles, justice, is understood and practiced. The first statement of his two principles of justice reads as follows.

First: each person is to have an equal right to the most extensive scheme of equal basic liberties compatible with a similar scheme of liberties for others.

Second: social and economic inequalities are to be arranged so that they are both (a) reasonably expected to be to everyone’s advantage, and (b) attached to positions and offices open to all.

While Rawls did not draft his justice principles explicitly for the study of bioethics, they do add to the understanding of justice in the health care setting. Indeed Rawls has contributed significantly to contemporary bioethics.

(iii) A communitarian basis for justice in health care

Alasdair MacIntrye, the Rev. John A. O'Brien Senior Research Professor in the Department of Philosophy and Permanent Senior Research Fellow in the Center for Ethics and Culture at the University of Notre Dame takes a more communitarian approach to justice. The communitarian approach “emphasizes either the responsibility of the community to the individual or, increasingly in contemporary policy, the
responsibility of the individual to the community.”

MacIntyre writes that theories of justice are captive to the human contexts in which they were conceived. Aristotelian justice can best be understood in the polis of fifth century B.C. Greece and Hume’s justice needs the context of the social order of his era. He does not use the common morality for his understanding of justice in health care.

(iv) A libertarian basis for justice in health care

Nor does Robert Nozick use the common morality for the basis of his understanding of justice in health care. Nozick, the Joseph Pellegrino University Professor at Harvard University until his death in 2002, was a free-market libertarian who applied those principles to his understanding of justice. His entitlement theory of justice, “From each as they choose, to each as they have chosen” is based upon his understanding of individual rights, “Individuals have rights, and there are things no person or group may do to them (without violating their rights).” In health care distributive justice is a critical aspect of the justice principle and in that regard Nozick expresses a libertarian philosophy of justice, “The complete principle of distributive justice would say simply that a distribution is just if everyone is entitled to the holdings they possess under the distribution.”

(v) A fair equality of opportunity basis for justice in health care

Norman Daniels, Mary B. Saltonstall Professor of Population Ethics and Professor of Ethics and Population Health at Harvard University, wrote Just Health Care, which is a treatise on the topic of justice in the delivery of health care in the United States. He writes, “A theory of justice for health care is not just the fare of philosophers and political theorists. It concerns us all.” Daniels uses a logical progression of ideas
to arrive at his theory of justice in health care. “I urge the fair equality of opportunity principle as an appropriate principle to govern macro decisions about the design of our health-care system.” 26 His “fair equality of opportunity” principle has a different basis from Rawls and Beauchamp and Childress.

(vi) A utilitarian basis for justice in health care

In a similar way Daniel Callahan, Senior Research Scholar, President Emeritus, and co-founder of the Hastings Center, writes about justice in health care in his Setting Limits. He holds that since medical resources are limited society must make choices how they are used. Some of his arguments have a distinctly utilitarian or consequentialist perspective. The decision to withhold or withdraw life sustaining treatment is for some a very utilitarian argument, weighing the pain and pleasure of continuing treatment versus the pain and pleasure of discontinuing life sustaining treatment. Peter Singer, an Australian philosopher and professor of bioethics at Princeton University, in many ways writes as a utilitarian bioethicist in his Practical Ethics. 27 For others justice in health care is a matter of distributive justice. Rawls, Callahan, and Singer are all attempting to add to the understanding of justice in health care elucidated in the four principles theory.

(vii) Jewish bioethics as a basis for the four principles of bioethics

(a) Historical Jewish texts

A brief survey of Jewish Bioethics shows that from the Jewish perspective, bioethics has been studied and discussed for centuries. Much of the material for these discussions is found in the Hebrew Scriptures and the ancient Hebrew writings. The Written Law in Judaism is essentially the Pentateuch. 28 The rest of the Old Testament, which includes the prophets and the writings, is considered less authoritative than the
Pentateuch: Much of Jewish law is based on the written law.\(^{29}\) At the same time as the Written Law was given, the Oral Law was also given by divine inspiration, but the Oral Law was not committed to writing at that time.\(^{30}\) The Oral Law, too, is authoritative in establishing Jewish Law and therefore Jewish bioethics. The Mishnah is the later written form of the Oral Law that was first compiled in 20-200 A.D.,\(^{31}\) or at about the same time as much of the New Testament was being written. The Mishnah reflected “nearly five centuries of Jewish legal traditions, from the era of the scribes to that of the tannaim.”\(^{32}\)

These three documents comprised the initial understanding of Jewish law from the Old Testament. The Talmud further refined these understandings. The Talmud is an authoritative body of Jewish law that was amassed from 200 B.C. to about 500 A.D.\(^{33}\) The Talmud was followed by the more extensive Babylonian Talmud which “has shaped Jewish thought and exegesis for centuries.”\(^{34}\)

(b) Legal codes and responsa

The Jewish understanding of the Old Testament was further expanded by two legal codes from the twelfth and sixteenth centuries. A twelfth century Jewish physician named Maimonides assembled what is known as the Mishneh Torah or the Second Torah, and this Second Torah is “universally accepted as one of the most important compendia of Jewish law of all ages.”\(^{35}\) Not only did Maimonides organize and classify Jewish Law in a logical and understandable system, he included a focus on ethics,\(^{36}\) which has influenced the modern day understanding of Jewish ethics and therefore bioethics as well. The legal code known as the Shulkhan Arukh, compiled by the great Sephardic Rabbi Joseph Caro in the mid 1500s, is still the standard legal code of Judaism. When rabbis, particularly if they are Orthodox, are asked to rule on a question of Jewish law, the first
volume they consult generally is the *Shulkhan Arukh*. A major reason for its universal acceptance is that the *Shulkhan Arukh* was the first code to list the differing customs and laws of both Sephardic and Ashkenazi Jewry. Maimonides's earlier *Mishneh Torah*, for example, contained only the legal rulings of Sephardic Jewry, which differed in certain areas from European Jewry's practices.37

In addition to the Talmud and the legal codes, rabbinic commentaries on the Written Law and the Oral Law, called responsa, have over the centuries been used to illuminate and apply Jewish law to ethics. Aaron Mackler, Associate Professor of Theology at Duquesne University, writes about these responsa, “These are halakhic decisions of rabbinic authorities, addressing specific issues or cases, and collectively constituting the case law of Judaism.”38

(c) Modern Jewish bioethics

Modern Jewish bioethics in the United States has evolved into three main schools of thought matching the three main movements within American Judaism, Orthodox, Conservative, and Reform.39 Each of these is based at some level upon the Old Testament and the other Jewish authoritative documents. “Representatives of each movement tend to see theirs as in many ways the most authentic Jewish approach, as well as the path offering the best prospects for the future. Each movement is complex and includes a broad range of stances.”40

Writers from the Reform movement in Judaism consider the Scriptures, but they also use more reason and experience to arrive at their ethical decisions than the other movements do. For example, Eugene Borowitz, who serves as the Sigmund L. Falk Distinguished Professor of Education and Jewish Religious Thought at the New York
School of Hebrew Union College-Jewish Institute of Religion, in his *Exploring Jewish Ethics* describes the task of nineteenth century Jewish thinkers as dealing with secularization that “made human experience the substitute for divine revelation.” He advocates for a more liberal understanding of Jewish law than that which is found amongst the Orthodox Jewish movement. While the Reform view still includes the Torah in its discussions of ethics, the Reform view is also more pluralistic and individualistic. “Two centuries of growing freedom have so ingrained the expanded ethical commitment of Jews that it has become fundamental to their Jewish existence. But the community and its thinkers remain deeply divided as to just how to define the character and content of Jewish ethics.”

Orthodox Judaism is not so divided. “Orthodox Judaism emphasizes revelation and tradition as the decisive guides for Jewish ethics.” For example, Fred Rosner, noted physician and faculty member at both the Albert Einstein College of Medicine in New York and the Mt. Sinai school of Medicine, wrote an article on euthanasia. He begins his section on the Jewish perspective by quoting and discussing various Scriptures from the Old Testament. While the more conservative approach of Elliot Dorff, a professor of Jewish theology at the American Jewish University, writing on the same topic includes not only the theological and Scriptural arguments, but also social and economic arguments, medical arguments, and psychological arguments. The Conservative movement will include both arguments from Scripture and arguments from reason and experience. “Conservative writings on issues such as those arising in contemporary health care tend to operate from within a halakhic framework, as do Orthodox writings, but with greater attention to human experience and reason and to
general ethical values.\textsuperscript{46} Both the ancient writings in Judaism and the modern Jewish authors from all three American movements in Judaism who have examined bioethics from the Jewish perspective have offered their own understandings of the basis for bioethics principles.

(viii) Summary of other bases for the four principles of bioethics

While the four principles of bioethics from Beauchamp and Childress’s Principles of Biomedical ethics have achieved wide acceptance, the basis underlying these principles has not. Beauchamp and Childress offer a common morality. Others, like Gert, have a different set of principles. Principlism itself has been criticized as inadequate as a basis for bioethics. Various theories of justice affect how one understands some of the four principles. And Judaism has its own understandings of the basis for bioethics. There seems to be no consensus on the basis for the four principles of bioethics.

B. Connecting Scripture and Bioethics Principles

1. Scripture and theology can enhance the meaning of the four principles of bioethics.

   (a) Theological enhancements to the meaning of contemporary bioethics principles

   However, in addition to the work in principlism, the common morality, philosophical ethical systems, and Jewish theology, the Christian faith can also enhance the meaning of these secular principles. There is a role for Christian theology to play in the understanding and application of bioethics principles today. Lisa Sowle Cahill, a
professor of theology at Boston College, in her article titled *Can Theology Have a Role in "Public" Discourse?* argues that it is both advisable and possible for theologians and philosophers to have meaningful conversations about ethics without violating one’s own stance.47 These conversations can contribute to the overall discussion of bioethics and to the formation of bioethics policies. However, she cautions that “If religiously motivated speakers from particular traditions are to contribute to the sort of public consensus that can support policy initiatives, they will need to do so on the basis of moral quandaries, moral sensibilities, moral images, and moral vocabulary shared among other religious and moral traditions.”48 In order for these theological deliberations to have an impact upon public policy they must be able to be understood and accepted by the public, not all of whom will share the theological assumptions of the theologians making the arguments. Cahill further holds that the role of theology in bioethics is two fold; one role is “to clarify for the religious community itself what the shape of its life should be”49 Rather than dealing with specific norms she sees theology as providing values and commitments that undergird the ethical decision making process. The second is to “move the religious community toward active participation in the broader overlapping communities with which its members are in some way affiliated.”50 She thinks that theologically based ethics can have an influence on public policy.

(b) Roman Catholic theological enhancements to the meaning of contemporary bioethics principles

Roman Catholic Theology has dominated the study of bioethics, called medical ethics in some of its literature, for centuries. “From the American perspective – indeed from the perspective of the West in general – it has been the Roman Catholic tradition
that has been most influential. Catholics developed over many centuries a highly specified approach to medical ethics.”\textsuperscript{51} Much of Roman Catholic moral theology is based on Natural Law Theory, which says that moral decisions can be made based on reason and experience. “Human persons discover right and wrong through reason and life experience by examining, collectively and individually, the emergent patterns of creation as God creates them.”\textsuperscript{52} There are a variety of approaches to moral theology within this Roman Catholic tradition, yet few of them use Scripture to enhance the meaning of contemporary bioethical principles. Salzman, a faculty member of the Department of Theology at Creighton University, in his work entitled \textit{What They Are Saying about Catholic Ethical Method}, suggests that the use of Scripture by some Roman Catholic moral theologians does not approach Scripture in this way. “While Grisez, a primary formulator of the Basic Goods Theory [BGT], utilizes scripture throughout his contemporary modern-day manual of moral theology, he provides no clearly stated method describing how Scripture is being used.”\textsuperscript{53} He goes on to note “the church’s own limited use of Scriptural exegesis in her documents”\textsuperscript{54} and that “one does not find this centrality of scripture in revisionism’s consideration of material norms.”\textsuperscript{55} Salzman poses the question regarding two of the predominant methods in Roman Catholic moral theology, “Has either of these ethical theories moved beyond eisegesis to exegesis?”\textsuperscript{56} \textit{Veritas Splendor}, which includes references to scriptural passages, does not contain a lengthy explanation of those passages. In general, the Roman Catholic use of Scripture in moral theology does not use the approach of using New Testament theological themes to enhance the meaning of contemporary bioethical principles.
(c) Protestant theological approaches to enhance the meaning of contemporary bioethics principles

The question facing Protestants who want to find their bioethics not in common morality but in Scripture is what does the Scripture have to add to the discussion of bioethics? The pragmatic methods, like Beauchamp and Childress, are quite sufficient for practice, but they by design do not address whatever meaning might be gleaned from the Scriptures. The task of using the New Testament Scriptures to enhance the meaning of basic bioethics principles is not simple since the Scriptures do not mention directly such topics as cloning, decision-making capacity, and informed consent. This dissertation will argue that there are foundational theological themes in the New Testament that enhance the meaning of contemporary bioethics principles. This analysis will do so by applying a hermeneutic to the two love commands in the New Testament, love God and love your neighbor. This then will affect the selection of the foundational New Testament theological themes of the image of God, the covenant with God, and the pursuit of healing. Those themes are the ones that most directly enhance the meaning of the bioethics principles of respect for persons, beneficence, and justice and have a practical application as well.

The Scriptures of the Christian faith can offer an enhancement to the meaning of these contemporary bioethical principles that is different than what has been offered from other perspectives. The task of this dissertation is to identify those particular New Testament theological themes and explain how they enhance the meaning of the basic bioethics principles.
(d) The Reformed theological perspective

This dissertation is written from a distinctly Reformed Theological perspective. As a Presbyterian pastor for over thirty years, and having been trained theologically at two seminaries with a Reformed Theological perspective, this author looks at both bioethics and Scripture from the Reformed perspective. Thus the term Scripture refers to the sixty-six books of the Bible accepted by most Protestant faith communities. Of particular interest to this dissertation is the New Testament, which is identical in both the Roman Catholic and Protestant traditions. The New International Version (NIV) will be used for quotes from the New Testament in English and the Nestle Aland 26th edition for the Greek references. This is the Greek text most widely used today and this text is the basis for nearly every modern Bible translation in the past one hundred years. This Greek text is identical to the Nestle-Aland 26th/UBS 3rd Edition. The NIV is a completely new translation of the Bible made by over a hundred scholars working with the best available Hebrew, Aramaic and Greek texts and had its beginning in 1965. The NIV translates the Greek text into excellent English and has enjoyed wide popularity since its first publication.

The Reformed view of Scripture and the application of this view to bioethics set this dissertation apart. John Calvin was a 16th century French theologian whose work, along with others, has been credited with beginning the theological stream of thought now called Reformed Theology. Reformed theology is distinct from other traditions that emerged in the Reformation era such as Lutheran, Anabaptist, and Anglican theology. Reformed theology is also different in important aspects from Arminian theology which is based on the works of another 16th and 17th century theologian named
Jacob Arminius. Calvin held that not only was the Scripture authoritative, Scripture was the primary source of truth for moral and religious matters. Calvin wrote in his Institutes of Religion, “Therefore, as a necessary remedy, both for our dullness and our contumacy, the Lord has given us his written Law, which, by its sure attestations, removes the obscurity of the law of nature, and also, by shaking off our lethargy, makes a more lively and permanent impression on our minds.” Calvin was making the case that the Scripture, not some other way to understand God’s truth, is the primary means of understanding truth. While Calvin did not dismiss others means of truth, such as scientific investigation, he ranked the Scripture as the primary source.

Scripture exhibits clear evidence of its being spoken by God, and, consequently, of it’s containing his heavenly doctrine. We shall see a little farther on, that the volume of sacred Scripture very far surpasses all other writings. Nay, if we look at it with clear eyes, and unbiased judgment, it will forthwith present itself with a divine majesty which will subdue our presumptuous opposition, and force us to do it homage.

Calvin made Scripture his primary source of truth. William Stacey Johnson in his recently published work on Calvin writes, “Calvin fervently believed that the texts of the Old and New testaments are the Word of God written. He was convinced the Bible offers a clear message about who God is and what God would have us to believe and do.”

This understanding of the place of Scripture became a permanent part of Reformed Theology in various theological statements in the 16th and 17th centuries including the Westminster Confession of Faith, published in 1646. The Westminster Confession is the statement of faith for many Presbyterian and Reformed communions.
and until 1967 was the only statement of faith for the Presbyterian Church (USA), the oldest and largest Presbyterian group in the United States.\textsuperscript{68} The Westminster Confession states simply, “Under the name of Holy Scripture, or the Word of God written, are now contained all the books of the Old and New Testament, [a list of books]. All which are given by inspiration of God to be the rule of faith and life.”\textsuperscript{69}

Karl Barth helps one see the connections between ethics, theology, and the Word of God. “Theology is a presentation of the reality of the Word of God directed to man. This presentation involves it in three different tasks. As exegesis theology investigates the revelation of this Word in Holy Scripture. As dogmatics it investigates the relation of the content of the modern preaching of the church to this Word revealed in scripture; as homiletics it investigates the necessary relation of the form of modern preaching to this Word.”\textsuperscript{70} Barth lays out a three fold scheme for connecting ethics, theology, and the Word of God.

This dissertation follows closely Barth’s three-fold scheme. Theology as exegesis, as Barth describes it, is where this dissertation begins, by looking at the Scripture with an exegetical eye to discover that Word of God. Theology as dogmatics, in Barth’s words, is the process used here of using the exegetical data to form theological themes that relate to bioethics. His theology as homiletics is similar to using those theological themes to enhance the meaning of bioethics principles.

What is more important in this dissertation than the individual steps is the process that Barth uses. Barth begins with exegesis, moves to dogmatics, and then uses the dogmatics to develop his homiletics. Barth holds that theology is basically the Word of God explained. He adds that the theme of this Word of God is simple human life, human
existence, and human conduct. For Barth, ethics and the Word of God are inextricable connected. The process in this dissertation begins with the Scripture, develops theological themes, and then uses them to enhance the meaning of contemporary bioethics principles.

(e) Summary of the approaches to enhancing the meaning of contemporary bioethics principles

This dissertation will argue that there are foundational theological themes in the New Testament that enhance the meaning of contemporary bioethics principles. This is consistent with the purpose of having theologians discuss ethics. For the purpose of identifying these foundational theological themes is to “clarify for the religious community” what bioethics can be. This dissertation takes an approach that is different from the one taken by most Roman Catholic moral theologians, who have not pursued New Testament theological themes that contribute to the meaning of contemporary bioethics principles. This dissertation approaches the task from the Reformed theological perspective and its emphasis on the New Testament. This analysis will do so by applying a hermeneutic to the two love commands in the New Testament, love God and love your neighbor. This then will affect the selection of the foundational New Testament theological themes of the image of God, the covenant with God, and the pursuit of healing. Those themes are the ones that most directly enhance the meaning of the bioethics principles of respect for persons, beneficence, and justice and have a practical application as well. The task of this dissertation, then, is to identify those particular New Testament theological themes and explain how they enhance the meaning of the basic bioethics principles.
2. Exegetical methods for using Scripture in the practice of bioethics.

(a) The exegetical method used in this dissertation

Making this connection between bioethics principles and the New Testament Scripture is not often an easy task. Medicine in the first century Roman Empire, when the New Testament was written, bears little resemblance to the medicine that is practiced in the 21st century. Much of Roman medicine was based on the Egyptian system which had some advances, including surgery and herbal medicines. Often those who were called physicians saw patients that they were unable to heal. The woman with the hemorrhage mentioned in both Mark’s and Luke’s gospels is one example of that. Often illnesses were seen more in terms of demon possession than in medical terms. In many ways there is no similarity between medicine in the first century and medicine today. Thus there is little similarity between what may have passed for bioethics in the first century and bioethics today. The authors of the New Testament did not write or even think in terms of bioethics. Many of the laws concerning food and health, while they did have a positive health benefit, seem to have been enacted more for religious reasons than health reasons. The keeping of those laws was also for religious reasons, to be “clean” or to avoid being “ceremonially unclean”. Chapters eleven through eighteen of Leviticus describe in great detail what foods may or may not be eaten and what kinds of animals may or may not be eaten. While modern nutritionists may applaud the selection of foods that are authorized for consumption in that era, the rationale for them has little to do with health and even less with bioethics. Even the infectious disease protocol outlined in Leviticus thirteen is aimed at keeping the supplicant ceremonially clean and not
necessarily aimed at maintaining good health. Nor were the New Testament authors prone to write about bioethical issues that are pertinent to the 21st century. Informed consent, cloning, abortion, genetics, and others are difficult if not impossible to detect in any particular New Testament Scripture.

Therefore it is imperative that an exegetical method for discerning the meaning of each text will be employed. The discerning of theological themes will depend heavily on the exegetical method employed. The goal of the method employed here is to use the grammar of the text, the meaning of the words in the original language, the cultural context of the passage, and the historical context of the passage to discern as best as possible the meaning and intent of the author. This method is a straightforward way to approach the Scriptures and this method is a step that has been neglected in some of the writings on the connection between the New Testament and contemporary bioethics principles.

(b) Other exegetical methods

(i) The narrative approach to Scripture

Allen Verhey, professor of Christian Ethics at Duke Divinity School, in his work *Reading Scripture in the Strange World of Medicine* uses a more narrative approach to the passages he studies, allowing him to fill those passages with meanings that may not have been put there by the authors. He does not use the exegetical method described here.

(ii) The sociological approach to Scripture

Robin Gill, Michael Ramsey Professor of Modern Theology at the University of Kent, Canterbury, in his *Health Care and Christian Ethics* discusses various Scripture
passages. His purpose in writing his work is to use the healing stories of the synoptic gospels to “provide a distinctive Christian basis for health care ethics in the public forum of a Western pluralistic society today.” Yet it seems that Gill is not using the grammar, vocabulary, and context of the texts he chooses to build his theological positions, but is merely doing a sociological analysis of the healing stories to try and find some common themes among them. Gill identifies six features of the healing stories in the synoptic gospels, “Passionate emotion, faith, mercy/compassion, touching, uncleanness, and reticence/restraint – that occur most often in the synoptic healing stories.” He uses this frequency of use in the stories as his basis for his health care ethic, which is based on four virtues, “compassion, care, faith, and humility.” He arrives at this conclusion almost solely from the frequency of those kinds of attributes being found in the healing stories of the synoptics. “In sociological terms this is an ‘ideal’ typology … it depicts the characteristic pattern of a synoptic healing but not the actual pattern of any particular story.” Gill does not take an exegetical approach to the New Testament.

(iii) A feminist approach to the Scripture

The exegetical approach advocated in this dissertation is also different from another viewpoint that uses the Scriptures to discern theological themes that enhance the meaning of basic bioethics principles; that is the feminist approach to the Scriptures and bioethics. Margaret Farley, professor of Christian ethics at Yale Divinity School, in her monograph *Feminist Theology and Bioethics* in Lammers and Verhey’s *On Moral Medicine* broaches this subject directly. “To some extent the connection between the concerns of feminine theology and bioethics is obvious. Whatever else feminist theology does, it proceeds from a methodological focus on the experience of women. Medical
ethics (as part of bioethics) can be expected to share in some important way this focus and concern, if for no other reason than that women constitute the majority of those who receive and provide health care. Farley’s point is well taken and can be observed in any health care setting without the benefit of extensive sociological surveys. Women do provide a majority of the health care in the United States and that perspective needs to be attended to.

Farley notes two ways in which feminism may impact one’s exegesis of the Scriptures and its application. One is the relational aspect of humanity that the feminist viewpoint often highlights. The second is a more feminist understanding of the well being of persons. She holds that in feminism the well being of a person is not merely the person’s medical status, but the well being of a person includes also the person’s history, social and cultural contexts, and personal and spiritual feelings as well. Feminism sees a whole person not just a patient.

There are, then, at least two points of contact between feminist theology and this dissertation. The relational aspect that Farley points out will be critical in enhancing the meaning of basic bioethics principles with New Testament theological themes that will include the command to love one’s neighbor, the image of God in each human being, and the covenant nature of humanity. Likewise, the theme developed later in this dissertation and termed the “pursuit of healing” understands the New Testament view of healing as more than healing a medical condition, but healing is healing the whole person, body, mind, and spirit. This is quite similar to the claims that Farley makes for the feminist view and will be a part of how this dissertation applies the theological themes to the meaning of basic bioethics principles.
(iv) A liberation theology approach to the Scripture

Karen Lebacqz, who is on the faculty of the Pacific School of Religion, in her essay titled *Bio-ethics: Some Challenges from a Liberation Perspective* in Lammers and Verhey’s *On Moral Medicine* approaches the themes of bioethics from both a feminist and a liberation theological perspective. She critiques the current approach to bioethics by most theologians and philosophers as having the following characteristics.

1. Bioethics is decision oriented.
2. Bioethics is individually oriented.
3. Bioethics is ahistorical in that ethical decisions apply in all situations regardless of the context.
4. Bioethics uses evidence based medicine, thus minimizing the value of group experience and giving too much value to data.
5. Bioethics is inconsistent in the ground of its norms. “Most discussions of bioethical issues, particularly those by Christian ethicists, either accept a wide variety of grounding sources for norms or fail to specify the grounding of particular norms; there is also little discussion of the movement from theological presuppositions to particular norms.”

Lebacqz would rather approach the task of connecting theology and bioethics with a different set of exegetical approaches than the ones outlined here that use the grammar, the meaning of the words, and the context to discern the meaning of a text. Lebacqz’ principles of understanding Scripture include:
1. “Patterns of meaning and structural concerns: Liberation theologians and feminists are primarily concerned not with choosing the right action, but with structures and patterns of meaning.

2. “Story and Community:” Questions of character, integrity, and virtue come to have central significance, and the telling and shaping of one’s life story is crucial to the ethical task.

3. “History: Feminists and liberation theologians also require a historical ethic – an ethic that takes seriously the oppression of people.

4. “Experiential Approach: Scientific data are not the only source of meaningful interpretation; the life histories and shared experiences of oppressed groups are the primary ‘facts’ to be considered.”

There is some similarity in her approach to what is being attempted in this dissertation. Some of the Scriptural material comes in the form of story. The Good Samaritan parable is a good example of Jesus responding to questions not with an academic rational answer but with a story that makes his point better than any philosophical definition he could have offered. As in the response to Farley’s views on feminism, Lebacqz’s concern about the social and historical context is part of the understanding of the theme of the pursuit of healing that will emerge from the exegetical look at the New Testament. One of Lebacqz’s concerns is to look at the social structures that affect bioethics. One of the pragmatic chapters at the end of the dissertation is about justice in health care and that chapter does address the very kinds of concerns she raises here.
But in other ways, this dissertation differs from Lebacqz and liberation theology. The approach in this dissertation does not dismiss structural concerns, but they are not the focus of developing the argument. Lebacqz points to the discussion of in vitro fertilization. She would prefer to talk about not whether in vitro fertilization is right or wrong but about who has the power to make those decisions. The contributions to enhance the meaning of basic bioethics principles in this dissertation will not ignore the power issue, but will focus on the rightness or wrongness of the actions. Likewise, in dealing with evidence based medicine it is hard in bioethics to ignore scientific data in favor of some other source of information, such as one person’s experience. Using one’s personal experience as a source of information for bioethics seems to rely more on a relativistic approach to ethics which is not part of this dissertation. Lebacqz’s characteristics for doing ethics might be helpful at the end of this dissertation as an additional pragmatic chapter. However, addressing the concerns of liberation theology in doing bioethics seems beyond the bounds of this dissertation. Liberation theology in bioethics must be left for another day.

(c) A summary of the exegetical method used in this dissertation

This dissertation will argue that making a connection between the New Testament, theological themes, and contemporary bioethics principles is not a simple one. This dissertation will use an exegetical approach that employs the grammar, vocabulary, and context of the New Testament texts to discern those theological themes. This is a different approach than what was taken by two other Reformed theological writers on bioethics, Allen Verhey\textsuperscript{87} and Robin Gill.\textsuperscript{88} This exegetical approach is also a different
approach from the feminist perspective on using Scripture.\textsuperscript{89} While some of the conclusions from the feminist viewpoint match the conclusion drawn from this method, such as the role of the covenant community in doing bioethics,\textsuperscript{90} the path to that conclusion is different in this dissertation than in the feminist theology of authors such as Margaret Farley\textsuperscript{91} and Karen Lebacqz.\textsuperscript{92}

C. Furthering the Work of Paul Ramsey

1. Ramsey speaks to some of the same issues

Paul Ramsey was one of the foremost Protestant Christian ethicists in America in the mid-twentieth century. His \textit{Basic Christian Ethics}, speaks to some of the same topics that are addressed here. Ramsey’s basic premise is to explain many facets of the meaning of Christian “obedient love” and its meaning for morality.\textsuperscript{93} In his \textit{Patient as Person} he explains that obedient love will be the basis for understanding “other ideas such as justice, right, obligation, duties to oneself, vocation, virtues of moral character, sinfulness, and the image of God.”\textsuperscript{94} While he roots his ethics in the Jewish heritage expounded in the Old Testament with such issues as the kingdom of God, legalism, and covenant in the Old Testament, he says that “The basic principle of Christian ethics cannot be understood except from a study of the New Testament.”\textsuperscript{95} Ramsey summarizes his theological principles in ethics by saying that there are three main themes of Biblical ethics, the righteousness of God, the Kingdom of God, and the idea of covenant.\textsuperscript{96} In that context, what he calls “obedient love” is the key to ethics and Jesus is at the center of it. Ramsey’s Christian ethics is unmistakably christocentric.\textsuperscript{97}

This dissertation is similar to Ramsey’s position in a number of ways. First, Jesus and in particular the teachings of Jesus, are at the heart of one’s understanding of the
theological themes that relate to bioethics. Instead of basing bioethics principles on the common morality as Beauchamp and Childress do, or on Natural Law Theory as Roman Catholic thought does, this dissertation begins with Jesus and his teachings to understanding better the meaning of the basic bioethics principles. Second, this dissertation begins with the Scriptural data and builds its theological principles from that data. This is a profound aspect in the approach to enhancing the meaning of bioethics principles for beginning with the Scriptures as a primary source of truth elevates the Scriptures above other sources of truth. Third, this dissertation will include information from the Old Testament, but focus primarily on the New Testament data. The commands of Jesus and the explanation of the commands of Jesus that will be critical to enhancing the meaning of the bioethics principles are found in the New Testament. Fourth, love, what Ramsey refers to as obedient love, is essential in the study of these theological themes and bioethics principles. This dissertation will begin with the twin commands from Jesus to love God and love one’s neighbor. The understanding of those commands will lead to the theological themes that are part of this dissertation.

2. Taking Ramsey’s work a step further
   (a) Ramsey’s use of love

   However, there are some differences between Ramsey’s work and this dissertation. Ramsey uses the idea of love in general to describe his thesis, while this dissertation will focus on the twin commands to love God and love one’s neighbor. Those two commands are central to the teaching of Jesus and are the starting points for this discussion, not love in general as Ramsey holds.

   (b) Ramsey’s use of the concept of covenant
Secondly, Ramsey focuses on the idea of covenant as the basis for his theological principles while this dissertation sees the covenant and its obligations as an outcome of the love command, not a parallel principle to it. Because we are called to love God and love one another we are in covenant with God and with one another. An understanding of what that covenant means will lead to the theological themes of this dissertation. While this dissertation does essentially begin where Ramsey does, the hermeneutic used here is different from his which will lead to a different set of themes and a different approach to bioethics.

(c) Ramsey’s use of God’s righteousness and the kingdom of God

Ramsey holds that there are two sources of ethical perspective for Christians, God’s righteousness and love and the reign of righteousness in the Kingdom of God. Both of these come from the covenant between God and humanity.98 “The meaning and measure of full human obligation are to be found only in the biblical conception of righteousness, and not elsewhere in some moral norms derived from reason operating apart from Hebrew-Christian religious heritage.”99 He connects the righteousness of God with Hesed in the Old Testament100 and holds that God’s righteousness and justice cannot be separated from God’s mercy or love. If God is righteous and loving, then God is also just. This divine love is the prototype for human love.101 Ramsey sees this righteousness, mercy, and justice of God as the heart of how humans should treat one another. In addition to the righteousness of God, Ramsey sees the Kingdom of God as central to his ethic. While asserting that the righteousness of God and the Kingdom of God are inseparable, Jesus’ teachings in some cases refer to God’s love and others to his kingdom.102
This dissertation will mirror Ramsey’s argument in his *Basic Christian Ethics* in using the love of God as the model for human love. God’s love particularly as demonstrated in Jesus is the model for how God calls humans to love one another. Also, this dissertation will use God’s standard of justice as revealed in the Scriptures for understanding the principle of justice. In this context the Scriptural material is much more important to the discussion of justice than other philosophies of justice.

But this dissertation will differ from Ramsey’s theses in *Basic Christian Ethics* in certain key areas in this regard. Ramsey is much more focused on God’s righteousness than this dissertation is. Rather than focus on God’s righteousness, this dissertation will begin with God’s call to humans to be obedient to God in his twin commands to love God and love one’s neighbor. Likewise, Ramsey puts more emphasis on the Kingdom of God or the reign of God. While this dissertation does not deny the importance of the Kingdom of God to Christian theology, in developing theological themes for enhancing the meaning of bioethics principles the Kingdom of God is assumed as part of the theological environment. The nature and definition of the Kingdom of God is not critical to the understanding of the theological themes that will enhance the meaning of the bioethics principles.

(d) Ramsey’s use of the covenant between physician and patient

Paul Ramsey directly tackles some bioethics issues, or medical ethics as he refers to them, in his later work, *Patient as Person*, written in 1970. *Patient as Person* was a significant work in that bioethics was just emerging as a distinct discipline in that era. Furthermore, the changes from paternalism to patient autonomy were also just beginning

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and Ramsey’s work makes a clear case for more patient autonomy from the Christian perspective. “This, then, is a book about ethics, written by a Christian ethicist.”¹⁰³

Ramsey has multiple aims in Patient as Person. He explores the meaning of care as a Christian might understand that word in the medical setting. Care is more than just medical service. He uses the idea of covenant to undergird his argument for the actions and abstentions that come from adherence to a covenant. He also asks about the meaning of the sanctity of life which has an impact on his argument for caring for dying patients. He articulates the principle of steadfast faithfulness. Finally he explains how to show respect for, protect, preserve, and honor the life of a fellow human being.

While holding that medical ethics is consistent with the ethics of a wider human community, he primarily undertakes to explore the fundamental covenants between persons as they apply in the medical setting, such as the covenant between a physician and a patient, a researcher and a subject, and the living and the dying, among others.¹⁰⁴ These are merely special cases of the broader ethical requirements governing human relations in general. In this exploration his primary ethical question is “What is the meaning of faithfulness of one human being to another in every one of these relations?”¹⁰⁵

Ramsey uses as the basis for analysis the Scriptural norm of fidelity to a covenant.¹⁰⁶ “Covenant-fidelity is the inner meaning and purpose of our creation as human beings, while the whole of creation is the external basis and condition of the possibility of covenant.”¹⁰⁷ Thus as humans we accept the responsibilities to one another of this covenant and medicine is one of those responsibilities. Because we are human we have a responsibility to exercise the covenant which includes justice, righteousness, the
sanctity of life, agape, and other principles which impinge upon bioethics. Ramsey holds that this is in part based on the basic sanctity of human life, or the “sacredness in the natural biological order.”

In this discussion he speaks to the conflict between respect for the welfare of the individual in medical care and respect for the welfare of the community in doing research. This is one place where he thinks medical ethics comes to play, in sorting out this conflict. There is not one principle, he says, that makes that discussion easier. This is a warning against doing research by using the ends to justify the means. His warning was timely for less than two years later, in 1972, Jean Heller of the Associated Press broke the story in the Washington Star of the Tuskegee Institute Syphilis study. The ramifications of that study have been far flung, including the eventual publication of the *Belmont Report*, which plays a role in this dissertation.

This dissertation differs from Ramsey’s *Patient as Person* in at least one other fundamental regard. Ramsey uses only his understanding of covenant to undergird his discussion of various bioethics issues. He does not use the material he produced in his former work, *Basic Christian Ethics* to argue for his positions on these ethical issues. He does not connect much of his exegetical work in *Basic Christian Ethics* to his ethical argument in *Patient as Person*. This was noted also by Karen Lebacqz in her essay on liberation theology. She criticizes theologians for not connecting their theology to their norms and cites Ramsey as her prime example.

Most discussions of bioethical issues, particularly those by Christian ethicists, either accept a wide variety of grounding sources for norms or fail to specify the grounding of particular norms; there is also little
discussion of the movement from theological presuppositions to particular norms. For example, in his influential book *Patient as Person*, Ramsey introduces a number of Judeo-Christian affirmations such as hesed (steadfast love), covenant (faithfulness), and the like. In his discussion of concrete issues, however, he turns to norms derived from medical sources such as the Nuremberg Code with its requirement for informed consent. The link between the two sources – if, indeed, there is any - is not clear, and it is often not clear how Ramsey incorporates his Christian principles into an otherwise Kantian perspective.\(^{112}\)

Furthermore, his use of the term covenant refers only to the covenant between a physician and his patient, based on the fundamental human responsibility one has to all persons. A covenant between two people based on nature is what Ramsey uses to explain his positions on bioethics issues. He does not use the term covenant in the way it is used theologically in the Scriptures as representing an agreement, or covenant, between God and humanity.\(^{113}\) Nor does he use the term covenant to refer to the new covenant that Jesus Christ brought to humanity through his incarnation, life, death, and resurrection.\(^{114}\) In this way, the word covenant in Ramsey’s work does not reflect the theological theme of covenant found in the New Testament. This dissertation uses the term covenant in the latter form referring to the covenant between God and humanity and not the former form referring to the responsibility of one person to another as Ramsey uses it.

(e) Ramsey’s theological themes

The conclusions that Ramsey reaches are certainly consistent with the theological theme of covenant and even more so with the theological theme of love in the New
Testament and what it means to love one another. In his chapter on caring for the dying, which may be the heart of the book, he advocates a patient-centered answer to the question about what to do with incurable patients who are kept alive by artificial means in a hospital setting. This is based again on his loyalty to the patient from his fidelity to the covenant argument. Ramsey advocates for caring for patients who are in the dying process because, “the patient has entered a covenant with the physician for his complete care, not for continuing useless efforts to cure.” Thus he bases his idea of caring for dying patients in the covenant between patient and physician. This covenant requires the physician to care for the patient.

Much of Ramsey’s *Patient as Person* investigates bioethics topics with ethical arguments that do not reference his theological basis that he established in his *Basic Christian Ethics*. Informed consent, informed consent for children, the definition of death, ordinary and extraordinary means, organ transplantation, and the distribution of scarce medical resources are all discussed without benefit of references to his theology or Scriptural basis and often without referencing his primary theological point in the book, the covenant between physician and patient.

Therein lies one of the significant differences between this dissertation and Ramsey’s work. This dissertation will attempt to establish theological themes from the New Testament and then apply those themes to enhance the meaning of the contemporary bioethics principles. Ramsey does not apply his theological themes to his discussion of ethical issues in the medical field. He makes ethical arguments without referring to his theological positions. Ramsey is at a distinct disadvantage in the latter half of this task, enhancing the meaning of contemporary bioethics principles, in that those principles had
not been elucidated when Ramsey did his work. The basis of the four principles that have become so common today is the *Belmont Report* that was published in 1978, years after Ramsey published his two works.\textsuperscript{117} In some ways, the *Belmont Report* and later *The Principles of Biomedical Ethics* by Beauchamp and Childress benefit from Ramsey’s analysis. His work is referred to often in *The Four Principles*.\textsuperscript{118} In the same way this dissertation will benefit from the work that Paul Ramsey did in both his *Basic Christian Ethics* and his *Patient as Person*. The former offers insights into the Scriptural material that are helpful in this analysis. The latter provides arguments for and against various ethical issues that are pertinent to this dissertation. In some way, this dissertation will extend the work of Paul Ramsey by using these theological themes to enhance the meaning of bioethics principles that were not articulated when he wrote his work.

D. This Dissertation Focuses on the New Testament

1. The limitation of the scope of the task

A word needs to be said about limiting the scope of this work to the New Testament. This dissertation is not designed to ignore a significant portion of the Scriptures nor is this dissertation a Marcionite attempt to devalue the Old Testament. There are four reasons to limit this dissertation to the New Testament. First the sheer scope of the task is considerable. The exegetical work in the New Testament alone is enough for one dissertation address adequately. For the reason of being able to manage the Scriptural material sufficiently, this work is limited to the New Testament.

2. Jewish bioethics has examined the Old Testament material

Second, much work has been done already from the Old Testament. As discussed previously in this chapter, Jewish scholars have been studying and analyzing the Old
Testament records from as far back as the rabbis in the first century. The Talmud, and in particular the Babylonian Talmud, is replete with discussions of various bioethical issues from the Old Testament viewpoint. Maimonides drafted a compilation of legal arguments in his Mishnah Torah and many of them relate to bioethics. Similarly, the Shulkhan Arukh offers summaries of arguments from the Torah and the Talmud that also reflect on bioethics principles from the Old Testament. Jewish scholarship in the twentieth century has seen many scholars who have written on and discussed bioethics from the position of the Old Testament.

3. The New Testament has significant material for the study of bioethics

Third, much of the information from the Scriptures that will impact this approach is from the New Testament. While the Reformed perspective encompasses all of Scripture as equally inspired, it, too, has a New Testament focus in its application of those Scriptures. Stacy Johnson, Arthur M. Adams Associate Professor of Systematic Theology at Princeton Theological Seminary, writes this about Calvin’s view of the Old and New Testaments, “He [Calvin] has no sympathy for the simplistic claim that the Old Testament offered a covenant of works, while the New Testament offered a covenant of grace. Calvin believed that God’s mercy and grace were visible in both Testaments. The difference was not one of substance but of clarity.”

It is this need for clarity that tilts this dissertation toward the New Testament. Johnson summarizes the work of John Calvin in his book, *John Calvin: Reformer for the 21st Century*. In this book he says that for Calvin, the Christian life has four features. The four main features are self denial, cross bearing, meditation upon the future life, and the proper use of the present life. These are all uniquely New Testament features in that they require the presence of the
Holy Spirit and knowledge of the cross of Christ to be understood.\textsuperscript{125} Calvin himself uses Romans, Ephesians, and Galatians to support his argument for these features of the Christian life.\textsuperscript{126} Some of the themes that underlie this Christian life, in the Reformed perspective, are rooted, although not exclusively, in the New Testament. Themes such as repentance, regeneration, and forgiveness take on a new meaning in the New Testament in light of the work of Jesus Christ.\textsuperscript{127} Calvin uses Paul’s classic statement in Romans 12:1 to underscore these aspects of the Christian life. “Although the Law of God contains a perfect rule of conduct admirably arranged, it has seemed proper to our divine Master to train his people by a more accurate method, to the rule which is enjoined in the Law; and the leading principle in the method is, that it is the duty of believers to present their ‘bodies a living sacrifice, holy and acceptable unto God, which is their reasonable service.’ (Rom 12:1) Hence he draws the exhortation: ‘Be not conformed to this world: but be ye transformed by the renewing of your mind, that ye may prove what is that good, and acceptable, and perfect will of God.’”\textsuperscript{128} Calvin also exhorts his readers to follow the example of Jesus Christ in how to live their lives. “That Christ, through whom we have returned to favor with God, is set before us as a model, the image of which our lives should express.”\textsuperscript{129} In addition, Paul Ramsey in his introduction to his work on medical ethics, \textit{Basic Christian Ethics}, takes the same focus when he writes, “The basic principles of Christian ethics cannot be understood except from a study of the New Testament and by studying the great theologians of the past.”\textsuperscript{130}

Therefore, viewing both bioethics and the Scripture from the Reformed perspective, focusing on the Scriptures of the New Testament is appropriate. These Scriptures illuminate both theological and practical aspects of the Christian faith.
including bioethics. These New Testament Scriptures can enhance the meaning of contemporary bioethics principles.

4. Protestant writers have not fully addressed the New Testament as a source of theological themes to enhance the meaning of contemporary bioethics principles.

Fourth, Protestant theologians, who have been less prolific than their Roman Catholic counterparts and have been writing on the topic of bioethics for a shorter amount of time, have not yet fully addressed the connection between the New Testament Scripture and contemporary bioethics principles. James M. Gustafson, former Professor of Theological Ethics at the University of Chicago and a Professor of Humanities and Comparative Studies at Emory University, makes that point in his work on theology and Christian ethics.\(^{131}\)

(a) Robert M. Veatch

Robert M. Veatch, writes in his landmark book *A Theory of Medical Ethics*, that “Protestant theological ethics offers a much less sharply formulated alternative to Hippocratic medical ethics than do Jewish and Roman Catholic thought.”\(^{132}\) Veatch does admit that in recent years Protestant theologians have done some catching up in this department.\(^{133}\) However, in Veatch’s view, the work that has been done has been closer to the medical ethics side of the discussion and less invested in the theological underpinnings of those ethical debates, and even then the theology is not clearly explained in these Protestant writings on bioethics. “Sometimes they [Protestant writers] use an explicit theological framework, but more often this remains implicit only.”\(^{134}\)

Veatch, himself, is looking for “A common, universally applicable framework in which to resolve important social questions,”\(^{135}\) which is not necessarily based on Scripture or
Christian theology. Yet because this universal framework must appeal to all of society including Christians, Veatch believes that this universal framework is discoverable through “the twin epistemological resources of revelation and reason.”\textsuperscript{136} Veatch is more of a social contractarian, using a little information from the Scriptures, primarily from the Old Testament, to argue for the notion that this universal framework is discoverable through Judeo-Christian thought.\textsuperscript{137} But Veatch never claims to use theology or Scripture for his own argument. His triple contract theory is based on a carefully thought out, rational, philosophical argument that is closer to social contract theory than anything else.\textsuperscript{138} Veatch does not use the New Testament for his argument.

(b) William F. May

William F. May, professor of ethics at Southern Methodist University also is a protestant who writes on bioethics.\textsuperscript{139} Like Veatch and Ramsey, he uses the idea of the covenant between a physician and a patient as his basis for understanding bioethics. Yet May makes an interesting connection between the Scripture and bioethics. He uses various images, parent, fighter, and technician to explore this covenant.\textsuperscript{140} May freely uses Scriptural imagery to describe the covenant, but he also goes further with Scripture. “This book not only explores each of the images in the setting of the religious reflex that gives rise to them; it also examines the alternative religious vision that the West derives from the biblical tradition.”\textsuperscript{141} He uses some Scripture to explain his theological viewpoints, and then uses these viewpoints to discuss his images of the covenant between physician and patient. While he is using the New Testament, his approach is not the same as using foundational New Testament themes to enhance the meaning of contemporary bioethics principles.
Gustafson, in his *Theology and Christian Ethics* elucidates a role for both the Scriptures and theology, particularly the theologian, in his understanding of Christian ethics. He points to the difficulty of connecting the Scripture and ethics and posits an intermediary step, “The use of Scripture in Christian ethics first involves the determination of the theological and ethical principles that will be used to bring coherence to the ‘meaning’ of scripture’s witness.” This is the approach taken in this dissertation, to find theological themes that will enhance the meaning of contemporary bioethics principles. However, Gustafson tempers this enthusiasm with a widening of the epistemological task. He includes theology and Scripture as only one avenue of undertaking for doing ethics. “Scripture alone is never the final court of appeal for Christian ethics. Its understanding of God and his purposes, of man’s condition and needs, of precepts, events, human relationships, however, do provide the basic orientation toward particular judgments.” The latter statement is hard to argue against, but it allows Gustafson to argue his case in the few areas of bioethics that he includes in his work without reference to the Scripture or a theological basis underlying his ethical argument. His chapter on “Basic Ethical Issues in Biomedical Fields” does not make the connection from Scripture to theology to bioethics. He argues his point primarily from a philosophical viewpoint.

In his later work, *Ethics From A Theocentric Perspective*, he delves further into this connection among Scripture, theology, and ethics, yet he delves into this connection from the viewpoint of ethics in general, and not just bioethics. He uses the Scripture, theology, and other sources in his assessment of ethics from the theocentric viewpoint.
“My arguments on behalf of theocentricity will not develop simply from a retrieval of biblical theology, as did some of theirs, but will take into account other sources as well.”¹⁴⁸ He does delve into Scripture directly, albeit briefly, in his summary chapter in volume one when he uses Romans 12:1-2 as a basis for his understanding of the “Moral Life in Theocentric Perspective” as the chapter is labeled.¹⁴⁹ His only discussion of ethics and theology that comes close to the subject to bioethics is his chapter in volume two on the ethics of biomedical research. He includes in that discussion more philosophical than theological or Scriptural arguments. He discusses the “calculations of possible outcomes of certain choices in terms of a variety of ‘benefits’ and ‘costs’.”¹⁵⁰ He includes a paragraph on the “deontic” nature of the discussion¹⁵¹ without relating that discussion to theology or Scripture. He uses similar reasoning in his chapter on the moral life when he writes, “Sorting out the good and bad consequences and the better and worse means or courses of action is a reflective process.”¹⁵² That reasoning is similar to a consequentialist kind of debate and not necessarily theological in nature. He cautions against an indiscriminant use of the Scripture in the ethical argument. “The divine governance is not revealed to us in its moral details in the Scriptures. The use of the Bible to gain insight into the law of God must be in accord with what I have said about its contributions to theology… The morality given in the Bible is not timeless and changeless.”¹⁵³ That is certainly a different approach than is taken in this dissertation. While Gustafson is true to his position, he does not develop any New Testament theological themes that can enhance the meaning of contemporary bioethics.
(d) Stanley Hauerwas

Stanley Hauerwas, Professor of Theological Ethics at the Divinity School, Duke University in Durham, North Carolina, writes about this connection between the New Testament and ethics. He has a more limited view of the Scripture and ethics. He rejects the view of people he refers to as “Baconian fundamentalists”, who take “the hard facts of Scripture and discover the patterns that were simply there.” Hauerwas instead advocates for a more allegorical or narrative interpretation of Scripture. He demonstrates his principles in the latter chapters of his book by writing on ethical topics using Scripture as allegory and story, but without doing any serious exegesis (a task he rejects as inappropriate) and without connecting the Scripture to theological issues that can help illuminate ethical discussions. “It should be clear by now why this is not another book on the relationship between the Bible and ethics or even on the ethical use of Scripture.” Moreover, Hauerwas focuses on political issues such as war and poverty and not on bioethics. Hauerwas does write on the New Testament and ethics from the Protestant perspective, but he does not write about bioethics in that context and he does not write about foundational New Testament themes that enhance the meaning of contemporary bioethics principles.

From a theological perspective the works by these Protestant scholars such as Robert Veatch, Robert May, James Gustafson, and Stanley Hauerwas, have made significant contributions to bioethics for the Protestant, offering a theological basis for bioethics that is compatible with general Protestant theology. Yet they all lack one thing, a thorough connection to the New Testament, which is the basis for Protestant theology and ethics.
Glen Stassen and David Gushee’s *Kingdom Ethics* uses the kingdom of God for the basis for their New Testament ethics. Stassen is the Lewis B. Smedes Professor of Christian Ethics at Fuller Theological Seminary and Gushee is a professor of Christian Ethics at Mercer University. Again, like the theme of the covenant, the kingdom of God is a theme in the New Testament that is especially critical to the eschatological aspects of the teachings of the New Testament and of Jesus in the gospels. Stassen and Gushee use a combination of exegetical and theological arguments to establish this Kingdom of God as the basis for their Christian ethics. However, they apply their ethic to only three areas of bioethics, abortion, end of life issues, and biotechnology. In their chapter on abortion they use a lot of Biblical data and careful exegesis to come to the conclusion that the Bible is silent on the specific act of abortion. They use the Kingdom of God hermeneutic to discuss the issue in more depth. In their chapter on end of life issues they use almost no Biblical data and only scant references to the Kingdom of God and the reign of Jesus in the world. They assume the standard approach of condemning euthanasia but approving withholding and withdrawal of treatment as appropriately Christian without a lot of theological or Biblical background in that discussion. Similarly, the arguments concerning biotechnology, while well crafted, are devoid of any mention of either the Kingdom of God, which is their primary theological theme, or the Scriptures. The chapter could have been independent of their work in the book establishing the Kingdom of God as the primary basis for understanding Christian ethics. They do not engage in the task of enhancing the meaning of bioethics principles from New Testament theological themes.
(f) Albert Schweitzer

Albert Schweitzer’s reverence for life is another way to look at ethics and in particular bioethics from a more theological perspective. He was a German-French theologian and physician known for, among other things, the establishment of a hospital in a poor region of Africa. Schweitzer’s theology was focused on his search for some kind of meaningful world view. He writes in his *Civilization and Ethics*, “What is it we want? We want to find the world and life-affirmation, and the ethical system which we need for that serviceable activity which gives our life a meaning.” He held that a person’s will to live, that genetic will to survive, is the basis for this reverence for life that gives life meaning and then defines ethics. While he was a Christian theologian, his goal was to find an ethic that would be universally accepted regardless of one’s religious background. In his ethical work he rejected both theological appeals and philosophical appeals. He wrote that “The true basic principle of the ethical must be not only something universally valid, but something absolutely elementary and inward, which, once it dawned upon a man, never relinquishes its hold.” This dissertation is taking a decidedly different approach to bioethics. This dissertation is deliberately looking for a connection between the New Testament Scriptures and bioethics, while Schweitzer was trying to construct his ethics deliberately without such a connection.

(g) Joseph Fletcher

Joseph Fletcher, who taught Christian Ethics at both the Episcopal Divinity School and at Harvard Divinity School, is another author who is oft mentioned in the discussion of the Scriptures and ethics. Fletcher eschews the traditional approaches to theological based ethics from both the Roman Catholic and the Protestant traditions,
calling them both legalistic.\textsuperscript{165} He holds that any ethical precepts taken from the Bible other than love are legalistic and therefore not useful in modern ethics.\textsuperscript{166} Other than adopting what he calls the law of love from the Scriptures, Fletcher does not use the Scriptures at all in his ethical analyses, not even in a methodology for doing ethics. Fletcher’s theory is that “Love alone when well served is always good and right in every situation.”\textsuperscript{167} But this love is applied differently in each situation, thus the term “Situation Ethics”. According to Fletcher, the right thing to do is related directly to the particular circumstances and in those circumstances the right thing helps people and the wrong thing hurts people.\textsuperscript{168}

Fletcher’s theory, rather than offering some kind of theologically ground breaking ethical approach that can add to one’s understanding of bioethics, is primarily consequentialism with a religious face. “In Christian situation ethics nothing is worth anything in and of itself. It gains or acquires its value only because it happens to help persons (thus being good) or to hurt persons (thus being bad).”\textsuperscript{169} Fletcher determines right or wrong by assessing the relative pain or pleasure of the participants, only he calls this process love. His definition of love does not seem to match the Scriptural definition of love, either.\textsuperscript{170} He is doing the utilitarian calculus and calling this calculation some form of Christian ethics. He is not doing theological ethics, and he admits as much, “The new morality - i.e. situation ethics – is a radical departure from the conventional wisdom and prevailing climate of opinion…. Situation ethics is not particularly Catholic or Protestant or Orthodox or humanist. It extricates us from the odium theological.”\textsuperscript{171} Fletcher therefore is not an author whose work impinges upon this dissertation. Indeed, if Fletcher’s work were accepted here, this dissertation would be untenable, for the thesis of
this dissertation holds that the Scriptures do give us more information about the meaning of bioethics principles than merely the term “love”.

5. Summary of the focus on the New Testament

In summary, the exegetical task of using the whole Scripture is too daunting. Much work has already been done in the Old Testament in the field by Jewish authors for centuries. The Reformed perspective has a New Testament bias. Protestant authors to date such as Ramsey, Stassen and Gushee, Schweitzer, Fletcher, and others have not fully examined this connection from the New Testament to theological themes to bioethics principles. For these reasons, this dissertation will look at theological themes that emerge from this study of the New Testament and use those themes to enhance the meaning of the modern bioethics principles. These theological themes will form a bridge between the New Testament data and the modern day bioethical principles. Without such a bridge, the connection between the Scripture and contemporary bioethical principles would be difficult to make. One of the difficulties of attempting to apply a Scriptural passage directly to bioethical principles is the temptation to either stretch the meaning of the New Testament passages to fit into the bioethics principles or to stretch the meaning of the principles to fit into the New Testament data. Neither is good scholarship. To avoid this pitfall, these theological themes from the New Testament will be the bridge between the two fields of study.

6. A critical rather than a devotional focus

While the focus will be on the New Testament, the focus is primarily analytical and not devotional. Gerard Hughes, a British Jesuit in the twentieth century who writes about Spirituality, wrote *God of Surprises*, which is a challenging work on spirituality,
spiritual disciplines, spiritual formation, prayer, and above all on appreciating the mystical in the Christina life. Hughes uses Von Hugel’s understating of the three main stages of human development to describe what Hughes calls the three main elements of religion, the institutional element, the critical element, and the mystical element. The latter, as Hughes points out, is oft neglected and his encouragement to pursue Christ in a more meaningful and personal way is much appreciated.

This dissertation is squarely in the critical element and needs to stay there. To expand the dissertation beyond the critical element and include a discussion of some aspect of spirituality or spiritual formation would take this dissertation in a whole different direction. The goal of this dissertation is to expand the understanding of the principles of contemporary bioethics by using theological themes from the New Testament. A piece on spirituality would add a whole new dimension to the work. In addition, a section on spirituality would limit the usefulness of the dissertation to those who understand and accept the basis of Christian spirituality. The dissertation as comprised so far can have a wider audience than just Christians.
E. Endnote

5 Beauchamp and Childress, *Principles of Biomedical Ethics, Sixth Edition*, 5.
8 Emanuel, "The Beginning of the End -- Principles of Biomedical Ethics by Tom L. Beauchamp and James F. Childress."
16 Emanuel, "The Beginning of the End -- Principles of Biomedical Ethics by Tom L. Beauchamp and James F. Childress."
26 Daniels, *Just Health Care*, 41.
48

67 Cahill, "Can Theology Have A Role in "Public Discourse?"," 61.
68 Cahill, "Can Theology Have A Role in "Public Discourse?"," 62.
69 Cahill, "Can Theology Have A Role in "Public Discourse?"," 62.
73 Salzman, *What Are They Saying About Catholic Ethical Method?* 87.
75 Salzman, *What Are They Saying About Catholic Ethical Method?* 80.
90 Barth, *Ethics*, 17.
91 Cahill, "Can Theology Have A Role in "Public Discourse?"," 62.

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Ramsey, *The Patient As Person*, xii.


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Ramsey, *The Patient As Person*, xi.

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Hauerwas, *Unleashing the Scripture: Freeing the Bible From Captivity in America*, 24.
Hauerwas, *Unleashing the Scripture: Freeing the Bible From Captivity in America*, 39.
167 Fletcher, *Situation Ethics*, 60.
CHAPTER TWO

THE INVITATION-RESPONSE HERMENEUTIC

A. The Incarnation as a Basis For the Hermeneutic

1. Introduction

Because this dissertation depends heavily upon the New Testament, how the New Testament is interpreted is critical to how it will be utilized. The Greek verb ἐρμηνεύω means explain or translate. This Greek word is used in the New Testament to mean translate, but it is also used in Luke 24:27 when Jesus, on the road to Emmaus, explains to the two disciples what the Scriptures said about himself.¹ In a similar way the Greek noun ἑρμηνεία meaning interpret, is used in Paul’s letter to the Corinthians in reference to interpreting what had been spoken in tongues.² Both senses apply to how the word hermeneutic, which is derived from both of these Greek words, is used in this dissertation. A hermeneutic is the explanation of what the Scripture says and an interpretation of the Scriptural documents in relations to bioethics.

Duncan Ferguson, Vice President for Academic Affairs and Professor of Religious Studies at Alaska Pacific University, defines a hermeneutic as “The study of the locus and principles of interpretation.”³ Bernard Ramm, former professor of systematic theology at the American Baptist Seminary of the West, in his work Protestant Biblical Interpretation uses the term in the same way, referring to a hermeneutic as “The science and art of Biblical interpretation.”⁴ Because the Scriptures are the Word of God, the process of using a hermeneutic is to discover the meaning of that Word of God. Part of this task is to bridge the gap between the minds of the 21st century reader and the writers of the Scriptural texts. Most of the writers of the New
Testament lived and wrote in the first century in the Roman Empire and wrote in Greek. How the Word of God will be read and interpreted, particularly in light of 21st century bioethics, needs to be determined.

The English word hermeneutic is used in describing Jesus’ conversation with the two disciples on the road to Damascus. Jesus was not parsing verbs and explaining the origin of words. Jesus was helping the two disciples understand the meaning of the texts in the context of the incarnation, death, and resurrection of Jesus himself. He was reading the Old Testament Scriptures with an interpretative rubric, the real meaning of the messiah. Jesus had a messianic interpretative view of the Scriptures, as Johannes Behm, former professor of Protestant Theology at Gottingen University in the early twentieth century has appropriately noted. An interpretive view is closer to the meaning of the word hermeneutic as it is used today. Ferguson further sheds light on the significance of a hermeneutic when he clarifies,

The singular hermeneutic is most frequently used to refer to a particular frame of reference from which to proceed to interpretation. A given hermeneutic is essentially a self-consciously chosen starting point containing certain ideological, attitudinal, and methodological components designed to aid the work of interpretation and facilitate maximum understanding.

Yet, in order to develop a hermeneutic that fairly reflects the New Testament, one must use basic principles of exegesis in reading the texts. This dissertation will use both a hermeneutic and principles of biblical exegesis to read and interpret the Scriptures to enhance the meaning of contemporary bioethics principles. Using exegetical principles is consistent with the reformed perspective on understanding Scripture. John
Calvin’s hermeneutic, as he describes in his letter to Simon Grynaeus, notes several points for understanding Scripture. Primarily Calvin rejects the allegorical interpretation of Scripture that was prevalent in the 16th century. He also rejects the four fold meaning of the Scripture that was also used to interpret Scripture in that era. The four fold hermeneutic that Calvin rejected looks at the Scripture from four perspectives, the literal, allegorical, moral, and analogical. The four fold hermeneutic often impressed onto the text a meaning that was not in the intent of the author. Calvin insisted on listening to Scripture and not on imposing a meaning onto the text. “It is the first business of an interpreter to let his author say what he does, instead of attributing to him what we think he ought to say.”

In other words, this quote indicates that Calvin is describing the process of finding the meaning of the author. Calvin’s approach to interpretation is fundamental to the reformed approach to the Scriptures.

The hermeneutic for this dissertation will assist in discovering the meaning of the author, which as Calvin pointed out is the goal of Scriptural interpretation. A hermeneutic is the form of interpretation that one uses to look at and examine the Scriptures for that meaning of the author. Since this dissertation focuses on the New Testament, the place to begin is the incarnation of Jesus, as Thomas Torrance, former Professor of Christian Dogmatics at New College, Edinburgh in the University of Edinburgh has famously argued. God come to earth in human form. Torrance underscores the point that is adopted in this dissertation, that the incarnation is a central topic of the New Testament and describes the penultimate act of the salvation history of
the entire Scriptural record. The incarnation will help one understand what these Scriptural texts mean.

2. The incarnation is central to the hermeneutic

This section on the centrality of the incarnation to the invitation-response hermeneutic begins with a brief analysis of the incarnation in the four gospels. This section will include an argument for the centrality of the incarnation and an argument that the term incarnation encompasses all of the life, ministry, death, and resurrection of Jesus. Finally, this section will argue that the incarnation includes the invitation of Jesus.

a. The incarnation in the gospels

The discussion of the New Testament and bioethics can begin where the New Testament begins, with the incarnation of Jesus. The Gospel of Mark, most likely one of the first of the gospels to be written, begins with the ministry of John the Baptist who introduced Jesus to his community. Luke begins his gospel with an account of the birth of John the Baptist and the significant events that surrounded his birth. Matthew starts with the genealogy of Jesus, beginning with Abraham and tracing the genealogy of Jesus all the way to Joseph, his earthly father. But only John starts where the story really begins, as argued by Beasley Murray, Professor of New Testament Interpretation at the Southern Baptist Theological Seminary. “In the beginning was the Word” (John 1:1. NIV). The Word, or λόγος in the Greek, is a common term in Greek that also has a deep philosophical meaning in Greek thought. In the Theological Dictionary of the New Testament Hermann Kleinknecht explains that this logos “is a metaphysical reality, the primary and intelligible law of things, which makes clarification possible and determines life. In this sense logos can later be a cosmological hypostasis.” Jesus as the Word is
the cosmological hypostasis, he is the very essence of the divine. John imbues this Word with an additional meaning when he uses it to describe Jesus. Beasley-Murray helpfully observes that John continues in the same vein, “and the Word was with God, and the Word was God. He was with God in the beginning” (John 1:1-2, NIV). This Word is God, the essence of the divine nature, eternal and always in existence.19

John connects this word that is and has been from the beginning with the human Jesus in verse 14, “The Word became flesh and made his dwelling among us” (John 1:14, NIV). As B. B. Warfield, the great Princeton Seminary professor from the turn of the twentieth century explains, “With these few words John describes the incarnation of God in Jesus. For dwelling John uses the word that comes from the Hebrew “tabernacle” writing, “He made his tabernacle among us.”20 The tabernacle of course was the tent of meeting or sanctuary for Moses and the people of God. As Beasley-Murray explains, the tabernacle was a portable sanctuary and was the place of sacrifices.21 More importantly, the tabernacle was the presence of God in their community. The tabernacle did not represent the presence of God in their community; the tabernacle was the presence of God in their community. When John writes that the Word “tabernacled” among them he means that this Jesus was the presence of God in the world. Jesus did not represent the presence of God; he was the presence of God. This new tabernacle was the incarnation, the Word in the flesh.22

The means that God chose to reveal the divine nature to the human race is also indicative of the nature of God and the role that humanity plays in the kingdom of God. God did not choose a mystical or other worldly means to reveal the divine purpose and nature. Rather God used the very human form God created in the beginning, as Torrance
has emphasized so eloquently. Karl Barth points out in his *Church Dogmatics* that the incarnation shows God’s value for human life in that God came in the human form. Thus in the union of Jesus Christ with human life is God’s recognition of the value of each human life. God invites that human life to participate in the kingdom of God.

b. The centrality of the incarnation

The incarnation is so central to the New Testament understanding of Jesus and his teachings that one cannot understand or study the New Testament without it. Oliver Crisp in *The Oxford Handbook of Systematic Theology* explains the significance of the incarnation in this manner, “The incarnation is the central and defining event of Christian Theology. The doctrine that the second person of the trinity assumes human nature, becoming a man, in order to bring about the salvation of fallen human beings lies at the heart of the traditional teaching of the church.” The observation of Crisp is that through this incarnation one can understand who God is and what God is saying to us. The incarnation of Jesus is God’s revelation to humankind. Fundamental to Christian theology is that God incarnate in Jesus Christ teaches humanity how to live. The incarnation gives us a knowledge of God that would be impossible without a divine revelation in the human form. That is where the Christian faith begins. The revelation of God in Jesus instructs and teaches the Christian about God and what God expects from the people. Thomas Torrance explains the incarnation, “Christian theology proclaims that Christ as God incarnate teaches us how we should live.”

The incarnation is the unique union of the divine and the human in the person of Jesus Christ, who was both completely divine and completely human. John Calvin explains the incarnation in this way, “For we maintain, that the divinity was so conjoined
and united with the humanity that the entire properties of each nature remain entire, and yet the two natures constitute only one Christ.” Calvin’s words emphasize not only the unity of the human and divine in Jesus Christ, but that each aspect, human and divine, is fully present. The Christian hymn that Paul includes in his letter to the Philippians summarizes this eloquently. “Christ Jesus: Who, being in very nature God, did not consider equality with God something to be grasped, but made himself nothing, taking the very nature of a servant, being made in human likeness” (Philippians 2:6-7, NIV).

This passage from Paul is a basis for understanding the incarnation as this union of the divine nature of the second person of the Trinity with the human form of Jesus of Nazareth. That union is a complete and total union so that one cannot tell where the divine nature starts and the human nature ends. The Westminster divines described the incarnation this way,

The Son of God, the second person of the Trinity, being very and eternal God, of one substance and equal with the Father, did, when the fullness of time was come, take upon Him man's nature, with all the essential properties, and common infirmities thereof, yet without sin; being conceived by the power of the Holy Ghost, in the womb of the virgin Mary, of her substance. So that two whole, perfect, and distinct natures, the Godhead and the manhood, were inseparably joined together in one person, without conversion, composition, or confusion. Which person is very God, and very man, yet one Christ, the only Mediator between God and man.
With these incisive words the Westminster divines succinctly summarized the essence of incarnation theology. They begin with the second person of the trinity, God’s son and move quickly into that second person of the trinity becoming human. In so doing they highlight that this second person of the trinity took on the full weight of humanity. This passage of the Westminster Confession describes one of the fundamental aspects of Reformed Theology from the seventeenth century, that Jesus is both fully God and fully human. The meaning of the New Testament and its teachings cannot be fully understood without understanding this concept of the incarnation of Jesus.

c. The incarnation and the life, death, and resurrection of Jesus

The incarnation is more than just the birth of Jesus, but the concept encompasses the birth, life, teaching, death and resurrection of Jesus. A broader view of what the incarnation encompasses is critical to understanding the incarnation and its impact upon the study of contemporary bioethics principles. For not only the teachings of Jesus, but the entire person and work of Jesus will inform this study. One cannot separate the person of Jesus from the work of Jesus. The incarnation does not refer to only the birth of Jesus, for in the birth there is also the atoning work of Christ on the Cross. After the cross is the resurrection and ascension of Jesus. Torrance explains that the incarnation includes all of that.\textsuperscript{31} The resurrection of Christ is very much a part of the understanding of the incarnation. The resurrection validates the incarnation itself and the atoning work of Christ on the cross, which is also essential to understanding the resurrection. The resurrection also validates the kingdom of God which Jesus proclaims and into which he invites his followers. Without the resurrection the eschatological nature of the incarnation would be lost. Therefore, while the term resurrection may not appear much
in this discussion, the term is very much a part of understanding the how and the why of enhancing the meaning of contemporary bioethics principles from foundational New Testament themes. The revelation of God in Jesus makes that study possible. Again, Thomas Torrance summarizes this issue well when he writes that the revelation of Christ and the atonement of Christ cannot be split apart. For the same person, Jesus Christ, both spoke the revelation of God and suffered for the sins of humanity. Since both tasks were in one person, one cannot separate the divine from the human in Jesus, he is completely both.\textsuperscript{32}

Torrance elucidates in his book \textit{Incarnation} that the incarnation of Christ is the starting place precisely for that reason. The incarnation is the revelation of God to humanity. The incarnation reveals to humanity who God is, proclaiming much more of the nature and person of God the Father than was shown before the incarnation. The incarnation is the revelation of what God is doing, his atoning work of salvation that Christ offers to those who wish to receive it. More importantly, the incarnation ushers in the kingdom of God in a way that had not been seen prior to the incarnation. The ushering in of the kingdom of God and the invitation to participate in the kingdom of God undergirds the study of enhancing the meaning of contemporary bioethics principles. The incarnation reminds us of what God requires of his people.\textsuperscript{33} Micah’s statement of what God requires fell on deaf ears in Israel in the eighth century B.C.\textsuperscript{34} “He has showed you, O man, what is good. And what does the LORD require of you? To act justly and to love mercy and to walk humbly with your God” (Micah 6:8, NIV). Jesus restates the requirement that Micah proclaimed in a profound way. A significant aspect of the incarnation is Jesus ushering in the kingdom and inviting persons to participate in
the kingdom of God. The birth, life, atoning death, and resurrection will demonstrate those ideals. The incarnation is the starting point to understand what the Lord requires of humanity.\(^{35}\)

d. The incarnation includes the invitation of Jesus

Jesus makes clear that through his incarnation and resurrection that humanity is invited to participate with God in his kingdom. The invitation is integral to the ministry of Jesus as described in the gospels. His first preaching is described by both Matthew and Mark with two key phrases.\(^ {36}\) One phrase is, “The kingdom of God is near” (Mark 4:15, NIV). Jesus was announcing the beginning of a new era, a whole new way for humanity to experience and know God, which he referred to as the kingdom of God.

George Ladd, former Professor of New Testament Theology at Fuller Theological Seminary, in his assessment in *Jesus and the Kingdom* referred to the kingdom of God of which Jesus spoke as already and not yet. Ladd explained, “Before the eschatological appearing of God’s kingdom at the end of the age, God’s kingdom has become dynamically active among men in Jesus’ person and mission.”\(^ {37}\) The kingdom of God is here in the person and work of Jesus and is demonstrated in the incarnation and resurrection. Yet the kingdom of God is not fulfilled until the parousia, when the kingdom of God will be seen by humanity in all of its fullness. As Ladd concisely puts it, “The kingdom of God is by definition the dynamic reign and rule of God.”\(^ {38}\)

In that context, Jesus then invites his followers to participate in this kingdom of God in its present manifestation. The kingdom of God as Jesus explains it, is not some act of God for which humans will be only spectators. Ladd notes that the kingdom of God is an on going activity, the reign of God, for which humans are invited and
encouraged to participate. Luke describes an incident in the end of the ninth chapter of his gospel where Jesus gives three successive invitations to persons to follow him, and all three decline. After the final declination Jesus says, “No one who puts his hand to the plow and looks back is fit for service in the kingdom of God” (Luke 9:62, NIV). That is a mark of his invitation to participate with Jesus in the kingdom of God.

3. Relevant Scripture for studying the invitation of Jesus

The invitation that emerges from the incarnation, which is a mark of the kingdom of God, will help to guide the selection criteria for examining the Scripture. While this dissertation is limited to a study of the New Testament, that limitation still allows for a wide variety of texts to examine and study. There are two primary criteria used here to narrow the study to a manageable task. The first criteria is that the texts examined here will primarily be ones that illustrate the invitation of Jesus to the kingdom of God and the response that God expects from those who accept the invitation. Therefore, events described in the gospels such as the calling of the first disciples recorded in Mark chapter one will need to be examined for their direct impact on the theme of the invitation that Jesus offers. David P. Moessner, Professor of Biblical Theology at University of Dubuque Theological Seminary comments on the call to discipleship in his book on the Lukan travel narratives. Moessner points out that more general calls from Jesus such as his call to discipleship in Luke 14, “any of you who does not give up everything he has cannot be my disciple” (Luke 14:33, NIV), will need to be examined to see what, if anything, those texts add to the discussion.

The danger in this approach is selective exegesis. Selective exegesis only examines the texts that advance the central thesis of the invitation and the response
required and ignores other texts that may offer an alternate interpretation. For this reason, a second criterion for choosing texts to examine will be employed, the criterion of selecting concepts that elicit significant discussion in contemporary scholarship.

R. P. Meye, former professor of New Testament at the Northern Baptist Theological Seminary, in his classic work on the book of Mark, *Jesus and the Twelve*, describes the nature of the call of Jesus and the invitation to follow him. He highlights the importance of Mark 1:16-20. Jesus’ call to the twelve gives those twelve disciples a prominent place in the ministry of Jesus in Mark’s gospel. Meye then links the call to passages in Mark including Mark 1:29, 3:16, 5:37, 9:2, and others. This call to follow Jesus is one of the key features of the accounts of the gospels. The texts chosen by this dissertation will track that call in the gospels and the rest of the New Testament.

In a similar fashion, K.L Schmidt, writing in *The Theological Dictionary of the New Testament*, writes that the Greek word καλέω (call) while common in everyday usage in the first century, takes on a unique meaning in the New Testament. Often in the New Testament it is God or Christ who calls, and that call has a theological meaning. The divine function is to call humanity, and Jesus fulfills that function, and the only response for humanity is faith. Schmidt notes that in most instances in the gospels, God is the one who calls and Christians are the ones who are called. God as the subject of the term call “makes it clear that in the NT καλεῖν is a technical term for the process of salvation.” The use of this term in the New Testament will help to select the passages that will underscore the invitation and response hermeneutic.

Gerhard Kittel, former professor of New Testament at Tubingen University, in his article on ἀκολουθεῖν (follow) in *The Theological Dictionary of the New Testament*
further refines this focus on the texts that illuminate the concept of invitation in the New Testament. The word “follow” is used extensively in the gospels to indicate the nature of the relationship between Jesus and all of his disciples, not just the twelve. The word indicates the “participation in the salvation offered in Jesus.” The way the Gospel writers use this word will narrow the focus of the invitation that is the basis of the hermeneutic used in this dissertation.

George Ladd’s *Jesus and the Kingdom* also helps this focus on the appropriate passages to discuss the invitation and response in the New Testament. Ladd notes that there were three distinct overlapping sets of disciples, the larger encompassing the smaller, that all were issued the call to follow Jesus. In tracking the numerous passages in the gospels that delineate these three sets of disciples, the theme of the invitation and response will emerge. The writings of Ladd, Schmidt, Kittel, and others provide a reliable criterion for choosing passages that address the invitation and response hermeneutic.

4. The invitation of Jesus

This section discusses the invitation of Jesus in terms of the call of Jesus. The call of Jesus includes the divine initiative in the call to the twelve disciples. The call of Jesus in the Gospel goes well beyond the calling of the twelve. The Book of Acts makes clear that the call goes beyond just the twelve. Finally, the epistles of Paul will be referenced in regard to the nature of the call of Jesus.

a. The call is of divine initiative

Therefore, this invitation from the incarnate Word is epitomized in the use of two phrases in the gospels and elsewhere in the New Testament. These two phrases indicate
that Jesus calls or invites people to share with him in the kingdom of God. The first phase is the word for “call”. When God is the subject of the verb “to call”, the verb takes on a divine sense including, “such notions as divine initiative, election, sanction, and guidance.”

Christopher R. Matthews, Adjunct Professor of New Testament at the Weston School of Theology notes in his article on the term “call” that divine initiative is important in this context for God’s initiative in interacting with the human race is often expressed with this term in both the Old and New Testaments. From the calling of Abraham to the experience of the Apostle Paul in the Road to Damascus, the term “call” has been used in the Scripture to express this idea of God taking the initiative to come to humanity, as God did in the incarnation. Matthews concludes that in the different accounts of the calling of the disciples in the gospels, the initiative is found with Jesus.

b. The call in the gospels goes beyond the twelve

The twelve were not the only ones who responded to Jesus; a significant number of people accepted his invitation. The Greek word καλέω is used often in the gospels to describe the call of Jesus to the twelve and to humanity in general. Καλέω is used 148 times in the New Testament and is often translated as a divine calling or vocation. However, the word does not always refer to just the twelve disciples or the apostles. In some cases καλέω can be used in the sense of an invitation. The invitation aspect is evident in a parable that Jesus tells recorded in Matthew 22:1-14 about the wedding banquet. In this parable, the king invites people to his wedding banquet twice and the people refuse him both times. He then tells his servants to invite anyone they can find to come to the wedding banquet. They go to the highways and byways and invite people
into the wedding banquet. The parable highlights the fact that Jesus extends to all humanity an invitation to participate in the kingdom of God. Donald Hagner, the George Eldon Ladd Professor of New Testament at Fuller Theological Seminary, explains in his commentary on Matthew that, “Those initially invited are accordingly designated as ‘not worthy’ and the invitation is broadened to include all, the ‘bad’ as well as the ‘good,’ and by implication, finally, Gentiles as well as Jews.” Hagner notes the expansion of the call from Jesus goes well beyond the borders of Israel. A similar point is made by Jesus in the story of his encounter with Zaccheus, an unrighteous tax collector who received an invitation from Jesus (Luke 19:1-10). Jesus extends the call or invitation not just to the righteous of Israel but also to the unrighteous living in Israel. His call goes much further than those in Israel who think they have kept the law scrupulously. David Moessner illuminates this encounter with Zaccheus, that Zaccheus represents the kind of person for whom Jesus was sent to reach. Zaccheus’s reception of Jesus into his home symbolizes the reception of Jesus by the Gentiles. In the ministry of Jesus the invitation or call is much broader than just to the twelve.

R. P. Meye makes a similar case that the invitation of Jesus to participate in his kingdom begins with the twelve but eventually goes out to all, even the Gentiles. Meye contends that, “The initial act of Jesus is to call a small company of disciples to follow him (Mark 1:16-20).” However, Jesus quickly points out that this following involves also a sending to extend this invitation to the rest of the world. In Mark 3 Jesus gives the disciples a two-fold call, to be with him and to proclaim the gospel (Mark 3:14, 6:12). In discussing Jesus’ ministry in Galilee described at the end of Mark’s gospel, Meye explains, “In this text [Mark 16:7] Jesus affirms his relationship to those called in terms
of a program for the future.” Jesus called many to participate in the kingdom. The call of the fisherman described in Mark 1:16-20 is likewise a call to join Jesus’ unique program.

c. The call in Acts goes beyond the twelve

Jesus’ invitation or call into the kingdom of God for all persons is also a theme in the book of Acts, which recounts the actions of the first believers after the resurrection of Jesus. Peter’s address to the crowd at the first Pentecost, the first real message from any of the twelve, ends with an invitation, \( \pi \rho \sigma \kappa \alpha \lambda \varepsilon \sigma \eta \tau \alpha \) (Acts 2:39). Peter even uses the same word of invitation that Christ used, “repent”. The call to repentance is like the call of Jesus to Zaccheus, an invitation to those well beyond the twelve to participate with him in the kingdom of God. F. F. Bruce, head of the Department of Biblical History and Literature at the University of Sheffield, shows that the call of Jesus goes beyond Israel in his commentary on Acts when he explains, “The promise is not only to those distant in time but to those distant in places as a well, even – as it soon appeared – to Gentiles.” Bruce makes a similar comment regarding the first healing of the twelve apostles recorded in the Book of Acts (Acts 3:1-26). In that incident Peter and John invite a man who was crippled from birth into the kingdom of God. Bruce holds that this encounter is an example of the progressive acceptance of the gospel in the Book of Acts. Acceptance is a result of the call or invitation offered by the apostles to the Gentiles. Acts tells the story of the Apostles repeatedly issuing an invitation to follow Jesus. Acts also records the significant responses of the people, especially to the Gentiles, to that invitation. The ministry of Paul in his three missionary journeys was filled with preaching that invited or called people, Jews and Gentiles, into the kingdom of God. In
the book of Acts Peter and Paul verbalize the words, but the invitation to participate in
the kingdom of God comes from Jesus.

d. The call of God in the epistles of Paul

The concept of invitation or call is also a significant part of the letters of the New
Testament. Matthews continues his description of the use of this term “call” in the letters
to Paul with this comment in regard to the Greek term καλέω. This term is used often
in the New Testament to refer to the call of Paul to faith in Christ and the call of others as
well. The call was a “fundamental point of reference in the lives of Christian believers
(1 Cor 1:26, 7:20).” Both Matthews⁶⁹ and Schmidt in his article on καλέω enumerate
a variety of instances where Paul in his letters uses the term call to note that the call is not
an attribute for apostles alone but applies to all who believe in Jesus Christ.⁷⁰

In the letters of Paul the sense of call, καλέω, extends the invitation from God to
humanity to participate in the kingdom of God. Central to Paul’s understanding of the
faith is the concept that Christians are called by God into the kingdom of God. Schmidt
clarifies in the Theological Dictionary of the New Testament that this call is a call to
salvation and appears even in the rabbinics. The term “call” takes on special meaning
when God is the subject of the call and salvation is the target.⁷¹ God is the one who calls
so God issues the invitation to participate in the kingdom of God.

The idea of being called by God is evident in Paul’s letter to the Romans where
he explains, “Those who love him, who have been called according to his purpose….
Those he predestined, he also called; those he called, he also justified” (Romans 8:28, 30,
NIV). The concept of call here is used in two ways by Paul. The first one is in verse 28
where the term used is κλητοί, which is a verbal adjective derived from καλέω and is
translated as called or invited. Paul uses this term over twenty times in his letters to refer to God’s invitation to Christians. What makes Paul’s words noteworthy is that he uses a typical Jewish construct, God calling Israel, to apply to gentiles as well. All have been called into the kingdom of God, not just the Jews. With Jesus the invitation goes beyond the nation of Israel. James Dunn, the Emeritus Lightfoot Professor of Divinity in the Department of Theology at the University of Durham, in his commentary on Romans points out that this sentence is a foreshadowing of his argument in Romans 9-11 that makes that claim more clear.

The second way in which Paul employs the concept of call in this text is to see a call as part of the process that God uses to bring salvation to human kind as Paul writes in verse thirty of chapter 8 of Romans. The invitation to humanity through Christ is embedded in the process of salvation and the glorification of God. James Dunn astutely elucidates this by noting that, “Paul looks at the whole process from the perspective of its successful outcome, where the redeemed gladly affirm that their coming of faith was wholly God’s doing.” Dunn reminds the reader that it is God who invites and there is a response that comes with the invitation. John Murray, professor of systematic theology at Westminster Seminary, makes a similar observation about this text. “Verse 30 introduces us to the realm of the temporal and indicates the actions by which the eternal counsel is brought to actual fruition in the children of God. Three actions are mentioned, calling, justification, and glorification.” The calling to which he refers here is God’s calling or invitation. While Murray is a confirmed predestinarian, he does add a footnote to these comments that acknowledge that some response accompanies the divine calling or invitation. “It is true that calling elicits the appropriate response and justification is
through the instrumentality of faith.” Murray connects the call to a Christian with a response from the Christian.

Paul reiterates this theme in his first letter to Timothy. “Take hold of the eternal life to which you were called when you made your good confession in the presence of many witnesses” (1 Timothy 6:12, NIV). Paul reminds Timothy that he was called or invited into the kingdom of God, as was Paul. What Paul is after with Timothy, however, is his response to that invitation. The imperatives in the letter in this section, “flee from all this, and pursue righteousness, … Fight the good fight of the faith. Take hold of the eternal life” (1 Timothy 6:11-12, NIV), indicate that a response from Timothy to the invitation is sought. Indeed without that kind of response, his confession and calling are ineffectual. The gift of eternal life comes to humanity via a call or an invitation. Therefore, because of the ubiquitous nature of the call of God in the gospels, in Acts, and in the epistles, one can conclude that the invitation from God to humanity to participate in the kingdom of God is well rooted in the Scripture.

5. The response to the invitation of Jesus

This section discusses the importance of the response to the invitation of Jesus. The section begins with an analysis of the concept of following Jesus in the synoptic gospels, succeeded by a similar analysis of John’s gospel. The rabbinic model is discussed as a paradigm of Jesus teaching. The response to the call of God in the Corinthian, Galatian, pastoral, and prison epistles of Paul is analyzed in the last part of this section. Finally, the response to the invitation of Jesus is analyzed in regards to the theological themes of salvation and repentance.
a. Following Jesus in the synoptic gospels

This sub-section looks at the concept of following Jesus in three dimensions, the example of the twelve following Jesus, examples of persons who did not follow Jesus, and the response that following Jesus requires.

i. The Twelve follow Jesus

The New Testament invitation to participate in the kingdom of God is also evident in the way in which Jesus asked people to become his disciples. George Ladd notes in his *Jesus and the Kingdom* that Jesus called the twelve to, among other things, to share in his ministry.\(^78\) The Greek word ἀκολουθέω, which is often translated “follow”, is closely tied in with the concept of discipleship and the invitation to participate with Jesus in the kingdom of God. Most of the almost seventy uses of this verb in the gospels refer to following Jesus.\(^79\) While not every instance is a call to full fledged discipleship, the use of this verb so often in the ministry of Jesus indicates that he came to extend an invitation to people to share with him in what he was doing. Twentieth century German Roman Catholic scholar Karl Schelkle in his *Theology of the New Testament* adopts a similar stance that responding to the call of Jesus and following Jesus involves fundamentally obedience to his commands. Shelke calls this “faithful submission to the word of God.”\(^80\)

In secular Greek the word ἀκολουθέω is used in the normal sense of one person physically walking behind another. Rabbinic literature uses this idea in the same way. A rabbi’s disciples would follow him by walking behind him at a respectful distance. Gerhard Kittel describes the various uses of the word in the first century. In the rabbincs the word had a locative sense describing a rabbi going ahead and his pupils following
behind at an appropriate distance. However, Kittel points out that ἀκολουθεῖω also has the meaning in the teaching of the rabbis of “intellectual, moral, and religious following.” The term was also used this way in the first century. The term “follow” is also used to describe a pupil who adopted and obeyed his teacher’s or rabbi’s teachings. Jesus, using a rabbinic style of teaching in his ministry, made special use of the concept of following described by the evangelists with the word ἀκολουθεῖω.

One of the significant sets of passages concerning following Jesus is the call of the fishermen in Mark 1:16-20 and the parallels in Matthew 4:18-22, Luke 5:1-11, and John 1:35-51. R. P Meye observed that the accounts in Mark and Matthew show some close correlation while the Lukan and Johannine passages seem to be distinctly different. Mark records in one pericope two occasions when Jesus called some of his disciples. In Mark the pattern of both calls is the same. Jesus calls the fishermen and they follow (ἀκολουθεῖω). Because this pericope is placed at the beginning of the Gospel of Mark and because of the role played by the twelve in the ministry of Jesus, one can conclude that this calling is an integral part of the ministry of Jesus.

For both sets of fisherman, James and John and Simon and Andrew, following Jesus involved leaving their current status as fisherman and becoming disciples of Jesus. Mark uses the same word in the accounts of both sets of fishermen being called, ἀφέσυντέσσαρα. In both cases Mark makes clear what these men left. Simon and Andrew left their nets and James and John left their father sitting in a boat. Robert A. Guelich, Professor of New Testament at Fuller Theological Seminary, illustrates this in his commentary on Mark that the four disciples “left their nets, indicating the changing in their life’s calling as they obeyed his summons and followed (ἡκολουθησαν) him.”
While Mark’s style is more rapid and abrupt than the other evangelists, the message of these verses is clear. Following Jesus involves a response of some kind. Following Jesus is not an intellectual following or a spiritual following or a virtual following. Following is an actual response to be a disciple of Jesus. Guelich notes that they responded both negatively and positively. The negative response was to leave behind their nets and families. The positive response was to follow Jesus, or become one of his disciples. The concept of following in Mark, then, involves both a call from Jesus and a forsaking of old ties to be with him in his ministry. The call to follow in Mark’s Gospel involves an invitation and a response.

While Luke’s version of the call of the disciples is different from Mark’s in some of the details, Luke still contains these same key elements. John Nolland, Lecturer in New Testament Studies at Trinity College in Bristol, England, in his commentary on Luke emphasizes the similarity, “Clearly important is the call of the apostles to share in Jesus ministry of ‘catching men’ (5:10).” Luke’s account is more metaphorical in terms of the calling of the twelve. Jesus is in a boat with Peter and Jesus tells him to put his nets back into the water. The word in the Luke account is a command from Jesus, ἐπανάγαγε, a second person imperative. Peter responds by doing exactly as asked and soon hauls in a net full of fish. Instead of the command to follow the command is to fish, and instead of leaving his boat Peter obeys the command. At the end of this account the disciples are described as following Jesus. Nolland clarifies the call in Luke that this following of Jesus is for the disciples and it is to prepare them for their future mission as apostles. Moreover, in the Luke account the invitation is given and the response is

John’s gospel offers a different view of the calling of the disciples in John 1:35-51. The question under discussion here is not why John’s account is different. The question is what John’s account adds to the understanding of the call and response of the twelve disciples. In particular how does the use of the word \( \alpha \kappa \omicron \lambda \omicron \upsilon \theta \epsilon \omega \) inform that understanding. The word is used in two senses in this text. One is the pedestrian sense of physically following Jesus along the road. The other is more of the spiritual sense of becoming a disciple. In verse 37 and 40 of John 1 the word could be taken in either sense, as physically or spiritually following Jesus. However, in verse 43 Jesus is using the word in more of the spiritual sense. Jesus says to Phillip, “follow me”, which is in the form of a command, the second person present active imperative mood,. He is offering an invitation to Philip and Phillip responds to the invitation by becoming one of the twelve disciples. As Beasley-Murray explains, like the invitations to the disciples in the synoptic gospels, the call includes an invitation and a response, to follow Jesus as a disciple.

ii. Examples of persons who chose not to follow Jesus

The invitation and response motif of the twelve would be somewhat pedestrian if it was the standard way of people responding to one another. But both Matthew and Luke give us examples of persons who received the invitation to follow Jesus but did not respond. Matthew and Luke clarify that the invitation from Jesus demands a response from the listener. Both Matthew 8:18-22 and Luke 9:57-62 describe the same incident in which persons are invited to follow Jesus and decline to accept. Donald Hagner
compares the two accounts and illuminates some of the significant aspects of them. He notes that Luke gives a bit more detail about this than Matthew, including a third person who declines where Matthew has but two.\textsuperscript{93} However, the saying of Jesus in Matthew 8:20 is identical to the saying in the Lukan version.\textsuperscript{94} In the Luke passage the first and third would-be followers of Jesus both make the same pledge, \textit{ἀκολουθήσω σοι} in the future tense. The second man is invited to come with Jesus with the same phrase that Jesus used for calling the fishermen and Levi, \textit{ἀκολούθει μοι}. Yet in all three cases there is no positive response, only excuses why the one called cannot follow Jesus. This pericope notes an invitation without a response. Alfred Plummer, former Master of University College London, in the \textit{International Critical Commentary} series concludes as Hagner did, that the incidents seem to be included in the gospels to demonstrate that those who do not respond to the invitation from Jesus do not participate in the kingdom of God.\textsuperscript{95} The invitation alone is insufficient; there must be a response from the listener.

Furthermore, Jesus words to these supplicants seem to indicate a rather serious tone to their refusals. To the first person he gives a stern warning, “Foxes have holes and birds of the air have nests, but the Son of Man has no place to lay his head” (Luke 9:59, NIV). To the second he offers a superficially compassionless retort, “Let the dead bury their own dead, but you go and proclaim the kingdom of God” (Luke 9:60, NIV). To the third he says, “No one who puts his hand to the plow and looks back is fit for service in the kingdom of God” (Luke 9:62, NIV). All three of these replies of Jesus to those who have declined his invitation make the same point; a response is required from those who are invited to be disciples of Jesus. David Moessner analyzes these three responses and concludes that those who do not respond to the invitation are not full participants in the
Donald Hagner in his commentary on Matthew explains the strong connection between this pericope and the nature of discipleship to Jesus. Hagner describes this connection by “Well meaning disciples suggest their willingness to follow Jesus but are shown to be in need of further instruction regarding the full demands of discipleship.” Hagner maintains that discipleship for Jesus is more than just assent to his precepts, but requires a radical response. Hagner continues his assessment, “The call is radical; so too must the responding commitment be radical.” True following Jesus requires not just a response but a serious response as well. In this text Jesus demands a radical response to the call to discipleship.

There is another illustration of this same effect in the gospel account oft referred to as the Rich Young Ruler; although there is no direct evidence that the man in the story was either young or a ruler. This account appears in all three of the synoptic gospels (Matthew 19:16-22, Mark 10:17-22, Luke 18:18-23) with very similar wording. As in the previous accounts of would-be followers of Jesus, this man is also offered the same invitation from Jesus using the same wording, ἄκολουθος μοι. Plummer explains that this the phrase, “Come follow me” in this account is a call to be a disciple.

Yet this call or invitation to discipleship is different from the others in the gospels in that this call comes with a prerequisite. Jesus calls upon the man to sell his possessions and give them to the poor, then follow Jesus. In the call of the twelve and the others who turned down Jesus’ invitation, the prerequisite to leave behind the old life was implied. In this account Jesus makes the prerequisite overt. In order for the man to respond appropriately he has to leave behind his possessions, which apparently were substantial. The invitation alone is insufficient, a response is required. Hagner uses the
term “participation in the kingdom of God” for the concept of the kind of response needed from the Rich Young Ruler, pointing this level of discipleship to the blessing of eternal life.\textsuperscript{103} The invitation in the Rich Young Ruler passage is more than an invitation to follow Jesus as a student might follow a teacher. Nor is the invitation merely to learn from Jesus. This invitation and the response Jesus solicits is critical to one’s participation in the kingdom of God. This passage is another example of the invitation and response motif in the gospels.

iii. The invitation to discipleship demands a response

Jesus issues a general call to discipleship that clarifies the need for a response from those who want to be his disciples. “If anyone would come after me, he must deny himself and take up his cross and follow me” (Matthew 16:24, NIV). Similar pericopes appear also in Mark 8:34-38, Luke 9:23-27 and Luke 14:25-27. Jesus makes clear in the Matthew text that following him requires more than what might be required by the students of some other rabbi. Jesus’ call to deny oneself, pick up one’s cross, and follow Jesus may have been somewhat of a shock to the twelve disciples. Hagner highlights the possible surprise and bewilderment that the twelve may have felt at this hard teaching of Jesus.\textsuperscript{104} Following Jesus demands not just a response, but a response of total commitment not unlike the commitment that Jesus himself made when he went to the cross. Hagner elucidates the challenge of this kind of discipleship, “The path of discipleship is the path of the cross for everyone who would follow Jesus.”\textsuperscript{105} The Matthean and Lukan passages are nearly identical in both the setting of the event and the wording of Jesus’ teaching and they also convey a similar message. Jesus’ invitation to participate in the kingdom of God requires a serious response from his disciples.\textsuperscript{106}
Raymond Collins, a Roman Catholic priest and professor at the Catholic University, in his work entitled *Christian Morality; Biblical Foundations*, makes this same connection between the call of Jesus to his disciples and the requirement for a response by the disciples. Collins calls this connection the ethical demands. Collins offers these four “key features of the synoptic’s treatment of ethical questions.”

Collins first key feature is that each of the three evangelists understands that a moral life is fundamental to the Christian life. The commands of Jesus as written in Mathew and Luke especially indicate that Jesus calls his followers to live ethically. The kingdom of God, eternal life, being a disciple of Jesus, and living ethically as Jesus taught are all connected in the gospels. The second key feature of how the synoptic authors treat ethical questions relates to the content of Jesus teaching. The content does not derive exclusively from Jesus himself but from catechetical teachings in first century Judaism. Collins rightly points out that while the two fold command to love does come from the authority of Jesus, the two commands are taken directly from the Hebrew Scriptures of Jesus’ era. The third key feature of the synoptic authors treatment of ethical questions according to Collins concerns formal moral norms in the gospels which seem to be more important for the synoptic authors than concrete norms. While they do not indicate that concrete norms are unimportant, the evangelists do appear to edit these concrete norms as the circumstances warrant. The fourth key feature of the synoptic authors treatment of ethical question according to Collins is a change from using traditional norms to address moral issues to addressing using personal needs to address moral issues. Jesus himself ministered to person’s needs rather than merely adhere to the basic requirements of the law. In Collins view, the synoptic gospel authors make a strong case for both the
invitation from Jesus and the response to the invitation from Jesus as being essential to following Jesus.

b. Following Jesus in John’s Gospel

John’s gospel also uses the term ἀκολουθεῖν to describe the invitation and response motif in the Scriptures, but John uses the term in a slightly different way than the synoptic authors do. The word is used in the pedestrian sense in John 6:2, “And a great crowd of people followed him.” The word “follow” is also used in John in the context of discipleship similar to how the word was used in the synoptic gospels. But the word takes on a more soteriological nuance in chapter eight, a nuance that enhances the understanding of the invitation and response motif in the Scripture. In John 8 the evangelist quotes Jesus as saying, “I am the light of the world. Whoever follows me will never walk in darkness, but will have the light of life” (John 8:12, NIV). Jesus is explaining the nature of following him beyond discipleship to salvation itself. Beasley-Murray elaborates on the breadth of this statement from Jesus in his commentary on this passage, “The picture harmonizes perfectly with the call of Jesus to ‘follow’ him as disciples, but makes plain its soteriological and eschatological dimensions.” The response that Jesus calls for in John 8 is participation in the reality of the kingdom of God both now and in the future kingdom.

The shepherd analogy that Jesus offers in John 10 also expands the understanding of ‘follow’ beyond simple discipleship. Jesus says, “My sheep listen to my voice; I know them, and they follow me” (John 10:27, NIV). While discipleship was a familiar mode of education in the first century, following a shepherd was more relational. The imagery from Jesus indicates that the response that he requires from his followers is more of a
relationship, that they "know him", than merely understanding and communicating his precepts. He takes discipleship from the educational mode into the relational mode and he takes the concept of response into the relational mode as well.\textsuperscript{117}

The incident between Jesus and the disciple Peter described in John 21 is further evidence that Jesus expects a response to his invitation.\textsuperscript{118} The incident takes place after Christ’s death and resurrection, during one of his post resurrection appearances to the disciples. In speaking to Peter he commands him to feed his sheep three times, then gives Peter the exact same command that Jesus gave to Phillip when he called Philip (John 1:29) and to Matthew when he called Matthew (Matthew 9:9). Jesus says, “Follow me” (John 21:19). Jesus’ command is a significant aspect of what it means to follow Jesus. Peter is to pay attention to and be guided by Jesus in the present and in the future as Peter continues to be a disciple. Discipleship for Peter went well beyond the three years he spent with Jesus in the flesh.\textsuperscript{119} The response of the disciple to Jesus is critical to his fulfillment of his role as a disciple.

c. The invitation of Jesus and the rabbinic model

Before leaving the discussion of Jesus and the invitation and response motif, one must consider the way that Jesus incorporated the rabbinic style of teaching into this ministry. His use of the rabbinic style also highlights the invitation and response motif. The term rabbi was one of reverence and respect, used in first century Judaism to address a teacher of the law or a well educated man. The term was also used as an official title.\textsuperscript{120} While many scribes were often called rabbi, the term gradually became more limited in scope to mean only a person who had completed his studies and had become an ordained teacher of the law.\textsuperscript{121} The rabbis generally took responsibility for teaching the people in
the synagogues. They took seriously the injunction to maintain adult education and they taught the synagogue members and the general public in a variety of ways. Part of their educational responsibility included training the young men in the synagogue who aspired to be rabbis themselves. While this training first took place in informal discussions and meetings in homes, by the first century organized schools had developed for the training of rabbinical candidates.

These rabbinical students were called תלמיד which is derived from the Hebrew לָמַּד meaning to learn a trade. These students were not apprentices, they were first dedicated to learning scripture and tradition in Judaism. The term came to be applied almost exclusively to those who were studying to be rabbis and of those who were soon to be ordained. However, this concept did not originate in Judaism, but was borrowed from the Hellenistic model characterized by the Greek equivalent of μαθήματα which is μαθητής. The term was used to designate a student who was linked to his teacher on the intellectual level. Thus, just as the Greek philosophers had disciples (μαθητής), so the rabbis had disciples (תלמיד). Rabbis Shammai and Hillel had disciples, John Hyrcanus was a disciple of the Pharisees, and Simeon the Little was a disciple of Gamaliel.

In order to become a rabbi in the first century then, one would have to attach himself to a teacher, an existing rabbi, and seek entrance into that Rabbi’s circle of students. The student took the initiative to gain acceptance from the rabbi. If the student was accepted, he was taken into the daily fellowship with that master and his other disciples. The master would teach by allowing the students to observe his ministry and
then interact with them by asking them questions and teaching about the answers. These students were then bound to that rabbi and his form of teaching for as long as they themselves were rabbis or teachers. Attaching oneself to a rabbi is the standard rabbinic method employed in the first century.  

One can see the parallels between the rabbinic schools and the disciples of Jesus. The idea of a teacher teaching the multitudes as well as a select few was part of Christ’s method and was very similar to the rabbinic method extant at that time. The twelve disciples of Jesus, a sub set of the larger company of Jesus’ disciples, spent time with Jesus in fellowship, observed his ministry, and interacted with him on his teaching. Like rabbinic students, the twelve disciples were loyal to their master. Jesus himself used the rabbinic model in his teaching. Luke describes Jesus as entering a synagogue on the Sabbath where he stood up to read, was handed the scroll, read the word for that day, and began to teach, just as a rabbi would (Luke 4:16). The Greek διδάσκολος is used to address Jesus several times in Matthew and Mark and more frequently in John. Jesus was thought to be a rabbi by some who heard him speak. Because the Hebrew cognate ράββι often became διδάσκολος there may have been more references to Jesus as rabbi that are obscured by the wording in the gospels. John 1:38 equates the two Greek words, ράββι and διδάσκολος thus lending evidence to the fact the word διδάσκολος in the gospels refers to a rabbi. In many ways Jesus taught as the rabbis taught.

Yet there is one striking difference between the rabbinic model and the way that Jesus taught. In the rabbinic model a prospective student would go to a rabbi and ask permission to be a disciple. Jesus did the opposite, he went to the potential students and
invited them to be disciples. Jesus called the twelve to be his disciples. In one summary verse in the beginning of Mark’s gospel this difference is made clear. “Jesus went up on a mountainside and called to him those he wanted, and they came to him” (Mark 3:13, NIV). That action by Jesus does not fit the rabbinic model, yet his action does describe the way Jesus interacted with his disciples. He called them. He choose the ones he wanted to be in the twelve and he called them. Jesus took the initiative to go to the disciples and draft them into his school of disciples. None of the twelve applied or asked for permission to join Jesus in this way. Discipleship to Jesus, or learning from Jesus, was very different from how one learned or followed a rabbi. Anyone in the first century in Israel would have seen that distinction immediately. Indeed, some of his listeners did marvel that he taught with such “authority” (Mark 1:27, NIV). Rabbis did not call their students, their students went and asked the rabbis. Jesus’ initiative with the twelve epitomizes the invitation that he offers to all to participate in the kingdom of God. The initiative of Jesus in calling disciples is a significant part of the incarnation, God coming to humans rather than humans searching for God. The call from Jesus is the invitation part of the invitation and response motif and it so permeates the gospels that one cannot understand the text without it. The calling of the twelve reflects God’s initiative and activity in Israel and through the ministry of Jesus.

d. The response to the call of God in the epistles

In this section the invitation response hermeneutic will be examined in Paul’s epistles. In the Corinthians epistles Paul explains that the invitation from Jesus affects how the response should live. In Galatians and the pastoral epistles Paul calls on his
readers to elicit some kind of response to Christ’s invitation. In The prison epistles Paul describes the importance of the invitation and response.

i. The response to the call of God in the Corinthian epistles

The invitation demands a response from the recipient. The concept of call, καλέω also includes being called to a Godly way of life. In chapter seven of his first letter to the Corinthians Paul explains this idea of call in more detail. The text is about husbands and wives remaining in the social setting in which they found themselves. But in explaining that theme, Paul elaborates on this concept of call, or invitation, from God. He takes the idea of call beyond mere salvation and takes the idea of invitation into affecting how one lives. Paul intertwines the concept of call and response in the middle paragraph of this chapter, and the key is found in verse 17 where Paul writes, “ὡς κεκληκέν ὁ θεός οὕτως περιπατεῖτω.” According to Gordon Fee, professor of New Testament at Regent College in Vancouver, this can be loosely translated as “as God has called, let him walk”. In other words, the walk and the call are connected. Because one has been called by God then one needs to live a life that reflects that calling. The call and the walk are the invitation and response motif in its classic form. Note that Paul in this paragraph does counsel his readers to stay in the same social setting in which they currently found themselves, “each one should retain the place in life that the Lord assigned to him” (1 Corinthians 7:17, NIV). But in that social setting, one is obligated to conduct oneself according to Paul’s Biblical principles. Paul uses the imperative to indicate that the invitation and response are designed to influence how one lives as a believer in Jesus. The call or invitation to participate in the kingdom of God demands that the participant live a life consistent with the kingdom’s principles.
Fee continues to explore the meaning of Paul’s words in this passage by focusing on Paul’s comments about circumcision and obedience. At the end of verse 19 Paul writes, “Keeping God’s commands is what counts” (1 Corinthians 7:19, NIV). As Fee points out, Paul is not advocating for a works based salvation, but he is referring to the “ethical imperatives of the Christian faith.” The invitation brings with it a response in the form of these ethical imperatives.

ii. The response to the call of God in the Galatian Epistle

One of the key tenets of Pauline theology is that the invitation is not dependent upon the response but that the invitation does elicit a response. The invitation comes from God’s grace and is not based on whether or not a person responds. Paul couples the idea of call, or invitation, with grace in a number of places in his letters, including in the beginning of his letter to the Galatians. He is berating the Galatian believers for adopting a gospel different from the one that he preached, “I am astonished that you are so quickly deserting the one who called you by the grace of Christ and are turning to a different gospel” (Galatians 1:6, NIV). Herman Ridderbos, a Reformed theologian from the Netherlands, in his work on Galatians expands the meaning of the term call in Galatians. The term is associated with divine activity, full of the power and effect of Jesus. The call is not a simple invitation with no obligation to respond, but instead calls for great human responsibility.

One of the central themes to Paul’s letter is that he was called by God. He is trying to establish his authority and apostleship in the eyes of his readers in Galatia. He is also trying to establish that his apostleship was a legitimate call to ministry, or invitation to share in the work of the kingdom of God. In so doing Paul elucidates
again the nature of both the invitation from God and the response of those who receive it. Paul was called by grace. The phrase \( \varepsilon \nu \chi \alpha \rho \tau \tau \) is a dative of means. The term indicates that grace, God’s grace, is the means by which Paul was able to receive the invitation and respond to the call of Christ. God’s call is critical to understanding the nature of the invitation and response. The invitation comes from God’s grace. Paul is the prime example of how the invitation from God and the response of the recipient is supposed to work. Paul received the invitation to salvation through the grace of God. That invitation then motivates him to respond by engaging in his ministry. Ridderbos continues his explanation of the term call by indicating that the grace of God in Paul’s life was also the means by which he could respond to the call. Call includes the invitation and the response in the life of the Apostle Paul. Paul’s experience is the experience of the invitation and the response.

iii. The response to the call of God in the pastoral epistles

The means of receiving the invitation and the motivation for a response is not found only in Galatians. In Paul’s second letter to Timothy he makes a similar claim. Paul’s second letter to Timothy was written late in Paul’s life, some claim from Rome where he was in prison. Like the other two pastoral epistles, 1 Timothy and Titus, 2 Timothy was written to an individual who was charged with the care of a congregation. Timothy was essentially a pastor in today’s understanding. Walter L. Liefeld, Professor Emeritus of New Testament at Trinity Evangelical Divinity School, describes 2 Timothy as more personal and less ecclesiastical than its sibling epistles. In that vein, Paul’s comments about his own experience are more personal. Paul is able to express his experience of the power of God in his suffering in 2 Timothy 1:8-9, “But join with me in
suffering for the gospel, by the power of God, who has saved us and called us to a holy life—not because of anything we have done but because of his own purpose and grace” (NIV). This phrase of Paul’s demonstrates two separate means by which he experiences God’s power and grace. One means is by calling humanity to himself and the other by saving those whom he called.\(^{145}\) The call to grace is the invitation to salvation. But note that Paul also includes the response that this calling or invitation elicits from him. He notes that God has “called us to a holy life” (2 Timothy 1:9, NIV). The holy life is the response which is part of the invitation. Paul does not discuss one without the other in this letter.\(^{146}\) J. N. D. Kelly of Oxford University agrees with Liefeld on the connection between call and salvation in this text. The call is the first stage of salvation that leads to not just salvation but also consecration.\(^{147}\) In Kelly’s language, the calling is the invitation and the consecration is the response to the invitation. That is what Paul describes here as his own experience and he uses his experience as a model for the way God works. The call and consecration model is the invitation and response motif.

iv. The response to the call of God in the prison epistles

The importance of the response to the invitation is made clear by Paul’s writings to the Ephesians and the Thessalonians. Andrew Lincoln, lecturer in New Testament at the University of Sheffield in England, argues in his commentary that the Epistle to the Ephesians, while not necessarily written by Paul is certainly Pauline in its style and theology.\(^{148}\) Ephesians is often seen as a general letter, addressing not necessarily specific problems in the Ephesian church, but issues that may be of interest to a wider audience in the first century.\(^{149}\) The letter is divided into two parts, the first three chapters and the latter three chapters. The two sections are distinct in content and tone,
reflecting both Paul’s doctrinal and practical concerns. The latter ethical section recalls the nature of the response that accompanies the invitation from God. Paul writes in verse four of chapter four, “I urge you to live a life worthy of the calling you have received” (NIV). The primary verb, παρακαλῶ, which is the first word in this paragraph, unlike its English translation, is a word of exhortation that Paul uses often in his letters. This Pauline exhortation generates a more pastoral concern for the readers of the letter, a concern that springs from the gospel itself. The verb παρακαλῶ is more than a simple exhortation. This verb sets up what follows as the logical outcome of the theological arguments made in the first three chapters. In much the same way the simple Greek conjunction ὅπως in this verse also connects the two parts of Paul’s letter. The first three chapters are the basis for the ethical exhortations in the latter three chapters.

Paul’s exhortation to his readers makes the invitation and response motif clear in his letter. He exhorts his readers to “lead a life worthy of the calling with which you were called (Ephesians 4:1, NIV).” The calling, discussed in early chapters in this letter, from the Greek καλέω, is the invitation from God to humanity. Lincoln, echoing the comments of Kelly and Liefeld on 2 Timothy, describes this call in Ephesians as one that affects both salvation and fellowship with the Savior. Lincoln has summarized Paul’s statement well. Paul’s call is God bringing believers into fellowship with his Son. Paul’s call is an invitation.

Yet the invitation in Paul does not remain unattached to the ethical dimensions of the faith that these latter three chapters of Ephesians are designed to describe. The call leads directly to the exhortation to “lead a life worthy” of the invitation. That worthy life
is the response that the call elicits from the believer and is a common formula in Paul, being used explicitly in the letters to the Philippians, Colossians, and Thessalonians. Paul uses similar terminology at least twenty other times in seven of the Pauline epistles. The idea is that the life one leads must be worthy of the calling that God has issued. Or, one could say that the response to God’s invitation must be worthy of the invitation itself. Paul describes the invitation and response motif often in his letters and especially in this passage in Ephesians as one requiring both privilege and responsibility. Paul sets up the invitation and response motif as his hermeneutic for moving from the theology of the first three chapters to the ethical demands of the latter three chapters. Lincoln calls this arrangement of Paul’s argument his “framework” which is designed to center the ethical teachings in the heart of the gospel.

e. The call of God in the epistles and salvation and repentance

Paul also sets up the invitation-response motif with his understanding of salvation. Bernard Häring, a Roman Catholic Scholar who taught at several American universities, claims that salvation begins with sin and repentance. Mortal sin plunges man into the abyss of perdition. He has lost salvation, and is hopelessly estranged from God. In this desperate situation man receives the earnest yet joyous invitation of the grace of Christ: ‘Repent, for the kingdom of heaven is at hand.’ (Mt. 4:17). … The invitation of grace is the ‘good news’ of salvation. The invitation is an imperative that comes from God’s grace and is giving to each person who is steeped in sin. Yet the invitation demands a response. The pattern of response is
a call to a holy life and that call to a holy life is repeated numerous times in Paul’s letters.\textsuperscript{161}

The call to the holy life that comes from the gift of salvation is part of the concept of repentance in the New Testament. Repentance or \textit{μετάνοια} is the response that comes from this gift of salvation. Repentance is the heart of the preaching of both Jesus and John the Baptist.\textsuperscript{162} Mark’s gospel describes John the Baptist as “Baptizing in the desert region and preaching a baptism of repentance for the forgiveness of sins” (Mark 1:4, NIV). Mark also describes Jesus as preaching, “The time has come,” he said. “The kingdom of God is near. Repent and believe the good news!” (Mark 1:14, NIV). Repentance is the response that the invitation from Jesus is designed to elicit. Repent, or metanoia, is an invitation that demands a response, not just to penance, but to a change in how the person obeys the Lord.\textsuperscript{163} The call to repentance is the invitation and response motif of Jesus in the gospels. The response reflects the very nature of the Christ event, the incarnation, and in the message of the gospels themselves. Häring expands this concept that one cannot just read the invitation in the gospels, one must respond for the invitation to be real.\textsuperscript{164}

Paul describes that repentance as a conversion that is necessary to salvation. According to Paul, persons must turn from their sin and embrace the grace of Jesus Christ. The turning is the heart of Paul’s argument in Romans 6 when he writes that Christians are “baptized into his death” (Romans 6:3, NIV). Matthew Henry, eighteenth century Bible commentator and Presbyterian pastor, points this out in his commentary on Romans that after Paul explains the doctrine of salvation by grace he connects it directly
to a life lived worthy of that gospel. Living a holy life is a necessity once a person has received salvation.  

Because of the pervasiveness of sin in humans, this response or repentance must be a complete transformation of the person from the old to the new. Without this transformation the act of salvation thorough grace is incomplete. Haring reached the same conclusion that Matthew Henry reached. Conversion means a complete conquest of the sinful person and a complete surrender to God to a life lived by the guidance of the Holy Spirit. One cannot have one without the other. Transformation is the invitation and response motif, Jesus calls the invited and the penitent to respond to his grace. Jesus’ invitation is the same with his command to love. He invites the disciple to love and then the disciple responds by receiving his grace and obeying his command to love. There is no real conversion unless there is a change in the person. The receipt of the invitation is the invitation of the person to change and be different, or to imitate Christ. Thus the love command is the same. Just receiving the command is insufficient. Just receiving the invitation to participate in the kingdom of God is only part of the task. The response to the imperative, that is doing what the command to love says to do, is the proof that the command has been received and assimilated into the person’s being. Without the response the receipt of the invitation is invalid.

This response needs to be an authentic conversion. Just doing the actions without the inner conversion is not the kind of response that the invitation is designed to elicit. This response must reflect the heart of the call from Jesus Christ. Again Bernard Häring expounds on the topic of conversion and holy living “What is proper and essential to the movement of conversion can be grasped only in the light of its ultimate orientation.”
That ultimate orientation is a response to God with one's whole life. What the Scriptures call for is more than what Häring calls a “mere moral conversion” which is a “renunciation of some species of non-value or defect of value for a new relation toward moral values.”169 What the Scriptures call for is an inner submission to God. Jesus, in his Sermon on the Mount, indicates that true conversion is to pursue and accept the reality of the kingdom of God. “But seek first his kingdom and his righteousness, and all these things will be given to you as well” (Matthew 6:33, NIV). True conversion is making pursuit of the kingdom of God one’s first priority.

The Holy Spirit is the one that allows the disciple to adhere to the New Testament imperative to seek God’s kingdom as the response to the invitation. Häring clarifies that connection well when he explains that, “With constant newness of summons the imperative of salvation and conversion comes to every human being through the influence of the Holy Spirit effective in the operation of grace and the new creation.”170 Häring claims that the Holy Spirit connects the experience of the grace of God in a believer with the new creation in that same believer.

6. Summary of the incarnation and the invitation-response hermeneutic

This section of chapter two has established the validity of using the invitation-response hermeneutic in interpreting the New Testament to discover theological themes that will enhance the meaning of contemporary bioethics principles. The invitation-response hermeneutic begins with the incarnation, which is central to the New Testament. The incarnation includes the life, death, and resurrection of Jesus, the entire Christ event. Thus the incarnation also includes the invitation and response that Jesus brought to humanity. The texts used for the application of this hermeneutic were the ones that
illustrate the invitation of Jesus to the kingdom of God and the response that God expects from those who accept the invitation. They are also the texts that many scholars have identified as critical to this understanding. This section established that the invitation to humanity to participate with Jesus in the Kingdom of God is of divine origin. The call goes beyond the twelve disciples to any who choose to heed the words of Christ. Yet the invitation from Jesus to participate in the Kingdom of God does not stand unanswered.

In the invitation is a call to respond. The call to follow Jesus is consistently evidenced in the gospels, Acts, and the epistles. Thus the call to respond is as critical to understanding the New Testament as the invitation itself. Furthermore, this invitation and response from the New Testament is not apart from the gift of salvation in Christ but is dependent upon that gift of salvation. Without salvation and repentance the invitation and response is meaningless. Therefore, the invitation-response hermeneutic will be used in this dissertation to develop theological themes that can enhance the meaning of contemporary bioethics principles.

B. The Hermeneutic of Paul Ramsey

The hermeneutic of Paul Ramsey as shown in two of his works, *Basic Christian Ethics* and *Patient as Person*, will be discussed in this section. The section will first examine Ramsey’s use of Scripture as his basis for his ethics and then look at both the righteousness of God and the kingdom of God in his hermeneutic. Finally, Ramsey’s hermeneutic will be compared to the invitation-response hermeneutic.

1. The Scripture is Ramsey’s basis for ethics

Paul Ramsey unapologetically uses the Scripture as the starting point for his understanding of Christian ethics. The opening line of his *Basic Christian Ethics* is, “The
first thing to be said concerning Christian ethics is that it cannot be separated from its religious foundation.”\textsuperscript{171} Ramsey does not approach the task of understanding the underpinning of ethics from a philosophical perspective, as one might from a Kantian or utilitarian viewpoint. He begins with what he refers to as his religious foundation. In an apt description of ethical monotheism in the Christian tradition Ramsey argues that the rewards and punishments of God are not nearly as significant as the obligations that humanity has toward God and the commandments that God gives to humanity.\textsuperscript{172} Ramsey begins with a God that requires certain kinds of behaviors from the people of God, and he will use that understanding to develop his ethic.

Ramsey holds that those understandings of a person’s obligations to this God will be found primarily in the Scripture. Ramsey’s views are intended to be consistent with Scripture in the sense that Ramsey uses the Scripture to describe his view of Christian ethics.\textsuperscript{173} Ramsey maintains that his position is the same as that of the great saints of the Bible such as Abraham, Moses and the prophets. They saw their ethics as coming directly from their relationships with God and not a separate entity to be worked out apart from their relationships to God. Paul Ramsey explains, “As a consequence, man’s relation to God was thought to be of vital importance, not simply for ethics, but within ethical theory itself.”\textsuperscript{174} Thus a person’s relationship with God is necessary for a Christian ethical theory.

Stanley Hauerwas wrote a foreword to the printing by the Library of Theological Ethics of Ramsey’s \textit{Basic Christian Ethics}. In his foreword Hauerwas identifies the Scripture as Ramsey’s primary source for his Christian ethics. Hauerwas describes
Ramsey’s argument in *Basic Christian Ethics* as influenced by current theology but affected even more by Scripture.\(^{175}\)

Ramsey uses two key principles to understand the Scripture and apply the Scripture to ethics, God’s righteousness and love and the reign of this righteousness in the kingdom of God. For Paul Ramsey, the two key principles are the two main sources of Christian love.\(^{176}\) As God is faithful to the covenant God made with Moses, God is demonstrating God’s righteousness. In this faithfulness to that covenant one understands the human obligations to one another. Faithfulness is the source of Ramsey’s Scriptural ethic. “The meaning of full human obligation is to be found only in the biblical conception of righteousness and not elsewhere in some moral norms derived from reason operating apart from the Hebrew Christian religious heritage.”\(^{177}\) Ramsey does not look to a re-interpretation of the Ten Commandments, a re-daction of Jewish law, or even to natural law theory for the basis of his understanding of ethics in the Scripture. He starts with his understanding of God’s righteousness and uses that to interpret the rest of the Scriptures. He makes this connection in his explanation of the Hebrew חֶסֶד or God’s faithfulness as similar to God’s righteousness, צֶדֶק. God’s love is an outgrowth of God’s righteousness.\(^{178}\) He also uses God’s righteousness to understand the meaning of justice. The covenant of God with the people of Israel was formed under Moses leadership. The covenant is the connection between God’s righteousness and human justice. Because God is righteous humans must be just to one another. Thus, Ramsey argues, that human justice is derived directly from God’s righteousness. The foundation of the holiness code is God’s active righteousness.\(^{179}\) Ramsey’s Christian ethic is derived
from an understanding of human justice and that understanding of human justice is derived from God’s righteousness.\textsuperscript{180} Therefore, Ramsey holds that the three qualities of righteousness, justice, and mercy are all inextricably linked and are all necessary for understanding the Bible. These three qualities, the latter two derived from the first, form part of his hermeneutic in understanding ethics from the Scriptures.\textsuperscript{181}

He further explains that the motive for humans to use God’s righteousness as the model for their own ethic is not something that is owed to God. The motive comes from what Ramsey calls a grateful obedience to the God. Grateful obedience to God is distinctive in defining his ethic.\textsuperscript{182}

Another connection between God’s righteousness and human ethic for Ramsey is the responsibility of Christians to imitate or model the life of Jesus Christ. He quotes the Apostle Paul from Paul’s eloquent description of the humility and servitude of Jesus in Philippians 2. In that text, Paul calls for Christian to model their behavior after Jesus level of servitude. Ramsey sees the incarnation as the logical extension of the divine into human history and proposes that “Christian morality means extending the life of Jesus by imitating him in our lives.”\textsuperscript{183} Thus, in imitating Jesus, humans are imitating the righteousness of God. That is one of the connections Ramsey makes in connecting ethics to the righteousness of God. Imitating Jesus is one the principles he uses to understand an ethic from the Scriptures.

Ramsey’s explanation of the connection between God’s righteousness and justice leads to a fuller understanding of the Scripture and ethics. Human justice is based, he claims, on God’s righteousness and therefore God’s justice. The righteousness of God adds a divine component to the concept of justice.\textsuperscript{184} God’s righteousness makes
Scriptural justice very different from other forms of justice. He uses the hermeneutic of God’s righteousness when he describes what it means for people to love one another. He defines how one should love another by using the model of how God loves humankind. In interpreting Jesus’ command to be perfect given at the end of the Sermon on the Mount, Ramsey argues God’s unconditional love for humanity is the model for love for one another. He uses the term disinterested love. The idea of God’s disinterested love does not mean that God has no interest or concern for people. Disinterested love means that God’s love is given out equitably to all regardless of their social standing or spiritual accomplishments. Disinterested love is the basis for the way Ramsey advocates that people treat one another. Each person deserves the same kind of love and attention regardless of their personality, social standing, or previous involvement. Ramsey arrives at this understanding of both God’s love and a person’s love for another by applying the model of God’s righteousness to human relationships as they are described in the Scriptures.

Another example of Ramsey’s application of his hermeneutic of God’s righteousness to the Scriptures is his assertion that Christian ethics will be Christocentric. When one applies the idea of God’s righteousness to the Scriptural record of Jesus, the nature of this righteousness becomes clear. God’s righteousness is not only a spiritual matter with no relevance to human life but a present reality. When he applies his hermeneutic to the Sermon on the Mount, Ramsey finds a similar theme particularly in the passage where Jesus calls on his listeners to love their enemies. Love of enemies is steeped in God’s righteousness as Ramsey interprets the passage. Love that does not require anything in return is the kind of love that Ramsey calls disinterested and the kind
that he finds Jesus proclaiming in the sermon on the Mount.\textsuperscript{189} Ramsey connects this pure disinterested love to God’s righteousness by using Jesus’ love as a model for this love. Jesus, who demonstrated viscerally the righteousness of God, is the example of what it means to love one’s enemies and to love unconditionally.\textsuperscript{190} In much the same way Ramsey refers to the description of Christian love in 1 Corinthians 13 in a similar fashion, as being Christocentric. He says that without Jesus and the righteousness of God, that definition of love would be unknown.\textsuperscript{191}

2. Ramsey’s use of the kingdom of God in his hermeneutic

The second part of Ramsey’s hermeneutic relates to the kingdom of God. In referring to God’s righteousness Ramsey describes “the reign of this righteousness in the kingdom of God.”\textsuperscript{192} The reign of God is not just the static concept of the kingdom of God. The reign of God includes the role that the righteousness of God plays in the kingdom of God. The role of righteousness helps Ramsey interpret the Scriptures in regard to ethics. Nor is the kingdom of God purely an eschatological reality in Ramsey’s viewpoint, but a current reality emanating from the ministry of Jesus Christ. George Ladd makes the same point in his work \textit{Jesus and the Kingdom} when he argues that “Before the eschatological appearance of God’s kingdom at the end of the ages, God’s kingdom has become dynamically active among men in Jesus’ person and mission.”\textsuperscript{193} In the same vein Paul Ramsey argues that Jesus brought to humanity a new understanding of the kingdom of God.\textsuperscript{194} The teachings of Jesus in the gospels, especially in the Beatitudes, reveal that the kingdom of God is the source of what God expects from humankind. Jesus idea of the kingdom of God, along with his understanding of God’s love, were the two sources of what God required from humanity. Therefore, Ramsey
uses the kingdom of God as part of his hermeneutic. Indeed, according to Ramsey, the eschatological aspect of Jesus’ teaching and the content itself both pointed to the responsibilities that the kingdom of God brings upon the followers of Jesus. What Jesus taught about the kingdom of God indicates how his followers were to behave. While some of the teachings of Jesus were in Ramsey’s words “strenuous”, they can be lived out because of the presence of this kingdom of God. Seeing the power of the kingdom of God in the followers of Jesus allows them to implement these strenuous teachings of Jesus. Ramsey uses these strenuous teachings of Jesus and the ability to live them out as one aspect of his hermeneutic in understanding and interpreting the Scriptures in regard to ethics.

Ramsey applies his hermeneutic to the challenge of loving one’s neighbor as Jesus presents it. The role of the kingdom of God in a person directs a person to love one’s neighbor in the way the Jesus loves humanity in his kingdom, selflessly. Therefore, the kingdom of God, in Ramsey’s view, unites the righteousness of God with the call for obedient Christian living.

Another example of Ramsey applying his kingdom of God hermeneutic to the Scripture is how he understands the difference between loving one neighbor with disinterested love and loving more than one neighbor. Ramsey does not see the kingdom of God hermeneutic as demanding an extension of loving one neighbor into a social ethical obligation. While the concept of disinterested love applies to the interaction between two people, Ramsey is less sure that it applies to society as a whole. He claims disinterested love was never intended to be part of a social system.
Ramsey uses his hermeneutic of the kingdom of God to understand the Beatitudes in Matthew chapter five. Ramsey explains that instead of drafting a new ethical code to replace the old one that was used by first century Judaism, Jesus reinterprets the law according to this concept of the kingdom of God. The lex talionis becomes go the second mile. Revenge becomes do not pay back evil for evil. Adultery becomes lusting for another.\textsuperscript{199} All of these interpretations of Jesus are done with an eye to the kingdom of God and that is how Ramsey understands the Scriptures in the Sermon on the Mount and elsewhere. Ramsey summarizes this understanding of the Sermon on the Mount explaining that, “Non-resistance love renounces all claims on behalf of self.”\textsuperscript{200} The concern for the other over concern for oneself sets apart the Sermon on the Mount and that is the way that Ramsey’s hermeneutic sees the Scriptures. The kingdom of God puts a very different look on thee Scriptures than some other hermeneutic may. The teachings of Jesus, the love of God, and the kingdom of God combine to constitute an ethic of perfection that is superior to any legal code.\textsuperscript{201}

In other multiple examples Ramsey shows that he uses two themes in his hermeneutic: The righteousness of God and the kingdom of God. In the end he concludes that they are but one righteousness, the righteousness of God and the reign of that righteousness in humanity. And they still comprise make his basic hermeneutic for studying the Scriptures in regard to ethics.\textsuperscript{202}

3. A comparison of Ramsey’s hermeneutic to the invitation-response hermeneutic

While Ramsey makes an excellent case for why he chose those two themes, they are not the only way to approach the Scripture, nor did Ramsey claim that they were. This dissertation takes a different approach for its hermeneutic than that of Paul Ramsey.
Ramsey starts with the two commands to love God and love Jesus, as this dissertation does. But Ramsey looks for a theological rationale behind those two commands. That is what leads him to his two sources of God’s love, the righteousness of God and the kingdom of God. This dissertation starts with the two commands to love God and love one’s neighbor and examines how the Scripture engages those two commands. Rather than the source of the two commands this dissertation looks at the application of them. The invitation-response hermeneutic explained in detail earlier in this chapter looks at the two commands of Jesus from a different viewpoint than does Ramsey. Ramsey looks for the source and this dissertation looks for the purpose.

In this way the hermeneutic used in this dissertation develops Ramsey’s work. In this sense Ramsey began with the theological rationale for understanding the two commands to love God and love Jesus as a basis for ethics. This dissertation accepts the validity of Ramsey’s arguments and draws the conclusions about applying those commands in the ethical sphere. Ramsey’s theological themes are the basis and the theological themes developed later in this dissertation are the outgrowth of the two commands as explained by Paul Ramsey’s work.

However, there is a significant difference in the two hermeneutics, Ramsey’s and this dissertation’s. When Ramsey discusses the application of his theological themes to ethics he ignores his hermeneutic and Scripture study. Indeed, he barely mentions them in his Patient as Person. In Basic Christian Ethics Ramsey extends his understanding of the righteousness of God and the kingdom of God to include the concept of the covenant between God and humanity. That covenant is a part of the Scriptures and in particular in the Old Testament. The covenant is one of the main themes in the Scriptures. Ramsey
explains that the God of the Bible is a God of a covenant and that the people of Israel were covenant breaking in their history. The covenant is critical to understanding the relationship between God and his people. Ramsey argues that while the terms of the covenant might change in different eras of Scriptural history, the essence of the covenant, a living relationship with God remained. That relationship with God could only be adhered to or broken.

Ramsey’s argument for the covenant is a well thought argument using his hermeneutic and his skills in understanding Scripture. Unfortunately, little of that argument translates into his primary work in bioethics, Patient as Person. His primary basis for the relationship between a physician and a patient is based on the sanctity of life and the normal moral obligations between any two human beings. Ramsey does mention his previous work in explaining the Biblical themes of righteousness and the kingdom of God in discussing the biblical norm of fidelity. “The practice of medicine is one such covenant. Justice, fairness, righteousness, faithfulness, canons of loyalty, the sanctity of life, hesed, agape or charity are some of the names given to the moral quality of attitude and of action owed to all men by any man who steps into a covenant with another man.” Ramsey does not use his hermeneutic to interpret the Scripture to support that statement. Moreover, he uses the word “covenant” in Patient as Person to refer to the relationship between two persons while in Basic Christian Ethics covenant is a theological term referring to the agreement between God and humanity.

In summary, in Basic Christian Ethics Paul Ramsey begins with his hermeneutic, which is the righteousness of God, and applies it to the twin commands to love God and love one’s neighbor. From this application of his hermeneutic he deduces the theme of
covenant or fidelity between persons. Ramsey then uses the theme of covenant to devise his ethic. In his *Patient As Person*, Ramsey begins with the theme of covenant or fidelity to persons and applies it the doctor-patient relationship. He does not pursue his hermeneutic any further in *Patient As Person*.

In contrast to Ramsey, this dissertation uses exegetical principles in reading Scripture to attempt to discern the original intent of the author. Using the information gained from the use of those exegetical principles, this dissertation discerns the invitation-response hermeneutic as a way to interpret the New Testament Scriptures. Applying the invitation-response hermeneutic to the twin commands to love God and love one’s neighbor will yield three theological themes. These three themes will be used to enhance the meaning of contemporary bioethics principles.

C. The Hermeneutic of Allen Verhey

Allen Verhey’s hermeneutic will first be discussed in this section. Examples of his hermeneutic from his various writing will be shown. Finally, Verhey’s hermeneutic will be compared to the invitation-response hermeneutic.

1. Allen Verhey’s Hermeneutic

Allen Verhey has written or edited several volumes that relate the Scripture to bioethics. He describes his hermeneutic for reading Scripture in the context of bioethics in his work entitled, *Reading the Bible in the Strange World of Medicine*. Verhey has multiple aspects of his hermeneutic which he thoughtfully summarizes for the reader. Verhey’s lengthy hermeneutic includes reading Scripture humbly, in Christian community, and as canon. Verhey rejects a Marcionite dualism between Old and New Testaments and insists that the Scripture be read with what he terms the “rule of faith.”
He maintains that Scripture be read with exegetical care while assessing existing traditions of interpretation. Verhey insists that the Scripture does not provide a timeless moral code but must be read as story. More importantly, claims Verhey, one’s own story must be read alongside the story of Scripture to fully understand the Scripture. He summarizes his hermeneutic aptly, “We must read it not as a timeless moral code but as the story of our lives.”

Verhey’s hermeneutic advocates for an exegetical approach but he also couples that with a more narrative and personal method to understand the Scripture. He includes adverbs such as “humbly” and prayerfully” which refer more to the attitude of the reader than to the text itself.

Verhey begins with the story of Scripture and calls upon the reader to put his own story in the Scriptural story. He sees the human story of the reader as an important aspect of understanding the Scripture in regards to bioethics. In that way the story of Scripture makes sense of our own human stories. Verhey includes at least three aspects of this infusion of one’s story into the story of the Scripture. First he discusses the deliberation that this process requires, second the discernment necessary to make this connection, and third the memory of the Scripture story that is needed for this connection to take place. Ethics from the Scripture often includes all three of those exercises. Thus this process does not allow for random ideas to be inserted into a Scripture story, but requires that the moral discourse at some level be faithful to what the Scripture is saying.

Verhey demonstrates this comparison of the Scripture story with the human story in his summary of his argument on the image of God. He couples the image of God theme from the Old Testament with Paul’s assertion in 1 Corinthians 13:12 that humans
In discussing how Christian medical personnel can respond to these texts with their stories Verhey writes of the struggle that Christians will endure to incorporate this image of God into their lives and ethics. They will struggle to live a life in the flesh that reflects their spiritual heritage. The comparison of the human story to the Scriptural story is not always easy.\textsuperscript{214}

2. Examples of Verhey’s hermeneutic

Several examples of his hermeneutic will illustrate how he applies his hermeneutic to the text. In his discussion of the image of God he shows the need for “exegetical care and skill” by expanding on the various uses of that term in both the Old Testament and New Testament contexts, concluding, “The ways of human imaging of God are many and varied in Scripture, but none of them are disembodied.”\textsuperscript{215} His conclusion about the term is based on his exegesis. He shows his respect for the Scripture as canon in his comments about Job 3, a passage that is difficult to accept for one who is suffering. Yet he correctly argues that the reader of Scripture cannot remove a text from its context or decide that a Scriptural injunction is too difficult to enforce. These Scriptural passages are still God’s word to humanity and must be grappled with.\textsuperscript{216}

Verhey also illustrates his hermeneutical principle of putting the human story next to the Scripture story in his discussion of Job 3 when he declares that “This human cry is our own cry.”\textsuperscript{217} Those who read the heartache of Job often have experienced a similar heartache, making the Scripture all the more personal and real.\textsuperscript{218} The hermeneutical principle that Scripture disciplines the reader is the basis for his comments on the use of laments in the Psalms in dealing with human suffering. Verhey holds that “The individual laments are designed for use in the context of personal suffering when there is
some threat to personal well-being, usually an illness." One example shows how he understands the role of the community in reading Scripture. He insists that the laments of the Psalms must be read in the context of the community and that they are not for the individual to use alone.

3. A comparison of Verhey’s hermeneutic to the invitation-response hermeneutic

The hermeneutic in this dissertation in some ways is compatible with Verhey’s hermeneutic. Both Verhey and this dissertation hold, in his words, that Scripture is not “a timeless moral code.” The moral codes of the Scripture must be read through the lens of the theological themes that the invitation-response hermeneutic provides. Verhey looks at the Scripture with an eye to perform it and to be disciplined by it. This is not unlike the response aspect of the invitation-response hermeneutic that requires the Scripture to be read leading to a response to the Scripture’s teachings.

Both this dissertation and Verhey’s hermeneutic advocate a careful reading of Scripture implementing similar exegetical practices. Verhey writes that his hermeneutic is “not a license to neglect exegesis.” The reader of Scripture is not free to impose his own views on the Scripture. The communal component of his hermeneutic demands reliable scholarship. In the same way this dissertation employs a set of exegetical principles that apply to the reading of Scripture.

However, Verhey’s hermeneutic and the invitation-response hermeneutic of this dissertation are also divergent at some points. One of the more significant differences between Verhey’s hermeneutic and the one in this dissertation is Verhey’s use of story. Verhey describes his hermeneutic as more of a story and less a search for a “timeless moral code.” He uses story to understand the Scripture. The invitation-response
hermeneutic of this dissertation takes a different approach to understanding Scripture. This dissertation will use the invitation-response hermeneutic to uncover theological themes that will point to the connection between the Scripture and bioethics.

This dissertation will use this invitation-response hermeneutic to identify the theological themes that will link bioethics and the New Testament. These theological themes are developed from the application of the invitation-response hermeneutic to Scripture and are critical to the argument of this dissertation. Verhey links the Scripture and his bioethical principles directly, using the stories of Scripture and the stories of life to make that connection. Verhey applies his understanding of Scripture directly to topics such as abortion and the human genome project. One of the main thrusts of the invitation-response hermeneutic in this dissertation is to enhance the meaning of contemporary bioethics principles. Verhey intends to use the Scripture to enhance the meaning of certain bioethical issues, and not necessarily contemporary bioethics principles.

Verhey and this dissertation approach the Scripture from two distinctly different directions. Verhey begins with the human story and finds that the human story enhances the meaning of Scripture. This dissertation begins with the Scripture and finds that the Scripture enhances the meaning of the human principles, that is the contemporary principles of bioethics.
D. The Hermeneutic of Robin Gill

In this section Robin Gill’s hermeneutic from his *Health Care and Christian Ethics* will be described. Then Gill’s hermeneutic will be compared to the invitation-response hermeneutic.

1. Robin Gill’s Hermeneutic

Robin Gill recently wrote a book entitled, *Health Care and Christian Ethics*, in which he explores, ”whether and how Christian ethics might be able to make a significant contribution to health care ethics today in the public forum of a Western, pluralistic society.” Necessary to that task is using the Scriptures to discover that connection between Christian ethics and health care ethics. Gill approaches that task in chapter three of his work where he focuses on certain key passages regarding healing in the gospels. He addresses the issue of Christian health care ethics from the standpoint of the healing stories of the gospels and reads them in the context of Western culture. In that context, Gill reveals his hermeneutic for examining the Scripture. His hermeneutic is distinctive in that it applies sociological approaches to understanding the Scriptures.

He focuses his New Testament work almost exclusively on the synoptic gospels and the healing stories in those gospels. Applying a hermeneutical principle adopted by other authors, Gill demands that the Scriptural stories be understood in their first century context before they can be applied in a modern setting. What makes Gill’s approach different from most other discussions of the New Testament in general and the New Testament and ethics in particular is his use of a sociological approach to enlighten the meaning of those healing stories. He explains his unique view point, “A method will be then be devised, derived from qualitative research in the social sciences, for identifying the most common virtues shaping the synoptic healing stories.”
quantifies the incidents of various themes in the healing stories and uses the results of that quantification to guide his application of the New Testament to health care ethics.\textsuperscript{234}

An example of this approach is when he identifies various virtues present in the Gospel healing stories. He says that passionate emotion appears eighteen times in the healing stories, faith fifteen times, mercy fourteen times, touching twelve times, uncleanness about six times, and reticence or restraint ten times.\textsuperscript{235} They provide what he terms an “ideal typology”\textsuperscript{236} for the healing stories. He adds to the quantitative approach a “qualitative” approach to social science. The quantitative approach does not guarantee that features common to several healing stories will reflect the values of the first century, so an evaluation of these occurrence by a qualitative approach is also used.\textsuperscript{237} By applying the techniques of qualitative and quantitative research in the social sciences to the Gospel healing stories, Gill discovers important concepts for health care ethics in a modern Western pluralistic society. He finds four virtues that fit this theme, humility, compassion, care, and faith. While these values are also present in other religions, Gill argues that they have a distinctive role to play in understanding health care ethics in the Western Christian tradition.\textsuperscript{238}

2. A comparison of Robin Gill’s hermeneutic to the invitation-response hermeneutic

This dissertation and Gill’s work have some issues in common. Gill and this dissertation both use the Scriptures.\textsuperscript{239} Gill extensively examines the healing stories in the synoptic gospels. Using a sociological approach, Gill assesses quantitatively all of those healing stories, identifying the virtues in them that occur most often. This dissertation also examines the synoptic gospels, including all of the healing stories that Gill
addresses. However, this dissertation focuses more on the twin commands to love God and love one’s neighbor than Gill does. Both Gill and this dissertation are looking for a connection of some sort between bioethics and the Scriptures. Gill finds a connection in the virtues that occur most often in the healing stories. His health care ethic is based on those virtues. This dissertation also finds a connection between the New Testament and the bioethics. However, this dissertation uses the invitation-response hermeneutic to discover New Testament themes that can enhance the meaning of contemporary bioethics principles.

While there are similarities in their respective approaches, Gill’s *Health Care and Christian Ethics* and this dissertation have different fundamental purposes. Gill’s purpose is to reestablish a religious connection between bioethics and Christian ethics in light of the increasing secularization of the discipline of bioethics. Gill adopts a sociological hermeneutic to achieve his purpose. The purpose of this dissertation is to delineate some theological themes from the New Testament that will enhance the meaning of contemporary bioethics principles. This dissertation chooses the invitation-response hermeneutic. Gill’s approach leads him to discover various virtues present in the Gospel stories which become the basis for this understanding of bioethics and Christian ethics. This dissertation looks for theological themes that can enhance the meaning of the contemporize bioethics principles.

In summary, this dissertation is different from Robin Gill’s *Health Care Ethics* in four important aspects. First, Gill adopts a hermeneutic that employs a sociological approach to understanding the Scriptures in the context of health care ethics. This dissertation adopts a different hermeneutic. The hermeneutic in this dissertation is the
invitation-response hermeneutic that emerges from the study of the Scripture. Second, Gill limits his research to the healing stories in the synoptic gospels. This dissertation uses all of the New Testament. Third, Gill’s purpose in his *Health Care Ethics* is to establish a connection between bioethics and Christian ethics in light of the increasing secularization of the field of bioethics. This dissertation’s purpose is to enhance the meaning of contemporary bioethics principles using New Testament theological themes. Fourth, Gill develops a set of virtues for health care ethics from his study. This dissertation develops some theological themes that will be used to enhance the meaning of contemporary bioethics principles. Gills’ *Health Care Ethics* and this dissertation are distinct in how they approach health care ethics from a Christian viewpoint.

E. The Hermeneutic of Gushee and Stassen

In this section Gushee and Stassen’s hermeneutic from their *Kingdom Ethics* will be described. Then their hermeneutic will be compared to the invitation-response hermeneutic.

1. The hermeneutic of Gushee and Stassen

David Gushee and Glenn Stassen have recently published a book on Christian ethics and the New Testament that has an impact upon the study of New Testament theological themes that enhance the meaning of contemporary bioethics principles. Their book, entitled, *Kingdom Ethics: Following Jesus in Contemporary Context* addresses the same issue raised in this dissertation, the connection between the New Testament and bioethics. Although Gushee and Stassen are aiming at Christian ethics in general and only touch on bioethics as several examples of how to apply their viewpoint to ethics in contemporary society.\(^{243}\) One of their chief concerns is what they call “evading Jesus”.
Evading Jesus means that as Christian churches have struggled with ethics they have avoided the teachings and practices of Jesus and more specifically the Sermon on the Mount. Therefore, their approach to Christian ethics begins with that text.

They describe their hermeneutic as focusing on the kingdom of God. “Our approach to Christian ethics offers a sharp focus on God’s reign, a focus we think well justified given Jesus’ own proclamation.” A significant aspect of the hermeneutic of Gushee and Stassen is their focus on how Jesus used Scripture. Their analysis shows that Jesus did not use Scripture in the way that was typically rabbinic and casuistic, but more in the way of the prophets. Jesus centered his use of Scripture on the Law and the Prophets especially Isaiah, in a unique way. This hermeneutic of Jesus gave his teaching more of moral and less of a cultic understanding of Scripture.

From this understanding of the practice and teaching of Jesus Gushee and Stassen develop what they call the “prophetic grid” for interpreting Scripture. They describe this prophetic interpretative grid that Jesus used as having four aspects. First, Jesus understood the Torah as less law and more of a divine covenant. Second, this prophetic grid leads to an emphasis on the moral aspects of the law and less on the cultic aspects of the law. Third, righteousness for Jesus was not a legalistic definition but more prophetic in its understanding. Fourth, Jesus focused on the heart or the motivations for behavior and not on the behavior itself.

They further define this focus with three distinct principles.

We propose a Scripture and ethics hermeneutic that generally works in the following way:

1. Look first to Jesus – examining his incarnation / death / resurrection and his life / ministry / teachings.
2. Read all other Scriptures through the prophetic interpretive grid that Jesus employed and in light of all that we know of Jesus’ witness on this issue.
3. Then look to other sources of authority for help on the basis of the same interpretative grid, remembering that Jesus is alive and continues to instruct his church through the witness of the Holy Spirit (Jn 15).  

In summary, their hermeneutic uses the Scripture as the central authority for their arguments and uses Jesus as the key to interpreting and understanding those Scriptures.

2. A comparison of Gushee and Stassen’s hermeneutic to the invitation-response hermeneutic

Both Gushee and Stassen and the invitation-response hermeneutic begin with the proclamation and ministry of Jesus Christ. They look first at the practice and teaching of Jesus. The invitation-response hermeneutic starts in a similar place, looking at the incarnation, life, and ministry of Jesus. In particular, the invitation-response hermeneutic examines how Jesus called his disciples and how that call helps one understand the New Testament. The kingdom of God in the gospels is an invitation from Jesus to participate in his kingdom and his proclamation of that kingdom invites a response. In that way the hermeneutic of Gushee and Stassen is comparable to the invitation-response hermeneutic.

However, this dissertation and Kingdom Ethics adopt two different purposes. Each purpose leads to a different hermeneutic. Gushee and Stassen have made it their purpose “to reclaim Jesus Christ for Christian ethics and for the moral life of the church.” That leads them to focus more attention on not only the teachings of Jesus but also the hermeneutic of Jesus. This focus draws them to the hermeneutic they call the prophetic grid. This dissertation is focused on the basic invitation from God to humanity that Jesus brings and the response that invitation may elicit. Thus the
invitation-response hermeneutic will be different from the prophetic grid hermeneutic of Gushee and Stassen.

The purpose of Gushee and Stassen’s hermeneutic is to find moral guidance or moral norms for Christians from the New Testament. Their hermeneutic leads them to those moral norms at four different levels, “the particular/immediate/judgment level, the rules level, the principles level, and the basic-conviction level.” This dissertation is aimed not at moral norms as they describe them, but at finding theological themes that will enhance the meaning of contemporary bioethics principles. Thus the invitation-response hermeneutic does that differently from the prophetic grid of Gushee and Stassen.

Finally, Gushee and Stassen aimed their work at addressing all issues in Christian ethics, not just bioethics. Their prophetic grid encompasses a wide range of ethical issues. This dissertation is more narrowly focused on bioethics issues and in particular contemporary principles of bioethics. That different purpose lends a different thrust to understanding and addressing the issues of Scripture and bioethics than the prophetic grid of Gushee and Stassen.

F. Summary

This chapter both stated and explained the rationale behind the invitation-response hermeneutic. Since this dissertation will depend upon the New Testament for its primary source of data, this statement of the interpretative philosophy that this dissertation uses is helpful. This dissertation reads the New Testament Scripture using exegetical principles and attempts to understand the original intent of the author. These approaches are consistent with Reformed Theology. When these two approaches are applied to the New
Testament, the invitation-response hermeneutic emerges. This invitation-response hermeneutic, then, is used in this dissertation to interpret the New Testament. The purpose of this application of the invitation-response hermeneutic is to discover New Testament theological themes that can enhance the meaning of contemporary bioethics principles.

Beginning with the incarnation, where the New Testament begins, the invitation-response hermeneutic yields a clear invitation from God to humanity to participate in the Kingdom of God. This invitation is found in the gospel record of the ministry and mission of Jesus Christ. The invitation from God to humanity also requires a response. This invitation and response when applied to the twin commands to love God and love one another will yield theological principles that can enhance the meaning of contemporary bioethics principles.

Paul Ramsey writes about Scripture and bioethics from a different perspective. Ramsey begins with the righteousness of God as his primary hermeneutic. One of the principles that Ramsey develops from using his hermeneutic is the covenant amongst all humans, or fidelity to one another. Ramsey uses this as his primary principle for Christian ethics. This is distinctly different from the approach of this dissertation which uses the invitation-response hermeneutic to discover theological themes.

Allen Verhey, in his Reading The Bible in the Strange World of Medicine uses story as his primary hermeneutic. Verhey understands the Scripture as story and uses the comparison of human stories to the Scriptural stories to enhance the meaning of Scripture. This dissertation uses exegetical principles and the original meaning of the
author to discern a hermeneutic. This dissertation’s hermeneutic is quite different from Verhey's approach to Scripture.

Robin Gill adopts a sociological approach to Scripture. In applying the sociological approach to the healing stories of the synoptic gospels, Gill finds four virtues that will inform his health care ethics. In contrast, this dissertation uses the invitation-response hermeneutic applied to all of the New Testament to find, not virtues, but theological themes that will enhance the meaning of contemporary bioethics principles.

David Gushee and Glenn Stassen use exegetical principles and the original intent of the author in their study of the New Testament and ethics. They develop a hermeneutic they call the prophetic grid. In applying this prophetic grid to the New Testament they find the Kingdom of God as a primary theme and they use that theme for a wide ranging study of Christian ethics. This dissertation finds a different hermeneutic and focuses its attention on theological themes that will enhance the meaning of contemporary bioethics principles. Having established the invitation-response hermeneutic that this dissertation is using, the next chapter will develop some theological principles from the New Testament using this hermeneutic.
G. Endnotes

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12 Calvin, *The Epistles of Paul The Apostle to the Romans and to the Thessalonians*, 1.
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14 Calvin, *The Epistles of Paul The Apostle to the Romans and to the Thessalonians*, 1.
16 Torrance, *Incarnation*, 52.
26 Crisp, "Incarnation," 165.
33 Torrance, *Incarnation*, 43.
58 Ladd, *Jesus and the Kingdom: The Eschatology of Biblical Realism*, 137.
59 Ladd, *Jesus and the Kingdom: The Eschatology of Biblical Realism*, 140.
71 Ladd, *Jesus and the Kingdom: The Eschatology of Biblical Realism*.
73 Matthews, "Call," 54.
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77 Schmidt, "Kalew," 487.
78 Schmidt, "Kalew," 489.
81 Meyne, *Jesus and The Twelve*, 113.
82 Meyne, *Jesus and The Twelve*, 114.
83 Meyne, *Jesus and The Twelve*, 83.
84 Meyne, *Jesus and The Twelve*, 99-100.
88 Matthews, "Call," 4.
89 Matthews, "Call," 54.
91 Schmidt, "Kalew," 394.
96 Murray, *The Epistle to the Romans*, 321 n. 62.


Meye, *Jesus and The Twelve*, 121.


Kittel, "Akoloutheo," 213.


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127 Lohse, "Rabbì." 965.
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132 Lohse, "Rabbì." 965.
136 Fee, *The First Epistle to the Corinthians*, 309.
137 Fee, *The First Epistle to the Corinthians*, 309.
138 Fee, *The First Epistle to the Corinthians*, 313.
141 Ridderbos, *The Epistle of Paul to the Churches of Galatia*, 53.
142 Ridderbos, *The Epistle of Paul to the Churches of Galatia*, 63.
146 Liefeld, *1 and 2 Timothy, Titus*, 233.
151 I refer to the author of Ephesians as Paul for simplicity’s sake, recognizing the scholarly debate over the identity of the author
156 Philippians 1:27, Colossians 1:10, and 1 Thessalonians all use the adverb ἀξίως in this context.
Ephesians 4:4, Galatians 5:13, 1 Thessalonians 2:12, 1 Thessalonians 4:7, and 2 Timothy 1:9 are examples of this repetition.


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Henry, *New Modern Edition Database, Romans 6*.


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CHAPTER THREE

THREE THEOLOGICAL THEMES

A. Introduction

The previous chapter stated and explained the rationale behind the invitation-response hermeneutic and why it is appropriate to use this hermeneutic to discover New Testament Theological themes that can enhance the meaning of contemporary bioethics principles. The task of this chapter is to use the invitation-response hermeneutic to evaluate various New Testament texts to discover those theological themes.

The question of which New Testament texts the invitation-response hermeneutic will be applied to discover these theological themes is solved by Jesus himself, confirmed by other New Testament texts, and corroborated by various scholars in the field. When Jesus was asked which command in the Scripture was the most important, his response, recorded in Matthew 22 and elsewhere, was the joining of two commands from the Pentateuch. Quoting Deuteronomy Jesus said, “Love the Lord your God with all of your heart and with all of your soul and with all of your mind” (Matthew 22:37, NIV). He added to that a command from the Levitical record, “Love your neighbor as yourself” (Matthew 22:39, NIV). The first section of this chapter will offer a rationale as to why these texts are selected and why these texts are germane to the task of discovering theological themes in the New Testament. The first section will also include an analysis of these passages in context and an assessment of how they apply to the theological themes that this dissertation will discuss.
One of these theological themes, the theme of the image of God, will be the subject of the second section of this chapter. This section will discuss the import of Jesus joining these two passages together. This section will also discuss the theme of the image of God in other parts of the Scriptures beyond just the twin commandment to love God and love one’s neighbor.

The third section of this chapter will discuss the theological theme of covenant responsibility. This section will include an explanation of how the application of the invitation-responsive hermeneutic to the twin commands to love God and love Jesus produces the theological theme of covenant responsibility.

The subject of the fourth section of this chapter will be the theological theme of healing in the New Testament. This section will explain how the theme of healing in the New Testament flows from the twin commands to love God and love one’s neighbor. This section will also explain the nature of this covenant as the theme emerges from the New Testament texts.

The final section of this chapter will compare the three theological themes of this chapter to the writing of Paul Ramsey. In particular, this section will compare the three themes from this chapter to Ramsey’s themes of disinterested love, justice, Christian virtue, community, and the image of God.

B. The Primary Text To Be Evaluated Is To Love God And Neighbor

Critical to the task of discerning New Testament theological themes to enhance the meaning of contemporary bioethics principles using the invitation-response hermeneutic is the selection of the texts to be evaluated. The twin commands to love
God and love one’s neighbor are the critical texts to examine. This section will demonstrate the central nature of these texts. The rationale in this section of chapter three will include the importance and uniqueness of the twin commands. An exegesis of these twin commands comprises the middle portion of this section. The joining of these commands will be the focus of the third part of this section. Finally, this section will conclude with an analysis of the Greek word ἀγάπη, both the noun and verb forms, which is crucial to understanding the meaning of the twin commands to love God and love one’s neighbor.

1. The rationale for choosing these texts

The first part of this sub-section will show that the twin commands to love God and love one’s neighbor are central to understanding and applying the New Testament for several reasons. First, Jesus teaches that these two commands summarize all of the Old Testament teachings. Second, Jesus says that these two commands are the most important pair in the Scripture. Third, these two commands appear in all three of the synoptic accounts and the second of the two is repeated in the Paul’s writings. Fourth, these two commands are central to the teaching of Jesus and the New Testament.

a. This text summarizes the Christian responsibility

In selecting the twin commands to love God and love one’s neighbor to examine for this dissertation several factors explained here were considered. Jesus says that the love commands summarize the teaching of the Old Testament. He also refers to these two commands as the most important pair of commands. The twin commands appear in all three of the synoptic gospels, indicating the level of importance that the gospel writers gave to them. Furthermore, the Apostle Paul, in his writings references these texts.
Numerous commentators conclude that twin commands are central to the teaching of Jesus.

i. Jesus says these texts summarize the Christian responsibility

When a Pharisee asked Jesus which commandment in the law was the greatest, Jesus answered, “‘Love the Lord your God with all your heart and with all your soul and with all your mind.’ This is the first and greatest commandment. And the second is like it: ‘Love your neighbor as yourself.’ All the Law and the Prophets hang on these two commandments” (Matthew 22:37-39, NIV). Donald Hagner notes that this response of Jesus gives these two commandments extreme importance. The fundamental nature of the first and great commandment is that it includes the duty of obedience to all of the commandments given by God. Thus the twin commands are central to the teaching of Jesus.³

Victor Furnish, University Distinguished Professor of New Testament emeritus at Southern Methodist University’s Perkins School of Theology in his work on the love command in the New Testament makes a similar assertion about the importance of this double command to love God and love one’s neighbor. Furnish sharpens this point when he writes, “The most important epitomization of the law is clearly the double commandment to love God and the neighbor.”⁴ He elaborates on that point in Matthew’s version of the twin commands by concluding that “The love command as such is seen by Matthew to have been the cardinal and formative item in Jesus’ teaching.”⁵ Frank Matera echoes the same sentiment when he concludes that this pair of commandments is the most important pair in the New Testament especially in regards to ethics.⁶
ii. These texts appear in all three synoptic gospels

This text is important enough that all three synoptic writers include this pericope in their accounts of Jesus and his teachings. Reginald Fuller, Professor Emeritus at Virginia Theological Seminary, notes this in his article on the double love command. In referring to the double command to love God and neighbor Victor Furnish points out that not only does each of the three synoptic writers include this text, each one stresses the importance of this text. Moreover, each author also stresses the interrelation of this text to the rest of Scripture. The fact that all three synoptic authors include this in their gospels, albeit with slightly different contexts, gives it significant weight in deciding which New Testament texts to use in this discussion.

iii. Paul references these texts

In the same way the Apostle Paul’s reference to this text brings it more significance. In Romans 12 and 13 the Apostle Paul writes about the concept of love and highlights the second part of the double command with these words, “The commandments, ‘Do not commit adultery,’ ‘Do not murder,’ ‘Do not steal,’ ‘Do not covet,’ and whatever other commandment there may be, are summed up in this one rule: ‘Love your neighbor as yourself’ “ (Romans 13:9, NIV). James Dunn in commenting on this passage in his commentary on Romans notes that the Apostle Paul “brings the whole discussion of social relationships back under the rule of love.” The rather strict and oftentimes challenging lifestyle that Paul sets as a model for his readers cannot be sustained without the implementation of the twin commands to love God and love one’s neighbor. Therefore, the double command of love is central to understanding the New Testament’s view of relationships and ethics, including bioethics, which is at one level a relational enterprise. When Paul quotes Leviticus 19:18 he is also indirectly referencing the
teaching of Jesus and Jesus’ summary of the law into the two commands to love God and love one’s neighbor. Again Dunn concludes that “Paul is drawing here on the tradition that Jesus himself summed up the law by reference to Lev. 19:18.”

The Apostle continues in his essay on love in Romans 13 by claiming that “Therefore love is the fulfillment of the law” (Romans 13:10, NIV). The Greek word ὀφέλημα denotes inference. Thus the inference from what Paul wrote previous to those words, that is the summary of the law in the Lev. 19:18 quote, infers logically that loving one’s neighbor is the fulfillment of Jewish law, including Jewish moral law. Love as the fulfillment of Jewish law expands the concept of love to encompass all of Jewish law as well as whatever would guide the Gentiles in regard to their neighbors. Paul makes love the central theme of his exposition of how Christians should treat one another. Paul makes the concept of love central in not just this verse, but in other places in his writings as well. Dunn refers to Paul’s “triple emphasis on love of neighbor” and holds that Paul makes love central to his understanding of the Christian faith. Victor Furnish advances a similar argument when he claims that “Paul rejects the law as a way of salvation, but he does not reject it as a norm for the conduct of one’s life.” Furnish makes a key point here, that the law is still efficacious for Christians. The value of the law is not for salvific purposes, but for ethical and moral purposes. Indeed, Paul repeats this idea that the law is summarized in the Leviticus 19:18 passage is his letter to the Galatians. Furnish explains it this way, “The one who loves his neighbor shows that he recognizes the law’s fundamental commandment and has set himself to obey it.” The Apostle Paul’s focus on love makes the double command to love God and love one’s neighbor a logical place to begin to apply the invitation-response hermeneutic in the New Testament.
iv. The ancient church saw the importance of these texts

This understanding of the centrality of the love commands continue in the life of the early church. Furnish notes that Christian writers in the first and second century regularly made this claim of the centrality of the love commands. The Didache, Clement of Alexandria, Tertullian, and Origen all make a similar assertions that loving God and loving one’s neighbor are central themes in the New Testament governing Christian behavior. Even a second century non-Christian writer, Lucian of Samosata, notes how the Christians made love of neighbor a significant aspect of how they treated one another. This double command to love God and love one’s neighbor has been central to the church’s understanding of relationships and ethics since Jesus first posed them.

v. Jesus makes these texts important

Yet it was Jesus who makes this command central to our understanding of the New Testament when he says, “There is no commandment greater than these” (Mark 12:29, NIV) and it is Jesus who brings us to begin our application of the invitation-response hermeneutic with this text. Vincent Taylor, former professor of New Testament at Wesley College, Headingly, Leeds, emphasizes this centrality when he writes in his commentary on this passage that, “The command to love God is not simply a duty; it is an obligation.” Taylor derives this duty from the fact that there is but one God, making the Christian faith distinct from polytheistic religions. Jesus makes the love commands central because of who he is and because of who God the Father is. The repetition of the Shema and the way that Jesus poses the answer makes it clear that what Jesus calls for in the context of love is a total response from the petitioner. Jesus wants the whole person to be enveloped in this concept of love. Love is the core of his teaching and the basis of
the response that he elicits from his listeners. Lamar Williamson, professor of Biblical studies at the Presbyterian School of Christian Education also highlights the centrality of the love command in the teaching of Jesus in his commentary on Mark noting that Jesus’ response to the inquirer “establishes love as the ground of Christian faith and life.”

Jesus, in responding to the inquiry from the scribe in this passage in Mark, makes this double command the place to begin in applying the invitation-response hermeneutic.

b. The origins and authenticity of these texts

All three instances of the double command to love God and love one’s neighbor that appear in the gospels have similar origins. Jesus references the Shema, which was a recitation of the Mosaic command from Deuteronomy 6:4-9. In the intertestamental period it was common in Judaism for the Shema to be recited in synagogue worship. Jesus did not invent this formula, he simply reiterated it as the essence of love for God. Note that the three gospels have some slight differences in how each presents Jesus teaching in this regard. The Markan account is nearly identical to the Septuagint version of the Deuteronomy passage. In the account in Luke the petitioner quotes the Shema, not Jesus, but the thrust is the same. The origin of this statement by Jesus is the Mosaic command to love God, reflecting the first commandment of the Decalogue.

In a similar way, the second half of the double command, the command to love one’s neighbor, also comes from the teaching of Moses, in this case from Leviticus 19:18. “Do not seek revenge or bear a grudge against one of your people, but love your neighbor as yourself. I am the LORD” Leviticus 19:18, NIV). The context of the passage in Leviticus is a long series of prohibitions concerning holy living, yet this one sentence stands out as a positive command. Moreover, it comes in the midst of prohibitions against vengeance and hatred, which were common in the time in which Leviticus was
written. As obscure as Leviticus 19:18 may seem in the context of Leviticus, it was
known and was considered one of the greatest general principles in the Torah. This
traditional text is the one that Jesus uses to define the second half of the double command
to love God and love one’s neighbors.

John Piper addresses the question of the authenticity of these texts. The very
nature of their origins, in the Old Testament, makes it possible that someone other than
Jesus put them together in this context in the early church in order to teach what the early
church wanted to teach. Vincent Taylor asserts that the Matthean account is a
relatively faithful rendition from the Marcan version of these events and that Mark’s
version is most likely from the authentic yet mysterious Q source. Hagner also
confirms that this text in Matthew is as close to the original events as one can get in a
gospel account. Piper offers three reasons for accepting the authenticity of these texts.
First, in no other place in Jewish literature are Deuteronomy 6:4-9 and Leviticus 19:8
joined together in this fashion. Jesus statement is the first time that they appear together.
Second, summarizing all of the law in this way was also a statement that was unique to
the teaching of Jesus. Third, Jesus’ use of the parable of the Good Samaritan offers a
positive rationale for Jesus teaching the love of one’s neighbor in this way. For these
reasons and because of the testimony of various scholars, the double command to love
God and love one’s neighbor will be considered authentic to Jesus. Therefore, it is a
legitimate place to start in applying the invitation-response hermeneutic.

c. A comparison of the three texts in the synoptic gospels

While each gospel writer offers a unique and authentic view of Jesus and his
ministry, there are some similarities amongst the three texts that contain the double
command to love God and one's neighbor. These similarities both add to their
authenticity and add to the meaning of what Jesus taught in this double command.\textsuperscript{37} In all three gospels the conversation begins with questions, a question from an expert or teacher of the law, and a question directed at Jesus. In all three synoptic passages the responses includes a quote of part of Deuteronomy 6:4-9, the Shema, and the phrase, “love the Lord your God.” In all three of the synoptic passages there is as quote of Leviticus 19:18, love your neighbor as yourself.”\textsuperscript{38} In these passages Jesus is noting that love is not an emotional response to some other person, but a commitment of energy and time to pursue the interests of the other.\textsuperscript{39} Jesus is calling his listeners to address both their relationships to God and to one another. He is connecting all of this to the Torah and the Jewish tradition and law. Donald Hagner summarizes these two commands as “nothing less than a ‘hermeneutical program’ for understanding and application of the law and the prophets.”\textsuperscript{40} Victor Furnish echoes that same theme when he writes, “Each of the synoptic evangelists in his own way stresses the equal importance and interrelation of these two. Loving the neighbor is no less an act of obedience than loving God and is part of the total response to the sovereign claim of God under which man stands.”\textsuperscript{41}

d. The uniqueness of each of the three texts

Yet the three passages in the synoptic gospels are not identical and those differences also highlight the meaning that is behind each account.\textsuperscript{42} In this section the differences amongst the three versions of the twin commands to love God and love one's neighbor will be examined for the added meaning that each brings to the analysis. This section will conclude with the different ways in which each synoptic author quotes the Shema and depicts the asking of the question. Matthew’s account of the double command adds a feature that expands the understanding of these texts. Matthew adds a phrase from Jesus at the end of the pericope, “All the Law and the Prophets hang on
these two commandments” (Matthew 22:40, NIV). What Mathew does is highlight the fact that the double command to love God and love one’s neighbor is the fundamental basis for understanding all of the Torah, not just the question asked at the moment. Again, Victor Furnish advances this point when he writes, “This evangelist regards the love command as the hermeneutical key to the law, the essence of ”the law and the prophets,” and that which most distinguishes Jesus' teaching from the Pharisaic tradition. Matthew's connection of the double command to the law and prophets makes it logical to begin the application of the invitation-response hermeneutic with the double command to love God and love one’s neighbor.

Mark’s version also has its unique features, one of them being its length. It is a bit longer than Matthew’s or Luke’s account, except for the Parable of the Good Samaritan. Mark includes the beginning of the Shema, “Hear, O Israel, the Lord our God, the Lord is one” (Mark 12:29, NIV). He also includes a response from the questioner who reiterates the double command. The Marcan version includes the double command as part of the essence of salvation and true religion. Raymond Collins comments on this text in his work on *Christian Morality: Biblical Foundations*. He holds that the Marcan version of the double command implies “That obedience to the moral law is essential to the worship of the one true God and that such obedience is related to the kingdom of God is the key point of Mark's narrative. Thus the moral life is qualified by Mark as having a religious dimension.” This firm connection between the double command and the moral life makes the double command a logical place to begin applying the invitation-response hermeneutic.

One interesting difference amongst the three texts is the way they each quote Deuteronomy 6:5 from the heart of the Shema a bit differently. In referencing how to
love God, all three quote the first two nouns the same, heart and soul. The third noun in the Hebrew, מְאֹד is more problematic to translate. It is used most often as an adverb to mean exceedingly, or muchness.\textsuperscript{46} In this context it emphasizes the high level of commitment that one owes to the Lord.\textsuperscript{47} The Septuagint translates it as \textgreek{δύναμις} which means power, might, or strength,\textsuperscript{48} which loses some of the intensity of the Hebrew. Matthew renders it as \textgreek{διάνοια} which generally means intelligence, understating, or mind.\textsuperscript{49} The Lucan version of the Deuteronomy passage ends with two nouns, \textgreek{σκέψις} and \textgreek{διάνοια}, translated strength and mind, while Mark ends the quote with the same two nouns in the opposite order. Vincent Taylor speculates that these additions by Mark and most likely copied by Luke either from Q or from Mark at some juncture indicate, not a separation of the human psyche, but a progression of devotion from heart to soul to mind and then to strength. Mark restores the level of intensity from the original in Deuteronomy. The intent in Mark’s version seems to be “not to distinguish faculties and powers, but to insist on a complete response.”\textsuperscript{50}

Another difference amongst the three texts in the synoptic gospels is in how the question is posed. In Matthew and Mark the question is posed as to which is the greatest or most important commandment. The question asks for a theological response. Luke’s version, however, poses the question as “what must I do to inherit eternal life?” This question is more than a mere theoretical exercise.\textsuperscript{51} Jesus responds with a command to go and do something as oppose to a judgment on the greatest of the commandments. Luke makes practical what Mark and Matthew had theoretical.\textsuperscript{52} This practicality translates the double command of love from mere theory to actual practice and lends itself to among other things applications of the ethical dimensions of the double command to love God and one’s neighbor.\textsuperscript{53} Furthermore, the context of the Lucan
passage shows that this love for neighbor of which Jesus speaks transcends the normal racial and cultural barriers that divided people in the first century. The inclusion of the Samaritan as the hero on the parable that follows the recitation of the command clarifies who belongs in the category of neighbor.\textsuperscript{54} However, Jesus is not just reclassifying certain people as neighbors, as if someone new has just moved into the neighborhood. He uses the parable in Luke to illustrate the nature of the command to love one’s neighbor. Victor Furnish explains this aspect to the Lucan account in his work on the love command, “he offers the parable to exemplify the character and extent of neighborly love, and to urge its performance.”\textsuperscript{55} The focus on performance in the context of enhancing the meaning of contemporary bioethics principles allows this dissertation to apply the invitation-response hermeneutic to the double command to discover theological themes that can enhance the meaning of contemporary bioethics principles.

2. The two primary commands of Jesus

This section will examine the twin commands to love God and love one’s neighbor from three different aspects. First, the Greek word $\alpha\gamma\alpha\pi\eta$ will be discussed as to it reflects the meaning of the Old Testament passages behind the twin commands. Second, the word in the context of loving God will be discussed. Then the meaning of loving one’s neighbor will be examined.

a. $\tilde{\alpha}\gamma\alpha\pi\eta$

The understanding of the double command to love God and love one’s neighbor begins with understanding the primary Greek word used by all three authors to communicate what Jesus meant in both cases of love for God and neighbor. Although in the Lucan passage when the questioner quotes Lev.19:18 he leaves out the Greek verb in a grammatical construction known as ellipsis. That word is the Greek word $\tilde{\alpha}\gamma\alpha\pi\eta$ and
needs to be understood both in the context of the Old Testament passages which it translates and the context of the first century in which the gospels were written in Greek.

In the Old Testament the word most often translated as love in the English is the Hebrew word בְּהֵמָה. The word is used in a variety of ways in the Old Testament from simple human love to sexual or erotic love to the love of a friend or even a stranger. The word is used in two different senses in regards to God. One sense is that the love of God is the love that God offers to humanity. The second sense is love for God, and it is this sense that is the focus of both the Old Testament quotes that Jesus offers and the first of the twin commands.

In the Deuteronomy passage where the command to love God originates in the teaching of Jesus, the phrase to love God means to choose God for an intimate and personal relationship and to obey his commands. This twin sense, both relational and obedient, is at the core of the concept to love God in the Deuteronomy passage. Moses unpacks this concept of loving God with his three fold recitation of different aspects of the human psyche, the heart, soul and strength. Ethlebert Stauffer, former professor of New Testament Studies and director of Ancient History Studies at the University of Bonn, in his article in the Theological Dictionary of the New Testament, explains that in this theological context the concept of love has a very high value. He goes on to note that the concept of love works in two ways, God’s love for humankind and human love for God. Moreover, says Stauffer, that love in relation to the Godhead is accepted in the Old Testament without any attempt to define the content of this feeling. Love for God is understood to be an all encompassing attitude of humanity toward God. Elsewhere in the Old Testament corpus love for God is linked with such actions as giving pleasure to God or seeking after God. Love is also linked with keeping his commandments.
loving and serving God, and walking in his ways. The use of \( \text{אהבה} \) in Deuteronomy 6:5 and the emphasis that Moses puts on it, closely links the cultic and the ethical or the demand and the duty in the Old Testament teaching.

Duane Christensen, who taught Old Testament in the Graduate Theological Union, rightly connects the two words for heart and mind in the Deuteronomy text to the meaning of the concept of love. Heat and soul indicate an emotional and intellectual energy. According to Deuteronomy then, one needs to direct all of one’s mental and emotional energy toward this one task, of loving God. This one task will include a joyful obedience to the commandments of God.

P.C. Craigie, former professor at the University of Calgary, echoes that same sentiment in his commentary on Deuteronomy. He refers to this command to love God as central to the whole book of Deuteronomy, which is concerned with the renewing of the covenant between God and Israel. This covenant demands obedience from Israel, so obedience is part of this love for God. But this love for God also includes a love relationship like a father and a son. That may be why the author of Deuteronomy chooses the phrase “love God” rather than merely “obey God”. The word love is more expressive of the nature of the God-human relationship.

The same word that Deuteronomy uses to describe a human’s love for God in Deuteronomy 6:5 is also used in Leviticus for the injunction to love one’s neighbor. In this context \( \text{אהבה} \) is used to describe human love for one another. Abraham’s love for Isaac, Jacob’s love for Joseph, and even a slave’s love for his master are all described with this single Hebrew word. Love in these contexts includes a natural feeling toward the object of one’s love, but it is also more than that. Love is more than just a feeling in those examples, but an action toward the other. When Leviticus calls for the reader to
“love your neighbor” the text is calling for both the feelings of compassion toward the neighbor and the actions that will be in the best interests of the neighbor.68

Thus, the Hebrew behind the twin commands of Jesus to love God and love one’s neighbor gives a clear indication of the meaning of love. Love for God is both relational and obedient and it includes a total commitment of self to the task. Love for one’s neighbor includes both the feeling of compassion and the actions that benefit the neighbor. These ideas are behind what Jesus teaches with the twin commands to love.

b. Love for God

The gospel writers, however, used Greek words to communicate the teaching of Jesus. Matthew, Mark, and Luke use the Greek word ἀγαπᾶν to reflect the meaning of both the commandment to love God and the commandment to Love one’s neighbor. Three words in pre-biblical Greek are translated love in our English language. Each of these three words that is chosen to communicate the meaning of the twin commands of Jesus is instructive for the reader of the gospels. The three words are ἐρατόν, φιλεῖν, and ἀγάπη. Ἐρατὸν is “passionate love which desires the other for itself.”69 This word is most often used for the erotic love between a man and a woman and none of the gospel writers employ this word to reflect the teaching of Jesus. Φιλεῖν on the other hand is more often used to describe the kind of affection one might have for a friend or a relative. The word refers to treating someone as one’s own people, tribe, or family.70

However, ἀγάπη is used differently from both ἐρατόν and φιλεῖν in the New Testament. In pre-biblical Greek ἀγάπη has less of the emotional aspects of love and more of a commitment. Stauffer copiously explains that the term is also used to indicate a preference for one person over another or to esteem one person more highly than
another. This is the sense that the word has when Jesus calls upon his listeners to love God with all of their hearts minds and strength. Stauffer offers a helpful comparison between the two words, ἀγάπη and ἐρωτ in pre-biblical Greek.

Ἐρωτ is more interested in seeking personal satisfaction while ἀγάπη is a love which keeps the object of its love in view at all times. Ἐρωτ is motivated more by impulse and feeling while ἀγάπη is motivated more by a rational decision to act on behalf of the object of one’s love. Ἐρωτ is more often used for the love of one human to another while ἀγάπη is used more often to denote the love of a person for God. Ἐρωτ seeks to fulfill its own needs in interaction with others while ἀγάπη is more concerned with acting on behalf of the one being loved.

In the gospel accounts the word ἀγάπη takes on a sharper focus especially when it is associated with God or Jesus. Not only is the word used to describe Jesus commands to love one another, but Jesus widens the scope of those to be loved to include one’s enemies. In the Sermon on the Mount and elsewhere in Matthew Jesus describes love of God as a total commitment of trust in God and a repudiation of the more human quests for money and fame. For the Apostle Paul in the New Testament this concept of total dedication to God and acting in the best interest of one’s neighbor or enemy is the standard of love. This love is the standard of commitment for all believers. James Childress further refines this concept of ἀγάπη in the New Testament when he connects it to justice. He breaks down ἀγάπη in the New Testament into four categories, “Agape as seeking the neighbor’s welfare, (2) agape as self sacrifice, (3) agape as mutuality, and (4) agape as equal regard.” The concept of love that is behind he word ἀγάπη therefore includes this broader understanding of what love is in the New Testament.
James Dunn points to the dearth of uses of the word agape in non-biblical Greek and its frequent use in the New Testament. This usage differential may have been a result of first century Christians looking for a word that epitomized their post-resurrection understanding of God’s love. The new use for the word also reflects the new understanding of one’s commitment to love God as he has loved humanity through the Christ event. Christians are called to love God with the same kind of divine love that God shows for humanity. This love for God is what Donald Hagner describes as “‘reverence, commitment, and obedience.’” When the gospel writers quote Jesus using the word αγάπη for love for God they are giving their readers both a wider view of what love is and a clearer picture of the nature of the twin commands to love God and love one’s neighbor.

This understanding of the word ἀγάπη in the New Testament helps to understand the meaning of these twin commands, in particular what it means to love God. Jesus’ formulation of the first command, to love God with all of one’s heart, mind, and strength, was not unique in first century rabbinic teaching. What makes his statement unique is the exclusive nature of the love that he demands, that this love for God should supersede all other commands. Moreover, that this love for God is the standard for righteousness amongst the faithful. This standard is not just one of making statements of love for God, but one of will and action toward one’s obedience to God. The unconditional aspect of love for God is what makes his teaching unique in first century Judaism. Stauffer adds to this understanding of what it means to love God by connecting Matthew 22:37 with other passages in the gospels that reflect different aspects of the same concept. To love God is to be a servant of God. To love God is value the kingdom of God above all else. To love God is to “base one’s whole being on God.”
Jesus takes the totality of the love for God in the Shema and hammers it home as the basis for how his faithful should respond to God.

However, not only does Jesus quote from Deuteronomy 6, a passage that would have been well known to his listeners, he adds a second part to his answer to the question, of which is the greatest commandment. He adds Leviticus 19:18, “love your neighbor as yourself”. This addition makes this response from Jesus the twin commands, to love God and love one’s neighbor. This coupling is the unique and distinctive teaching that Jesus offers to his listeners as the standard for their response to God. To understand the genius of this juxtaposition, one must first understand what it meant in the first century to love one’s neighbor.

c. The meaning of love your neighbor as yourself

In response to the inquiries about the greatest commandment, Jesus not only quotes from Deuteronomy 6:5, the Shema, he also adds the commandment from Leviticus 19:18, “love your neighbor as yourself” (NIV). The question posed by the inquirer in the Lucan passage asks to whom the appellation of neighbor applies. Some in Judaism were want to restrict this love to certain categories of persons. Fellow citizens of Israel, whether friend or foe, was a popular interpretation of the scope of neighborhood. Hillel and others wanted also to include foreigners as the objects of one’s neighborly love, but not all in Judaism agreed with Hillel. Leviticus 19:18 has also been seen as the impetus behind the Golden Rule. Hillel’s’ formulation of the Golden Rule is in the negative, “Do not do to thy neighbor what is hateful to thee.” Later Jesus put the Golden Rule in the positive form in Matthew 5:12, “do to others what you would have them do to you” (Matthew 7:12, NIV). The response of Jesus to the question of who is my neighbor
shows that Jesus expands the neighborhood well beyond just Israelites. He expands it to include anyone.  

Yet there are two parts of the command of Jesus to love one’s neighbor, the object of the love, the neighbor, and the nature of the response, love. The Greek word that is used in all three of the gospel accounts for the nature of the response is 

\[ \dot{\gamma}\dot{a}\pi\eta \], although it is an ellipsis in the Lucan version. The Greek used by the gospel writers is able to separate \[ \dot{\gamma}\dot{a}\pi\eta \] from other forms of love, such as \[ \phi\lambda\epsilon\nu \] and \[ \epsilon\rho\alpha\nu \], yet they all choose agape, the same word for love that is used in the greatest commandment to love God. The Hebrew of the Old Testament, from which the quotation to love one's neighbor comes, does not have those fine distinctions, so it is up to the gospel writers to interpret Jesus words carefully. The concept of human love for one another is present in the Old Testament and in that context love is the norm for the ordering of social life. In this Old Testament ordering of social life, love acts in the interests of the object of one’s love.

Stauffer helpfully describes the transition from the Hebrew \[ \text{בְּרָעָשֶׁ} \] in the Old Testament to the Greek \[ \dot{\gamma}\dot{a}\pi\eta \]. Most often the Hebrew \[ \text{בְּרָעָשֶׁ} \] is translated in the Septuagint with the Greek \[ \dot{\gamma}\dot{a}\pi\eta \]. \[ \phi\lambda\epsilon\nu \] and \[ \epsilon\rho\alpha\nu \] are used much less often. The whole group of Greek words for love when translated in the Septuagint are given a finer and more distinct definition and allow the reader to see more clearly what it means to love one’s neighbor. Love includes forbearance and deliverance of the neighbor, among other attributes.

In the New Testament the Good Samaritan parable from Luke 10 gives a new and different dimension to what it means to love one’s neighbor. Not only is the concept of neighbor expanded to include all of humanity, but the nature of the response is also
expanded. Love meets the needs of the other. Love does what has to be done, what can be done for the other.\(^89\) Furnish describes this kind of love for neighbor as concretely serving the neighbor in his need.\(^90\) The concrete nature of the response to one’s neighbor takes love out of the merely emotional or visceral reaction and makes it an action, not just a feeling. Furnish elaborates on this concept when he writes that, “Love is not just an attitude but a way of life. Love requires the real expenditure of one's time, effort, and resources.”\(^91\)

Gilbert Meileander, Professor of Theology at Valparaiso University, describes this kind of love as other worldly, for the response of the Samaritan in the Good Samaritan parable was surely different from the response of those who lived “in the world.”\(^92\) Those who lived “in the world” like the priest and the levite had other obligations and duties that in their view took precedence over the need to care for the injured traveler. Love makes that kind of care for the other more important than caring for one’s own obligations.\(^93\)

Gustafson holds up Jesus as the pattern for how this love for one’s neighbor is to be fulfilled. Fulfilling one’s own needs is not part of the equation of how to love, but meeting the neighbor’s needs is. That is how Jesus responded in numerous contexts in the gospels and that is the standard for the kind of love that Jesus expects when he calls upon his listeners to love their neighbors.\(^94\) J. L. Holden, former Professor of Theology at King's College, University of London, calls this kind of love, “generosity which goes beyond all expectations.”\(^95\) The expectation, in Israel at least, did not include helping a wounded man by the side of the road, especially if the wounded man was in some way unclean. Nor was the expectation that a Samaritan would be the person to best
express the love of God for one human from another. This is generosity beyond all expectations and this is the nature of the love to which Jesus calls his listeners.

Willie Marxsen, professor of New Testament at Wilhelms University in Munster, takes the idea of love from the Good Samaritan passage one step further when he carefully parses Jesus response. Jesus did not instruct his listeners to do specific acts of caring for those in need. Instead he responded with a question, “Which of these three, do you think, proved to be a neighbor to the man who fell among the robbers” (Luke 10:37, NIV)? Jesus called upon his listeners not to do the neighborly thing but to be the neighbor. When Jesus says “Go and do likewise” he means go and be the neighbor. This is a primary attitude of love as Jesus calls one to love, to be a neighbor to the other.96

Jesus not only calls his listeners to love their neighbors, he redefines what it means to love one's neighbor. His teachings on love in the New Testament and in the Good Samaritan parable in particular redefine the concept. His example also redefines the concept. Jesus calls his listeners to love their neighbors and to be the neighbor who loves one another.

d. Jesus combines love for God and love for one's neighbor

When Jesus answers the question what is the first commandment by offering the first and second he is stating that no one commandment is first, but that these two together constitute the essence of the law. While both of the commands of the twin commandments, love God and love one’s neighbor, are extant in the Old Testament, the combination of them is not. This combination of the two commands marks an essential element in the teaching of Jesus.97 Indeed, Johannes Nissen, Associate Professor of New Testament Exegesis at the Department of Biblical Studies at the University of Aarhus, concludes that this combination was unique to Jesus.98 Hagner astutely points out that
the two commandments belong together. One covers the vertical relationships of a person to God, and the other the horizontal relationships amongst persons. In combining the two, Jesus made loving one’s neighbor just as important as a loving God. More than that, Jesus made loving one's neighbor a form of loving God. One cannot have one without the other. Obedience to God in this context is just as important as directly loving God. One needs both commands to understand the teachings of Jesus as it relates to theological themes that can enhance the meaning of bioethics principles.

e. The meaning of hanging on the law and the prophets

Matthew’s gospel, written with more of a bent toward Judaism, includes the summary from Jesus, “All the Law and the Prophets hang on these two commandments” (Matthew 22:40, NIV). This summary includes an important understanding of how the combination of the twin commands is so essential to understanding the teaching of Jesus. Jesus teaches that adhering to these two commands both of which require commitment and action, are more important than all of the ritualistic and cultic commands of the Old Testament. He puts these two commands above all of the law in all of its forms. Furnish further suggests that the phrase also refers to a halakhic view of the commandments. From just these two commandments all of the other statutes in the law can be deduced. Hays refers to this combination as a subtle but important distinction. These two commands then becomes the hermeneutical filter through which morals can be deduced. Or, as Furnish holds, these two commands do not just spawn the law but they constitute the law in all of its completeness. In this way Jesus does not negate the Law but Jesus upholds the law. These two commands provide a seamless transition for the legalism of the Old Testament to the moral basis of love in the New Testament.
These twin commands, then are the basis not only for understanding Judaism and its morals, but also for understanding the morals and ethics that may emerge for those who are followers of Jesus Christ. These two commands, to love God and love one's neighbor, are the starting place to discern theological themes to enhance the meaning of contemporary bioethics principles.

C. The Image of God

1. Introduction

The two commands that Jesus offers are primary for Christians and they become the basis for the New Testament theological themes that will enhance the meaning of contemporarily bioethics principles. These two commands were not selected randomly by Jesus from the myriad of laws and commands in the Old Testament. The two are uniquely related by the theological theme of the image of God in humanity. Jesus taught that one must love God with all of one’s “heart, soul, and mind” (Matthew 23:37, NIV) and to love one’s neighbor. When Jesus combines the two commands he shows that in loving one’s neighbor one loves God since the neighbor has in him or her the image of God. Whatever aspects of humanity that are common to all persons are extant in both the one who loves and the one who is loved.106

Berkouwer describes this image of God in two ways, the broader and the narrower sense of the image of God.107 The broader sense is that humanity is created in God’s image and that part of the image that makes one human, as distinct from the rest of creation, is the broader sense. The narrower sense is that part of the image of God that allows one communion with God. That narrower sense of the image of God was lost,
according to Berkouwer, in the fall. It is the broader sense of the image of God, that each human bears this image of God that concerns the twin commands to love God and love Jesus. Berkouwer explains the issue this way. “Though no longer exhibiting the image of God in the narrower sense, the conformitas man is still man; just as the prodigal son, alienated from the glory of his father’s house, is still son, even when sojourning in the land of sin.”

Harry R. Boer, Dutch-American missionary and professor at the Theological College of Northern Nigeria, agrees that there is a teaching common in Christian theological circles the humankind does bear this image of God, granted to it at creation and having survived the fall. However, Boer does not attribute certain characteristics of humanity to this image. In fact, he holds, and the research bears him out, that there is no consensus amongst those who write on the image of God as to what human characteristics make up this image. Boer holds that the image of God is reflected in all of humanity not just in each individual. Thus humanity taken together with all of its parts is the image of God. Leroy T. Howe, an ordained United Methodist minister and Professor Emeritus of Pastoral Theology, Perkins School of Theology, Southern Methodist University, concurs with this understanding of the image of God. “The real image is not Adam but the whole human race in human fellowship.”

While this understanding of the image of God may be different from those who hold that there is an image of God in each person, both viewpoints of the image of God contribute to the understanding of the twin commands to love God and one’s neighbor. In both viewpoints, loving one’s neighbor loves that which is made in the image of God and therefore one loves God. The second of the twin commands reinforces the first. Loving one’s neighbor is loving God.
2. Genesis and the Image of God

a. The Scriptural Data

While this dissertation focuses its attention on the New Testament corpus, one cannot explain the theological concept of the image of God without giving due consideration to the passages in the Old Testament from which the concept originates. The phrase “the image of God” first appears in the Old Testament with the first chapter of the book of Genesis.

Then God said, “Let us make man in our image, in our likeness, and let them rule over the fish of the sea and the birds of the air, over the livestock, over all the earth, and over all the creatures that move along the ground.” So God created man in his own image, in the image of God he created him; male and female he created them” (Gen 1:26-27, NIV).

The Hebrew word for image is צֶלֶם which in this context means image or likeness. The author of Genesis uses it three times in two verses which is partly a reflection of the Hebrew poetic style and partly a reflection of the importance of the concept in his creation narrative. He also uses a similar word, דְמוּת which means likeness or similitude. Notably, this creation of the human in the image of God clearly distinguishes humanity from the animal kingdom, also a creation of God in this narrative.

There is something distinctive and unique about humanity that makes humanity much different from the rest of God’s creation. The author repeats this concept in the summary of the creation narrative offered at the beginning of chapter 5. It reads, “When God created man, he made him in the likeness of God,” again using דְמוּת for likeness.

However, in this context both terms, צֶלֶם and דְמוּת seem to mean almost the same thing. Parsing the two becomes difficult seeing as how they are both used in
similar ways in the Old Testament. The two terms are used indiscriminately for one another and it becomes impossible to tell the difference. Berkouwer concludes that “Because of the variable usage of the two terms in Genesis, it is difficult to escape the conclusion that it is impossible to hold that ‘tselem’ and ‘demuth’ refer to two different things.”

Harry Boer uses the two terms together to express this concept of the image of God. Boer writes that “The glory of Man is that he is the image and likeness of God.” In seeing both terms as completing the whole picture of the image of God in humanity Boer argues these two terms make humans different from both animals, which are part of God’s creation, and the angelic kingdom. Humanity is a unique creation that cannot be treated as an object, but as the unique image and likeness of the creator.

is used seventeen times in the Old Testament. Most of the time it refers to a physical likeness of something, such as a statue or idol. Only in Genesis does it have some connection to God, in Genesis 1:26, twice in Genesis 1:27 and in midst of the Noahic covenant in Genesis 9:6. In the latter usage the term becomes most instructive for bioethics, for in Genesis 9 God prescribes for Noah that those who shed the blood of a person shall have their own blood shed. This concept is the basis for the “eye for eye” approach to justice. However, the most instructive word in Genesis 9 is the Hebrew conjunction which is often causal in its usage. Thus the reason that shedding a person’s blood is such a serious offense is that the person is made in God’s image. The rationale for the punishment is that persons who shed the blood of another somehow violated the image of God in that person. Humans are made in God’s image and any encounter with another human, be it medical, social, or otherwise, needs to take that into account.
The Genesis 9 account in the story of Noah and the Genesis 5 usage of image and likeness are illustrative for their meanings. In Genesis 5 the essence of the creation narrative from Genesis one is consciously repeated, “When God created man, he made him in the likeness of God. He created them male and female and blessed them. And when they were created, he called them ‘man’” (Genesis 5:1, NIV). In this passage reference is made to the offspring of the first human, Adam, indicating that Adam was made in both the image and likeness of God. This not only grounds the idea of the image of God in the transmission of life from one generation to the next, but it also is another witness to that divine likeness. Each human who is a descendant of Adam is then understood to bear this image of God.

The Genesis 9 passage that notes the image of God in relation to murder says that an attack on a human’s physical body is an attack on God, because that human is bears within him or her the image of God.

Howe broadens the message of the Old Testament when he asserts that both the Yahwist and the Priestly editors of Genesis support this same idea, that all human beings are created in the image of God. The Rabbinic’s support Howe’s argument. Rabbinic theology found the divine image much less of a problem than Philonic exegesis.

Therefore, in rabbinic thought the preservation of the divine image in the human and the avoiding of the loss of human life become an important aspect of the moral law of Judaism. When a person understands that each other human bears some aspect of the image of God and responds accordingly the persons is fulfilling the law.

John Calvin holds a similar position in his discussion of the image of God. In his *Institutes* Calvin argues that every human being has in him or her some knowledge that there is a God. Since every civilization, no matter how remote or barbaric, holds onto to some religious life, there is evidence that all humanity has been imbued with this
knowledge that there is a God. This is an aspect of the image of God imprinted on humanity at creation.  

b. The Nature of the divine image

Much of the post New Testament discussion on the image of God has centered on the nature of this divine image in humanity. Second century Bishop of Lyons, Irenaeus, saw in the image of God the human capabilities for rational thinking, making decisions, and for fellowship with God. He separated the concepts of image and likeness. While all persons had the image as he describes it, the “likeness” was the ability given by the Holy Spirit to love for God. In the words of Howe, Irenaeus held that “To become more and more like God and in communion with God, or creator, is our purpose for being.” Another way to state this distinction that Irenaeus makes is to say that the image of God is the standard by which persons should live and the likeness to God is our ability through the Holy Spirit to strive for that standard. The divine image is innate in each human while the divine likeness a conscious capacity activated by the Holy Spirit.

Reformed theologians have made similar arguments as to the nature of this divine image, although few make the distinction that Irenaeus made between image and likeness. Calvin noted the diversity of gifts in humanity and concluded that they were evidence of traces of the image of God in the entire human race. Karl Barth held that personhood, which is the same in both the male and female of the species, is the mark of the divine image. “It is my personal judgment that the central characteristic of Man as image of God is the quality of personhood. It is a characteristic of God as sole deity and it is equally and radically distinctive of the three members of the trinity.” Boer echoes Barth in stating that “It is personhood that distinguishes Man from the higher animals. It
is personhood that makes possible both the eminence of genius in particular human beings and the common qualities that characterize members of any given culture.”

Barth does add his own understanding of the difference in Genesis 1 between image and likeness. Barth translates those terms as “prototype and pattern” and holds that the focus of the passage is first on God and only secondarily on humanity. God is the prototype and pattern after which humanity was made. Barth explains, "the point of the text is that God willed to create man as a being corresponding to His own being—in such a way that He Himself (even if in His knowledge of Himself) is the original and prototype, and man the copy and imitation.” Barth’s understanding of the text involves all of humanity as bearing some imprint of this divine prototype or pattern. In this prototype and pattern is the divine “us” of Genesis 1:26, which leads Barth to see the relational aspect of humanity, relationships with God and with each other, as central to the understanding of this divine image. Howe offers the same sentiment in his analysis of the Priestly tradition referring as well to Genesis 2:18. Howe argues that “Of equal important in the Priestly tradition’s affirmation that relationship constitutes human nature: being human is being with others.”

Reinhold Niebuhr, in his *The nature and destiny of man; a Christian interpretation*, has a slightly different focus for this understanding of the nature of the image of God in humanity. Niebuhr holds that it is the human’s capacity for transcendence that reflects this divine image. Niebuhr contends that “This capacity for self-transcendence which distinguishes spirit in man from soul (which he shares with animal existence), is the basis of discrete individuality, for this self-consciousness involved consciousness of the world as ‘the other’.” This self-transcendence allows humans to choose how they interact with each other and with their environment, and with
God. Niebuhr further argues that “In regards to the image of God, Niebuhr says, “Man is self determining not only in the sense that he transcends natural process in such a was as to be able to choose between various alternatives pretend to him by the processes of nature but also in the sense that he transcends himself in such a way that he must choose his total end.”

From Irenaeus to Niebuhr theologians have been trying to dissect the exact nature of this image of God in humanity. Yet, they all agree on one point, there is some imprint of the divine in the human, in all humans. The difficulty in the discussions noted above is not the presence of such an image, but the nature and quality of it. Von Rad, in his article in *The Theological Dictionary of the New Testament* argues that debating the exact nature of the divine image is not useful. The differences that some, including Irenaeus have made between the two Hebrew words in Genesis 1:26, image and likeness is more a result of poetic style than a difference in meaning. His explanation of the use of these two terms in Genesis is an apt summary of the discussions.

The divine likeness is not to be found either in the personality of man, in his free ego, in his dignity or in his free use of moral capacity etc. Indeed, we must be careful not to emphasize the differentiation in the twofold statement with its distinctive change of prepositions. The author is here wrestling with the expression. He has adopted an ancient formula, and in the terms he is cautiously approaching the mystery that man is an earthly image of God, that he is created in the likeness of Elohim. For this reason the debate whether the divine likeness refers to the spiritual or physical being of man is not very helpful.
In conclusion, there is in each human being the image of God, a divine imprint that dictates how each human should be treated. One cannot ignore the very essence of God in all of his creation and in each of his creatures. In humanity, especially, this divine imprint will influence how one human behaves toward another.

c. The image of God after the fall

However, there is a huge “but” between the story of creation in Genesis 1 and 2 and the rest of the Scriptures. That “but” is the fall, described in Genesis 3. The question must be addressed as to the impact of the fall upon this image of God.

If the fall of humanity into sin cancels out the image of God in humanity as a whole or in each individual human, then the impact of this divine image of the contemporary principles of bioethics might be muted. However, this dissertation holds that is not the case, the fall, while damaging the image of God in humanity, did not obliterate it to such an extent as to make it irrelevant. Since there are relatively few mentions of the phrase “the image of God” in Scripture or of the concept, it is not surprising that the Scripture says little about the divine image being lost after the fall.  

Howe explains the Roman Catholic position on this question. While the original righteousness of humanity was lost in the fall, and later restored through the life and work of Jesus Christ, humanity still maintains this image of God. The fall inhibited the ability of humans to relate to God, but it did not change the essential image of God in humanity.

The Protestant theologians have taken a similar tack. The one most credited with devising the phrase “total depravity” to describe humanity is John Calvin. Calvin’s view of sin would seem to negate any vestige of the image of God in humanity. Yet even Calvin holds that something of the image of God was left in humanity post fall. Calvin
argues in his *Institutes* that, “There is no doubt that Adam, when he fell from his state, was by those defections alienated from God. Therefore, even though we grant that God’s image was not totally annihilated and destroyed in him, yet it was so corrupted that whatever remains is frightful deformity.” In book two of his *Institutes* Calvin backs off a bit from his description of humanity as “frightful deformity” and “confused, mutilated, and disease ridden” and admits that there are some gifts given to humanity that can only be attributed to gifts from God even in secular persons. He claims that even after the fall, as serious as it was, there is still a remnant of the image of God in humanity. Harry Boer in his reading of Calvin noted that Calvin admitted to this inconsistency between the image of God in humanity and Calvin’s total depravity argument. According to Boer, Calvin admitted to this inconsistency and accepted it, not budging from either position, that humanity is totally deformed and that there still resides in each person some remnant of the image of God. Boer himself holds a similar position. His argument stems from the Genesis 9:6 statement that murder is destroying the image of God in humanity. Berkouwer comes to the same conclusion. Using the terms homo creatus and homo peccator, he concludes that the enough of the image of God in homo creatus survives into homo peccator to still describe unredeemed humanity as being imbued with a remnant of the image of God.

3. Jesus Connects the Two Commands Based on the Image of God

Therein lies the genius of the twin commands of Jesus. While nowhere in the Old Testament do these commands come together, Jesus joins them as the two most important commands and the underpinning of all of the law. The connection between them becomes clear when one sees that humanity, either as a whole or individually, bears this image of God. The command to love one’s neighbor then is a command to love the
image of God in the neighbor. In this sense, both of the twin commands to love God and love one’s neighbor, are asking for the same thing to love God in all of God’s aspects, including the image of God in humanity. The two commands are linked linguistically by the repetition of the word ἀγαπήσεις, “you shall love”. Jesus uses the rabbinic practice of “equal category” which is linking equal concepts by using the same key word in each concept. The twin commands as expressed by Jesus show that the love of God is primary but from the exercising of that command comes the ability and desire to love those who have been created in God’s image.

The ministry of Jesus himself also confirms that the twin commands are linked in this way. Karl Barth sees a remarkable similarity between the humanity of Jesus and the basic form of humanity for the human race. This similarity is the relational aspect of humanity that Jesus epitomizes that is a significant aspect of the image of God in humanity. Barth does not consider an individual apart from the rest of humanity as an accurate understanding of the image of God. He holds that “When we think of the humanity of Jesus, humanity is to be described unequivocally as fellow-humanity.”

The model for humanity that Jesus presents is a model of a person invested completely in others. Jesus lives for his relationship with God and in that Jesus serves humanity. In that way Jesus reflects the image of God, by loving humanity in the same way that God loves humanity and by setting up the example for humanity to do the same. This image of God in humanity that Jesus epitomizes is not unique to those who profess faith in Jesus Christ. This image of God in humanity is part of the created order of humanity. Humans are created to be relational creatures, relating to both God and other humans. Richard Brown explains that “Real humanity has the divine determination of Christ’s being with others. Only in the man Jesus do we find the profoundest clarification of our fellow-
humanity." The encounter of human to human is the true image of God in Jesus Christ and in the rest of humanity.

4. The Image of God in The Book Of James

The New Testament letter from James is one of the few direct references in the New Testament to this concept of the image of God in each human person. James is discussing the illicit use of language amongst the Christians, in particular what he calls to “curse men” (James 3:9, NIV). This practice is put in contrast to the opposite action which is to bless a person. James sees the inconsistency of praising God on the one hand and then cursing God’s creation on the other because, in James’ words, humans “have been made in the likeness of God” (James 3:9, NIV). James uses a reference from the Genesis passage to hone his argument about the hypocrisy of cursing a person while pretending to be a follower of Christ. James reference to humans being made in the likeness of God does not restrict that likeness to Christians alone, but it refers to all persons. Even the most depraved humans still at some level bear the likeness of God. Peter Davids, former professor of New Testament at the Trinity Episcopal School for Ministry, characterizes this hypocrisy as, “To bless or thank God and then to turn around and curse his likeness is like praising a king to his face and then smashing the head off his statue as one leaves the palace.”

James uses the word ομοίωσις, which means likeness or resemblance. The word is not common in the New Testament and in the Septuagint it is used most often as a translation of the Hebrew דמוות. There is a small difference in Greek between ομοίωσις and εἰκών. The latter presupposes an original from which the image is made, while the former indicates only likeness. James’ choice of words indicates that humanity is in the likeness of God but not necessarily in God’s image. However, the
thrust of his argument in this passage is that any harm to a human is a harm to this likeness of God. James recognizes that in each person there is some God like quality that must be respected. Possibly James was not being that specific in his use of likeness over image, but would have conveyed the same meaning with either word.\textsuperscript{159} James’ meaning is clear, to bless God and curse a person is moral and logical nonsense.\textsuperscript{160}

We find a similar interpretation of James in the Rabbinics. Peter Davids in his research on the topic quotes the Secrets of Enoch, “The Lord with his hands having created man in the likeness of his own face, the Lord made him small and great. Whoever reviles the ruler’s face … has despised the Lord’s face, and he who vents anger on any man … the Lord’s great anger will cut him down.”\textsuperscript{161} The author of the Secrets of Enoch saw in humanity the likeness of God and that was enough justification to condemmed the practice of cursing another human being.

Much later, Reformed theologian G. C. Berkouwer makes a similar argument in his comments on this passage. Berkouwer holds that the horror of the sin of cursing another human is that it is cursing God. One cannot curse a person and then claim to bless God at the same time.\textsuperscript{162} James’ reference to this concept of the likeness or image of God in each person gives credence to this concept and helps the reader understand that there is in each human being some reflection of the creator. Therefore, we can see how Jesus twin commands reflect that theme in a positive direction, to love another human being is to love the image or likeness of God.

5. The Image of God in Other New Testament Passages

James 3 is not the only place in the New Testament in which references are made to the concept of the image of God. Howe reports that “A distinctive Christian understanding of the image of God in human beings is beginning to emerge in the New
Testament period.” Howe attributes some of the theological analysis on this topic to Irenaeus, the Bishop of Lyons, in the latter part of the second century. Irenaeus’ deliberations on the meaning of the image of God in the New Testament, especially how that meaning relates to Jesus and to humanity, clarify the nature of this topic. Relying also on Old Testament texts, Irenaeus concludes that humanity does bear a divine likeness. In Paul’s letter to the Colossians, Paul references the image of the creator, but in different way. He holds up Jesus as the divine image that becomes the prototype for humanity, not the original creation of Genesis 1. Whether the image of God was sealed at creation, or whether it is made clear in Jesus, the theological position remains the same; all humanity, as Paul references in verse 11 of that chapter, is made in God’s image. We see the image more clearly in Jesus, but humanity is nonetheless created in that image.

In Paul’s first letter to the Corinthians he addresses the issue of the image of God in a more general manner. He writes in chapter 11, “Man ought not to cover his head, since he is the image and glory of God” (1 Corinthians 11:7, NIV). Ignoring the obvious gender issues that this passage creates, the concept of humanity made in the image of God underlies Paul’s statements here. This statement from Paul only makes sense if humanity after the fall bears the image of God.

The use of the Greek ΕΙΚΟΝ elsewhere in the New Testament also adds to the understanding of the image of God in humanity. When Paul refers to Jesus Christ as the image of God in 2 Corinthians 4:4 and Colossians 1:15, he is emphasizing the equality of God and Christ. According to Gerhard Von Rad, the use of ΕΙΚΟΝ means that there is always a measure of the original in the image. Just as Jesus reflects more clearly the
nature and attributes of God, so God’s creation, made in his image, reflects the nature and attributes of God.  

6. Summary of the Image of God

Therefore, since humanity bears the image of God, each human being deserves some measure of respect. Brown refers to this as mutual respect based upon the interrelatedness of human life.  

Karl Barth uses the language of the golden rule to explain how this image of God affects relationships amongst humans. Barth holds that this mutual respect “Consists in granting to the other the same as one grants to himself, and indeed in a readiness to grant him also that which one can and must renounce oneself … that all may do this, the command of God makes each fundamentally responsible.” Brown summarizes Barth’s ideas by claiming that “Because humanity is made in God’s image, we respect one another, have solidarity with one another, and care for one another, for each is made in God’s image.”

Barth’s understanding of this image of God is tied directly to the male and female aspects of humanity. The male and female terminology in Genesis is key to Barth’s relational aspect of humanity. The I and thou of the Godhead is reflected in the I an thou of the male and female relationships. Therefore, this reflection of God’s image is not dependent upon a person being in relationships with God through Jesus Christ, but it exists in every human being. This is a critical aspect of the divine image, the relationships amongst humans. Henry Boer explains it this way. “With these considerations as background, we can say that God created Man to exist in a structure of relationships.” Humanity does bear the image of God and that image is reflected in the relationships within the human race and with God.
Brown uses the analogy of God and Israel to better explain how this image of God in humanity works. God loved and cared for Israel, in spite of the fact that Israel time and again rejected God’s love and direction. In the same way, humans are called to love and care for other humans who are made in the image of God, in spite of the rejection of that love from other humans. Because the image of God is in that other person, one is required to offer neighborly love, even if that neighborly love is rejected. Barth holds that all life is a loan from God. Not only are our own lives a loan from God, but the lives of the others are also a loan from God. Therefore, if all life is a loan from God, one must respect the life on loan from God in the other. Brown breaks down Barth’s respect for life into three aspects. One is a proper distance from each person to another, for each person has his own understanding of his freedom toward God. A second aspect is the affirmation of human life in the other. A third aspect is that all humans regardless of their religious leanings are always under the sovereign rule of God.

This brief summary of some of the theological and Scriptural arguments around the image of God shows the relationship between the twin commands of Jesus to love God and love one’s neighbor. Loving one’s neighbor loves the image of God in that person. That in essence also loves God. The twin commands are thus inextricably connected.

D. Covenant

1. The Response to Love God is a Response in a Covenant With God

The twin commands to love God and love one’s neighbor are given by Jesus in the context of the new covenant and to be implemented in that same context.
Understanding the covenant will help to illuminate the efficacy and application of these twin commands. The concept of covenant is introduced in all three synoptic gospels at the time that Jesus initiates the sacrament of communion (Matthew 6:28, Mark 14:24, Luke 22:20). The sacrament means that the sacrifice of Jesus on the cross, referred to as the blood of Jesus in the Scriptural texts, establishes a covenant with the disciples and all of those who come after them. The sacrament brings with it an implicit commitment to obedience to Jesus Christ in general, and to the specific commands to love God and love one’s neighbor in particular.\textsuperscript{177} Bernard Häring refers to the “duty to love with a love that corresponds to the love of Christ” as the responsibility that accompanies the celebration of the sacrament.\textsuperscript{178} The sacrament, which symbolizes one’s membership in the new covenant, also brings with it the responsibility of membership in the new covenant, and that responsibility is described by Jesus in the synoptics as loving God and loving one’s neighbor. The twin commands are the ultimate summary of the responsibility of those who participate with Jesus in the new covenant.\textsuperscript{179}

The covenant, then, becomes the primary mode for expressing the relationships between God and humanity. Covenant is one of the most important themes in the Scripture, in both Old and New Testaments. At key junctures in the Scripture the concept of covenant is a critical piece of the understanding of God’s interaction with humanity. From Noah to Jesus, the covenant concept is key to understanding the Scripture.\textsuperscript{180} Paul R. Williamson, Lecturer in Old Testament and Hebrew at Moore Theological College, Sydney, Australia describes the importance of covenant in the Scripture as “indisputably one of the Bible’s core theological themes.”\textsuperscript{181} Stephen McKenzie, Professor of Old Testament at Rhodes College, Memphis, Tennessee, refers to covenant as ”the main biblical image of that distinctive relationship of the people of Israel with God.”\textsuperscript{182} While
the term “covenant” may not appear as frequently in the New Testament as other theological terms, the concept of the covenant, which centers on Jesus Christ, is fundamental to New Testament Theology.183

The love that God expresses toward humanity through Jesus and this covenant then becomes the model for how the participants in the covenant should love God and love one’s neighbor. In the account of the Last Supper in John’s gospel, Jesus makes this aspect of the covenant explicit when he states, “I have set you an example that you should do as I have done for you” (John 13:15, NIV). Thus the way in which God loves humanity in the context of this covenant is the way in which persons should also fulfill their covenant responsibility.184 T. J. Deidun’s, in his dissertation for the Pontifical Biblical Institute, refers to this response to the covenant as “the ground and formal content of the imperative which underlies Christian morality.”185 The new covenant is not just an offer of salvation, but it comes with an agreement from the human side to fulfill the commands of Christ, most notably the commands that summarize all of the others, to love God and love one’s neighbor.186

Neil Messer, Minister of Maidenhead United Reformed Church and Lecturer in Christian Ethics, Mansfield College, Oxford, explains this further by describing some of the characteristics of God’s covenant love that are the model for how humans should express this covenant love toward God and one another.187 In God’s covenant love, God took the initiative to establish the covenant. This is described in more detail in chapter two of this dissertation concerning the invitation-response motif in the Scripture. In God’s covenant love God offers a commitment to peace both for the people of God and peace in one’s relationship with God. In God’s covenant love God makes this covenant with the community, not individuals. The new covenant is then made not with individual
believers but with the community of those who believe in Jesus Christ. In God’s covenant love God is faithful to this covenant. In God’s covenant love God affirms the worth of those with whom the covenant is made. Each person in the covenant has a worth and value to God. Messer then uses these God like characteristics to describe the human response to loving one another. Messer says that we should then treat others in the human covenant the way God treats humanity in the covenant with God. This is the model for loving one’s neighbor, specifically, taking the initiative toward others, responding to others, being committed to seeking the shalom or well being of others, being in community with others, being faithful to others in the covenant community, and affirming the worth of each person in the covenant community.

2. Jesus and the Covenant

In the New Testament the four places that maintain specifically the idea of covenant do not all use the term “new”. According to Luke (Luke 22:20) and Paul (1 Corinthians 11:25) Jesus did use the term “new covenant” when he inaugurated the covenant. According to Mark (Mark 14:24) and Matthew (Matthew 26:28) he did not. However, there are some textual variants in Mark and Matthew that may lend more credence to the validity of the word “new” in the discussion of the covenant in the New Testament. The United Bible Societies Greek New Testament rates the text in Matthew 26:28 as a “B”. According to the editors, “B” indicates that there is “some degree of doubt” about the text and one of the variants may be the correct text. In two third century papyri there is no word “new” in Matthew 26:28 nor does the word “new” appear in the fourth century Siniaticus-Vaticanus manuscripts. But the word “new” does appear in the fifth century manuscripts of Alexandrinus, Ephraemi Rescriptus, and Bezae Cantabrigiensis as well as in other ancient manuscripts and fragments. Mark 14:24
also leaves out “new” in the UBS text, but the textual critical remarks rate the validity of this text as a “B”, also meaning there is some doubt. Like Matthew, the word is omitted in some ancient manuscripts and fragments, but included in others. McKenzie argues that in the Matthew and Mark texts it is easy to see how a later editor may have inserted the word “new” to make those texts match the church’s understanding of the nature of the covenant, yet it is more difficult to imagine an ancient editor or copier dropping the word “new” from the original text since it seems so crucial to the understanding of the covenant that Jesus inaugurates. However, the early church seems to see this covenant as “new”, that is distinctly different from any of the covenants with God that were described in the Old Testament.

Certain similarities between the covenant in Exodus 24 and the new covenant that Jesus initiates make the new covenant resemble the old covenant. In Exodus Moses “pours out” upon the people the “blood of the covenant” from a sacrifice made after the people promised to keep the new law, and this new covenant of Jesus is the same. Jesus pours out his blood and the people promise to keep his new law, but now the law is the law of love. The Passover lamb from Exodus 12:3-13 was salvation for Israel and Jesus is salvation now for all people. Mark’s gospel says that Jesus blood was poured out for the sins “of many” and Isaiah 53:12 says the suffering servant bore the sins “of many”. The new covenant concept from Luke and 1 Corinthians reminds one of Jeremiah’s prophecy of a new covenant written on the hearts of the people. McKenzie argues that Jesus continued the Old Testament covenant.

Because of the way the Sermon on the Mount and the Great commandment are laid out, it seems that Jesus’ “new covenant’ is very much in line with the Hebrew heritage of covenant from the Old Testament. While Jesus may not have ever used the
term “new covenant” but just ‘covenant’, his actions were consistent with the Old Testament covenants. What was new was that his death on the cross would cover the sins of Israel and all people. Jesus followed the Old Testament, claiming not to abolish the law but fulfill it. He took the twin commandments from the Old Testament. “The instruction expounded by Jesus did not replace that given by Moses, but in one sense returned to it and clarified it.”

Peter Lillback, president of Westminster Theological Seminary in Philadelphia, agrees with McKenzie in stating that Jesus Christ’s new covenant bears continuity with the old covenant of the Old Testament. Jesus does not invalidate the old covenant, but he renews and continues it.

John Calvin takes a slightly different approach to the relationship between the old and new covenants. Calvin sees the old covenant as cloaked in the rituals and ceremonies of first century Judaism and therefore it was ineffectual and temporary. Jesus then does more than continue the old covenant, he brings in the covenant in a new form, Calvin argues that “that the covenant of God was truly realised, made new, and eternal, when it was sealed with his blood.”

However, the distinctive nature of the new covenant can lead one to see it as unique, with only faint hints to the old covenant. This uniqueness is what undergirds the nature of the new covenant that Jesus inaugurated. The death and resurrection of Jesus is what begins the new covenant which brings a new kind of relationship between God and humanity. Not only does Jesus extend the new covenant to all peoples, not just Israel, but he bases the new covenant on grace and not on the fulfillment of the law by individuals. Paul Williamson points out three significant and unique features of the new covenant. The first is the divine initiative. The Jeremiah prophecy puts the initiative all in God’s hands with phrases like “I will write” and “I will remember”. God is making
the covenant with humanity, not the other way around. The second unique feature of the new covenant is the lack of a conditional clause. There is no “if” in the new covenant. Jesus will do what Jesus will do, regardless of the level of cooperation of the people of God. The new covenant is a statement of God’s intent, not a contract with the people of God. The third feature is the one that most concerns the people of God. The new covenant still obligates the people of God to conform to the will of God. The forgiveness of Christ through his death and resurrection does not relieve a person of the responsibility to live out God's will for humanity here on earth. The obligation in the covenant to be faithful to God’s will is summarized by Jesus in the twin commands to love God and love one’s neighbor.

Thus the major difference between the two covenants is that the old covenant relied on external obedience to the law. The new covenant relies on an internal change of heart that conforms to God’s will. The people of the new covenant are freed from the Mosaic Law, but not from the transforming power of the Holy Spirit to change hearts. This allows the people of God in the new covenant to achieve what Williamson calls the primary objective, “a permanent divine-human relationship.”

John Calvin links the new covenant to the necessity of the redeemed to love and serve Jesus Christ. The covenant is not a free pass to ignore God. Calvin describes God’s purpose for this new covenant as “The end for which God bestows upon us the gift of eternal life is that he may be loved, feared, and worshipped by us, so the end of all the promises of mercy contained in Scripture justly is that we may reverence and serve their author.” Michael Horton, Professor of Theology at Westminster Seminary, California links this new covenant to the new moral law of Jesus and to the twin commands to love God and love one’s neighbor. Since God does not change, his expectations for his
people, whether they be Jews or Gentiles, have not changed. The covenant that was expressed in the Ten Commandments required obedience from the people of God. In much the same way the new covenant with Jesus requires obedience to the new understanding of the law which is to love God and love one’s neighbor. The obedience is not for salvation, but to honor the maker of the covenant.¹⁰⁴

Jesus offers a new covenant with humanity that while continuous with the old covenant, is still unique and different from the old covenant. This new covenant was inaugurated at the last supper and explained by Paul. The new covenant, like the old, expects that those who participate in the covenant will be obedient to Jesus Christ, especially in the fulfillment of the twin commands to love God and love one’s neighbor.

3. The Old and New Covenants

a. The Old Covenant

The covenant concept in the Old Testament begins at the very beginning of the Old Testament, in Genesis, for at the very creation of the earth there is a covenant amongst the Father, the Son, and the Holy Spirit. Humanity was created in the image of the triune God and created to be in covenant with the triune God.²⁰⁵ Neil Messer refers to this covenant of creation as “the universal human covenant” in that at creation God established a covenant with the entire human race.²⁰⁶ Yet that is not the end of the concept of covenant in the Old Testament, but just the beginning. According to Williamson, a covenant is “essentially a solemn commitment, guaranteeing promises or obligations undertaken by one or both parties, sealed with an oath.”²⁰⁷ The purpose of God creating a covenant with humanity was to pursue the purposes for which God created humanity in the first place.
There are two general categories of covenants in the Old Testament. There are divine-human covenants such as the ones in Geneses 2 and Genesis 3. The covenants with Noah and Abraham also fit into the category of divine-human covenants as does the covenant with David.\textsuperscript{208} Depending on how one counts, there could be as many as ten specific divine-human covenants.\textsuperscript{209} There are also human to human covenants such as the covenant Abraham made with the Amorites described in Genesis 14 and the covenant with Abimilech described in Genesis 21. Jacob and Laban and Jonathan and David are also examples of Old Testament human to human covenants. John Calvin points to a verse from Leviticus that summarizes the essence of a covenant,\textsuperscript{210} “I will walk among you, and will be your God, and ye shall be my people” (Leviticus 26:12, NIV). However, there was also a provisional nature of this covenant, as the Israelites promised to obey the Law as their part of the covenant.\textsuperscript{211} This is the place where the people of Israel failed in their keeping of the covenant. Horton describes this failure, “It is hardly anti-Semitic to observe that the covenant with Israel as a national entity in league with God was conditional and that the nation had so thoroughly violated that covenant that its theocratic status was revoked.”\textsuperscript{212} Without discussing the issue of secessionism, it is safe to agree with Horton’s assessment of Israel, that Israel did violate the covenant with God made at Sinai.

The primary Hebrew word that is translated as covenant is בְרִית which is a noun meaning covenant. This word is used for both the human to human covenants of various kinds and the divine-human covenants of the Old Testament. This kind of agreement is often seen as a relationship of oaths and bonds made through a mutually agreeable arrangement.\textsuperscript{213} These Old Testament divine-human covenants had at least two things in common. There was a divine sanction for anyone who violated the covenant. There was
also some kind of oath that ratified the covenant. Williamson’s definition of the divine-human covenant is “the solemnization of the promise and or obligations by means of a formal oath. This is the pattern that Jesus used to inaugurate the new covenant, with the breaking of bread and the drinking of the cup Jesus made a solemn oath not just to the twelve, but to all who followed after them.

This new covenant in Jesus is foreshadowed in the Old Testament in Jeremiah. In Jeremiah the first 29 chapters are about death and destruction while chapters 30-33 are about hope and restoration. The promise of the new covenant comes within these four chapters of hope and restoration, so it is likely that Jeremiah was talking about a new arrangement or covenant with God. This new covenant that Jesus inaugurates was predicted by Jeremiah in the now famous passage in Jeremiah 31:31-33 where Jeremiah says that God will make a new covenant with the house of Israel and this time God will “put my law in their minds and write it on their hearts” (Jeremiah 31:33, NIV). God will intervene directly into the hearts of the people to bring about redemption and regeneration in way that he Law cannot do. This, according to T. J. Deidun is a new creation. “God will create obedience out of the nihil of man’s disobedience.” Williamson echoes that sentiment that this new covenant predicted by Jeremiah would be the “ultimate fulfillment of its theological significance.” Jeremiah 31 is not the only instance in the Old Testament that describes this new covenant emerging from the old covenant. Hosea 2:14-23, Jeremiah 32-33, Jeremiah 50:5, Ezekiel 11:16-20, 16:60, and Ezekiel 34, 36 and 37 are some of the instances of predictions of an everlasting covenant in the future.

The covenant in the Old Testament begins with creation, but goes well beyond that. With different variations of the divine-human covenant from Noah to the Prophets,
the culmination of the old covenant is the prediction in Jeremiah that God will bring about a whole new order. God will initiate a new relationship with his people that will differ radically from this old one.\textsuperscript{222} The New Testament shows us what this new covenant will be.

b. The New Covenant

John Calvin neatly describes this leap from the old covenant to the new in terms of Jesus Christ and his sacrifice of blood on the cross. Calvin concludes that “Hence he terms the cup the covenant in his blood. For the covenant which he once sanctioned by his blood he in a manner renews, or rather continues, in so far as regards the confirmation of our faith, as often as he stretches forth his sacred blood as drink to us.”\textsuperscript{223} As Bernard Häring points out, this new covenant closes the distance between God and humanity. This distance prevented Moses from seeing the full face of God, but with the new covenant in Jesus, humankind can know God at that intimate level.\textsuperscript{224} Thus in the New Testament, the covenant with God becomes the main image to describe this new relationship that Jesus brings between God and humanity.\textsuperscript{225}

The word most often used in the New Testament for covenant is διάθηκα. In the Septuagint the Hebrew \textsuperscript{בְרִית} is most often translated as διάθηκα, instead of the more likely Greek term συνθέκη. Συνθέκη implies an agreement between two equal parties, such as a contract. Διάθηκη is used more often to refer to a last will and testament, where the one granting the will is in the more powerful position. This difference between the terms illuminates the nature of the new covenant, which is initiated and implemented by God and offered to humanity. The new covenant is not an agreement between equals.\textsuperscript{226} That explains in part why διάθηκα appears thirty three times throughout the New Testament from the gospels through Revelation.\textsuperscript{227}
Matthew’s gospel declares throughout that Jesus is the fulfillment of the Old Testament covenant without specifically using the word covenant. The other three gospels repeat this sentiment, but not as strongly. All four gospels hold that Jesus is the messiah through whom salvation comes. In Luke’s gospel Zechariah’s song in Luke 1 shows Zechariah understanding that Jesus is the fulfillment of the covenant promises from God. Williamson explains that “The gospels present Jesus as the climax of the Old Testament’s covenantal promises.”

The word διαθήκη is used twice by Luke in the Book of Acts. Peter uses it in Acts 3:25 to refer to Jesus being the fulfillment of the old covenant promise. Stephen uses it in Acts 7:8 to mean “sign”, which is less interesting for this discussion. Yet, in spite of the absence of the word, the Book of Acts presents Jesus as the fulfillment of the Old Testament’s messianic hope and it presents the church as the new people of God. This new people of God also included gentiles, a significant change from the old covenant.

While Paul only uses the term for covenant nine times in all of his letters the concept is central to his understanding of who Jesus is. Especially in Romans, 1 Corinthians, and Galatians, Paul explains the nature of the covenant, that those who are of Christ are the true inheritors of the old covenant. These are also the participants with Jesus in the new covenant.

The new covenant in Hebrews is “The most developed ‘new covenant theology’ in the New Testament.” Covenant is a subject to which the writer returns repeatedly (cf. Heb. 7:22; 8:6 – 10:31; 12:18-24; 13:20), even using the Jeremiah text as reference (8:8-12; 10:16-17). Williamson notes that “These references are concentrated in the
central section of the epistle (Heb. 8-10) in which the superiority of the new covenant is the overarching point.” Hebrews contrasts both the old and new covenants and underscores the intrinsic supremacy of the sacrifices, promises, and blessings of the new covenant over the old covenant. However, the author of Hebrews does not find fault with the old covenant itself. The problem lay in the inability of the people of Israel to keep the old covenant. The old covenant was not a bad covenant, the old covenant keepers were inadequate in their attempts to keep the old covenant. Williamson summarizes the contrast in Hebrews when he opines that “the contrast in Hebrews is similar to that of Paul’s (cf. 2 Cor. 3); it is not between something evil and something good, but between something good and something better.”

Therefore, the New Testament covenant is a superior way for God to relate to the people of God. The new covenant replaces the old covenant with a relationship with God that is far better to the one in the Old Testament.

4. The New Covenant Requires Love

This new covenant does not come without some obligations on behalf of the participants. These obligations are not necessary for salvation; they are a necessary outgrowth of the fact of salvation for the people of God. The covenant came to humanity from Jesus Christ through the initiation of the sacrament and therefore the sacrament can help one understand the covenant. The sacraments are signs of the covenant, they are demonstrations of the love of God and they point to Jesus our savior. Bernard Häring explains that the sacraments “Call us to show love, through the gift of God’s love. All the sacraments direct us towards our neighbors, in whom Christ seeks to form his image, and upon whom, as on us, the love of the Redeemer and the grace of the Holy Spirit is poured.” The covenant as expressed in the sacrament of Holy Communion brings to
the participant an obligation towards one’s neighbors. Calvin offers the same thought in regards to the sacrament. Calvin writes that unless a person has respect for God and embraces what God offers, which is the covenant, the person does not properly take Holy Communion. Lillback gives a further explanation of Calvin’s views on the relationships among covenant, the sacrament, and being faithful to God. Calvin, according to Lillback, says that the covenant that God offers to us through Jesus Christ binds us to a life of holiness and purity. The accepting of the covenant freely offered to humanity and paid for by the sacrifice of Jesus Christ obligates the participant in the covenant to pursue both piety and righteousness.

Gottfried Quell, mid-twentieth century professor of Old Testament at Rostock University writes in *The Theological Dictionary of the New Testament* that the concept of love of God for those in the covenant has “high theological value”. Quell continues, “Nevertheless, there can be no doubt that the thought of the covenant (→Διαθήκη) is itself an expression in juridical terms of the experience of the love of God. Hence the concept of love is the ultimate foundation of the whole covenant theory.” The covenant relationship with God requires the love of God as part of the human participation in the covenant.

This human response to the divine requirement is the epitome of the invitation-response motif that is found in the gospels and that undergirds the hermeneutic of this text. If one reduces the gospel to just the forgiveness of sins, then one misses out on what Horton calls the “height and depth of what God has accomplished.” What God really wants from humanity is not a sacrifice of a dead animal as a guilt offering, but a thankful offering of oneself to God and service to God, or loving God and loving one’s
neighbor. What is critical to understanding the connection between covenant and love of God and neighbor is to distinguish between the two aspects of the covenant. God’s responsibility in the covenant is to forgive humans for their sins unconditionally. That unconditional forgiveness comes about due to the work of Christ on the cross. At the same time, humans are responsible for their part of the covenant, which is obedience to God and pursuit of the kingdom of God. Horton explains this in terms of the Holy Spirit as well. Once salvation is imparted to a participant in the covenant, the Holy Spirit can work in that person to bring that person to a point of obedience to Jesus Christ. So in one sense Jesus abolishes the first covenant and establishes the second covenant of grace and humanity’s response to God’s grace. Horton’s summary is apt, “In terms of responsibility, new covenant believers have an even greater obligation, for the spirit has circumcised their hearts not just their flesh, so that now love of God and love of neighbor stands as an even more ‘reasonable service’ that we owe in view of the mercies of God.”

5. Summary

The twin commands to love God and love one’s neighbor come to humanity in the form of a covenant with God and Jesus Christ. In this covenant, or divine agreement, God promises to be the God of the people and the people promise to obey and serve God. This part of the covenant with God is articulated in the twin commands to love God and love one’s neighbor. The fulfillment of this two commands then, will take place in the context of this covenant with God. The twin commands are not divorced from a relationship with the Almighty, but are intrinsic to it. The covenant is essential in implementing the twin commands of Jesus. Therefore, in order to use the twin
commands of Jesus to enhance the meaning of contemporary bioethics principles, one needs to understand and employ the theological concept of the covenant.

E. The Theme of Healing in the New Testament

The third theme that emerges from the invitation-response hermeneutic with regard to the twin commands to love God and love one’s neighbor is the pursuit of healing. One of the more frequent instances of the implementation of the twin commands to love God and love one’s neighbor in the New Testament is the application of those two commands to healing stories in the ministry of Jesus. The way that Jesus implemented those two commands in his ministry of healing illuminates the meaning of the twin commands to love God and love one’s neighbor. The pursuit of healing was a significant part of that ministry and shows us what these two commands mean.242

1. The Pursuit of Healing in the Ministry of Jesus
a. The frequency of healing in the gospels

While Jesus may not have been known as a physician in the New Testament era, he had an extensive ministry of healing. Jesus as the great physician is a theme throughout the gospel narrative. All four gospels accounts use the verb ἄφαρμα at some point to describe his work.243 In the narrative portions of the four gospels, events concerning healings take up from thirty-three to forty percent of the material, depending upon how one counts.244 There are essentially two kinds of healing references in the New Testament. One kind is the account of a specific healing. There are about twenty six different healing accounts in the four gospels. Many of these twenty six accounts of healing seem to concern diseases that were not healed by the standard medical community of the day. The gospel writers also included summary statements of the
ministry of Jesus, some more than others that describe Jesus’ healing in more generic ways. There are about twelve of these summary statements.\textsuperscript{245} Luke-Acts includes a variety of healing stories,\textsuperscript{246} while the Pauline epistles record relatively few references to healing or to physicians.\textsuperscript{247} The dearth of references to healing in the epistles makes it difficult to draw any conclusions about healing from those books of the New Testament.\textsuperscript{248} The synoptic gospels offer the most data regarding healing in the New Testament, and most scholars agree that those healing stories in the synoptics also offer an authentic version of the healing of Jesus.\textsuperscript{249} These healing stories are also plentiful in the gospel narratives.

b. The Most Common Words For Healing

In modern English the word “healing” has taken on so many definitions and connotations as to have lost all of its meaning. The word is used by purveyors of alternative medicine and by doctors whose medical credentials are in doubt. Today physicians prefer to use terms like “cure”, “recovery”, and “remission”, but not “healing.”\textsuperscript{250} Louise Wells of Australia, in her book \textit{The Greek Language of Healing From Homer to New Testament Times}, examines the Greek used in these accounts of healing in the New Testament and finds that the gospel authors use the verbs θάμαται, γυαλίζω, σώζω, θεραπεύω and their derivatives to describe the healing work of Jesus.\textsuperscript{251} Wilkinson lists them in order of the frequency of their usage, which is also an instructive analysis. In order of frequency they are θεραπεύω, θάμαται, σώζω, ἀποκαθίστημι, and διασωζω. In ancient Greek the first sense of θεραπεύω was to serve and thus it was similar to other words for service like διακονέω. The word also applied to how a servant would serve his master. Therefore, when a doctor rendered service to a person,
that service was described as \( \theta \varepsilon \rho \alpha \pi \varepsilon \dot{u} \omega \). Thus the word came to mean “to care for the sick,” “to treat medically,” or “to cure,” which is the second sense of the word and how it is used most often in the New Testament. We find the same two concepts in the Septuagint. However, Philo also adds healing of the soul to how the word is used. In the New Testament the word is never used for “serve” and only once used in a religious setting for worship. It is used most in the New Testament for healing the sick, but also for a wider concept of healing, both healing of physical ailments and the exorcism of demons described in the New Testament.\(^{252}\)

According to Louise Wells, while the authors of the gospels, especially the synoptic gospels, portray Jesus as a great healer, the context of each healing story points more toward a spiritual healing than a physical healing. This is consistent with the word used to describe these healing, for \( \theta \varepsilon \rho \alpha \pi \varepsilon \dot{u} \omega \) contains an element of persuasion as well as conversions. There is a clear spiritual element to the use of the word healing in the gospel narratives.\(^{253}\) Often this spiritual healing involves the exorcism of demons. Yet the word is also used quite frequently in the gospels for the simple physical healing. Wilkinson summarizes the use of this word in the gospel as referring to one of there kinds of healing, physical, spiritual, or demonic exorcism.\(^{254}\)

\( \Theta \varepsilon \rho \alpha \pi \varepsilon \dot{u} \omega \) is not the only word for healing that is employed in the New Testament and in the gospels in particular. The other words for healing will also help one to understand the nature of then pursuit of healing in the ministry of Jesus. \( \iota \delta \omega \mu \alpha \) is used almost exclusively of physical healing in the gospels, except for Luke 9:42 where it is used for casting out demons.\(^ {255}\) What is interesting about the gospel writers is that \( \iota \delta \omega \mu \alpha \) is used almost exclusively for a healing that God does, thus indicating a divine presence in the healing ministry of Jesus.\(^ {256}\) Luke uses both terms in his description of
the healing ministry of Jesus, but he uses $\theta\epsilon\rho\alpha\pi\epsilon\acute{u}\omega$ to describe the healing activity of the twelve disciples. Wells contrasts these two terms for healing and argues that since $\theta\epsilon\rho\alpha\pi\epsilon\acute{u}\omega$ is used for more of the human healing events, and since the gospel writers employ the imperfect tense in using this verb, that $\theta\epsilon\rho\alpha\pi\epsilon\acute{u}\omega$ focuses more on the healing of the soul. This verb indicated a more internal and spiritual healing than $	au\acute{a}o\mu\acute{a}t$ does. Thus the verb is more connected to repentance and peace than just physical healing. Also used for healing and more often for health is the Greek word $\upsilon\gamma\nu\upsilon\varsigma$ and its cognates. More often this word is translated as healthy, sound or whole. This expands the meaning of the term and the meaning of healing in the ministry of Jesus. Jesus did not just heal physical ailments, he healed a person’s soul and made him whole again.

Yet another term is used in the accounts of the healing ministry of Jesus that illuminate the nature of his ministry. The Greek $\sigma\omega\zeta\omega$, often associated with salvation, especially in the Pauline corpus. This leads to some of the misunderstanding of the term as it is used in the gospels. $\Sigma\omega\zeta\omega$ is used often to describe the results of healing. This word was originally used for safe deliverance of a person by a divine being from some kind of danger or illness. While it gained wide usage in the New Testament era, this broad usage is reflected in the gospels as it is used to describe deliverance from danger, disease, or death. This term has both a physical and a spiritual connotation. Werner Foerster, a noted mid twentieth century Protestant Theologian describes four basic meanings for $\sigma\omega\zeta\omega$ in Ancient Greek, saving, keeping, preserving the inner being, and benefiting. The latter, benefitting, refers to being cured or staying in good health. Foerster notes in the annual feast of Zeus the cognate of $\sigma\omega\zeta\omega$, $\sigma\omega\tau\eta\rho\acute{l}\alpha$, is connected with peace, wealth, and growth of crops and livestock. $\Sigma\omega\zeta\omega$ is thus connected with
The healing power of Jesus goes well beyond just the physical and includes the whole person. This distinction in the meaning of the healing words used in the gospels is critical to understanding the healing ministry of Jesus.

There are two other words used to describe healing in the gospels that merit discussion. Both καραίζω and ἀποκαθίστημι are used sparingly in the gospels for healing descriptions. The former means to cleanse and is used in healing accounts for leprosy and to indicate the task of being cleansed by a priest. The latter word means to restore to the former condition.

The plethora and the frequency of healing words in the gospel narratives gives focus to the importance of the healing ministry of Jesus. The pursuit of healing was an essential aspect of his ministry.

c. The Unity of Preaching, Teaching and Healing in the Ministry of Jesus

However, healing was not the only ministry of Jesus nor was it the primary purpose for why Jesus came. Wilkinson aptly describes the relationship amongst the three activities of Jesus as “in general, healing is carried out in the context of preaching and teaching in the gospels rather than the other way round.” Wilkinson argues that the healing actions of Jesus were an illustration of the power and truth of his preaching and teaching. Hagner makes a similar argument in his comments on Matthew 4. Hagner argues that in Matthew 4:23, “Jesus went throughout Galilee, teaching in their synagogues, preaching the good news of the kingdom, and healing every disease and sickness among the people.” None is entered into by Jesus independently of the other two. Michael Green, Senior Research Fellow and Head of Evangelism and Apologetics at Wycliffe Hall, Oxford, in his commentary on Matthew, agrees with
Hagner. Green writes that the “Kingdom ministry embraces preaching, teaching and healing.”

Since \( \Theta \varepsilon \rho \alpha \pi \varepsilon \Upsilon \omega \) is used often with the tasks of preaching and teaching, Wells sees \( \Theta \varepsilon \rho \alpha \pi \varepsilon \Upsilon \omega \) as the practical application of the preaching and teaching of Jesus. It is how the new commandment is lived out. In the teaching context then, \( \Theta \varepsilon \rho \alpha \pi \varepsilon \Upsilon \omega \) involves a change in thinking for the object of the healing, and this change in thinking produces a change in a person’s life. This is always a continuous change, not an aorist or punctiliar action change. Therefore the healing of Jesus is not merely a point action of a physical nature, but also a continual adaptation to his teaching and preaching. The healing ministry of Jesus pointed to the validity of his teaching and preaching. The three activities of Jesus are all-important to his ministry.

d. Healing is a Demonstration of the Kingdom of God

Jesus is seen by many commentators as Jesus the teacher, yet not as Jesus the healer, even though there is much healing in the New Testament. That is because these commentators see the healings stories as mere examples of the coming kingdom and not the “kingdom actually breaking into history in all its healing power.” There is also a tendency to try to explain the healings of Jesus in natural terms and thus discount the value of the healings to the kingdom of God. The healings of Jesus in the New Testament seem to be more related to a demonstration of the Kingdom of God and of the power of Jesus than they are to any medical effort to cure disease. Indeed, J. Kier Howard in his book Disease and Healing in the New Testament discounts the physical healings recorded in the gospels, while at the same time advocating for these healings to be significant in inaugurating the kingdom of God. Howard argues that “There is a
reasonable basis, therefore, as has been underlined previously in this discussion, for understanding the healing of sickness as central to the establishment of God's rule.”

Howard argues that this connection between healing and the kingdom of God has its roots in the Old Testament, especially in the book of Isaiah. Referring to “signs and wonders” instead of healing, Howard holds that these were seen by the people of Israel as the saving act of God. The early church made the connection between these signs and wonders in the ministry of Jesus and the kingdom of God. The similarities between the Passover and the exodus to Jesus and the ministry of Jesus were profound reasons for this connection.

Hagner agrees with Howard to a point. Hagner sees the connection between healing and the kingdom of God, but he cautions that there are limits. Isaiah 53:4 does not guarantee each participant in the kingdom any particular healing. He refers to the healings that Jesus performed and any that one might experience today as the “down payment” of the final eschaton. Hagner sees the healings as more powerful than just examples. He writes that “Properly perceived, these healings are most important as symbols of the much greater ‘healing’ that is at the heart of the gospel, the healing of the cross.”

In examining the healing stories of Jesus it seems that Jesus chose to heal those with disorders that could be healed on the spot by a charismatic prophet as opposed to the kinds of healing that may take a longer time or need what might be label long term therapy. That is because those healings were selected to help Jesus announce the coming of the new kingdom. So he did not heal just to heal, but as a part of a larger work. “The healings undertaken by Jesus were not just healings, but parables of the kingdom.” They are part of Jesus’ plan to announce the all-inclusive nature of the kingdom, which would go beyond just Jews to Gentiles as well.
e. Care in the Ministry of Jesus

Some commentators feel that the actions and attitudes of Jesus in the context of the New Testament healing stories can be categorized as “care”, either “caring for” or “caring about” those in need. The pericope in Mark 1:40-45 that describes the story of healing a man with leprosy and the account in Mark 9:14-29 concerning the healing of a boy with epilepsy are examples of this. Jesus touches the leper in Mark 1, which is a bit unusual. Touching a person with leprosy would make one ritually unclean and risk contracting the disease oneself. The gospel writers also use words of emotion for Jesus such as compassion and stern. These words imply a sense of care by Jesus for the one who seeks healing.278

Robin Gill also observes that “Caring about those in need properly involves attention to their social and physical context as well as to their immediate cause of concern.”279 One can even apply some modern terminology to the approach that Jesus used and describe his healing as caring for the patient as a person. This distinction is critical to understanding the pursuit of healing in the New Testament.280

In trying to discern the motives of the healings that Jesus did Wilkinson discovers five. They include a response to a call for mercy, an answer to faith, to manifest his own glory, and to fulfill Scripture. Yet the most often noted motive for healing in the gospels is compassion.281 This compassion or caring by Jesus is essential in understanding the theme of the pursuit of healing in the New Testament.

f. Healing is Central to the Work of Jesus

Of course the essence of the ministry of Jesus was the proclamation of the gospel of salvation. This was the heart of his preaching and teaching. His ministry was less about what it meant for discipleship and more about the cross and faith in Jesus. The
healing stories in the gospels became part of the foundation of this gospel. They gave validity and power to his message. In this way, the healing stories are central to the work of Jesus. N.T Wright argues that these healing stories are part of the fabric of the ministry of Jesus and present an open welcome to person to the kingdom of God.

In Matthew's gospel, the author describes Jesus sending out the twelve in chapter 10. Jesus sends them to cast out demons and to heal, thus showing that healing is central to the ministry. Similarly, in Matthew 12:10 when Jesus was asked if it was acceptable to heal on the Sabbath, the Rabbinic response was that one can pull an ox out of a ditch on the Sabbath. Jesus used this response to show the importance of healing in his ministry. There is a moral obligation to care for persons in need of healing or help.

This section on the pursuit of healing in the ministry of Jesus shows how important these healing stories were to the gospel message and to how Jesus proclaimed that message. They were more than mere acts of healings but part of the message of the coming of the kingdom of God and the teaching of Jesus as to he was and who God is. Howard’s summary is apt in this setting. “There is a reasonable basis, therefore, as has been underlined previously in this discussion, for understanding the healing of sickness as central to the establishment of God's rule.”

2. Healing Is More Than Physical


Not only is the concept of healing worth studying in the ministry of Jesus but so is the concept of health. There are numerous words for health or wellness used in the New Testament. One of the most frequent is translated as well, sound, healed, or cured in various places in the gospels and Acts. is used to mean clear, sound or healthy, as Luke uses it in Luke 11:34 to refer to the eye being sound or healthy.
Iάσις is used three time in Luke Acts to mean healing or the miracle of healing. Also ὀλοκληρία means “wholeness, completeness, soundness in all parts.” There are also some other words used once in the New Testament to indicate health. All of them expand the definition of health beyond just the special definition to a broader view of human health.

The World Health Organization defines health as “A state of complete physical, mental, and social well being and not merely the absence of disease or infirmity.” This can be seen as a working definition for the concept of health in the New Testament. John J. Pilch, Assistant Professor in the Department of Theology of Georgetown University, identifies five different categories of health or disease that is instructive for this discussion. Sickness is a blanket term that is used to identify a variety of human maladies. Disease is a term that describes abnormalities in human functioning. Illness describe the human perception of a disease, including the symptoms and human experience of an illness. Healing is directed toward illness, this includes the modern term of treatment. Healing attempts to provide meaning for life by illuminating the dysfunction in a human’s life. Finally, curing is the “anticipated outcome relative to disease, that is, the attempt to take effective control of disordered biological and/or psychological processes.” These definitions from Pilch match the various usages of the Greek words for health in the New Testament.

The words of the New Testament that are used for health give an idea of health from the New Testament perspective. This New Testament perspective on health will inform the understanding of the pursuit of healing in the New Testament.

Healing and health in the New Testament refer to a sense of wholeness or mental and spiritual well being. These concepts were as important to healing in the New Testament as the physical elements of health were. Health is not merely the absence of pathology but the presence of this emotional and spiritual wholeness. A paraplegic can be healthy. However, there is also a cultural issue of the connection between health and spirituality in the New Testament. Culturally, the people with whom Jesus mixed most often were the “people of the land” the common rural folk, who were less inclined to avail themselves of modern Greek medicine and more influenced to use what Howard calls “magico-religious medicine where demons and spirits are the causes of disease and illness and they can be exorcized by spiritual healers such as Jesus.

What one does find in the New Testament is little of this kind of health or healing in the epistles. There is no evidence of a church healing ministry in the epistles. There is no evidence that Paul ever dealt with exorcism or demon possession. The passage in Acts 16 with the slave girl may be the closest the New Testament comes to putting Paul in the position of dealing with an evil spirit for healing purposes. The same can be said for the first few centuries of the church, there was little interest in a healing ministry or miraculous healings. There was just caring for the sick. The extra-biblical data we have of the first century church makes no mention of exorcism or demon possession.

E. Anthony Allen, a psychiatrist and consultant in church-based whole person ministries, makes this connection between health and wholeness. He understands that there are at least three aspects of a person, physical, mental, and spiritual, and each is interactive with the other two. The process of moving from health to wholeness comes through healing. Healing then is not a change in the physical status of a person,
Wilkinson holds a similar position. He argues that in the New Testament health is thought of in terms of wholeness, soundness, well being, and life strength, and salvation. Howard, in spite of his discounting of the more miraculous aspects of the healing ministry of Jesus, also sees this difference. He writes that the primary emphasis of the New Testament and of the healings stories in the gospels is more about wholeness and less about physical health. Jack Sanford expresses it well in his book on "Healing and Wholeness. “Becoming whole does not mean being perfect, but being completed. It does not necessarily mean happiness, but growth. It is often painful, but, fortunately, it is never boring. It is not getting out of life what we think we want, but is the development and purification of the soul.”

Pilch unpacks this concept of wholeness in the New Testament by describing five different aspects of health and wholeness as they are depicted in the New Testament. They are being and/or becoming (that is, states), not doing (activity); collateral and linear relationships, not individualism; present and past time orientation, not the future; the uncontrollable factor of nature, not its manipulation or mastery; human nature as both good and bad, not neutral or correctable. This viewpoint and the values it embodies fit well with a definition of health as a state of complete well-being rather than the restoration of individual functioning.

Many of the sickness issue that Jesus dealt with in the gospels such as blindness, deafness, and leprosy were concerned also with a state of being and less with actual functioning. While there is in all of these accounts a positive change in physical functioning, there is much more importantly a change in the state of being. The most obvious example is the man with leprosy who once healed of leprosy can return to being a member of the community again. The same can be said for the blind, the deaf, and the
Pilch points to two examples in the gospel healing stories that highlight this difference. The lame man in Mark 2 who is brought to Jesus was in a disvalued state on two fronts, his sin and his inability to walk. Jesus healed both and restored that man to a place in the community that he had not had before. In John 5 a man by the pool of Bethsaida has no friends to put him in the pool at the right time for healing. His lack of friends would have been just as debilitating as his inability to walk. Jesus, in giving him his legs also gave him his life back.

In the New Testament healing goes well beyond the physical. Healing includes the whole being. This understanding will be crucial to the contribution of these New Testament theological themes to the meaning of the contemporary principles of bioethics.

c. Care Versus Cure

This understanding of the nature of health and healing in the New Testament bring one to look at the difference between caring and curing. Howard makes this important distinction in the ministry of the church in terms of health and healing. The church invests in care of the sick and not necessarily healing of the sick. Healing is not always possible but care is. The Good Samaritan passage is a prime example of caring for the sick. When the Samaritan left, the man beaten by the side of the road was not healed, but he was cared for. This care, then, extends beyond the physical to the emotional and the spiritual as well. Care then, is healing in the larger sense of attending to all of a person’s needs, physical, emotional, and spiritual. Cure is addressing only the physical. This care, or healing in the larger sense, must take into account the cultural and social issue of the person being healed in addition to the physical.

Jesus treats symptoms and not necessarily diseases. He relieves the obvious symptoms, such as leprosy, without any notice in the gospels of curing the underlying
disease. Even in the demonic issues that Jesus confronts, it is the symptoms that are reported gone, and not necessarily an alleviation of the disease process. In treating the symptoms he is focusing more on care than cure.\textsuperscript{304} In modern terms the practitioner who addresses only the biological processes is said to cure while the one who addresses the overall well being of the patient is said to care. The latter is the New Testament norm.\textsuperscript{305}

In the New Testament, the word most often translated as “heal”, \(\theta\iota\rho\alpha\iota\nu\omega\), is also translated “cure” in some English versions. The word also has the meaning of serve or care.\textsuperscript{306} This distinction may be more pertinent in the English translations than in the original Greek. Pilch points out that the Judeans would use the terms heal and cure interchangeably. But they used them that way not because “heal” was limited to the physical, but because cure was expanded to mean care as well.\textsuperscript{307} In modern terms, cure and heal are different. Cure may not happen in very instance, but care can and does. The healing of the New Testament is much more closely related to care than cure.\textsuperscript{308} Howard agrees with Pilch when he writes that “The emphasis of the church remains on caring not curing.”\textsuperscript{309}

d. Healing includes the heart, mind, and soul of the healed.

When Jesus gave the twin commands, he used this kind of whole being language to describe the first of the twin commands. Jesus said, “‘Love the Lord your God with all your heart and with all your soul and with all your mind’” (Matthew 22:37, NIV). Jesus is talking about loving God with one’s whole being, but at the same time he offers the model of how to love others. When one implements the second of the twin commands to love one’s neighbor, this language that describes the whole being is the pattern that one uses to love one’s neighbor. E. Anthony Allen points this out in his description of healing. He holds that in the New Testament a person is seen as a whole person, body
mind, and soul, and that the healing that is offered to persons is to that whole person, body, mind, and soul. Wilkinson also begins with this premise in his book on healing in the New Testament. Wilkinson’s claims that “Healing extends to all areas of human life and being. It cannot be confined to the body and the purely physical phenomena of the repair of wounds and the union of fractures.” Once again the stories of healing of a leper make this point more clear. When Jesus heals a leper, described in Matthew 8:1-4, Mark 1:40-45, and Luke 5:12-15 the language used includes the word “clean”. In this context “clean” is more than physically clean but also includes the spiritual cleanliness that the leper needs and the mental and emotional cleanliness that comes with it.

3. Loving God includes the Pursuit of Healing, not the Pursuit of Curing

For the reasons stated above, healing has a wider meaning in the New Testament than just solving a physical problem. The words used in the New Testament for health and healing are words that connote a sense of wholeness and well being. Health includes this wholeness and well being.. Health, then includes the heart, mind, and soul. The nature of healing in the New Testament includes changing more than pure physical functioning, but it includes changing one’s spiritual and emotional connection as well. Healing heals the heart, mind, and soul. Healing in the New Testament is more about care for the person than curing the disease. Cure may or may not happen, but care can always happen. The concept of the pursuit of healing in the New Testament must include, then, the wider view of healing heart, mind, and soul.

The way that Jesus loved in healing the ones that he healed shows the way for the follower of Jesus to implement the twin commands. At the center of this healing is this love of Jesus. The love of Jesus is unique in itself and in how it is displayed in these
healing stories. Albrecht Oepkes, former chair of the New Testament at the University of Leipzig, extols the value of what Jesus teaches in these healing stories.

We may now bring these into focus by saying that at the heart of all the individual miracle stories of the gospels stands the person of Jesus. In all the varied literature of ancient and modern miracle stories we do not find anything which even remotely approaches, let alone surpasses, the holy and merciful love of Jesus. The uniqueness of this love lies both in its intensity and in its comprehensiveness. But it is to be found particularly in the fact that in a unique way it embraces both the outer and the inner man.313

Loving God, then in the context of this view of the pursuit of healing, will include one’s heart, mind, and soul. When one attempts to implement the twin commands of Jesus, healing becomes one of the primary ways that this takes place. Yet this healing is much broader than the mere relief of physical symptoms. The phrase that best exemplifies this understanding of healing from the New Testament is caring, and not curing. Caring loves one’s neighbor as one self. Caring is loving God with one's heart, mind, and soul. Caring is pursuing healing in one's neighbor in much the same way that Jesus pursued healing in his ministry. Loving God, then, includes the pursuit of healing and not necessarily the pursuit of curing.

F. The Three Themes of the Image of God, the Covenant, and the Pursuit of Healing

1. Introduction

These three New Testament theological themes are derived from the application of the invitation-response hermeneutic to the commands to love God and love our neighbor. Loving one’s neighbor is loving those made in God’s image. This loving of
God and neighbor is commanded and implemented in the context of a covenant with God, renewed and reissued by Jesus Christ. Loving one’s neighbor will involve the same kind of love that God showed toward the human race, which includes the pursuit of healing. The pursuit of healing includes caring as well as curing.

2. The Image of God

The first commandment that Jesus offered when quizzed about which commandment is the most important, was to love God with all of one’s “heart, soul, and mind” (Matthew 23:37, NIV). When Jesus combines this first of the twin commands with loving one’s neighbor, he shows that in loving the one made in the image of God, the neighbor, one is indeed loving God. Whatever aspects of humanity that are common to all persons are extant in both the one who loves and the one who is loved. Since humanity bears the image of God, each human being deserves some measure of respect from others. The interrelatedness of human life is the basis for this mutual respect. Karl Barth uses the language of the golden rule to explain how this image of God affects relationships amongst humans. Since a person will give respect to himself, he must logically, according to the Golden Rule, also give respect to the other. This image of God in each human is where this sense of respect emerges. Brown summarizes Barth’s ideas by arguing that “Because humanity is made in God’s image, we respect one another, have solidarity with one another, and care for one another, for each is made in God’s image.”

The male and female ideals in Genesis are the basis of Barth’s claim that there is a relational aspect of humanity. The relationships in the Trinity are thus echoed in the relationship of the male and female. The image of God in a person is not dependent
upon a person being in a relationship with God through Jesus Christ, but it exists in every human being. A critical aspect of the divine image in a human is the capacity and need for humans to be in relationships with one another, especially in the male-female relationships. 

Humanity does bear the image of God and that image is reflected in the relationships within the human race and with God.

The example of God’s love for Israel models how this love of neighbor is to be implemented. God loved Israel in part because Israel was the chosen people. In a sense, Israel as a nation bore the image of God. Yet, even when that nation of Israel went astray and offended God, God still loved Israel, because Israel was the chosen people of God. In the same way, humans are called to love and care for other humans who are made in the image of God, in spite of the rejection of that love from other humans. Loving one’s neighbor means that one is required to offer neighborly love, even if that neighborly love is rejected, because the image of God is in that other person.

Brown describes three ways that this image of God is shown in loving and respecting one’s neighbor. One way to show love and respect for the image of God in another is to keep a proper distance from each person, for each person has his own understanding of his freedom toward God. Interfering with that understanding of God in one’s life is not respecting the image of God in that person. A second way that the image of God is reflected in loving one’s neighbor is the affirmation of human life in the other. When one affirms that the other is indeed human life, one is loving one’s neighbor while also loving the image of God in that neighbor. A third way to show respect for the image of God in another is to see that all humans regardless of their religious leanings are always under the sovereign rule of God.
The theological theme of the image of God is drawn from the application of the invitation-response hermeneutic to the twin themes of loving God and loving one’s neighbor. This theme will be used to enhance the meaning of contemporary bioethics principles.

3. The Covenant

In the same way, the twin commands of loving God and loving one's neighbor are given in the context of a covenant with God. This covenant with God, rooted in the Old Testament scriptures, includes God’s pledge to be the God of Israel, and Israel’s pledge to be faithful to God and obedient to God's commands. This covenant is renewed in a significant way for Christians in the ministry of Jesus. Jesus captures the essence of the covenant in his moving presentations during the last supper.

Thus the response of those who wish to be in this covenant with God will be to invest in two endeavors, being faithful to God and doing the kinds of things that God has called people to do. When Jesus articulates the twin commands to love God and love one’s neighbor, Jesus is putting into words and commands the very essence of this covenant.

The covenant in the New Testament offers participants in the covenant salvation through Jesus Christ and a permanent relationship with God. The covenant also requires faithful obedience from the participants in the covenant. This obedience is epitomized in the command to love one’s neighbor as oneself. Thus the twin commands to love God and love one’s neighbor are essentially the primary way that one lives out the new covenant that Jesus offered to humanity. The theological theme of the covenant
described in this way will be one of the themes that will enable this dissertation to enhance the meaning of contemporary bioethics principles.

4. The Pursuit of Healing

The third theme that emerges from the application of the invitation-response hermeneutic to the twin commands to love God and love one’s neighbor is the pursuit of healing. The healing stories of the New Testament, and most notably in the gospels, give import and depth to what it means to love one’s neighbor as oneself.

The way that Jesus implemented those two commands in his ministry of healing illuminates the meaning of these two commands to love God and love one’s neighbor. Healing was a significant part of the ministry of Jesus and there are numerous accounts of his healing in the New Testament. The healings that Jesus performed went well beyond merely changes in a person’s physical functioning. The words used in the New Testament for health and healing are words that connote a sense of wholeness and well being. Health includes this wholeness and well being. Health, then includes the heart, mind, and soul. The nature of healing in the New Testament includes changing more than pure physical functioning, but it includes changing one’s spiritual and emotional connection as well. Healing in the New Testament is more about caring for the person than curing the disease. Cure may not be possible for some diseases, but care is always possible. The concept of the pursuit of healing in the New Testament must include, then, the wider view of healing the heart, mind, and soul.

The way that Jesus loved people as he healed them demonstrates how a follower of Jesus can implement the twin commands. The love of Jesus for another person is at
the center of each healing episode. So the love of another person is at the center of this healing today. Healing is about loving one’s neighbor.\textsuperscript{322}

Loving God, then in the context of this view of the pursuit of healing, will include one’s heart, mind, and soul. The implementation of the twin commands to love God and love one’s neighbor will necessarily at some point involve what the New Testament refers to as healing. This is the broader view of healing that encompasses all of a person. This healing embraces the same breadth of a human as the command that Jesus gave to love God, with one's heart, mind and soul. The healing that flows from the commands to love God and love one’s neighbor will be healing that addresses the heart, mind, and soul of the one seeking to be healed. The phrase that best exemplifies this understanding of healing from the New Testament is caring, and not curing. Caring loves one’s neighbor as one self. Caring loves God with one's heart, mind, and soul. Caring is pursuing healing in one's neighbor in much the same way that Jesus pursued healing in his ministry. Loving God, then, includes the pursuit of caring and not necessarily the pursuit of curing. This understanding of the pursuit of healing is one of the New Testament theological themes that will enhance the meaning of contemporary bioethics principles.

5. Summary

Beginning with the invitation-response hermeneutic and applying it the two critical commands of Jesus, to love God and love one’s neighbor, three significant themes emerge that can enhance the meaning of contemporarily bioethics principles. The first is the image of God. God created humanity in God’s image. Thus loving a person made in that image of God is indeed loving God. The combination of loving God and loving one's neighbor makes this theme significant. Each person is made in God’s image and
therefore deserves the love that love of neighbor offers. These two commandments were offered in the context of a covenant with God. This covenant requires not just obeisance to God but also obedience. Both commands, then, reflect this covenant. Loving God and loving one's neighbor are demonstrations of this covenant. In much the same way, one of the primary ways that Jesus showed how to fulfill these commands was by healing. Yet this healing, and the healing of the New Testament, goes well beyond the physical. The healing involves all aspects of humanity, or as Jesus says, the heart, mind, and soul. These are the three themes that will enhance the meaning of contemporary bioethics principles, as the next chapter will attempt to demonstrate.

G. A Comparison To Paul Ramsey’s Analysis

Paul Ramsey, introduced earlier in this dissertation, also uses the twin commands of Jesus to discuss ethics from the New Testament perspective. While Ramsey does not look for New Testament theological themes to enhance the meaning of contemporary bioethics, he does approach the task of the New Testament and bioethics in ways similar to and in many ways different from this dissertation.

1. Similarities

Like this dissertation, Ramsey conceives ethics as growing out of a theological basis. He opens his Basic Christian Ethics arguing that Christian ethics “cannot be separated from its religious foundation.”323 That is also a fundamental assertion of this dissertation, that contemporarily bioethics principles have and need a connection to the New Testament. More specifically, the kind of New Testament theological principles that Ramsey describes are the kind that this dissertation uses to enhance the meaning of contemporary bioethics principles.
Ramsey uses the Scripture as his primary source of information for his theology and his ethics. Ramsey explains in his introduction to *Basic Christian Ethics* that “This book endeavors to stand within the ways the Bible views morality.”\(^{324}\) In similar fashion, this dissertation also stands in the way that the Bible views morality. The task of identifying New Testament theological themes is by definition rooted in the Scripture. This dissertation will use those themes to enhance the meaning of contemporary bioethics principles.

More significantly, Ramsey liberally uses one particular theme in the New Testament in his discussion. He elaborates on the meaning of love in the New Testament throughout his *Basic Christian Ethics*. “Disinterested love,” as he calls it, is the main theme of the New Testament for ethics.\(^{325}\) This understanding of love is foundational to Ramsey’s ethic. Ramsey also describes this love as “obedient love” in which he refers to being obedient to Jesus Christ. This is not a generic self-defined love, but a love that stems from the teaching and example of Jesus Christ. Christian ethics, says Ramsey, is Christocentric.\(^{326}\)

William Werpehoski, Professor of Christian Ethics at Villanova University, writing in the Journal of Religious Ethics concurs that Ramsey’s theological justification for his Christian ethics is focused on love.\(^{327}\) While Ramsey does discuss other philosophical approaches to ethics, Werpehoski sees that Ramsey makes Christian love from the New Testament perspective his supreme source of information on ethics.\(^{328}\) Likewise, John Carville, in a dissertation for the Catholic University of America, argues that “Ramsey believes that Christian morality must be cut to fit God's pattern because the life and teachings of Christ show us that the divine acts of God's love are performative...
Carville agrees with Werpehoski that while Ramsey may discuss philosophy and natural law, the theme of love from the New Testament is Ramsey’s “senior partner in any coalition.”

In the same way in this dissertation the understanding of the twin commands to love God and love one’s neighbor are foundational to this analysis. Section B of this chapter is a lengthy discourse on the centrality of the twin commands to love God and love one’s neighbor, while sections C-E expand the theme of love into three subsequent theological themes. The theological themes that emerge from the twin commands are the themes that will enhance the meaning of contemporary bioethics principles.

2. Differences

a. Starting points

Yet Ramsey’s approach to Christian ethics and bioethics is substantially different from this dissertation. While Ramsey leans heavily on the twin commands to love God and love one’s neighbor that is not his starting point. Ramsey’s Christian ethic begins with “God’s righteousness and love and with the reign of God’s righteousness in the Kingdom of God.” From these two theological concepts Ramsey develops his ethic. Ramsey begins, then with the nature of God as he understands it from the Scripture. From this concept of God’s nature he moves to the commands to love. Ramsey also leans heavily on the descriptions of love in the writings of the Apostle Paul.

Furthermore, Ramsey sees the twin commands, while given at the same time by Jesus, as distinct and separate. He argues that one cannot even use the same word, love, to describe both actions since love of God is so vastly different than love for another human being.
On these two points this dissertation is different. This dissertation begins with the twin commands of love. In one sense, then, this dissertation builds on the work of Paul Ramsey. Ramsey described the nature of God and how that nature requires the faithful to practice disinterested obedient love. This dissertation begins with that position, established from the Scripture that the love of God and love of neighbor are essential commands for the faithful to implement.

However, on the connection between the two, Ramsey and this dissertation differ. Where Ramsey sees them as two separate commands, this dissertation sees them as one. Love for neighbor is loving God by being faithful to the covenant that humanity has with God and by loving the image of God in that person. Where Ramsey sees two separate commands this dissertation sees two linked commands.

b. Righteousness versus Relationship

Ramsey argues that the righteousness of God is the ground upon which his ethic is based. He identifies “The righteousness of God, his judgment, and his steadfast faithfulness to the covenant he makes with men” as not one of the themes of the Scripture but the main theme of the Scripture. From this theme his ethic springs.

Love, therefore, is an outgrowth of God’s righteousness, both in terms of humans loving God and humans loving one another. Carville points out in his analysis that for Ramsey, love for God is rooted in the fact that God is righteous and worthy of love. Love for other humans is rooted in the fact that humanity is to imitate God’s love, which also comes from God’s righteousness. Ramsey begins with the Old Testament, and in that part of the Scripture themes such as covenant, legalism, and God’s righteousness are paramount.
This dissertation, focusing on the New Testament, starts with Jesus Christ, not the righteousness of God. While the Old Testament is not being ignored in a Marcionite way, it is being assumed as the background to the New Testament. Thus, while indeed the righteousness of God is behind the entire Christ event, it is not necessary to begin with that in this effort to elicit New Testament theological themes to enhance the meaning of contemporary bioethics principles. The task here is to find those themes.

This task, while different from Ramsey in both his *Basic Christian Ethics* and his *Patient As Person*, is consistent with his rationale. Ramsey uses this theological argument to get to the place where this dissertation begins, the twin commands to love God and love one’s neighbor and how they affect bioethics principles.

c. Differentiating Christian ethics from legalism

One of the significant differences between this dissertation and the work of Paul Ramsey is that Ramsey was writing in part a treatise against legalism, but without going as far as the relativism that led to Joseph Fletcher’s work. Chapter two of *Basic Christian Ethics* is an essay on Christian liberty and focuses on the relationship between Jesus’ command of love and “The law” which is both the Old Testament Law and any ethical code derived from the New Testament itself. Ramsey argues that Jesus finishes the law, meaning that he finished or completed any ethic or code of conduct. Jesus redefines what the law and what ethical conduct is. Just as in his day a faithful Jew stayed as close to the law as possible even when forced to break it, so Jesus stays as close as possible to fulfilling human need, no matter what the Jewish Law said about a particular action. Jesus made fulfilling human need the governing principle. Love led Jesus to be less concerned about the law. Jesus’ actions flow from the orientation of
valuing the needs of neighbor above all else. Thus Jesus can say that the love command summarizes all of the law.

While this dissertation agrees with Ramsey’s essay on the law, his essay against legalism is less relevant to this dissertation than it might be to his Basic Christian Ethics and his Patient as Person tomes. This dissertation is not about legalism, but about some of the basic contemporary principles of bioethics. The purpose here is to find theological themes that enhance the meaning of those existing principles and not to find a new law or abandon an old one. The contemporary principles of bioethics are not born out of either absolutism or relativism, two of Ramsey’s chief concerns. They are born out of what Beauchamp and Childress call the common morality. The purpose of this dissertation is to find theological themes that can provided some more understanding to those principles. In this way, the purpose of this dissertation is much different than the purpose of Ramsey’s Basic Christian Ethics or his work on the Patient As Person.

d. Hermeneutics

Behind the different purposes of Ramsey’s work and this dissertation is the question of hermeneutics. Ramsey derives his hermeneutic for the New Testament from the Old Testament themes using a basic approach to the Old Testament that he refers to loosely as “study.” From this study of the Old Testament Ramsey derives two basic concepts that become the core of his hermeneutic, the righteousness of God and the kingdom of God in the teaching of Jesus. From these two themes Ramsey develops his understanding of the meaning of Christian love, which he refers to as “disinterested love”. In the beginning of his Basic Christian Ethics Ramsey explains this hermeneutic without identifying it as a hermeneutic.
For a proper study of the origin and nature of Christian ethics, a distinction may be made between (1) God’s righteousness and love and (2) the reign of this righteousness in the kingdom of God. These are two sources of ‘Christian love.’ Never imagine that you have rightly grasped a biblical ethical idea until you have succeeded in reducing it to a simple corollary of one or the other of these notions.\textsuperscript{345}

Ramsey clearly uses these two concepts to interpret and understand the meaning of love in the New Testament.

This dissertation utilizes a different hermeneutic. As described in chapter two, the invitation-response hermeneutic is the one that helps the reader of the New Testament interpret and understand the meaning of the twin commands to love God and love Jesus. The Old Testament background is important to this understanding, particularly because Jesus spoke to people steeped in the Old Testament. The themes of righteousness and the kingdom of God are significant in understanding the teaching of Jesus. Yet, one cannot ignore the essential nature of the invitation-response hermeneutic so prevalent in the New Testament. Ramsey does so in favor of his two core concepts. The argument is made in chapter two of this dissertation that the invitation-response hermeneutic is an appropriate one to use on the twin commands of love for God and love for neighbor to develop theological themes that can enhance the meaning of contemporary bioethics principles.

e. Themes

In commenting on the meaning of this Christian concept of love that Ramsey describes he elaborates,
This concept, basic to any understanding of the Christian outlook with the demands it places upon moral action, gives us the clue essential to understanding certain other ideas such as “justice,” “right” or “obligation,” “duties to oneself,” “vocation,” “virtues” of moral character, “sinfulness,” and the “image of God,” which in turn are of crucial importance in elaborating a theory of Christian ethics.\(^{346}\)

Thus Ramsey defines the main themes of his *Basic Christian Ethics*. He elaborates on one more key theme in *Patient As Person*, the theme of covenant, although Ramsey puts his own definition on that term.\(^{347}\) These are the themes that Ramsey deduces from his application of his hermeneutic, the righteousness of God and the kingdom of God, to the concept of love in the New Testament.

However, these are not the theological themes that have emerged from this dissertation’s look at similar material. This analysis begins with the invitation-response hermeneutic and applies that to the twin commands of Jesus to love God and love one’s neighbor. The theological themes that emerge from that analysis are the themes of the image of God, covenant (different from Ramsey’s covenant), and the pursuit of healing.

There are at least two reasons for these differences. One is that Ramsey uses a hermeneutic different from the one in this dissertation. Where one begins often determines where one ends and this is true for both Ramsey and this dissertation. The second reason is that this dissertation is focusing on bioethics solely, and not a wider view of Christian ethics. In that sense the themes are focused on enhancing the meaning of contemporary bioethics principles, whereas Ramsey was wont to establish a basic Christian ethic for a wider set of issues.\(^{348}\)
Yet as Ramsey comments on two of the themes that are in this dissertation, other differences in these two themes emerge. Like this dissertation, Ramsey relies heavily on the concept of the image of God found in the Scripture as a theme for understanding how to implement the twin commands of loving God and loving one's neighbor. However, Ramsey’s view on how this theme fits into his Christian ethics is different from this dissertation. This dissertation holds the more traditional view that the image of God in each human person gives that person value and thus worth in loving that person. This provides a justification for neighbor love and respect for persons. Ramsey views the image of God as Christ in a person enabling that person to love with disinterested love as Jesus did. For Ramsey, the image of God is in the one who loves and not in the one who is loved. The image of God for Ramsey is not some innate reflection of the creator in each human, but the act of loving another as God loves. That is the image of God for Ramsey. Werpehoski in his essay reaches the same conclusion, writing that for Ramsey an “Appeal to a general and universally applicable standard of worth as the basis of neighbor-love … is likewise rejected.” Likewise, Carville in his dissertation agrees with Weperhoski in their evaluations of Ramsey’s views of the image of God. Carville writes, “A purely natural humanism carries no weight at all in Ramsey's love-ethic. Man has ultimate value because God has loved him.” While both Ramsey and this dissertation use the theological theme of the image of God, the theme is defined and used differently in Ramsey than in this dissertation.

The most significant difference between Ramsey and this dissertation in these theological themes is the understanding and use of the theme of covenant. In this dissertation the theme of covenant reflects the Scriptural norm of covenant from both the
Old and New Testaments. In those covenants, and especially the new covenant brought by Jesus, God promises to love the people of God and the people of God, saved by Christ’s death on the cross, promise to love God and love their neighbor. The twin commands are the ultimate expression of the human obligation of the covenant. Ramsey, however, uses the term covenant in a much different context. In *Patient As Person*, which is an excellent work on the relationships between patient and physician, Ramsey defines covenant as faithfulness to another human being, explaining that “At crucial points in the analysis of medical ethics, I shall not be embarrassed to use as an interpretive principle the Biblical norm of *fidelity to covenant*, with the meaning it gives to *righteousness* between man and man.”353 This faithfulness of one human to another is his definition of covenant and his moral underpinning of the ethical principle of informed consent. This covenant, for Ramsey, is normative behavior between all persons and has specific application in the relationship between patient and physician.354

Werpehoski sees this same use of covenant in Ramsey’s work, referring to Ramsey’s writing as “covenant-ridden.”355 He further explains that Ramsey’s covenant refers to loyalty or faithfulness between persons and is not the covenant between God and humanity that is the oft used definition in Scripture.356 In the same way Carville, in his analysis of Ramsey, notes Ramsey’s humanistic use of covenant as opposed to an indication of a divine covenant. The only connection between the divine and the human in the covenant theme for Ramsey is that the human covenant keeping is modeled after the divine covenant keeping of the Scripture.357 This norm of covenant keeping is also one of Ramsey’s bases for his explanation of the moral theme of justice, for justice stems from this obligation of faithfulness of one human to another.358 According to Carville,
Ramsey’s use of covenant is more similar to how others have used the image of God. Creation puts humans in relation to one another and therefore mandates a covenant of loyalty and faithfulness of one human to another.\textsuperscript{359}

Ramsey develops from the concept of love in the Scripture various themes to apply the command of love in ethical situations. This dissertation also develops theological themes from the New Testament to enhance the meaning of contemporary bioethics principles. While the task may seem similar, the results are quite different. This dissertation discovers the themes of image of God, covenant and the pursuit of healing, which Ramsey does not. Furthermore, Ramsey used both the image of God concept and the concept of the covenant in different ways that his dissertation does.

H. Summary

The purpose of this chapter was to use the invitation-response hermeneutic to evaluate various New Testament texts to discover the New Testament theological themes that can enhance the meaning of contemporary bioethics principles. The primary text to which the invitation-response hermeneutic was applied was the twin commands of Jesus to love God and love one’s neighbor. This chapter established the centrality of those two commands in the New Testament as well as in the ministry and teaching of Jesus. When asked which command in the Scriptures was the most important, Jesus responded, “Love the Lord your God with all of your heart and with all of your soul and with all of your mind and love your neighbor as yourself” (Matthew 22:37-39, NIV). In this chapter the rationale for choosing these texts was established as Jesus makes these twin commands a summary of the Christian obligations to God. Since the primary word in this text is the word love from the Greek \( \dot{a} \gamma \dot{d} \pi \eta \), the meaning of this word is explored. In the words
of David Moessner, professor of New Testament at Dubuque Theological Seminary, love meets the needs of the other. Love does what has to be done, what can be done for the other.  

From the application of the invitation-response hermeneutic to the twin commands to love God and love one’s neighbor, three theological themes were developed, the first being the image of God. This theme is explored in the third section of this chapter. Humanity, being created in the image of God and the image not being completely lost in the fall, sees in the other this image of God. Thus the rationale for loving one’s neighbor is two fold. Loving one's neighbor loves that image of God in the other. Second, in that way, one also loves God by loving what God has created.

The second theme that emerged from the application of the invitation-response hermeneutic to the twin commands of Jesus was the theme of covenant responsibility. This fourth section of chapter three included an explanation of how the application of the invitation-responsive hermeneutic to the twin commands to love God and love Jesus produces the theological theme of covenant responsibility. The covenant between God and humanity demands a response from humanity of obedience to God, and this obedience is lived out in the twin commands.

The subject of the fifth section of this chapter was the theological theme of healing in the New Testament. This section explained how the theme of healing in the New Testament flows from the twin commands to love God and love one’s neighbor. The nature of healing is to pursue the interest and health of the one who is the subject of this healing. This section also pointed out the significant difference between curing and healing. Curing addresses the disease process only and does not always happen. Healing
addresses the whole person, body, mind, and spirit, and can happened separate from the curative process in the physical body.

The final section of this chapter was a comparison of the three theological themes of this chapter to the writings of Paul Ramsey. In particular, this section compared the three themes from this chapter to Ramsey’s themes of disinterested love, justice, Christian virtue, community, and the image of God. While there are some similarities, the differences are stark, including Ramsey’s different use of the theme of the image of God and Ramsey’s definition of covenant in human terms and not in a divine human relationship.

Now that this dissertation has developed these three New Testament theological themes, they need to be applied to contemporary bioethics principles to see if indeed these theological themes can enhance the meaning of said principles. The next chapter will apply each of these three themes to three of the most readily accepted bioethics principles, respect for persons, justice and beneficence.
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15 Dunn, *Romans 1-8*, 783.
17 Galatians 5:14

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Fuller, "The Double Commandment of Love: A Test Case for the Criteria of Authenticity," 42.


Psalm 91:14 and Jer. 2:2

Exodus 20:6 and Deut. 5:10

Deut. 10:12; 11:13; Is. 56:6

Deut. 10:12; 11:22; 19:9; 30:16; Jos. 22:5; 23:11


Christensen, *Deuteronomy 1-11*, 144.


Stauffer, "Agape," 44.

Stauffer, "Agape," 44.


Agape is used 116 times in the Gospels and 75 times in the Pauline corpus

Dunn, *Romans 1-8*, 739.


Luke 17:7

Matthew 6:33


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87 Hagner, Matthew 1-14, 648.
89 Moesser, Lord of the Banquet, 143-44.
93 Meilaender, The Limits of Love: Some Theological Explorations, 34.
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147 Hagner, Matthew 14-28, 647.
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150 Barth, *Church Dogmatics*, III, 2, 220.
151 Barth, *Church Dogmatics*, III, 2, 208.
157 Von Rad, "Eikon," 381.
158 Von Rad, "Eikon," 382.
159 Howe, *The Image of God: A Theology for Pastoral Counseling*, 52.
164 Howe, *The Image of God: A Theology for Pastoral Counseling*, 52.
166 Berkouwer, *Man: The Image of God*, 44.
169 Barth, *Church Dogmatics*, III, 4, 324.
175 Barth, *Church Dogmatics*, III, 4, 324.

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265 Hagner, Matthew 1-14, 60.
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295 Allen, Caring For The Whole Person, 5-7.
296 Allen, Caring For The Whole Person, 14.
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300 Pilch, Insights From Medical and Mediterranean Anthropology, 12.
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310 Allen Caring For The Whole Person, 21.
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A. The Three Principles

1. Introduction

Beauchamp and Childress’ Principles of Biomedical Ethics define the principles of bioethics that have become the standard for health care practitioners in the United States. Beauchamp and Childress outline four contemporary principles of bioethics, beneficence, non-maleficence, autonomy, and justice. These principles are well explained and defined in their book, now in its sixth edition. These contemporary bioethics principles are both useful and prevalent. They are based philosophically in a set of norms that Beauchamp and Childress call “the common morality.”¹ These principles are not based in one particular theological or philosophical stream, but merely what has been in common practice in health care settings or what Beauchamp and Childress describe as “the set of norms that all morally serious persons share.”² This common morality and thus these contemporary bioethics principles do not have a theological or exegetical basis in Christian thought. Yet, that theological or exegetical connection can enhance the understanding of and the meaning of these contemporary bioethics principles. This chapter of this dissertation will establish a link between contemporary principles of bioethics and the theological themes derived from the New Testament described in chapter three of this dissertation. The purpose of this link is to enhance the meaning of these contemporary bioethics principles.

However, the principles addressed here will not match exactly the four principles outlined in Principles of Biomedical Ethics. The two principles of beneficence and non-
maleficence are quite similar, and for the purposes of this dissertation they will be conflated into one principle, beneficence. This is consistent with *The Belmont Report*, which describes just three principles for bioethics, respect for persons, beneficence, and justice.

*The Belmont Report* is the report of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research which was established in 1974. This commission was established in part in response to the public outcry over the Tuskegee Syphilis study. Belmont focused on human subjects in medical and behavioral research, but the principles outlined in Belmont have been used for a variety of health care settings. Yet to date they have not been connected theologically or exegetically to the New Testament. This dissertation will make that connection in order to enhance the meaning of those contemporary bioethical principles.

2. Respect for Persons

In Belmont, respect for persons has two components, “first, that individuals should be treated as autonomous agents, and second, that persons with diminished autonomy are entitled to protection.” Belmont addresses the first as the “requirement to acknowledge autonomy” and the second as “the requirement to protect those with diminished autonomy.” Autonomy in this context is the ability of a person to make decisions about his or her own goals and to act on those decisions. For those who do not have the capacity to make health care decisions, such as a person in a severe coma, autonomy provides for the protection of that person’s values and beliefs in making decisions for that person.
Beauchamp and Childress use the more familiar bioethics term, autonomy, in their description of this principle. They put together the research and conclusions from Belmont with their own research to make this fundamental statement on autonomy when they assert that “respect for the autonomous choices of persons runs deep in common morally.” The wording of the Belmont is similar to Beauchamp and Childress’s definition of autonomy. 

The principle of respect for persons will be one focus of this chapter of this dissertation.

3. Beneficence

The second contemporary principle of bioethics to be examined in this dissertation is beneficence. Beneficence has two parts to it that are quite similar. One part is not doing any harm to a person. The second part is investing in the well being of the other person. This second part, pursuing the well being of another, can also include acts of charity and kindness. However, in Belmont, the more restrictive definition of beneficence as being an obligation toward assisting the well being of another is used. Belmont derives two primary rules from the principle of beneficence. The first rule is to do no harm, which is similar to how many have read the Hippocratic Oath. Although the
classic form of the oath states that the physician should “keep them from harm” which is more protective than active. Modern forms of the oath, such as the one used by Weill Cornell Medical College, make no mention of the phrase “do no harm.” Since Belmont was written in large part to govern research efforts, the concept of not harming those research subjects was an important aspect of the concept of beneficence. Not harming patients has also become a significant part of the use of this bioethics principle in the practice of health care today.

Beauchamp and Childress divided the principle of beneficence into two parts also, but they made each part one of two equally important bioethics principles. The first part is the principle of pursuing the well being of a patient and this part is termed beneficence. The second part of the principle of beneficence involves not harming a patient and Beauchamp and Childress call this part of the principle non-maleficence, which is similar to “do no harm.” For Beauchamp and Childress the principle of beneficence calls for contributing to the welfare of another. They hold that there is a continuum from beneficence to non-maleficence, and beneficence is on the active side of the continuum, deliberately pursuing the well being of another person, and in the case of health care, the well being of the patient. They focus on the action being done, which is beneficence. A similar concept, benevolence, is the virtue of caring for the benefit of another.

Beauchamp and Childress see beneficence as an obligatory moral norm, not an optional one like charity or benevolent giving. Beneficence “establishes an obligation to help others further their important and legitimate interests.” According to Beauchamp and Childress the second part of the principle of beneficence is a separate principle in and of itself, non-maleficence, which is “an obligation not to inflict harm on others.”
Beauchamp and Childress address William Frankena’s taxonomy of non-maleficence and beneficence that involved four kinds of obligations, not to inflict evil, prevent evil or harm, remove evil or harm, and promote good. The first, not inflicting evil or harm, is closer to the understanding of non-maleficence that Beauchamp and Childress propose. Yet, since this dissertation does not distinguish between beneficence and non-maleficence, all four of those obligations can be understood to be part of this dissertation’s definition of beneficence.

What is critical to understanding non-maleficence and beneficence in this context is the issue of intention. The principle prohibits the inflicting of harm that implies some degree of intentionality. Certainly a surgeon inflicts some harm on a patient in doing a surgical procedure, but the overall effect is beneficial to the patient. The intent is to work for the best interest of the patient, even though some pain and injury may be part of the process. In such cases, a more utilitarian approach to beneficence is taken. The utilitarian approach is weighing the various levels of pain and pleasure that may be part of a medical procedure against the pleasures of healing that procedure is intended to bring.

Therefore, for the purposes of this dissertation, the principle of beneficence will be the principle as elucidated in The Belmont Report. Beneficence includes both the obligation to maximize the benefits to the patient and the obligation to avoid bringing harm to the patient. There is a level of intentionality inherent on the avoidance of harm as well as in actions that benefit the well being of the patient. While Belmont was written for and applies its principles primarily to research, this dissertation will apply the principle of beneficence to all areas of health care.
4. Justice

The third ethical principle to come from the Belmont Report and to gain wide acceptance in the health care community is the principle of justice. While theories of justice are often centered on social rights, political issues, courts, and governments, justice also applies to the field of health care. Justice in health care includes the discussion of distributive justice.

One of the more well known and oldest principles of justice was articulated by Aristotle, “Equals must be treated equally and unequals must be treated unequally.” In bioethics the Aristotelian principle raises more questions than it answers, such as who qualifies as an equal to whom and what constitutes equal treatment? Belmont asserts that “almost all commentators allow that distinctions based on experience, age, deprivation, competence, merit and position do sometimes constitute criteria justifying differential treatment.” A more important question is posed by Beauchamp and Childress, “Is inequality in access to health care a serious problem of justice?” Indeed, the problem of distributive justice is at the core of the principle of justice as it applies to bioethics. As Beauchamp and Childress point out, this principle of justice in access to health care runs headlong into the free market system of health care delivery prevalent in the Untied States, for the free market may not always deliver health care in a fair and equitable manner.

Distributive justice is one form of justice and it is the aspect of justice that most impinges on bioethics. Distributive justice is the “fair, equitable, and appropriate distribution” of social goods. In this sense it refers to the rights and responsibilities in society including those that pertain to health care. Distributive justice becomes
essential when there is a scarcity of resources in a society. In the United States, as in other nations, there is a scarcity of health care resources. Therefore, how these scarce health care resources are meted out to the community demands some level of justice, lest the poor and the disadvantaged be without adequate health care.

A variety of authors have offered various theories of justice that can be applied to the problem of distributive justice in health care.\textsuperscript{27} All of them apply their justice theories to the issues that arise in access to and delivery of healthcare in the Untied States and other nations. Many of those philosophies argue for a decent or basic minimum of health care available to all citizens.\textsuperscript{28} Beauchamp and Childress argue for a fair distribution of health care with a focus on the allocation of health care resources.\textsuperscript{29}

This dissertation will add another perspective to the discussion of justice in health care. The theological themes elucidated in chapter three will be used to enhance the meaning of justice in health care. This theological and exegetical perspective will help to understand and apply the principle of fair and equitable distribution of health care resources.

5. Summary

The purpose of this dissertation is to use theological themes from the New Testament to enhance the meaning of contemporary bioethics principles. This section has defined the three contemporarily bioethics principles that will be addressed in this dissertation. They are respect for persons, beneficence, and justice. \textit{The Belmont Report} is the primary source for the definition of these principles. Respect for persons is honoring the autonomy that each human being has to make his or her own decisions including decisions on health care. Beneficence is both acting to benefit the well being of
a person and avoiding harm to that person. Justice is promoting fair and equitable access to health care resources for all citizens.

B. The Principle of Respect For Persons

1. The image of God and respect for persons

   a. Humans reflect God

   The theological theme of the image of God has a profound impact upon the understanding of the contemporary bioethics principle of respect for persons, as defined earlier in this chapter. The theological theme of the image of God teaches that all of humanity bears this divine image. Each human being in one sense bears the image of God and therefore deserves some measure of respect.\(^\text{30}\) Karl Barth in reformulating the language of the golden rule explains that this mutual respect, “consists in granting to the other the same as one grants to himself, and indeed in a readiness to grant him also that which one can and must renounce in oneself.”\(^\text{31}\) Therefore, because we are all made in God's image we respect, have solidarity with, and care for one another.\(^\text{32}\) Because we humans are made in the image of God there is a fundamental respect for life in each person. Brown divides this into three parts, each person’s freedom toward God, an affirmation of life in the other, and a realization of the sovereign rule of God.\(^\text{33}\)

   In non-theological terms the dignity of each individual may be used in this same context. Thomas M. Garrett of the University of Scranton writes from the secular viewpoint and sees the dignity of a person as the underlying principle under justice, autonomy, and beneficence.\(^\text{34}\) Garrett does not defend this position, he just asserts it. In this dissertation, the link between the theological theme of image of God and the
contemporary bioethics principle of respect for persons will enhance the meaning of that bioethics principle.

The theme of the image of God means that humanity reflects that image in each human being. Calvin held that even though humanity is fallen, there is still a reflection of the image of God in humanity, much like the image of a person is still seen in a broken mirror.35 Anthony Hoekema, who served as Professor of Systematic Theology at Calvin Theological Seminary, makes two claims about the image of God in humanity. One is that this image of God in humans means that humans mirror the nature and likeness of God. Therefore, we must respect that mirror image of God in each person. The second claim is that humans represent the image of God. Again we respect each person because each person represents this image of God in the world.36 Ulrich Mauser, former Professor of New Testament Theology at Princeton Theological Seminary, holds that it is humanity as a whole that reflects this image of God and not just each human being.37 Mauser would say that all of the human race, not just each individual person, represents the image of God in creation. Yet, for each viewpoint, the human race does reflect in some way the nature and likeness of God.

This reflection of the image of God does not come from each human being as a distinct and separate human being, but with each human being in fellowship with God. Not every human will recognize or appreciate this fellowship. But the fact that humans are made by the creator God for the purpose of fellowship with God, and the fact that God can and does initiate and create that fellowship, means that each human does in some way have a fellowship with God.38 The Genesis mandate in Genesis 1:28 infers that we humans do indeed resemble God in some way.39 While commentators have
strived for years to elucidate in what ways humans resemble or reflect God, it is sufficient for this argument to say only that humanity does reflect this image of God.

In addition to reflecting God’s image humanity also represents God’s image to the created world. Hoekema uses the analogy of an ambassador. Humanity is God's ambassador to the created world. In much the same way that an ambassador represents his own country’s interests in the country of another, so humanity represents God's interests in this world that God created. Hessell Bouma III, a Professor of Biology at Calvin College, argues that humans are created specifically for the task of what he refers to as “imaging God.” This task of imaging God includes both mirroring God’s image and being stewards of God’s creation. Thus God gives humanity the capacity to reflect the image of God.

The 1998 Lambeth conference issued a similar theological statement connecting the image of God with the respect for persons. Lambeth declared that, “full humanity is nothing less and nothing more than God's promise of the fullness of our being in His image. God's call is also profoundly just. All are precious; all have inviolate dignity, and all reflect His image. No one is outside God's saving concern. God has no favorites, for the promise of full humanity is for every human being.” No one is left out of this concept of humanity being the image of God based on personal faith or other criteria. This image of God is reflected in each person.

This understanding of the image of God is rooted in Reformed Theology and is seen in the writings of John Calvin. Calvin also argued that “Scripture subjoins a most excellent reason, when it tells us that we are not to look to what men in themselves deserve, but to attend to the image of God, which exists in all, and to which we owe all
honor and love.” Calvin insists that this recognition of the image of God in all people should call for honoring and loving each human in a sacrificial way, Christian or not.44

Therefore, since humanity reflects or mirrors the image of God, each member of humanity is due the respect that is due to God’s image. This is not the image of God in a statue or a painting, but the flesh and blood image of God in each person. Persons, then, cannot be treated as objects for research for medicine or for any other scientific investigation. The ambassador image that Hoekema offers is instructive in this sense. Just as an ambassador from a foreign nation is treated with respect and dignity, so should humans be treated since they are ambassadors from God to God’s creation. The contemporary bioethics principle of respect for persons means that any patient or research subject is due the same respect and dignity one would give to the image of God. Humans are more than just objects of God's creation. All of creation, animal, botanical, and mineral, are part of God’s creation. Humans play a unique and special role in this humanity by reflecting and representing the image of God, the very nature of God to the rest of God’s creation. Therefore, respect is due to each one of God’s creatures made in God’s image.

b. Humans have fellowship with God

This image of God in humanity also allows for persons to have fellowship or a relationship with God. We see in the nature of God the trinity, Father, Son and Holy Spirit. Therefore, that image of God that exists in humanity will also have a sense of relationship with persons.45 Hoekema explains that “from the fact that God blessed human beings and gave them a mandate (Genesis 1:28), we may infer that humans also resemble God in that they are persons, responsible beings, who can be addressed by
God and who are ultimately responsible to God as their Creator and Ruler.\textsuperscript{46} Neil Messer, Senior Lecturer in Christian Ethics at the University of Wales, makes a similar argument about the nature of the image of God and fellowship in his discussion of the doctor patient relationship. Messer uses the image of God and the relationship between God and humans as the model for his doctor patient relationships. He claims that since God and persons have this relationship, then when a physician wants to employ that divine model with a patient, the relational aspect is very much a part of it.\textsuperscript{47} If the image of God in humanity reflects the true and broad nature of God, then humanity has the capacity to relate to God. In this way, one must respect each person who has a relationship with God or who has the capacity for a relationship with God. Humans are not a created species with no connection to God whatsoever, but are created for the very purpose of having a relationship with God.

c. Humans are given life

The image of God in each person is what gives humanity life. Without that image of God, the human species would be no different from any animal or plant. But indeed, humanity is different from the other members of the animal kingdom and from botanical entities. Humans have life. Barth, in his \textit{Church Dogmatics} uses the language of life being on loan from God. This quality we call life is given to each person on loan from God and therefore this life in each human demands the respect due to the one who loaned that life.\textsuperscript{48} Barth teaches that “those who handle life as a divine loan will above all treat it with respect.”\textsuperscript{49}

This life in each person is intended to be a good gift. The life and subsequent resurrection of Jesus gives a divine imprimatur to the human existence and to this life.
From Genesis to Revelation one reads that God's intention is for humanity to have this life; that each person in the human race would have this life. When one respects another person one is respecting that gift, or loan, of life from God to that person. God is the one being respected in that sense, not necessarily just the human being, and the life in the person is what garners the respect.

d. Humans are persons

This reflection of God, this fellowship with God, and this life are what make each member of the human race a person. Personhood in each person is to be respected. Hoekema argues that the biblical evidence leads to two significant conclusions about human persons. One is that the image of God is so deeply embedded in each person that it cannot be separated out. The image of God and the human person is like an alloy, consisting of two separate and disparate elements but so melded together as to be unable to distinguish one element from the other. One cannot lose the image of God without ceasing to be human. The second conclusion for Hoekema is that this image of God has been perverted in some sense by the fall. While the image of God still exists in each person, it is no longer the same image that was originally given at creation.

Various theologians have attempted to identify this image of God that makes one a person. Irenaeus thought that the image of God in humanity was a human’s nature as a “free being in nature that was not lost in the fall.” Irenaeus may have been influenced by the Greek philosophers who considered reason and rational thinking as the highest form of humanity. Yet Irenaeus added to the Greek philosophers by including freedom to make decisions and taking responsibility for those decisions that makes one human. All
of this is rooted in humanity being created in God's image. Irenaeus did not think that these aspects of the image of God were lost in the fall.

Nor did Aquinas think they were lost. Aquinas also held that the image of God in humanity was seen as the intellectual ability of each person. Aquinas saw a natural aptitude for understanding and loving God as fundamental to humanity and as part of this image of God that exists in each person.\textsuperscript{54}

Calvin had a similar view of this image of God in each person and the effects of the fall. Calvin eloquently describes the human condition, “Accordingly, by this term is denoted the integrity with which Adam was endued when his intellect was clear, his affections subordinated to reason, all his senses duly regulated, and when he truly ascribed all his excellence to the admirable gifts of his Maker.”\textsuperscript{55}

Other Protestant theologians have made similar assertions. The term used often by these theologians is human dignity.\textsuperscript{56} Where in other disciplines human dignity may be rooted in some common themes amongst all humans, in Protestants thought, human dignity is rooted in this understanding that God has given each human being personhood. That personhood in each human being is what commands respect. Thus there is no one particular characteristic of humans, or one set of characteristics, that evidence this image of God. The image is endemic to being human.

The image of God makes each member of the human race a person. Thus, this personhood rooted in God’s image demands respect, not because of the human factor, but because of the evidence of the divine creation in each person. Whether that evidence is intellect or rational thinking or emotions or some other aspect as yet to be discussed by theologians, that divine component of personhood demands a basic level of respect for
each member of the human race. Even persons who evidence none of the characteristics one may associate with humanity, even the most despicable among the human race, still at some level bear the image of God and still at some level requires basic respect as a human person. As Anthony Hoekema so persuasively concludes, “because everyone whom we meet is an image bearer of God, we may not curse him or her (James 3:9), but we just love that person and do him or her good.”

e. Humans are responsible persons

One of the implications of the image of God in each person is the sense that each person then is responsible for his or her own life. If each person bears the image of God, then each person is responsible for taking care of that image in him or her self. Courtney Campbell, Hundere Professor in Religion and Culture at Oregon State University, argues that because humans are created in God’s image there is an intrinsic human dignity and an intrinsic respect for the person’s choice conveyed in that dignity. This image of God in humans gives each human the capacity for understating and a will for carrying out one’s own understanding. In short, this is autonomy. In recognizing these aspects of the image of God in humanity we are indeed respecting that image of God in each person and thereby respecting the person as well. The concept of autonomy is rooted in the theology of the image of God in each person and the freedom to choose and act that image brings to a person.

Thus paternalism, at least strong paternalism, is not compatible with this understanding of the image of God in each person. Paternalism is a health care provider deciding that to treat a person in a certain way is more important than respecting the person’s freedom to choose. If that health care provider then manipulates the person or
withholds valuable information from the person, then the health care provider has
stripped the person of his or her “God given privilege and responsibility” to be steward of
his or her own body and a choice maker.” Bouma uses the same language that David
Kelly uses in his Contemporary Catholic Health Care Ethics, “Let the competent
patient's decisions be trump.” This trumping by patient decision-making is honoring
not some arbitrary choice a person may make, but the reasoned and informed choice a
person makes because that person is bearing and reflecting in his mind and body the
image of God. The image of God is what is respected.

Because the image of God is what is being respected in a person, arbitrary,
irrational, and careless decisions that reflect the fallen nature of humanity are not
necessarily to be honored as “respecting” a person. This respect for persons does not
extend to demands for treatment that are far beyond what can normally be called
treatment, such as demands for drugs that have no relevance to a person’s condition. Yet,
as Bouma points out, there are many instances where a person receiving health care does
make a rational and thoughtful decision that contradicts what the health care provider
recommends. Bouma’s discourse on this is poetic and effective.

When care-givers learn, however, that the Jehovah's Witness is serious in
her commitments then they should be prepared to honor her decision.
When care-givers learn that the victim of multiple sclerosis is depressed
because of his family’s recent lack of attention to him due to the illness of
his mother-in-law, then they should be prepared to override his decision.
When care-givers learn that the burn victim is perhaps primarily
concerned to assert some power over against his own experience of
powerlessness, then they should try to provide him with some other access to the experience of power even as they continue the treatment. Integrity must be respected. 61

Because persons who are made in God’s image are choice makers, they can use reasons for their choices. Thus they need to be also hearers of reasons for their choices. Respect for the image of God in a patient will entail health care providers giving a person not only the choices that a person can make, but the reasons for those choices. The health care provider’s sharing of the rationale as well as the options is part of recognizing the image of God in each person. 62 Likewise this respect for a person will entail giving a person all of the pertinent information regarding a decision in order to make an informed choice. Withholding not only options but rationales behind the options limits the person’s ability to make a free and informed choice and thereby denies the image of God in that person. Health care providers give persons information and reasons precisely because each person is made in God’s image.

Being made in the image of God, then, each person has a responsibility to care for that image of God in himself or herself. This stewardship of the image of God demands a respect for a person, for each person will exercise that stewardship in a different way. Each person is given the responsibility for his or her own body and for reflecting that image of God in his or her own body.

f. Love the image of God in a person

The command, then to love one another is in essence a command to love the other who is made in the image of God. This love is loving the image of God in a person and respecting the image of God in a person. The scriptural theme of being made in God’s
image implies that the basis for Christian respect for others is fundamentally theological in nature.  

John Calvin makes this argument well in his *Institutes of the Christian Religion*. Calvin begins with a quote from 1 Corinthians 13:4, “Love is patient, love is kind. It does not envy, it does not boast, it is not proud“ (NIV). Thus the command to love is to endure in spite of the relative merits or demerits of the one being loved. Calvin summarizes this part of the argument in declaring that “Scripture subjoins a most excellent reason, when it tells us that we are not to look to what men in themselves deserve, but to attend to the image of God, which exists in all, and to which we owe all honour and love.” This command to love those regardless of how deserving they are applies to Christians, but more importantly, also to those who are not Christians or may be strangers. Because all of those who are not Christians and all of those who are strangers to us are still made in the image of God. Thus these people command the same respect one gives to all persons. Even if a person is unworthy of one’s love and attention for whatever reason, the person is still worthy of God’s love. Because of the image of God in that person, the unworthy person is also deserving of the same respect we give to all persons.

Calvin takes the issue of loving or respecting all persons much further. By claiming that the Lord has taken that person's place on the cross, one is saying that person then deserves the same measure of respect as Jesus deserves. If Jesus thought enough of the criminal and the trespasser and the agnostic to die on the cross for their sins, the least we humans can do is give to one another that level of respect and dignity due each human person. The commands that Jesus gives to love those who hate you and pray for those
who persecute you come from this same understanding of what persons are. Those who hate and those who persecute are still persons made in God’s image, even though they have long since given up any pretense of demonstrating that image. The role of the follower of Jesus is not to reflect the wickedness of humanity but to see the image of God in humanity.  

One logical conclusion from this view of seeing the image of God in each person is a prohibition against taking a human life for that human life has in it the image of God. Just as the presence of the image of God in a person gives that person stewardship over his or her own body, so also the presence of the image of God in a person gives that person a sacredness of human life. Campbell’s argument stems directly from the creation narrative in Genesis 1. Campbell argues that “the biblical creation narratives relate that human beings are created in the image of God and subsequent narratives ground the prohibition of taking human life in this same theological anthropology.” Hoekema’s argument ends in the same place but begins in Genesis 9: 6, the covenant with Noah which states that, “whoever sheds the blood of man, by man shall his blood be shed; for in the image of God has God made man” (NIV). The image of God in a person argues against killing a person in the same way that the image of God in a person argues for respect for a person and his or her stewardship of his or her own body.

Thus the two commands joined together, to love one another and to care for the image of God in each person come together to require that each person be respected as a unique and separate individual. Each person is respected because of the love given to each person made in God’s image that is each person who is part of humanity.
g. Summary

Because each person is imbued with the image of God, each person demands a certain level of respect. Health care providers cannot over ride, ignore, or fail to inquire about the preferences and desires of a person for his or her own treatment. When God gave this image of God to each member of the human race, God gave to humanity the privilege of reflecting God in that image, an opportunity for fellowship with God, a blessing of the life that divine image brings, and responsibility to care for the person because each person bears God's image. Thus, respect for persons is rooted in the theological theme of the image of God.

2. Respect for Persons and the covenant with God

a. Introduction

The twin commands to love God and love one’s neighbor come to humanity in the form of a covenant with God and Jesus Christ. In this covenant, or divine agreement, God promises to be the God of the people and the people promise to obey and serve God. This part of the covenant with God is articulated in the twin commands to love God and love one’s neighbor. The fulfillment of this two commands then, will take place in the context of this covenant with God. The twin commands are not divorced from a relationship with the Almighty, but are intrinsic to it. The covenant is essential in implementing the twin commands of Jesus. Therefore, in order to use the twin commands of Jesus to enhance the meaning of contemporary bioethics principles, one needs to understand and employ the theological concept of the covenant.

b. Responsibilities of the covenant
This covenant with God will help in understanding the meaning of the bioethics principle of respect for persons. This covenant that one has with God through Jesus Christ brings with it several responsibilities. The covenant is not one sided, but two sided. God promises to be the God of his people and the people of God promise to fulfill certain obligations or responsibilities.

One responsibility that the covenant includes is to fulfill the commandments that God has given to the people of God. While the Old Testament does include a number of these requirements and responsibilities, the New Testament restates and redefines these responsibilities in the words of Jesus in the gospels and the words of the other writers of the New Testament, including the Apostle Paul.

The second responsibility of this covenant for those who are in this covenant with God is to reflect the character of God. This includes understanding and demonstrating the nature and character of God in one’s relationships with others. The way in which God relates to the members of the people of God in that covenant is the model for how the people of God are to relate to each other and to the rest of the human race.

The human responsibilities of the covenant have at least four significant implications for participants in the covenant. First, the implications of both of these two responsibilities are to treat each human being with the same respect that the creator treats each human being. The principle of respect for persons is rooted in this basic attribute of God, reflected by humanity to treat people with respect. Furthermore, the covenant calls for keeping of the second commandment, to love one’s neighbor. This love is demonstrated in a variety of ways, including respect for that neighbor and that neighbor’s stewardship of the body given by God.
God has granted to human beings the responsibility to care for the bodies that they have been given. Thus since God thought it was appropriate to grant and respect that ability, so must those in a covenant with God reflect that same respect and ability. To do otherwise is to contradict the act of God in creating that person, a contradiction that does not fit into the concept of the covenant one has with God. Bouma describes persons in this context as “givers and hearers of reasons who have the privilege and responsibility before God to choose how to live and how to consume resources.” The persons that one delivers health care to are these same “hearers of reason”. Because we have a covenant with God we respect the responsibility of each person to be a steward of his or her own body.

Hessel Bouma expands on this concept by putting our response to others in a health care setting in the context of covenantal ethics. One’s beliefs about God, human nature, and history lead to the conclusion that the Godly loving response to persons is to respect who they are and what they decide for themselves. Therefore, those in a covenant with God are called upon to respond the same way to other persons.

The second implication of these human responsibilities is to realize that there are others in the same covenant. The covenant is a social entity as well as an individual connection between God and each participant in the people of God. Therefore, the covenant brings with it a responsibility toward those others in the covenant, which will include at least treating the other members of the covenant with respect and dignity. Each participant in the covenant with God deserves the respect due to these participants. No one person in the covenant is due any less than full respect.
A third implication of these human responsibilities is to understand that each participant in the covenant with God has worth and value. By the very act of including persons in a covenant, God declares that these people have worth and value. This is not to say that others do not have worth, it is only to affirm the worth and value of those in the covenant. Since these people have worth and value, they require the respect due to those whom God has declared of worth and value. Christ’s death on the cross, a pivotal aspect of this covenant, also declares the each person has worth for Christ died for that person. Those in the covenant have worth and value, not because of what they can contribute to the covenant community, but they have worth and value in and of themselves.

A fourth implication of these human responsibilities is to see that the good of the covenant is dependent upon the good of each person in the covenant. When members of the people of God pursue the well being of one another, and not just themselves, the covenant has more value. When participants in the covenant pursue the good of society that is pursuing the well being of others that also adds to the value of the covenant. Therefore, respecting each person whether or not that person participates in the covenant with God, is a vital piece of the covenant. This is a respect for the worth and values of all human persons including the ability to decide for themselves how to be a steward of the body given to them. God’s covenant love seeks to meet the needs of the entire human race. Thus, those who are in a covenant with God will want to participate with God in that same effort, to meet the needs of persons in the community, whether or not they are in the covenant with God. Since God seeks the well being of all persons, so shall those in
covenant with God. This aspect of respect for persons is rooted also in the covenant with God.

The covenant with God is a two sided agreement. God promises to be the God of the people of God and the people of God pledge to fulfill the responsibilities that come with that agreement. Those responsibilities include fulfilling the commands from God and pursuing the well being of each person in the human race. The implications of these responsibilities lead one to the principle of respect for persons, not only in providing health care, but in all aspects of human relations.

c. Reflection of the characteristics of God

The nature of the covenant with God means that those who are in this covenant with God are to reflect the nature and characteristics of God to the rest of humanity. Glenn Stassen in his *Kingdom Ethics* sees the Sermon on the Mount as just this kind of call to reflect the characteristics of God for the followers of Jesus Christ. The Beatitudes in the beginning of the Sermon on the Mount “are not about high ideals but about God’s gracious deliverance and our joyous participation.” In Stassen’s view persons in covenant with God are the vehicles that God uses to deliver his grace to humanity. In that way, participants in the covenant with God then are obligated to reflect the nature and character of God. In reflecting God’s grace toward other persons, one will then be respecting who that other person is, just as God’s grace respects each individual before God. God’s grace does not impose, dominate, intimidate or threaten; it respects each person who is a recipient of God’s grace. Participants in the covenant with God then, will not impose, dominate, intimidate or threaten, but respect each person who is a recipient of God’s grace.
The fact that God invests in each human person, believers and non-believers, demonstrates God’s sense of value and worth of each human person. God is faithful in his graciousness toward humans even when humans are not faithful toward God. Because God is faithful to each person, Those who are in covenant with God will reflect this faithfulness by being faithful to each person. This faithfulness to the person is one aspect of respect. Faithfulness to the person, as in God's faithfulness, respects the person even when such respect is not reciprocated toward the participant in the covenant or toward God. This characteristic of God, to be faithful to each of his creations, is reflected in the participants in the covenant by respecting each person God has created.  

There are two cautions to this understanding of reflecting the character of God toward human persons. The first caution in using the divine covenant as a model for human covenant is to admit that persons are neither gods nor messiahs. There are distinct and fundamental differences between Jesus and non-divine humans and between God and humanity. These differences must be understood and not allowed to cloud that process of using the divine covenant as a model for the human response to persons. If a finite human tries to be what God or Jesus is to other humans, savior or rescuer or Lord, the covenant will be unbalanced and no longer reflect the divine attributes. This misplaced sense of importance can lead to idolatry and exploitation, not respect for persons. While the divine covenant is the model of the human covenant, human persons are still limited by their finitude.

The second caution in using the divine covenant as a model for the human covenant with persons is that the divine covenant is much more than just a model for behavior. This covenant is not a parable that Jesus taught or an object lesson from the
The Old Testament. The divine covenant is a present reality with the Almighty God. One cannot lose the sense of transcendence in using the divine covenant as a model for human covenant. Bouma explains that “to lose this transcendent context for our human covenants is to lose an important motivation for living up to the responsibilities of the inclusive God.” The uniquely divine aspects of God, such as omniscience and power, are not part of the characteristics of God that a human can adopt in an attempt to reflect the nature of God to others.

Yet aside from these two cautions, the covenant with God does demand from the human participants in the covenant certain responsibilities. Participants in the covenant with God are obligated to both fulfill the commandments of God as part of their response to the covenant and to reflect the nature and character of God to humanity. These characteristics of God that are to be reflected include a sense of value and worth of each individual and a sense of the good in each person. The reflection of God’s grace toward others, and in may ways, God’s respect for each person God has created are part of this covenant. The commandments from God, the worth of each individual, and the reflection of the grace of God all undergird that principle of respect for persons. Respect for a person grows out of keeping the commandments, especially the command to love one’s neighbor. Respect for persons grows out of valuing the worth of each individual as an object of God’s creation and theory of worth and value to God. Respect for persons grows out of a reflection of God’s grace to others. Participation in the covenant must respect those same people in the same way that God respects people.
3. The respect for persons and the pursuit of healing

   a. Introduction

   As discussed in chapter three, healing has a wider meaning in the New Testament than just solving a physical problem. The words used in the New Testament for health and healing are words that connote a sense of wholeness and well being. Health includes this wholeness and well being. Health then includes the heart, mind, and soul. The nature of healing in the New Testament includes changing more than pure physical functioning, but it includes changing one’s spiritual and emotional connection as well. Healing heals the heart, mind, and soul. Healing in the New Testament is more about care for the person than curing the disease. Cure may or may not happen, but care can always happen. The concept of the pursuit of healing in the New Testament must include, then, the wider view of healing heart, mind, and soul.

   Loving God, then in the context of this view of the pursuit of healing, will include the heart, mind, and soul. Healing becomes one of the primary ways to implement the twin commands of Jesus. Yet this healing is much broader than the mere relief of physical symptoms. The phrase that best exemplifies this understanding of healing from the New Testament is caring, and not curing. Caring loves one’s neighbor as one self. Caring loves God with one's heart, mind, and soul. Caring is pursuing healing in one's neighbor in much the same way that Jesus pursued healing in his ministry. Loving God, then, includes the pursuit of healing and not necessarily the pursuit of curing.

   b. Healing requires respect

   This understanding of healing then requires a basic respect for the person who is receiving health care. Since the healing is much broader than just the relief of the
physical symptoms, human dignity is part of the healing process. The pursuit of healing in the New Testament is much more about wholeness than just physical health. Healing the body without addressing the heart and the soul is incomplete healing and denies a significant portion of the meaning of loving God and loving one’s neighbor. By offering basic respect to each person, the person receiving health care is validated, accepted, and recognized as a person. These attributes, besides being fundamental to the scriptural model of pursuing healing, are advantageous to the overall healing process of the one receiving health care.

Illness as Jesus sees it in the New Testament is more about a state of being and less about a physical illness. Being blind, deaf, or unable to speak devalued a person in that era. Jesus approaches healing from the position of restoring a person to his valued state. This valued state will necessarily command respect from other persons, including those providing health care to the person who was devalued. The paralyzed man that Jesus heals in the account in Mark two was devalued in two ways. He was devalued by his sin and he was devalued by his inability to walk. Jesus addressees the first devalued state first, his sin, much to the chagrin of some of the spectators to that event. Jesus then addresses the other devalued state for the paralyzed man, his lack of ability to walk. Similar comments can be made about the man by the pool of Bethsaida described in John 5. Both of these men needed above all to be respected as persons and not devalued as somehow less deserving or sub-human. The healing that Jesus provides requires that respect. Respect for persons is a fundamental aspect of the pursuit of healing. Thus the theological theme of the pursuit of healing in the broader context of healing helps to understand the principle of the respect for persons.
Another way to understand how the pursuit of healing enhances the meaning of the principle of respect for persons is to view a person not as a valued state but by his or her social status. A lower social status called for less respect. Many of those healed in the New Testament by Jesus had a lower social status because of their illness or disability. Jesus healing them not only cured the illness or disability but also changed dramatically their social status. In pursuing healing then, as the theological theme indicates, one also pursues a more appropriate social status for the person being healed. This renewed social status will give that person more respect. In the concept of the pursuit of healing, giving respect to a person is a significant part of providing health care. One’s state of being or social status is more important than losing a particular physical functioning.\(^{89}\)

Therefore, no person can become an instrument of another. This theme of the pursuit of healing and the principle of the respect for persons is critical to the understanding of research. The temptation in research is to reduce the persons involved in the research to mere objects for scientific investigation, and not see them as persons. But if in the pursuit of healing the whole person is considered, then this respect for persons also applies to those who are research subjects. They must be treated as whole persons and given respect for the researcher pursuing a cure cannot ignore the aspect of care at the same time. While research may focus on the physical cure, it cannot ignore the overall aspect of what it means to pursue healing. Pursing healing is much more than finding a cure through research. The subjects of that research demand the same respect as any other person who is not a subject of the research.\(^{90}\)
The application of the theological theme of the pursuit of healing in the New Testament to the bioethical principle of respect for persons helps understand the meaning of that bioethical principle. Because healing is wider than just the physical, the soul, spirit, and heart of the one receiving health care must be taken into account. Respect for the one receiving health care as a person is necessary to pursue healing in this broader sense as described in the New Testament.

4. Summary

Respect for persons is one of the primary principles of bioethics. Well articulated in the Belmont Report, this principle is today the basis for such practices as patient autonomy and informed consent. The three theological themes developed in chapter three from the twin commands to love God and love one’s neighbor enhance the meaning and understanding of this bioethics principle. Because each person is made in God’s image, respecting the person is respecting the image of God. The respect is for the image of God in that person and for the creator who made that person. Therefore, each person is due some measure of respect, including those receiving health care.

The covenant with God, that God will be God and the people of God will then abide by God's commands, also enhances the meaning of the bioethics principle of respect for persons. This covenant comes with responsibilities, among which are to treat each human being with the same grace and care that God treats each human being. Part of these responsibilities is to reflect to humanity the nature and character of God. In doing so, one will respect the persons whom God has created. The process of reflecting the character of God toward another person will include loving and caring for the other person in the same way that God has loved and cared for that person. That basic human
respect for the ideas, heart, soul, and intellect of the other is what respect for persons means.

In a similar way, the theological theme of the pursuit of healing helps to enhance the meaning for the contemporary bioethics principle of respect for persons. Healing as understood in the New Testament goes well beyond curing the physical disease, but includes addressing a person’s spiritual, emotional, and intellectual needs as well. By addressing the whole person, including the person’s decision-making capacity, one is respecting that person. The meaning of respect for the person includes addressing the whole person in the healing process and not merely one aspect of the person’s physical healing. The principle of the respect for persons is enhanced by these three theological themes.

C. The Principle of Justice

1. The principle of justice and the image of God
   a. The image of God is in all persons

Four words in the Old Testament and the New Testament are translated as “justice” and used a total of over one thousand times. Yet Christian theologians have often used a more secular view of justice, such as Aristotle’s equal treatment for equals or utilitarian’s the most good for the most number of people. But Scriptural justice is quite different. For justice is more than punishment for crimes against society. Justice for Jesus comes from the Old Testament model, which includes the affirmation that human beings are made in the image of God. Justice also includes the moral significance of the laws of Judaism, the prophetic spirit that aspires for justice in human affairs, and the importance of covenant in creating the social bonds for an ordered society. God cares
about justice for the poor, the powerless, the outcasts and the victims of violence in part because these persons are made in God’s image.\textsuperscript{91}

Fundamental to the concept of the image of God is that the image is in each human being. Therefore, God values each human person equally. In the same way that all persons are sinners before God, so all persons are made in God's image. Therefore, God values each person as an individual who bears the image of God.\textsuperscript{92} Since God values each person equally, persons should value one another equally. While this sounds strikingly like Aristotle’s equal treatment for equals, the basis for this declaration is different from Aristotle who bases his theory of justice in virtue. The basis for this treatment of all persons equally is that they are all made in God’s image. The image of God leads to the dignity of each person and this dignity of each person underlies the principle of treating each person fairly, or justly, including in health care.\textsuperscript{93}

Bishop V. Devasahayam from the Gurukul Lutheran Theological College understands that this common image of God which all of humanity bears attaches to the weakest and the smallest in our midst. Often, those are the ones most in need of justice, for the powerful and wealthy are less in need of justice. For Devasahayam community is “the structure of common sharing through which the dignity and freedom of each individual, the well-being and fellowship of all, and the participation of even the smallest and the weakest are guaranteed and maximized.”\textsuperscript{94}

Thus the image of God in each person calls upon humanity to pursue justice in community. This justice will include distributive justice, as other writers have indicated.
b. Other theologians on justice and the image of God

Calvin does not use the term distributive justice, but he does refer to the need to distribute goods evenly. Calvin cautions bishops supervising churches to “not be burdened with superfluous expense, nor idle men receive what ought to be distributed to the poor.” Calvin’s justification for dispensing justice evenly is the image of God in each person. He admonishes his readers that “you have no ground for declining to give it to him. Say he is a stranger. The Lord has given him a mark which ought to be familiar to you.” The mark is the image of God in each human and that mark on each person requires that each person be given fair treatment by others. For even the wicked in Calvin’s view, “look to the image of God in them, an image which, covering and obliterating their faults, should by its beauty and dignity allure us to love and embrace them.” Because all humans bear that same mark, the image of God, all humans should be treated equally, or justly.

Hoekema’s assessment of Calvin is similar, Hoekema’s argument on the need for equal treatment goes even further than just treating each person equally. He argues that “Calvin insists that our recognition of the image of God in all people today should move us to honor them and love them even in a sacrificial way.” Hoekema’s “sacrificial way” goes beyond simple justice for each person. Hoekema uses the language of rights when he argues further that because of the image of God in each person, “every human being has a right to be accepted by others, to belong to others, and to be loved by others. It means that man’s acceptance of and love for others is an essential aspect of the image of God.” He centers the right to justice for each person in the concept of the image of God in each human being.
Bishop Devasahayam uses the language of human dignity and honor to describe his rationale for justice for all persons. For Devasahayam justice refers to “a mutual acknowledgement of persons, mutual maintenance of another's honour and dignity, and helping each to play his her part in the life of the community.” Yet, his view of human dignity and honor comes from his understanding of the image of God in each person. Bishop Devasahayam argues that the image of God in each person requires just treatment of all persons.

The 1998 Lambeth Conference, which represents Anglican thought around the world, makes a similar claim about the relationship between the image of God and justice for all persons. In a rather poetic way the conference report advocates that God has no favorites. “All are precious, all have inviolate human dignity, and all reflect His image.” This universal image of God in persons, according to the conferees, affirms the equality and need for justice in society.

Roman Catholic thought also holds the position that the image of God demands a sense of justice and equality for all persons. Marc Ouellet, a Canadian Cardinal of the Roman Catholic Church, writing in the International Catholic Review holds the position of the inviolate dignity of each human person. He contends that in justice, since each person is made in God's image, each person is owed the same level of justice. Similarly, according to Lisa Cahill, Belgian Roman Catholic Theologian Edward Schillebeeckx makes a case not only for justice, but for justice for the poor based on the image of God. Schillebeeckx uses the language of liberation theology to argue for fair treatment of all persons, and especially for the poor. He sees the message, teachings, and work of Jesus as liberating human beings. Thus, even the poor and the oppressed are to
be objects for the practice of the Christian faith. The poor and the oppressed, often objects of injustice, are to receive equal treatment with the wealthy and the powerful.  

Schillebeeckx moves the discussion of justice for all of those created in the image of God into the arena of distributive justice. Schillebeeckx rightly defines justice as more than mere fair treatment in the eyes of the law, but also as the fair distribution of social goods. While not directly advocating for a socialist or communist social system, he does argue that because all persons are created in the image of God, the poor and the oppressed are not to be left out in the distribution of social goods. This fair inclusion of the poor and the oppressed in social goods is also applicable to health care, a social good. Thus, the image of God in each person is part of the rationale for justice in the distribution of health care to all persons.

Lisa Sowle Cahill in her recent publication *Theological Bioethics*, uses the concept of solidarity to understand this connection between the image of God in all persons and justice for all persons. She roots her understanding of justice in the commitment of Roman Catholic social teaching to the dignity of all persons, the interest in the common good, and solidarity. This understanding of justice in health care as coming from the solidarity of all persons and the dignity of all persons will, in her argument, raise the awareness of the need for distributive justice in health care in the United States. Cahill sharply criticizes an alternate view of humanity that she calls the “religion of the market.” This view assumes that each person acting in his or her own best interests will produce the best results for the community. However this view does not take into account the solidarity of the human race, based on the image of God in each
person. If each human being bears the image of God, then each image bearer must take into account the well being of others who are made in that same image.\textsuperscript{107}

c. Scarcity of resources

The question of justice in health would be less of an issue if there were sufficient resources for each person to receive a just and fair allocation of those health care resources. However, this scarcity of resources is real and demands a just and fair allocation of those scarce resources.\textsuperscript{108} This distributive justice is the essential aspect of justice that the bioethics principle of justice addresses. Cahill categorizes the unique contribution of theological bioethics discussion under the category of love of neighbor, self-sacrifice, or a preferential option for the poor. The latter is a direct result of understanding that the image of God is in the poor just as the image of God is in every person, and therefore the poor should not be ignored in the fair distribution of social goods.

Bouma skillfully argues that there are two strategies used in making allocation decisions, or in most cases in denying allocation of health care resources. One is to deny that a scarcity exists. This denial allows those who have access to adequate or better resources to deny that any reallocation is necessary. Cries of “we have the best health care in the world” hide this denial of scarcity. However, the other strategy for denying a fair allocation of health care in Bouma’s argument is to deny the sanctity of those who do not receive adequate health care.\textsuperscript{109}

The prime example of this latter strategy was the Seattle Artificial Kidney Center’s protocol for allocating the scarce resource of kidney dialysis in the 1960’s, when the technology was fairly new and not widely available. The Seattle committee used
criteria that included an evaluation of the worth of the individual to society, thus denying the value and worth of those who were not offered the life giving kidney dialysis treatment. In Bouma’s assessment, the reaction to the Seattle committee was congressional legislation funding kidney dialysis for all persons, thus admitting to the sanctity of each person but denying the scarcity of health care resources. Those resources used for kidney dialysis were not available for other, possibly more urgent or important uses.\textsuperscript{110}

No modern society has enough health care resources to allow each of its citizens to receive all of the health care that a citizen may want or even need. This is the nature of the scarcity of resources and this scarcity demands a fair and equitable distribution of these scarce resources. However, as Bouma rightly argues, this sanctity of the image of God in each person makes this distribution, even in a just society, tragic, for it means that some of the persons who bear the image of God will not get the health care that they need. More tragically, some will not get the health care necessary to preserve an otherwise valued and worthy life.\textsuperscript{111}

Scarcity in health care resources demands a new sense of personal responsibility for one’s health and one’s use of those resources. For Christians, this response of personal responsibility and use of resources is a response of gratitude for God for the good gifts that God gives humanity. If God gives the gifts of technology and medical resources, then those gifts must be used to pursue healing in the context of each person who receives them as being made in the image of God.\textsuperscript{112}
2. The Principle of Justice and the Covenant with God

a. Introduction

The twin commands to love God and love one’s neighbor come to humanity in the form of a covenant with God and Jesus Christ. The human response to being invited into this covenant is articulated by Jesus in the twin commands to love God and love one’s neighbor. The fulfillment of these two commands then, will take place in the context of this covenant with God. The twin commands are not divorced from a relationship with the Almighty, but are intrinsic to it. This covenant with God is essential in implementing the twin commands of Jesus. Therefore, in order to use the twin commands of Jesus to enhance the meaning of contemporary bioethics principles, one needs to understand and employ the theological theme of the covenant. The covenant relates directly to the principle of justice, for it is through the covenant with God that one understands justice and how to implement the principle of justice.

b. Covenant love and justice

Covenant love is a three dimensional entity. The first dimension is that God loves those in the covenant. This love of God for those in the covenant becomes a model for the other dimensions of covenant love. The second dimension is that those in the covenant love God in return. While this is a human based love and not the divine love God has for humanity, it is nonetheless a significant aspect of the covenant with God through Jesus Christ. The third dimension is the love that the participants in the covenant give to other humans. If the participants in the covenant will mimic God’s covenant love as they love their neighbors, then this covenant love will entail a full measurer of justice, for that is how God loves the human race, justly and fairly. Thus, as Joseph L. Allen, professor
emeritus of Ethics at Perkins School of Theology explains, “The idea of covenant love … contains within its meaning the requirement for justice.”

Joseph L. Allen points out three necessary implications of being a recipient of this covenant love from God. The first is that others receive that same covenant love and recipients of the covenant love therefore must recognize the social nature of the covenant. Each recipient of covenant love needs to understand and accept that others are in that very same covenant, which means each one has a responsibility to those others who receive God’s covenant love. The second implication from this covenant love is that each recipient of God’s covenant love has worth and value and that worth must be honored. The third implication is that the good of the whole is dependent upon the good of each recipient of covenant love. “The good of the community is to be found in the enhancement of the true well-being of each and all of the members.” Thus, being a recipient of God’s covenant love means seeking the well being of that community and the well being or best interests of each member of the community. Equal treatment, or justice, becomes an essential aspect of that well being of the community.

c. Justice and the Old Covenant

As discussed in chapter three, the new covenant is not a completely new entity in theology, but is built in large part on the old covenant, described in the Old Testament. A brief review of the old covenant will help to illuminate the new covenant and its impact on the principle of justice.

The covenant of Moses began with the people of Israel exiting from Egypt and establishing, among other things, a new community. Devasahayam holds that this new community was built in part on these principles of justice that are interwoven throughout
the covenant concept. One of the essential features of this covenant with Moses was the way in which the poor were cared for by the community.\textsuperscript{115} Indeed, Deuteronomy 15:4 says that “there will be no poor among you.” This is classic example of distributive justice.

Ouellet has a similar view that the covenant of Moses included a strong sense of justice in the community. In the Old Testament justice is very much a part of God’s election of Israel. Because Israel was the chosen people of God, that presupposes a reciprocity between Israel and God. One of the reciprocal obligations for Israel was justice amongst the people. This justice in this sense is interpersonal. One cannot have justice without other people. There is in the covenant a right and a responsibility to obey God, including providing for justice amongst the people. Ouellet asserts that “the God of Israel judges his people and renders justice, and demands from his partner a response in conformity with the covenant’s stipulations.”\textsuperscript{116}

Joseph L. Allen points to the prophets, Micah in particular, to show the nature of the reciprocity or human responsibility the covenant with Moses requires. Micah’s familiar words from chapter 6 are, “And what does the Lord require of you but to do justice, and to love kindness, and to walk humbly with your God” (NIV)? In Hebrew the basic concepts of this passage are all covenantal. Justice (משפט) is the ordinary Hebrew term for the kind of behavior or justice required by the covenant. Thus covenant implies justice in the community.\textsuperscript{117}

Two principles governed economic covenants with the community in Israel.\textsuperscript{118} One was that the land belongs to God and was leased from God for the Israelites to use. There was no private property, just family usage of particular lands. The second
principle was that the land allotted to each family was inalienable, that is it could not be divided up and sold off to developers. Since God owned it, it could not be sold.\textsuperscript{119}

From these two principles of the covenant certain economic practices arose in Israel under the covenant. Gleaning, allowing the poor to take the grain from the edges of the fields, provided for care for the orphans, widows, and resident aliens. The Sabbath year for the land, that is letting the land lie fallow for a year, not only improved crop production overall, but again allowed for the orphans and widows to take what may grow in the fallow field without cultivation. There was a tithe every third year from every farmer. This tithe was also used to provide for orphans and widows. Also loans without interest gave an opportunity to the poorer in the community that they might otherwise not have.\textsuperscript{120}

These economic principles of the covenant were clear demonstrations of distributive justice. The Israelite community found unique ways to distribute a basic set of social goods to all of the members of their community, especially to the poor and underprivileged. This distributive justice was a central feature of the covenant in the Old Testament.\textsuperscript{121}

d. Justice and covenant in the New Testament

In the New Testament era these economic covenantal principles were still practiced by the elite in Jewish society. Even the poor and the landless in the villages implemented some of the economic principles amongst themselves, but they were also victims of the exploitation of the elite class.\textsuperscript{122} The new covenant, then, included a generous measure of economic justice for all of the people. Those who participated in
the new covenant were obligated to understand and implement some measure of justice. This justice was particularly distributive in nature.

In the aftermath of the death of King Herod in Israel both Judeans and Galileans intensified protests and resistance movement against the Roman ruling power and the priestly autocracy in Judea. Many of these protests movements were rooted in the Mosaic covenants that were being ignored in Israel.  

In the New Testament and in the teachings of Jesus in particular the new covenant and justice are inextricably connected. Ouelett argues that “to practice justice in imitation of Jesus, within the Christian economy, is a fruit of being born from above.” Justice is a product of the covenant with God through Jesus. Richard A. Horsley, Distinguished Professor of Liberal Arts at the University of Massachusetts, aptly describes this view when he summarizes the teachings of Jesus, “Having declared God’s new action of deliverance, giving the people a new lease on life, Jesus calls the people to embody the justice they are receiving in God’s blessings in their socio-economic relations with one another.”

Indeed many of the teachings of Jesus connect the covenant to justice in the community. Often in the gospel accounts Jesus confronts the rulers and teachers of the law with the exploitation of the poor in their midst. Jesus accuses the high priests of robbing the poor. He accuses scribes of “devouring widow’s houses” (Mark 12:40, NIV). He mocks King Herod for his life of luxury and his royal palaces. In Mark’s gospel Jesus condemns the exploitative nature of the Pharisees, the tax collectors, and the Roman Empire, all in violation of the covenant with God. The covenant demands a sense of economic justice in the community.
Jesus Sermon on the mount was a speech about the renewal of the covenant with God and that covenant included economic cooperation and sharing. Many of the other shorter speeches of Jesus reflect both the covenant renewal and the economic concerns of the covenant. The prayer for daily bread and cancellation of debts in the Lord's Prayer are covenantal as well as economic (Luke 11:2-4; Matt. 6:9-13). The cancellation of debts every seven years was one of the basic covenantal mechanisms to keep people economically viable on their ancestral land. The underlying point of all the covenantal commandments and mechanisms was to enable people to have sufficient food day by day, year by year. Horsley, summarizing this view, claims that “once we begin looking seriously for economic concern and covenantal themes in the teaching of Jesus, we find that they are extensive and prominent. For example, the longest speeches that Jesus gives in both Matthew and Luke are covenant renewal speeches.”

Furthermore, Jesus Sermon on the mount was a speech about the renewal of the covenant with God and that covenant included economic cooperation and sharing. Many of the other shorter speeches of Jesus reflect both the covenant renewal and the economic concerns of the covenant. Jesus speeches build on and intensify the covenant tradition of Israel of sharing and cooperation in a village. The blessings and woes of Jesus New Testament speeches are of part of the enactment of the covenant and its justice in the midst of the people of Israel in the first century. The blessings are on the poor and indicate God’s imminent act of deliverance. The woes are on the wealthy for their exploitation of the poor. The covenant and economic justice are intimately connected in the covenant with Jesus. He calls upon villagers to “renew
their mutual aid so that they can stand in solidarity revisiting the disintegrative power of the exploitative rulers.”\textsuperscript{133}

Thus the covenant with Jesus demands an interaction with the world in the arena of justice. Ouelett explains that, “the Christian who lives ‘in Christ’ is thus not free to wash his hands of the world’s injustice and take refuge in the realm of the purely religious.”\textsuperscript{134} Devasahaym holds a similar position as he argues that “therefore to be Christian (in the covenant) means to be in the world in such a way as to bring about justice or to work towards the realization of the divine polity of justice initiated by Jesus Christ.”\textsuperscript{135} In the new covenant Jesus offers redemption to all, what Oullet calls the saving justice. Therefore, the response to receiving this saving justice in the covenant is to live out that same justice in humanity.\textsuperscript{136}

e. The responsibility of justice in health care

Justice is a key component of God’s kingdom that Jesus brings and of the covenant that is a part of that covenant. Those in a covenant with Jesus, then have a responsibility to build the kingdom as Jesus called for the kingdom to be built. Those in the covenant with Jesus have the same priorities that he had, justice for the poor.\textsuperscript{137} Jesus regularly attacked four types of injustice. One type of injustice that Jesus regularly attacked was the injustice of greed and justice for the poor and hungry. This type of injustice is what the issue of distributive justice addresses. A second area of injustice that Jesus attacked was the injustice of domination. Paternalism, at least in its extreme forms, can be construed as the injustice of domination in the way that a physician dominated or exerted power over a patient. A third area of injustice that Jesus attacked was the area of the injustice of violence. Patients treated against their will, violating patient autonomy,
are victims of violence. A fourth area of injustice that Jesus attacked is the area of exclusion from the community. Those that are denied access to adequate health care are in effect excluded from the community. These four themes elaborate on what it means to have justice in health care.

The thrust of the attacks by Jesus on these injustices is to emphasize that participants in the covenant with Jesus have a moral responsibility to do justice in the community. Jesus’ attacks on injustice imply that each person in the community has worth and that each member of the community matters for his own sake, not for the sake of what he or she can contribute to the community.

f. Summary of the principle of justice and the covenant

Allen describes this responsibility that Jesus includes in the covenant as “the responsibilities that correspond to human rights are owed to every person and ought to be honored without discrimination.” Since God is faithful to all of those in the community, and since Jesus is faithful to all of those in the community, then those in a covenant with Jesus must also reflect that faithfulness to everyone in the community. Because of the covenant with Jesus, each person in the community, even the weak and the vulnerable, are due respect and worth and justice.

3. The principle of justice and the pursuit of healing

The pursuit of healing is one of the theological themes from the New Testament that enhances the meaning of the principle of justice. By understanding how healing is pursued in the New Testament one can get a broader and deeper understanding of the application of the principle of justice in health care in our own communities.
a. The historical context

The Greek and Roman practice of medicine focused primarily on those who could afford to pay for it. The wealthier members of society benefited from the availability of heath care while the poor members of society did not have that privilege. In the church community, especially in Corinth, where there was a combination of various income levels, this disparity would be obvious. J. Kier Howard speculates that part of the discord in the Corinthian church was over this disparity between the rich and the poor members of the church in regards to access to physicians and health care. In Roman Palestine the situation was similar. The Roman citizens, the priesthood, and especially the members of Herod’s court would be able to consult a physician, while many of the poor in the community could not. Herod may have had his own personal court physician.

The focus of Jesus on healing the poor and the outcast is understandable given the lack of physicians available to treat the poor and the handicapped. An important part of the ministry of healing for Jesus was to those who did not have access to trained and practicing physicians in the first century. In addition we see Jesus do much healing in Galilee, a region far removed from Jerusalem and thus served by fewer trained physicians. Howard surmises that “it would seem that much of the work of Jesus was among the genuinely indigent, as well as the sick, the blind the lame and the lepers, who play so important a part in the Gospel accounts of Jesus' ministry.” Jesus was implementing the principle of distributive justice as he pursued healing in his own ministry in the first century.

As noted in the previous chapter, the Scriptural material is also pointed toward a sense of justice in the pursuit of healing. Old Testament passages like the one in Job
29:14-16 connect justice with healing the blind, the lame, and the needy. In Proverbs 31 a king is called on to execute justice by caring for the destitute, the poor, and the needy. Psalm 146 applies God’s justice to the oppressed, the poor, the blind, and the ill.

This is the background of justice and healing that Jesus carries into his ministry described in the New Testament. Stephen Mott, Professor of Christian Social Ethics at Gordon-Conwell Theological Seminary, claims that “health care as a right is supported by the association of healing with justice in the Bible.” When Jesus proclaims in Matthew 12 that he is fulfilling the prophecy of Isaiah for justice, he is doing so in the context of the healings he has just performed. Luke 4 does the same, as Jesus connects the coming of his ministry with both justice and healing, also quoting from Isaiah. Mott aptly summarizes this aspect of Jesus’ ministry, “Justice that empowers the needy and delivers the oppressed, includes the physically ill and disabled.”

b. The responsibility to those without health care

The ministry of Jesus in providing healing for the poor and needy as an act of justice squarely joins those two principles together, justice and the pursuit of healing. The pursuit of healing as it is described in the New Testament requires one to pursue healing for all peoples, not just a portion of the population. Justice in this area includes a responsibility for promoting access to health care for even the poorest and neediest in a community.

This understanding of the intersection of justice and health care is not unique to the New Testament perspective. Theories of the common good from a variety of philosophical perspectives reach the same conclusion. Cahill asserts that “some philosophical theories of bioethics adapt the liberal principles of John Rawls in a way
that affirms the basic good of health care as a good in which all members of society have a right to participate.”

Sociologist John Evans makes a case for a theological underpinning of this intersection of justice and the availability of health care in the Untied States. Others from a theological viewpoint also join together the pursuit of helping with the principle of justice. Cahill herself makes the argument that a theological approach to health not only makes access to adequate health care a matter of justice, but that “Christian theological bioethics should make justice in access to health care resources its first priority.” Cahill thinks that access to health care for the poor should be a main concern. In advocating for the centrality of this issue for people T. C. Kelly, First African American female Bishop in the United Methodist Church, asks the rhetorical question, “how can health care not be a part of life?” Indeed, health care has always been a part of life. Robin Gill’s description of the term “care” in the health care setting includes, “actions as well as attitudes in that properly understood, involved both ‘caring for’ and ‘caring about’ those in need.” Caring about those in need, he continues, is advocacy for the vulnerable and incompetent person and diligence in distributing health care of a global scale. Jim Wallis is a Protestant social ethicist and editor of Sojourners magazine. Wallis not only agrees that the Jesus of the New Testament demands work for justice but believes that the so-called left and right wings of the Christian churches need not be so far apart on this issue. Devasahayam argues in his piece in the Vidyajyoti Journal of Theological Reflection that “the just society is described as one which guarantees and maximizes the well being of all of its members.”
c. Summary of the pursuit of healing and the principle of justice

The just pursuit of healing in a community includes a responsibility to work for access to adequate health care for all of its members, including the poorest and neediest. The historical context in which New Testament events took place shows a deep divide between rich and poor in regards to access to health care. The ministry of Jesus in pursuing healing often for the poorest and neediest in the community shows that the theological principle of the pursuit of healing includes a passion for providing health care for the poorest and neediest in the community.

4. Summary of The Principle of Justice and the theological themes

Therefore, it has been shown that the three theological themes from the New Testament from chapter three of this dissertation do indeed enhance the meaning of the contemporary bioethics principle of justice. That principle addresses the fair and equitable distribution of health care resources. The theological theme of the image of God teaches that each human being is made in that image. Because each human being is made in the image of God, each human being then deserves the same kind of response from the community, a just and fair distribution of health care resources. The theological theme of the covenant implies that Christians need to respond to the community as Jesus did, with love and concern for all, including the poor and the needy. The theme of the covenant shows that the poor and the needy need a fair and equitable distribution of health care. Finally, the theological theme of the pursuit of healing leads to the understanding that that the pursuit of healing cannot be limited to one segment of the population. The pursuit of healing includes all members of a community, including the
poor and the needy. These three theological themes enhance the meaning of the principle of justice by encouraging the pursuit of a fair and equitable distribution of health care resources.

D. The Principle of Beneficence

1. The principle of beneficence and the image of God

The contemporary bioethics principle of beneficence, defined in the first part of this chapter as not doing any harm to a person and investing in the well being of the other person is better understood by applying the theological theme of the image of God to this principle. When Christians recognize the image of God in another person, they are then motivated and in one sense obligated to extend to that person beneficial care and to avoid inflicting harm on that person. The image of God is the rationale for beneficence in that sense.

Calvin approached the topic in the same way teaching that the person is merely a substitute for the Lord and that one should treat the person as if he was treating Jesus himself. Calvin’s lengthy but profound paragraph on this makes the argument well.

Therefore, whoever be the man that is presented to you as needing your assistance, you have no ground for declining to give it to him. Say he is a stranger. The Lord has given him a mark which ought to be familiar to you: for which reason he forbids you to despise your own flesh (Gal. 6:10). Say he is mean and of no consideration. The Lord points him out as one whom he has distinguished by the lustre of his own image (Isaiah 58:7). Say that you are bound to him by no ties of duty. The Lord has substituted him as it were into his own place, that in him you may
recognize the many great obligations under which the Lord has laid you to himself. Say that he is unworthy of your least exertion on his account; but the image of God, by which he is recommended to you, is worthy of yourself and all your exertions.\textsuperscript{157}

What is important to note is that the image of God in a person is not limited to some kind of spiritual or ephemeral aspect of humanity or non-corporeal soul, but it includes the bodily aspects of humans as well. Therefore, any healing of the physical part of a person also heals what contains the image of God. When God created the human race in God’s own image, the human body was part of that creation. In not harming that body and in investing in the well being of the created body, one is respecting the body that God created.\textsuperscript{158}

The image of God in each person is what connects one human being to another. This connectedness, best demonstrated as love or an investment in the well being of another, is based on this mutual image of God. The image of God in this sense is not the individualistic image that Berkouwer sees in each human, but the relatedness of all of those who are made in the image of God.\textsuperscript{159}

Jesus Christ is the perfect image of God. In Christ the image of God in humanity is best displayed and demonstrated. Since Jesus Christ was wholly directed toward one’s neighbor, the image of God in persons means that the care giver must be wholly directed toward one’s neighbor. This is the principle of beneficence as derived from the theological theme of the image of God. Hoekema explains this well, “When people came to him with a need, whether the need was for healing, food, or forgiveness, he was always ready to help them.”\textsuperscript{160}
When this image of God is renewed in a person through Christ, it means that person is enabled to be properly and honestly directed toward the neighbor. Loving one’s neighbor as oneself is the ultimate expression of this renewed image of God in a person. This renewed image in a person includes loving one’s neighbor as oneself, a readiness to forgive others when the neighbor sins against the person, and praying for the neighbor. The renewed image also includes being deeply concerned for the welfare of the neighbor, being concerned for social justice and human rights, and for meeting the needs of the poor and destitute. This renewed image implies loving the neighbor not because the neighbor is so lovable, but because God loved the neighbor first. Hoekema, in his essay on this topic, continues with a number of examples of how the image of God in each person calls one to love one’s neighbor. As Hoekema details his examples, it becomes clear that they are also examples of beneficence. Hoekema explains that to love one’s neighbor who is made in the image of God, or express beneficence, is to live for others rather than for oneself. Loving one’s neighbor who is made in the image of God according to Hoekema is using all one’s gifts in the service of another. This means using a person’s rational and volitional powers to act in the neighbor’s best interest. This action is the very definition of beneficence. Loving one’s neighbor who is made in the image of God is using the gift of speech not to run down the neighbor or ruin his or her reputation, but to maintain the neighbor’s good name and to encourage the neighbor. Loving one’s neighbor who is made in the image of God means resisting the temptation to look down upon a person because of the color of the person’s skin and being ready and eager to accept and respect people of different races and nationalities as fellow image
As Hoekema explains loving one’s neighbor who is made in the image of God he is explaining in wonderful detail what beneficence means.

Archbishop Njongonkulu Ndungane made a similar point in a speech at the 1998 Lambeth conference in Canterbury, England. He referred to this mutual creation in the image of God as “mutuality in relationship” or “the reciprocal interdependence of equals” and used that reciprocity as the foundation for caring for one another as humans. The Bishop argues well that “living respectfully, lovingly and creatively across our differences, in communion with each other must always remain foundational to our work, our life, our fellowship in Christian community.” The Archbishop’s explanation of mutuality based on our common creation is also an apt description of how the contemporary bioethics principle of beneficence can be understood and applied.

The theological theme of the image of God in each person also justifies extending beneficence to those with various handicaps and disabilities. The reason that health care and any kind of care is extended to persons with disabilities is that they, too, bear the image of God. Even those who are severely mentally disabled and are unable to communicate with others, still bear at some level the image of God. Thus part of the rationale for caring for people is that they bear the image of God. Part of the rationale for respecting those with disabilities is that they bear the image of God.

In summary, because each person is made in God’s image, one is obligated to treat each person by avoiding harming the person and working toward the best interests of that person. In doing so, one is expressing the very definition of beneficence. This image of God in a person is not limited to the soul, but also includes the body. Thus health care that looks after the best interest of the person physically is also respecting the
image of God in that person. This image of God is what connects all persons to one another and encourages the use of the principle of beneficence as a standard of relating to others who are also created in the image of God. Jesus Christ was and is the perfect example of beneficence in how he demonstrated love for all who were created in God’s image. The theological theme of the image of God expands and elaborates on the meaning of the contemporary bioethics principle of beneficence.

2. The principle of beneficence and the covenant

a. The covenant is a covenant of love

The commands to love God and love one’s neighbor come from Jesus Christ and are transmitted to the followers of Jesus as part of a covenant with God and Jesus Christ. Through the death and resurrection of Jesus Christ God forms a covenant with humanity. For God’s part God promises to grant humans who believe the gift of eternal life and participation in the Kingdom of God. The human part of the covenant involves a response to this gracious gift of God. That human response to the covenant is quite similar to and helps one to understand the bioethics principle of beneficence. Bouma clarifies this as “the Bible portrays covenantal ethics as the appropriate response to God's creative and reconciling work, a response that involves love.”166 Robin Gill’s assessment of the relationship with God and the covenant is similar to Bouma’s. Gill’s focus is on the compassion in the New Testament. His argument then is that while covenant is a term used often to describe a doctor patient relationship by May, Ramsey, and others, for Christians the concept of a human covenant must be set in the context of “God’s generous and abundant covenant with us.”167 Our compassion then is a reflection of
God’s compassion for humanity, reflected in the synoptic gospels by Jesus. Compassion is an outgrowth of this covenant with God.

Bouma elaborates on this connection using the term covenantal ethics. His use of this term further enhances one’s understanding of the principle of benefice. Bouma describes three aspects of covenantal ethics. The first is that covenantal ethics has in mind the natural end or purpose of humanity, to serve God. Thus, much like the Greek virtues, covenantal ethics does have some focus on the compassion and care emanating from the care giver. Second, Bouma argues that the goal of covenantal ethics is doing well, which is a shortened expression of the principle of beneficence. He compares this to a utilitarian ethic which measures pain and pleasure and balances the two. In covenantal ethics there is the seeking of the good for the patient. Third, covenantal ethics views each person as an end in him or her self, not a means to an end. Here Bouma reflects the Kantian principle of persons being ends and not means. As the covenant is unfolded in this way, the meaning of the principle of beneficence becomes clearer. The principle involves the attitude or virtue of the health care provider, the good of the recipient of that care, and seeing the recipient as an end not a means to another end.

The covenant becomes most useful in understanding the principle of beneficence when one appreciates how the covenant leads a person to love another. In the covenant one is to love as Jesus loved. So the compassion that Jesus showed in the gospels is a model of the compassion for a person today. Compassion in this context is nearly the same as beneficence, especially as Stassen defines it, “Compassion must them take the form of concrete help that participates in delivering needy persons from the situation in
which they suffer. Stassen’s definition is another way to describe the principle of beneficence, but in his articulation of it, the application of the principle becomes clearer.

Bouma’s argument for the intersection of the covenant and care for one another is similar to Stassen’s. God’s love is both inclusive in that it binds us together in community and impelling in that is calls each member of the covenant to care for others. This love of God for humans is first both agape love, self sacrificing as in Jesus, but also eros love, a love for the object itself. So the expression of love for one another is first both agape, self sacrificing love and eros love, love for the person him or her self. Second, God’s love endures over time, always being faithful even when humans are not. Third, God’s love seeks to meet fundamental human needs, especially the most vulnerable.

This love of God is the model for how those in the covenant are to love others and continues to enhance an understanding then of the principle of beneficence. There are at least two key aspects of the model of God’s covenantal love that need to be considered. One is that while God is the model, humans cannot live up to the model of Jesus or God. So the ideal is impossible to attain. Those who attempt to take on God-like or messianic roles find themselves in deep trouble. Second, God’s love is more than a mere model, but is a transcendent reality that must be acknowledged and appreciated. The reality of God is the motivation to adopt the model of God’s love as we love one another.

b. The responsibilities of the covenant

This covenant of love then brings with it certain responsibilities for those who participate in the covenant. The nature and intensity of those responsibilities and duties is the debate. Some lodge the responsibilities at one end of the spectrum of minimal
legally, enforceable responsibilities while others at the other end of the spectrum in heroic sacrifice for the good of another. Most commentators will lodge them somewhere in between in regards to civility and reasonable care. Yet, as Bouma so aptly puts it, "throughout the spectrum, both the awesome respect appropriate toward imagers of God, and the nurturing compassion appropriate toward the vulnerable should be sufficient motives for covenanted people." 172 The covenant brings with it responsibilities for the participants in the covenant.

Bouma delineates three categories of responsibilities, all of which help to illuminate the principle of beneficence. The first is the appropriate response to God’s actions. God has graciously saved and cared for every member of the covenant. The sacrifice of Christ on the cross is what gives Christians entrance into the covenant. Therefore, that same graciousness and care should be extended to others as well. Second, a response to the covenant demands obedience to God’s commands. The commands to love one’s neighbor and to care for the poor and the needy are only the most obvious ways that participants in the covenant can respond to that call to obedience. Third, the participants in the covenant are called to imitate Jesus’ example of loving each person. 173 Another way to phrase that example is to do what is in the best interest of the other. That phrasing is the classic definition of beneficence.

Courtney Campbell deftly points out that the covenant with God requires more than a passive, “do not harm”. The responsibility is a more aggressive one seeking to do positive actions to benefit the welfare of others. He uses “the themes of self sacrifice, assuming personal inconvenience and risk, and active seeking of the welfare of others beyond one’s covenantal community of concern, as displayed paradigmatically in the
Christian narrative of the good Samaritan.\textsuperscript{174} as descriptive of the responsibilities of participants in the covenant.

This covenant also includes a narrower point on this responsibility. Following and serving Jesus demands care for all people, especially those who cannot care for themselves. Thus the covenant with God through Jesus brings with it this responsibility to care for people, especially the least of these.\textsuperscript{175} A response to that covenant means attempting to heal the sick regardless of how they became sick. Etiology is significant only in diagnosis and treatment, not in the decisions to treat at all.\textsuperscript{176}

c. The relational aspect of the covenant and the principle of beneficence

The covenant with God also brings a relational aspect to the principle of beneficence. Beneficence, in terms of reflecting the covenant, is not merely about actions but also includes a focus on relationships amongst the person in the covenant and with the recipients of the care for which the principle of beneficence calls. What makes human life good is the possibility of relationships with God and one another. This is part of the covenant with God. That covenant then implies responsibilities for a relationships with God and others. With God this relationship involves caring for God’s image in others. For others this relationship involves direct care for another human being. This care will include a relationship of some kind between the care giver and the are receiver, as this is important in the covenant as well. The covenant is a relational one.\textsuperscript{177}

Because each person in a covenant with God is also in that same covenant with other persons, one does not want to endure irremediable and intense suffering that interferes with the good of a relationship with God and others. A treatment that eclipses one’s relationships to God and others may not be beneficial. The concept of beneficence,
or acting in the best interest of the patient, must include this aspect of the patient’s relationships with the care giver and with God, as well as the caregiver’s relationships with God and others. This is a new understanding of beneficence, expanding beneficence beyond just what is good for the patient but what is good for the patient’s relationships with others.\textsuperscript{178}

Medical personnel and patients who describe their relationships as a covenant, challenge the medical personnel who have other covenants like family and the covenant with God to include the recipients of care in those relationships. The care giver who has a relationship with God through the covenant cannot ignore the extension of those relationships to others. The covenant with God may at times interfere with the covenant with the patient in terms of both time and content of care delivered.\textsuperscript{179} Abortion services, which some health are providers may object to delivering due to their covenants with God, are an obvious example of the impact of the relationships of God through the covenant on this principle of beneficence.

d. Summary of the principle of beneficence and the theme of the covenant

The theme of the covenant with God has a significant impact upon the understanding of and meaning of the contemporary bioethics principle of beneficence. The covenant is a covenant of love, the love of God for humanity and the love of Christ though his sacrifice on the cross. This covenantal love, then, gives depth and meaning to the principle of acting in the best interest of the patient. The response of the recipients of God’s love is to then express that same love to others, which is indeed beneficent. That covenantal love becomes a model for how participants in the covenant are to love others. This love extends not only to other members of the covenant, but like God’s love, to all
of the sick and the needy in the community. A responsibility to care for those sick and needy persons is a responsibility of those who participate in the covenant with God. The theological theme of the covenant then helps to enhance the meaning of the bioethics principle of beneficence.

3. The principle of beneficence and the pursuit of healing.

a. The pursuit of healing includes acting in the best interests of another

The theological theme of the pursuit of healing is central to both the ministry of Jesus and the contemporary bioethics principle of beneficence. Beneficence calls for a health care provider to act in the best interests of the patient. The pursuit of healing calls for action to help and to heal another, both in the physical and in the broader personal and emotional aspects of humanity. Jesus healed the sick and cast out demons as a demonstration of his care and compassion for people. While those actions may have drawn attention to his messianic ministry, they were at the foremost acts of care and mercy for another. Jesus epitomizes the theme of the pursuit of healing and he does so in a way that helps one better understand the principle of beneficence. Glenn Stassen offers three reasons why Jesus made healing a significant part of his ministry. One is as evidence that God was indeed acting through Jesus to inaugurate the Kingdom of God. Two was as an expression of compassion for the suffering that Jesus encountered regularly in his ministry. Three was a foreshadowing of the reign of God when healing would have a much broader and deeper role in society. The pursuit of healing, modeled after the ministry of Jesus, looks toward the best interest of the one being helped, as does beneficence.
Another feature of the pursuit of healing that can illuminate the meaning of the contemporary bioethics principle of beneficence is the way in which Jesus attended to the needs of the present moment. He healed numerous times on the Sabbath, not only to challenge to laws of the Pharisees, but to demonstrate that healing is more important than those Sabbath laws. The priority that Jesus gives to healing in the present shows the priority that one can give to healing in the present under the principle of beneficence. Thus the ministry to the sick became an integral part of the ministry of Jesus Christ, showing the importance and value of the contemporary bioethics principle of beneficence.  

b. The pursuit of healing goes beyond physical healing.

The contemporary bioethics principle of beneficence is not limited to just working toward the best interest of a person physically. As demonstrated in chapter three, the pursuit of healing in the New Testament goes well beyond the physical. Healing the physical can be referred to as curing, but healing goes well beyond curing. Beneficence, then, also goes well beyond just curing. This broader view of healing, when applied to the principle of beneficence gives the health care provider a wider sense of the ways one can help and heal another person. This concept broadens the idea of working in the best interest of a patient to include the moral, spiritual, emotional, and personal dimensions as well. A classic example of this in the New Testament is when Jesus stills a storm and calms down the twelve disciples. As Pilch adroitly points out in his comments on healing, “Therefore, Jesus not only heals bodily ills, but also stills storms, feeds hungry crowds, has compassion on harassed crowds, etc.” Jesus meets needs that are the nature of beneficence when the theological theme of the pursuit of healing is applied to it.
What also comes from this understanding of the principle of beneficence is the importance of the healing of the sick as opposed to the curing of the sick in terms of the Church's ministry. The story of the Good Samaritan furnished the early Church with its model in dealing with the sick and others in need. The chief ministry of the church was caring, not necessarily curing. Unlike the pagan world, or even the Jewish community, the Christians extended their concern and care to everyone. In the Good Samaritan story the Samaritan offered care, or pursuit of healing (not curing) to the injured man. This care included bandaging his wounds, pouring oil and wine on them, transporting the man to the inn, taking care of him at the inn, paying for the inn services, and promising to pay for future costs incurred by the wounded man. This pursuit of healing goes well beyond just cure. So beneficence also goes beyond just cure, including paying for health care.

Logically then the primary function of the Christian community in relationship to the ill and ailing is to provide cure and care, physical and emotional assistance, and personal support. Whether the task is to relieve anxiety, offer encouragement, bring someone closer to God, or deal with a family problem, it is all part of the concept of beneficence. Cahill’s analysis of this concept is similar to this one. She argues that the individualistic approach to health care decisions is inadequate because of the many connections, personal and emotional, to others. One’s circumstances will require much more than a mere cure, and will also require a wider view of what it means to act in the best interest of the patient. Those interests go well beyond the physical.

Howard offers an excellent justification for this approach. Howard argues that for most people,
A properly focused person will have a better physiology than one who is riddled with guilt, stress and anxiety. The person who is at peace and who is surrounded by loving support, heals better. It is the Church's function to bring that peace which is a measure of the genuine wholeness that comes from God. This is where its 'healing' ministry, or, both more biblically and more correctly, its care for the sick, must be centered.\(^{187}\)

The attention paid to the other aspects of a person besides the physical cure will give the person better results in the long run. Thus, the best interests of the patient include a view of the whole patient. The theological theme of the pursuit of healing adds this key dimension to the principle of beneficence.

c. Summary of the principle of beneficence and the pursuit of healing

The contemporary bioethics principle of beneficence is better understood by understanding the theological theme of the pursuit of healing. That theme widens the definition of “the best interests of the patient” to include all other aspects of humanity. Healing is more than curing, it is care for the whole person. Jesus is the model for this kind of healing. Jesus operated in the present, sensing and dealing with a variety of needs in each person he heard, whether or not the person was cured. Jesus also took action, for this view of the principle of beneficence demands action to provide that healing. The principle of beneficence, acting in the best interest of a person, includes all of that person’s interests and the principle includes caring, not just curing a person.

The value of the three theological themes derived in this dissertation from the New Testament to the principle of beneficence has been demonstrated here. Because each person is made in God’s image each person deserves the kind of care that acts in the best interest of that created image of God. Each person, not just a select few, deserve the care and healing those members of the Christian community can bring. The theological theme of the covenant adds to the understanding and meaning of the principle of beneficence by realizing the obligations that the covenant calls upon from its participants. Those in the covenant are bound to reflect to others the same love that they received from Jesus. That reflection can also be expressed as the principle of beneficence, acting in the best interests of the other. The theological theme of the pursuit of healing may most directly influence the understating of the principle of beneficence. Beneficence often means pursuing the right course for healing a persons. The theological theme of the pursuit of healing calls for the same kind of endeavor. Yet that theme also calls for a pursuit of healing that is wider than just the physical but includes all aspect of the human person. These three theological themes, then enhance the meaning of the contemporary bioethics principle of beneficence.

E. Summary

1. The purpose of this dissertation

The purpose of this dissertation is to use theological themes from the New Testament to enhance the meaning of contemporary bioethics principles. This chapter
has defined the three contemporarily bioethics principles that will be addressed in this
dissertation. They are respect for persons, beneficence, and justice. Respect for persons
is honoring the autonomy that each human being has to make his or her own decisions
including decisions on health care. Beneficence is both acting to benefit the well being of
a person and avoiding harm to that person. Justice is promoting fair and equitable access
to health care resources for all citizens.

2. The bioethics principle of respect for persons.

    Respect for persons is one of these contemporary principles of bioethics. Well
articulated in The Belmont Report, this principle is today the basis for such practices as
patient autonomy and informed consent. The three theological themes in this dissertation
enhance the meaning and understanding of this bioethics principle. The first theme is the
theme of the image of God. Because each person is made in God’s image, respecting the
person is respecting the image of God. The respect is for the image of God in that person
and for the creator who made that person. Therefore, each person is due some measure of
respect, including those receiving health care.

    The second theological theme is the theme of the covenant with God, that God
will be God and the people of God will then abide by God's commands. This theme also
enhances the meaning of the bioethics principle respect for persons. This covenant
comes with responsibilities, among which are to treat each human being with the same
grace and care that God treats each human being. Part of this responsibility is to reflect
to humanity the nature and character of God. In doing so, one will respect the persons
whom God has created. The process of reflecting the character of God toward other
persons will include loving and caring for the other person in the same way that God has
loved and cared for that person. That basic human respect for the ideas, heart, soul, and intellect of the other is what respect for persons means.

In a similar way, the third theological theme, the pursuit of healing, helps to enhance the meaning of the contemporary bioethics principle of respect for persons. Healing as understood in the New Testament goes well beyond curing the physical disease, but includes addressing a person's, spiritual, emotional, and intellectual needs as well. By addressing the whole person, including a person’s decision making capacity, one is respecting that person. The meaning of respect for the person includes addressing the whole person in the healing process and not merely one aspect of the person’s physical healing. The principle of the respect for persons is enhanced by these three theological themes.

3. The bioethics principle of justice

The three theological themes from the New Testament from chapter three of this dissertation likewise enhance the meaning of the contemporary bioethics principle of justice. That principle addresses the fair and equitable distribution of health care resources. The theological theme of the image of God teaches that each human being is made in that image. Because each human being is made in the image of God, each human being then deserves the same kind of response from the community, a just and fair distribution of health care resources. The theological theme of the covenant implies that Christians need to respond to the community as Jesus did, with love and concern for all, including the poor and the needy. Thus, the theme of the covenant shows that the poor and the needy need a fair and equitable distribution of health care. Finally, the theological theme of the pursuit of healing leads to the understanding that that pursuit
cannot be limited to one segment of the population. The pursuit of healing includes all members of a community, including the poor and the needy. These three theological themes enhance the meaning of the principle of justice by encouraging the pursuit of a fair and equitable distribution of health care resources.

4. The bioethics principle of beneficence

The three New Testament theological themes derived in this dissertation from the New Testament also enhance the meaning of the principle of beneficence. Because each person is made in God’s image each person deserves the kind of care that acts in the best interest of that created image of God. Each person, not just a select few, deserves the care and healing those members of the Christian community can bring. The theological theme of the covenant adds to the understanding and meaning of the principle of beneficence by realizing the obligations that the covenant calls upon from its participants. Those in the covenant are bound to reflect to others the same love that they received from Jesus. That reflection can also be expressed as the principle of beneficence, acting in the best interests of the other. The theological theme of the pursuit of healing may most directly influence the understating of the principle of beneficence. Beneficence often means pursuing the right course for healing a person. The theological theme of the pursuit of healing calls for the same kind of endeavor. That theme also calls for a pursuit of healing that is wider than just the physical but includes all aspects of the human person. These three theological themes, then, enhance the meaning of the contemporary bioethics principle of beneficence.
5. Conclusion

This chapter has taken the three theological themes derived from the New Testament in chapter three of this dissertation and applied them to three basic contemporary bioethics principles. The three themes are the image of God, the covenant with God, and the pursuit of healing. The three contemporary bioethics principles are derived from *The Belmont Report*. Those three principles are the principle of respect for persons, the principle of justice, and the principle of beneficence. This chapter has shown how the three theological themes enhance the meaning of those contemporary bioethics principles.

F. A Comparison to Paul Ramsey’s Work

1. Ramsey’s era

Paul Ramsey wrote two definitive works on ethics and bioethics. The first, *Basic Christian Ethics*, was written in 1950. In that volume Ramsey lays a foundation for an ethic based on Scripture. Ramsey’s aim in that book was to “endeavor to stand within the way the Bible views morality.”

Thus he examines a variety of Scriptures and concludes that “the central ethics notion or ‘category’ in Christian ethics is ‘obedient love’ – the sort of love the gospels describe as ‘love fulfilling the law’.” In his analysis of the Scriptures Ramsey puts a major focus on the twin commands to love God and love one’s neighbor, finding in them a singularity of meaning and purpose. Because of Ramsey’s landmark research in this area, this dissertation is indebted to this work and finds it foundational for the study of New Testament theological themes that can enhance the meaning of contemporary bioethics principles.
Ramsey’s second volume on ethics, *The Patient as Person*, was aimed more specially at bioethics. This book was one of the first by modern day Protestants to address bioethical issues. However, there are several issues in bioethics that have emerged since Ramsey’s publication of that work that he could not have foreseen or commented on. One of those issues was the Tuskegee Institute study of syphilis. The Tuskegee study was not made public until 1972.\(^1\) Also, the President’s National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research was not created until 1974.\(^2\) The report of this national commission, *The Belmont Report*, was not issued until 1979. The bioethics principles of *The Belmont Report*, respect for persons, justice, and beneficence, are the basic principles addressed in this paper. Since Ramsey could not have known about any of those issues, his groundbreaking work, *The Patient as Person*, has primarily a foundational affect on this dissertation.

Furthermore, the study of bioethics as a discipline has changed dramatically since Ramsey published *The Patient as Person* in 1970. Numerous national commissions and an explosion of research and writing in bioethics including Beauchamp and Childress’s *Principle of Biomedical Ethics* in six editions, have added much to the topic of bioethics, none of which Ramsey could have know about when he published.\(^3\) This is not to say that Ramsey’s two volumes are obsolete, but it does mean that the specific issues raised in this dissertation will not be addressed directly by Paul Ramsey.

2. Ramsey’s work is more research oriented.

While Ramsey’s first work on ethics, *Basic Christian Ethics*, is a foundational work for this dissertation and for Christian ethical study in general, his second work is
pointed more directly at research ethics. In this regard Ramsey was prescient concerning
the need for more careful thought in the area of research ethics. In *The Patient as Person*
Ramsey proposes to address the relationship between researcher and subject.\(^{194}\) He often
references the Nuremburg codes\(^{195}\) which were born out of the failure of research ethics
in Germany during World War II. Ramsey’s chapter one begins with a long quote from
those Nuremburg codes and focuses on a “canon of loyalty … between the man who is
patient/subject and the man who performs medical investigational procedures.”\(^{196}\) Thus,
while Ramsey’s work is more helpful in research ethics, this dissertation addressees
bioethics principles that are used in health care settings, not just research settings. Thus
the work of this dissertation will be helped by, but be distinctly different from the work
of Paul Ramsey in *The Patient as Person*.

3. The covenant between patient and person.

In *The Patient as Person* Ramsey roots his thesis in the concept of fidelity to a
covenant.\(^{197}\) This is primarily the covenant that each human has with another human.
The covenant in this sense is not unique to Christians but applies to all persons. This
covenant becomes the ideal for a covenant between the physician and the patient. This
covenant, he says, is part of how one human treats another, what he refers to as fidelity to
one another. Ramsey defines covenant fidelity as “the inner meaning and purpose of our
creation as human beings, while the whole of creation is the external basis and condition
of the possibility of covenant.”\(^{198}\) In this covenant humans accept a responsibility to one
another and the relationship between physicians and patients is only one example of this
human to human covenant. Because each person is a human, there exists this
responsibility to exercise the covenant. While Ramsey uses the language of covenant
and faithfulness, he does not use those terms in the same way as the New Testament uses those terms.\textsuperscript{199} Ramsey’s covenant is between humans, based on a form of naturalism, that all humans should treat one another with respect. His definition comes from his view of the “sacredness in the natural biological order.”\textsuperscript{200} While there are numerous examples of covenants between humans in the Old Testament, Ramsey chooses not to use them as an ethical guide.

Ramsey’s use of the term covenant to describe the relationship between a physician and a patient is quite apropos. Yet, his definition differs significantly from the use of the term covenant in the Scripture and thus how the term covenant is used in this dissertation. Ramsey’s basis for this use of the term covenant and for a physician treating a patient as a person is that they are both human. There is no connection to the New Testament concept of covenant. The term covenant used in this dissertation refers to the covenant between God and humanity through the sacrifice of Jesus Christ. This covenant is deeply theological and affects all that Christians do. This New Testament covenant is the basis for this dissertation’s theme of the covenant, which is quite different from Ramsey’s.

Ramsey does not attempt to connect his work in \textit{The Patient as Person} to his previous book on Christian ethics, \textit{Basic Christian Ethics}. \textit{The Patient as Person} is a book written apart from any study of the New Testament. Since this dissertation begins with the New Testament data, particularly the twin commands to love God and love one’s neighbor, as resources of bioethics, it will be very different from Ramsey’s work. The two works, Ramsey’s \textit{The Patient as Person} and this dissertation take two very different paths to arrive at similar ends. Ramsey’s \textit{The Patient as Person} concludes with “the
awesome respect required of men in all their dealings with men if man has a touch of sanctity in this his fetal, mortal, bodily, living, dying life.” He thus reflects both the theological theme of the image of god and more importantly the bioethical principle of respect for persons. Yet he gets there by a different argument.

Ramsey bases his argument on the “sacredness of the natural biological order.” While his conclusions are profound and valuable, they are not based on the New Testament Scriptures or the New Testament theme of the covenant between God and humanity. In that way, Ramsey’s work does not use theological themes to enhance the meaning of basic bioethics principles as this dissertation does.

4. Different rationales for treating patients as persons
   a. The image of God

This dissertation, like Ramsey, advocates treating patients as persons, but for a different reason than Ramsey argues. Ramsey argues for treating a patient as a person from the standpoint of the sacredness of the natural, biological order. All human life has value and worth and therefore all human life should be treated as a person with respect and dignity. Ramsey argues that dignity is too weak a term to describe human life. He prefers “sanctity” to describe the value of each human being. Therefore, each human being, bearing this sanctity of life, demands the respect of every other human being. Thus the physicians need to offer respect to the patients who bear this dignity.

This dissertation argues that because all humans are created in God’s image, and because Christians are called to love God, which includes loving the creation made in God’s image, one is obligated to treat each person including patients with respect. When Jesus offered the twin commands to love God and love one’s neighbor, they were
not offered as two separate and unconnected commands. In loving one’s neighbor one loves the image of God in that neighbor and thus loves God. The two commands are connected. The principle of respect for persons is rooted in the theological theme of the image of God and in the twin commands to love God and love one’s neighbor. This argument, from the theological theme of the image of God, is a different argument than Ramsey’s argument from the sacredness of the natural social order.

b. The covenant

In this dissertation the covenant is the covenant between God and humanity through Jesus Christ, referred to as the New Covenant. In this covenant is a call for humankind to obey God, including the twin commands to love God and love one’s neighbor. The covenant with Jesus Christ then is a model for human relations. One is to treat persons in the same way the Jesus treated humanity in the context of this covenant, with love and care and forgiveness. The covenant is also a spiritual obligation that stems from one’s devotion to Jesus Christ and his work of grace. Participants in this new covenant obey God and treat patients and all people as persons. Participation in the covenant with Jesus Christ is the rationale for treating each person with respect, especially those who are recipients of health care. The contemporary bioethics principle of respect is understood better by realizing the nature of these covenantal obligations.

Ramsey also argues for treating patients as persons from the perspective of covenantal obligations. In his writing Ramsey refers to his understanding as the canon of loyalty and he uses that concept to form his ethical conclusions. In his discussion of donor eligibility for transplants he refers to the canon of loyalty that a physician has to the donor, not just to the recipient. In his chapter on care for the dying he use the
theme of faithfulness, or canon of loyalty, to justify the various means of keeping a dying patient comfortable during the dying process. \(^{208}\) In discussing pediatric care he again uses the theme of faithfulness to justify his care and protection of young patients. \(^{209}\)

Yet in all of his well thought out arguments, he does not reference the covenant between God and humanity or the covenant through Jesus Christ as a rationale for treating patients as persons. This dissertation, using the theological theme of the covenant between God and humanity through Jesus Christ, uses a much different rationale than Ramsey does for respecting patients as persons.

c. The pursuit of healing

Paul Ramsey’s two works, *Basic Christian Ethics* and *The Patient as Person* take his principles into certain aspects in the field of bioethics. \(^{210}\) The theological themes of healing and alleviating suffering are consistent with Ramsey’s argument, but he does not pursue those themes directly in his works. Healing in this context includes the whole person, body, mind, and spirit, which is a logical inference from Ramsey’s theme of treating a patient as a person. One heals the whole person, not just the physical aspects of the person.

One of the factors in the derivation of some theological themes from the New Testament is the difference between curing and healing. Chapter three this dissertation delineated that distinction. Loving God in the context of the pursuit of healing will involve one’s heart, mind, and soul. When one attempts to implement the twin commands of Jesus, healing becomes one of the primary ways that this takes place. Yet this healing is much broader than the mere relief of physical symptoms. The phrase that best exemplifies this understanding of healing from the New Testament is caring, and not
curing. Caring loves one’s neighbor as one self. Caring loves God with one's heart, mind, and soul. Caring is pursuing healing in one's neighbor in much the same way that Jesus pursued healing in his ministry.

Ramsey does not delve that deeply into the New Testament theme. His themes from The Patient as Person include consent, consent for children, death and dying, organ transplantation, and scarce medical resources. However, in his chapter entitled On (only) Caring For the Dying Ramsey does address the issue of care in much the same way that this dissertation does. This dissertation is indebted to Ramsey for his careful analysis of care. Care for the dying goes beyond meeting the medical needs but encompasses a wider set of needs. Ramsey refers to the “morally relevant non-medical features of a patient’s care: his domestic economy, his familial obligations, the neighborhood that has become part of his human existence, the person and the common good, and whether a person’s fiduciary relations with God and with his fellow man have been settled.”

This wider view of care is the same wider view that this dissertation found in the study of New Testament themes. Ramsey arrives at these conclusions from the philosophical viewpoint on what ordinary and extraordinary means are. This dissertation arrives at these conclusions from the New Testament themes. Both arguments end in the same place. Ramsey’s approach has enlightened and guided this dissertation into that understanding from the New Testament.

5. Summary

Paul Ramsey’s work in Christian ethics and medical ethics are foundational for the study of bioethics in this dissertation. His analysis of the New Testament in Basic Christian Ethics is preparatory for both his further work and for this dissertation. His The
*Patient as Person* was a landmark book when it was published in 1970. His publishing his works before the development of bioethics as a distinct discipline and before *The Belmont Report* allows room for this dissertation to start from where Ramsey started and pursue a course of deriving New Testament theological themes to enhance the meaning of contemporarily bioethics principles.

One sharp difference between Ramsey and this dissertation is the use of the term covenant. Ramsey uses it to describe the relationship between physician and patient. This dissertation uses it to refer to the covenant that humanity has with God through Jesus Christ.

A significant similarity with Ramsey is that care goes far beyond cure. Care for both Ramsey and this dissertation includes a wider perspective than the physical and the medical. Care includes all aspects of a person’s life.

While this dissertation is different from Ramsey’s work in deriving New Testament theological themes to enhance the meaning of contemporary bioethics principles, this dissertation is indebted to Ramsey’s ground breaking work in the field of bioethics.
G. Endnotes

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41 Bouma et al., *Christian Faith, Health, & Medical Practice*, 32.
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119 See Lev. 25:23
121 Horsley, Covenant Economics: A Biblical Vision of Justice for All, 43.
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133 Ouellet, "Covenantal Justice," 627.
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136 Stassen and Gushee, *Following Jesus in Contemporary Context*, 349.
141 Howard, *Disease and Healing in the New Testament*.
146 Mott, "Healing as Justice."
156 Hoekema, *Created in God's Image*, 68.
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162 Ndungane, "What Does It Mean to Be Called to Full Humanity? Who Calls? What is 'Full Humanity'?".
167 Stassen and Gushee, *Following Jesus in Contemporary Context*, 229.
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CHAPTER FIVE

APPLICATION OF THE PRINCIPLES OF BIOETHICS USING THE THREE THEOLOGICAL THEMES

A. Introduction

Chapter three of this dissertation derived three theological themes from the New Testament and particularly from the twin commands to love God and love one’s neighbor. Those three themes stated briefly are the image of God, the covenant with God, and the pursuit of healing. Chapter four of this dissertation applied those three themes to three principles of contemporary bioethics. Those three principles of bioethics, first expounded upon in the Belmont Report, are respect for persons, justice, and beneficence. Chapter four showed how those three theological themes enhance the meaning of those contemporary principles of bioethics. This chapter will demonstrate how that process works by applying this enhanced understanding of those three contemporary principles of bioethics to common bioethical situations. In the first part of chapter five the contemporary bioethics principle of the respect for persons will be applied to the problem of withdrawal or withholding of life-sustaining treatment from terminally ill persons. This section will show how the three theological themes of the image of God, the covenant with God, and the pursuit of healing as applied to the contemporary bioethics principle of respect for persons, helps to understand the problem of withdrawal or withholding of life-sustaining treatment from a terminally ill person. In the second section, the problem of the distribution of health care in the United States will be discussed. The contemporary bioethics principle of justice will be applied to this problem and that principle will be enhanced by the three theological themes. Finally, the
use of palliative care will be addressed, applying the contemporary bioethics principle of beneficence, as enhanced by the three theological themes.

B. Withholding and Withdrawal of Life-Sustaining Treatment

1. Introduction and definition of terms

A common ethical dilemma faced by physicians, patients, and their families, concerns the withholding or withdrawal of life-sustaining treatment from persons who are terminally ill. While this dilemma is common, the problem is narrowly drawn here. This question only applies to persons who are diagnosed by a physician as terminally ill. That is to say that there is no known cure that will stop or regress that disease or illness. One example of this kind of problem is a person with cancer for whom all known avenues of chemotherapy and radiation have been used to no avail. Persons with chronic progressive diseases like COPD and congestive heart failure also may find themselves in serious decline of health with no prospect of reversing the course of their disease. These and other persons may consider the withholding or the withdrawal of life-sustaining treatment. The more complex problem of persons who are diagnosed as being in a persistent vegetative state will be address at the end of this section, for the issues regarding that condition are slightly different than the ones described here.

The term life-sustaining treatment also needs some definition. Life-sustaining treatment is any treatment that could be used to possibly extend a person’s life. This treatment may include a ventilator, kidney dialysis, cardio-pulmonary resuscitation, medications, antibiotics, and even artificially administered nutrition and hydration. Any or all of these treatments could be used on a person with a terminal illness to extend the person’s life without treating the disease or illness that, in the opinion of physicians, will
ultimately end that life. In this chapter, the use of the phrase withdrawal or withholding will apply to those who have been diagnosed with a terminal illness with the exception of the section on persons who are diagnosed as in a persistent vegetative state (PVS).

2. The traditional argument regarding withholding and withdrawal of life-sustaining treatment

a. A consensus on withholding and withdrawal

David Kelly, formerly Professor of Theology and Healthcare Ethics and Director of the Healthcare Ethics Center at Duquesne University, outlines the basic ethical argument in favor of withdrawal and withholding of life-sustaining treatments in certain cases. While Kelly writes primarily from a Roman Catholic perspective, his argument comes from a broader consensus in American health care ethics. He establishes three “pillars” or fundamental truths that govern the decision to withdraw or withhold life-sustaining treatment from a person who is diagnosed with a terminal illness.²

His first pillar is the statement that not all treatments that prolong life are beneficial to the patient.³ Kelly argues that purely prolonging biological life is not necessarily beneficial to the person, for that prolonging of life may involve unusual amounts of pain or suffering or subject the person to unwanted treatments. Kelly uses the Roman Catholic terminology of ordinary and extraordinary treatment to describe treatments that are morally obligatory and morally optional.⁴ Those terms are not used in this dissertation because, in the words of Beauchamp and Childress, those terms have become “morally irrelevant.”⁵ They are at least confusing to those not familiar with that terminology. Optional and obligatory are more useful terms for this dissertation.
The distinction between what is obligatory and what is optional is usually made by the person with the disease in a process that is referred to as weighing the benefits and burdens. A person with a terminal disease examines the possible treatments and outcomes and the outcomes of no treatment and makes a choice based on his or her own understanding of what is a burden and what is a benefit to the person individually. This weighing of benefits and burdens is a very personal issue and can be done best by the one bearing the disease. Therefore, there is no moral objection to withdrawing a treatment that a person has deemed as unwanted burden for him or herself. Examples of this kind of treatment may be cardio-pulmonary resuscitation or intubation and the use of a ventilator.

Kelly’s second pillar, or fundamental truth, is that killing and allowing to die are two distinct and different actions. The direct killing of an innocent person is always morally wrong. However, in a medical setting, it may be beneficial to the person with a terminal disease to allow the person to die rather than keeping the person alive to suffer longer. In those cases, not doing an available medical procedure may be the moral thing to do to avoid subjecting the person to suffering and pain. Of course, under what circumstances that non-action is acceptable is not always easy to determine. Kelly is careful to note that this is not the same as physician assisted suicide or euthanasia. Both of those are actions taken by a physician that in some way cause the death of the ill person. By not doing an available treatment, called forgoing medical treatment, a physician does not cause the death of the person. The argument is that the disease or illness caused the person’s death and the physician or health care provider was unable to stop that disease process.
Kelly’s third pillar and an oft used rationale for the withdrawal or withholding of life-sustaining treatment from a person diagnosed with a terminal illness is the bioethics principle of patient autonomy. Basic to both American jurisprudence and the consensus of American ethics is the freedom of competent persons to refuse medical treatment, even if the refusals will lead to the person’s death. No one is to be subject to a medical procedure on his or her own body that is unwanted. In these cases the withdrawal or withholding of life-sustaining treatment is at the behest of the person who refuses the treatment, and physicians and health care workers in implementing the withdrawal of withholding of life-sustaining treatment are merely honoring that request for personal autonomy.

The traditional argument that is made for withdrawal or withholding of life-sustaining treatment centers around two main concepts. One of them is the weighing of the benefits and burdens of the proposed treatment by the person who has a terminal disease. The second concept concerns those persons who are unable to communicate or make their own decisions.

b. Surrogate decision making

When a person with a terminal diagnosis makes a clear and obvious choice to withdraw life-sustaining treatment, the obligation of the health care provider is to honor that request. However, many situations arise when the person has not made a clear and obvious choice to withdraw or withhold life-sustaining treatment and the person is no longer competent to make such a choice. Competency is the condition of a person whereby he or she is ethically or legally able to make decisions. Unfortunately there is no national standard or consensus on what constitutes competency. Since competency
can change from day to day and often within a day for some persons with mild forms of dementia, the assessment of competency is left to the physician.\textsuperscript{15} When a person is not competent, as assessed by a physician, then another must make the decision whether or not to withhold or withdraw life-sustaining treatment. This person is referred to as a surrogate decision maker and may or may not have been appointed by the person when the person was competent.\textsuperscript{16} The surrogate decision maker is the one who may most benefit from the enhanced understanding of the principle of respect of persons that the three New Testament theological themes offers, for the surrogate decision maker may be asked to decide to withhold or withdrawal life-sustaining treatment. Surrogate decision makers have a slightly different set of ethical guidelines in the traditional view of this issue. Ordinarily, surrogate decision makers do not have the same level of authority that a person has for him or herself, since the surrogate is deciding for another. Therefore, the decision to withdraw or withhold treatment, absent any clear and convincing evidence to the contrary, must be made primarily in the best interest of the person who has the terminal diagnosis.\textsuperscript{17}

This has been a brief survey of some of the arguments that are used often in decisions to withdrawal or withhold life-sustaining treatment from a person who has been diagnosed with a terminal illness. These arguments, of course, do not apply to one who has not been so diagnosed. The weighing of benefits and burdens by the person with the disease based on the principle of autonomy is the first part of this argument.
3. The principle of respect for persons and the image of God applied to the withdrawal or withholding of life-sustaining treatment

   a. Restatement of the principle of respect for persons and the image of God

   In the Belmont Report, respect for persons has two components, “first, that individuals should be treated as autonomous agents, and second, that persons with diminished autonomy are entitled to protection.”\(^{18}\) Belmont addresses the first as the “requirement to acknowledge autonomy” and the second as “the requirement to protect those with diminished autonomy.”\(^{19}\) Autonomy in this context is the ability of a person to make decisions about his or her own goals and to act on those decisions. For those who do not have the capacity to make health care decisions, such as a person in a severe coma, autonomy provides for the protection of that person’s values and beliefs in making decisions for that person.\(^{20}\)

   The theological theme of the image of God can enhance the understanding of this contemporary bioethics principle of respect for persons. The theological theme of the image of God teaches that all of humanity bears this divine image. Each human being in one sense bears the image of God and therefore deserves some measure of respect.

   b. The image of God in a person grants certain rights

   One of the primary reasons that each human being has rights over his or her own body is that each human being is made in the image of God. Judge Cardazo in Schloendorff v. Society of New York Hospital justified the right of a person to control his own body by judicial fiat and Thomas Jefferson granted persons rights in his Declaration of Independence. The theological theme of the image of God in each person is the basis
for granting of rights of persons to control their own bodies from the theological viewpoint. This adds more weight to the justification for granting persons rights over their own bodies than a philosophical argument alone. Robert Rakestraw, Professor of Theology at Bethel Theological Seminary, argues that “The fact that human beings are made in (or as) the image of God is given as the reason they have rights of personhood.” In the same paragraph in Genesis where God creates the human race God gives humanity dominion over all of God’s creation. Then, God implicitly gives dominion of each person over his or her own body. That dominion includes the acceptance or non-acceptance of any medical treatment, such as life-sustaining treatment. In creating each person with the image of God, God has given each person that authority.

The nature of this image of God is critical to understanding this point. The image of God in a human being is not found in certain capacities, abilities, or functions, as explained in chapter four of this dissertation. The image of God “includes all that we are and do as human beings, as embodied persons. We image God in our being and in our doing.” Because that image of God is so imbedded in both the being and doing of a person, one cannot separate out one aspect of human functioning to decide if that human person has or no longer possesses the image of God. Only corpses and cadavers no longer possess the image of God. Thus the authority to withdrawal or withhold life-sustaining treatment rests with that person who bears God’s image, regardless of his or her medical condition, short of death itself.

While the image of God in a person is not dependent upon any particular capacity or ability, this image of God does convey at least one ability to humans. That is the ability to choose. This dominion over all of God’s creation gives to humans the capacity
to choose how to use that dominion and authority in particular how to use that dominion and authority in their own lives.\textsuperscript{23} Robert Rakestraw concludes from this image of God that “As we study the Scriptures on the image of God concept we find that to be the representatives of God on earth presupposes some capacity, either actual or at least potential, for self-awareness and self-direction, for relationships and for the exercise of authority over creation.”\textsuperscript{24} This is choice and humans have the right to choose how they will care for that image of God in themselves. Thus, the choice to withdraw or withhold life-sustaining treatment lies with the person himself or herself. Leon Kass, in making his case against the right to die, nonetheless advocates for a right to choose. Kass welcomes “efforts to give patients as much choice as possible in how they are to live out the end of their lives.”\textsuperscript{25} The image of God in a person conveys the right and the authority to choose what medical treatments, if any, a person will receive.

c. The image of God in a person gives each person worth

Connected to the concept that each human being created in the image of God has rights is the understanding that each human being created in God’s image also has worth and value. Thus worth and value is intrinsic to a person and, like the authority over one’s own body, is not dependent upon possessing certain characteristics or functions common to many persons. Pope John Paul II strongly stated this same position in his Papal allocution on life-sustaining treatments when he affirmed that “the intrinsic value and personal dignity of every human being does not change, no matter what the concrete circumstances of his or her life. \textit{A man [sic], even if seriously ill or disabled in the exercise of his highest functions, is and always will be a man, and he will never become a ‘vegetable’ or an ‘animal.’}”\textsuperscript{26} All human beings have worth and value. Bishop Anthony
Fisher, Auxiliary Bishop of Sydney and Professor of Moral Theology and Bioethics at the University of Notre Dame, Sydney, takes this concept to its logical conclusion by arguing that even those whom many find repugnant and difficult still have worth and value. He quotes two great saints, St. Catherine and Mother Teresa, who took care of some of the most repugnant and rejected in society, as saying that “they could (sometimes at least) see God in those they nursed.”

Therefore, because the image of God gives worth to each person, one cannot declare any human being as without worth and use that declaration as a justification for withdrawing life-sustaining treatment. Declaring any human being or any class of human beings as without worth is to violate the essence of the understanding of the image of God in each person. Syd Johnson, a research fellow in neuroethics at Novel Tech Ethics, Dalhousie University, warns that “There are substantial social costs to declaring an entire class of patients ‘worthless.’” Allowing health care providers, including institutions like acute care hospitals, to unilaterally decide, against the wishes of patients or their legal guardians, to withhold life-sustaining medical treatment invites abuse and diminishes transparency and due process.” If one understands that each human being bears the image of God and therefore has worth, then no one can be declared worthless and be subject to the potential abuse of which Johnson cautions.

Equally important to the decision to withdrawal or withhold life-sustaining treatment is this understanding of worth. Because the person who has been diagnosed with a terminal disease has value, that person can then decide how to care for this valued and worthwhile life that contains God’s image. The very worth that the image of God conveys can help a person decide if or when to discontinue life-sustaining efforts. The
decision is not made solely on the grounds of personal pain or pleasure, but on the proper use and disposition of this valued life.

d. Stewardship of the image of God in a person

The decision to maintain or withdraw life-sustaining treatment, then, is a function of each person being imbued with that image of God. While the authority rests with each person, each person who bears the image of God must exercise that authority in the context of caring for the image in him or her that God has created. Human persons do not have the right to deliberately destroy that image independent of who God is and what has created. Human persons who bear the image of God have a responsibility to be stewards of the image of God.\textsuperscript{29} Leon Kass points out that the right to die is used in a variety of ways in discussions regarding these issues. The right to die has been used to mean the right to refuse life-sustaining treatment, the right to be killed or become dead, the right to control one’s own dying process, the right to die with dignity, and the right to assistance in death.\textsuperscript{30} All of these rights, the licit and the illicit, are all subject to this one compelling theological truth, that the human who exercises those rights over his or her body is doing so as a steward of the image of God in that person, not as in independent agent.

Thomas Garret, while not agreeing with this view, challenges complete autonomy apart from God because “our lives belong to God and are merely loaned to us, so that, we have no right to dispose of our own lives even though we have the right to use them within limits. In this view, we have no more right to kill ourselves than we would have to wreck a rented car.”\textsuperscript{31} While the “rented car” analogy may seem a bit crass, the concept remains that even when a decision is made to withdraw or withhold life-sustaining
treatment that decision is made cognizant of the fact that the life being sustained bears the image of God. In Kelly’s terms, we humans are “asked to do some things, but not all things. God gives us some authority, but not total authority.” Stewards, by definition, have limits to what they can and cannot do, limits imposed by the one to whom the steward is accountable. Humans are accountable to God for how they manage these precious gifts of life granted to them by God.

The one who decides to withhold or withdraw life-sustaining treatment from himself or herself has the authority to do so, but not the ownership. The image of God belongs to God. The stewardship of the image of God in a person does not preclude one from making that decision for oneself or on behalf of another, for the image of God is not intended to last forever in any person. The stewardship of the image of God in a person calls for a reverence and respect of the person for whom the life-sustaining treatment is being offered or withdrawn.

e. The Image of God in a person generates human dignity

The question of human dignity has been a part of the discussion of bioethics for quite some time. Included in that discussion is the discussion of the concept of “death with dignity.” While various authors have different views on what compromises human dignity, from the view point of this dissertation, human dignity comes out of the image of God in each person. When one interacts with another human being, one is interacting also with the image of God in that other human being, whether or not either person in the exchange recognizes the presence of that image of God. Rebecca Dresser, a professor of law and ethics at Washington University, argues that “human dignity is implicated when patients and families face decisions about ending life, but it is also implicated before that,
when patients are undergoing treatment for serious illness. During that time, the patient’s dignity can be honored or compromised in various ways."

A decision to withdraw or withhold life-sustaining treatment, then, must consider the dignity of the person for whom the decision is to be made. While hastening death to avoid suffering will not necessarily preserve this dignity, neither will prolonging death by means which steal the dignity of the person in his or her last few days. In this regard, the goal of the hospice movement, which neither hastens nor inhibits death, is to provide for the comfort and dignity of the individual. Preserving human dignity is not the rationale behind the withdrawal or withholding of life-sustaining treatment. However, the method one uses for withdrawing and withholding can and should be done in a way that honors that dignity and the image of God in the person. The human dignity comes from that image of God in each person. Yet, one does not want to violate the image of God and dignity in a person by withdrawing or withholding life-sustaining treatment prematurely. Nor does one want to violate that human dignity by prolonging life-sustaining treatment beyond a point that honors that image of God in a person or by failing to care in a dignified manner for the one who has had life-sustaining treatment withdrawn or withheld.

f. Summary

The theological theme of the image of God can give new meaning to the application of the contemporary bioethics principle of respect for persons as applied to the withdrawal or withholding of life-sustaining treatment. Because each person is created in the image of God, each person has certain rights over his or her own body. This is the basis for personal autonomy, but rooted in the theology of the image of God. Because each person is created in the image of God, each person has worth and value.
Thus no one, regardless of their medical conditions, can be deemed worthless or of no value and have life-sustaining treatment withdrawn or withheld based on their lack of worth. Because each person is created in the image of God, each person is the steward of that life and that image of God. Decisions to withdraw or withhold life-sustaining treatment must be made in the context of that stewardship. Because each person is made in the image of God, each person has an innate human dignity that must be preserved, even if a decision is made to withdraw or withhold life-sustaining treatment.

4. The principle of respect for persons and the covenant applied to the withdrawal or withholding of life-sustaining treatment

The contemporary bioethics principle of respect for persons is more closely related to the New Testament theological theme of the image of God than it is to the other two themes outlined in chapter three of this dissertation. Yet, those other two themes, including the covenant with God, also enhance the meaning of the contemporary bioethics principle of respect for persons.

This covenant is a covenant between Jesus Christ and his people and brings with it several responsibilities. The covenant is not one sided, but two sided. God promises to be the God of the people and the people of God promise to fulfill certain obligations or responsibilities. This covenant includes at least two major responsibilities. One responsibility the covenant includes is to fulfill the commandments that God has given to the people of God. The second responsibility of this covenant is that those who are in this covenant with God are to reflect the character of God. This includes understanding and demonstrating the nature and character of God in one’s relationships with others. The way in which God relates to the members of the people of God in that covenant is the
model for how the people of God are to relate to each other and to the rest of the human race.

The first responsibility, to fulfill the commandments of God, includes all of the commandments in the New Testament, especially the twin commands to love God and love one’s neighbor. In deciding to withdraw or withhold life-sustaining treatment, one begins by applying the second half of that command and realizing that the person for whom life-sustaining treatment may be withdrawn or withheld is a neighbor for whom one has respect. Jesus adroitly points out with the Good Samaritan parable in Luke 10 that those in need are one’s neighbors. The person with a diagnosis of a terminal illness is certainly a neighbor in need requiring our respect for the neighbor as a person.35

This respect for that person in the context of the covenant will begin with realizing that the person with the terminal illness is a neighbor in need whom the covenant calls for care and concern and that this neighbor has value.36 The decision to withdraw or withhold life-sustaining treatment will be based in part, then, on meeting the needs of that neighbor. The need may be to maintain life-sustaining treatment or to withdraw or withhold it, but the focus will be on meeting the needs of the neighbor in much the same way that God has met the needs of the people of the covenant. This is respect for the person based on the covenant with God through Jesus Christ.

The second responsibility toward the person with a terminal illness is to reflect the character of God toward that person, That reflection is essential in living out the covenant. One of the primary characteristics of God that is reflected in humanity is God’s compassion. Those with a terminal illness are uniquely in need of the compassion of those around them. Robin Gill explains that “the terminally ill are in particular need
both of protective principles and obligations and of genuine covenant/compassion.”\textsuperscript{37} In showing compassion toward the person with the illness one is reflecting the compassion that God has shown to humanity. That compassion may be the justification for withdrawing or withholding life-sustaining treatment. In many cases these treatments will not halt the course of a disease and will only make the persons with the terminal illness endure less comfortable and less dignified final days.\textsuperscript{38} Compassion is the rationale in some cases for withdrawal of life-sustaining treatment, particularly in those cases where all other medical options for healing have been exhausted. This compassion is rooted in the covenant with God and the respect for persons that covenant engenders.

The contemporary bioethics principle of respect for persons, as understood through the theological theme of the covenant, enhances one’s understanding of that principle as applied to the withdraw or withholding of life-sustaining treatment. The covenant puts the person who has the terminal illness in the place of a neighbor in need. The covenantal response to that neighbor in need is to meet the needs with a measure of respect for that person. The covenant also calls for respecting the person who is ill by offering the person the same compassion that God has offered to the participants in the covenant. The compassion for the neighbor in need and the respect that goes with that compassion derive directly from the covenant with God.

5. The principle of respect for persons and the pursuit of healing applied to the withdrawal or withholding of life-sustaining treatment

The pursuit of healing is a third theological theme that can enhance the meaning of the bioethics principle of respect for persons as applied to the withdrawal or withholding of life-sustaining treatment. Healing has a wider meaning in the New
Testament than just solving a physical problem. The words used in the New Testament for health and healing are words that connote a sense of wholeness and well being. Health includes this wholeness and well being. The nature of healing in the New Testament addresses more than pure physical functioning, but it addresses one’s spiritual and emotional connection as well. This understanding of healing plays a key role in respecting a person and in the withdrawal or withholding of life-sustaining treatment. While withdrawal of withholding of life-sustaining treatment may be directly related to the physical aspects of a person, the withdrawal or withholding will definitely have an impact upon the emotional and spiritual aspects of a person. The healing from the perspective of the New Testament theological theme of the pursuit of healing addresses the emotional and spiritual side of a person as well. Indeed the whole person is part of the theme of the pursuit of healing, not just the medical aspects of a person.

Dan Brock, a professor of medical ethics at Harvard Medical School speaks to this issue in his discussion of self determination. He holds that offering a person self determination does more than just meet the legal aspects of treatment, but also provides for the overall well being of the person. Brock claims that one of “the goals of health-care decision making is the promotion of patients well-being while respecting their self-determination.”

By seeing all of a person’s well being, as the theme of the pursuit of healing does, one respects the person more diligently. Brock elaborates, “To conceive the endpoint of the health-care process as the patient's well-being, instead of as health and life in general, is not to deny that physicians seek beneficially to affect patients' health and life. Rather, it is the stress that health and life extension are ultimately of value in the service of the broader overall well-being of the patient.” In respecting a person and
following his or her decisions, one is addressing the broader view of healing. That broader view is the pursuit of healing that includes all of the persons’ well being, not just the physical well-being.

When Ashley and O’Rourke tackle this issue in their *Health Care Ethics*, they ask the first question in the benefits and burdens discussion, “benefits and burdens of what?”41 This first question is often answered only in terms of medical issues or length of life.42 However, those benefits and burdens also can include all of the person’s well being. The healing the person seeks is more than the physical healing that life-sustaining treatment may deliver. The respect for persons and the three theological themes, particularly the pursuit of healing, widens the scope of concern of benefits and burdens beyond just medicine to other aspects of humanity. Measuring benefits and burdens is not just in physical terms but also in terms of “the life goal of the total person, soul, and body. Physical life is a great human value, but it is subordinated to the eternal destiny of the whole person.”43 When curing is not available, healing, which accounts for all of what a person is, is the best option. If that prolonging of biological life impedes the health of a person's soul and body, then the principle of respect for persons would allow for the withdrawal or withholding of life-sustaining treatment.

The theological theme of the pursuit of healing helps one understand more completely the contemporary bioethics principle of the respect for persons particularly in the difficult decisions to withdraw or withhold life-sustaining treatment. For healing in this context considers all of a person’s well being, not only physical health. In this wider context of the whole person, a decision regarding the withdrawal or withholding of life-sustaining treatment can be made.
6. Withdrawal of withholding of life-sustaining treatment in persons in a persistent vegetative state

The arguments for and against the withdrawal and withholding of life-sustaining treatment offered so far apply to persons who have been diagnosed with a terminal disease. Those persons may be at varying levels of cognition from fully aware to in a deep coma and the ideas elucidated here can apply. However, there is one kind of person who does not fit those categories, that is a person who is diagnosed as in a persistent vegetative state (PVS). The application of the contemporary bioethics principle of respect for persons as understood from the three New Testament theological themes of this dissertation will be different from the argument above because the persons under discussion are not diagnosed as terminally ill. PVS persons in this argument have been diagnosed as being in a persistent vegetative state, do not have a terminal disease, and have left no advance directive for their care.

There are over 10,000 PVS persons in the United States today. These persons have no awareness of self or surroundings although they appear to be awake. An EEG will often be very depressed or flat. Other than a feeding tube, most PVS persons are not receiving any other life-sustaining treatments. Purposeful actions, personality, memory, social interaction, sentience, thought and emotions are not present. They do not experience pain or suffering or cognition. This condition is not brain death according to the Harvard criteria for brain death, which results in organ failure. Nor are these persons in a coma, which is a state of deep sleep. Coma is reversible in some cases. Death for these persons is not imminent. Tube feeding for these persons works just as it does in any other person, providing nutrition and hydration that sustains life.
Beauchamp and Childress in *Principles of Biomedical Ethics* argue that artificial hydration and nutrition may be forgone under certain circumstances, a person with PVS being one of them. Their argument rests on two assertions. One assertion is that “no morally relevant difference exists between various life-sustaining technologies.” The second assertion is that the right to refuse treatment is not dependent upon the type of treatment refused. They conclude that artificial hydration and nutrition is not necessarily obligatory medical care and that it can be forgone. They claim, rightly so, that while their view is still controversial, it is helped by a significant number of commentators on this issue.47

What is also common in the argument for the withdrawal or withholding of life-sustaining treatment for PVS persons is an assessment that the PVS person is somehow less than human. This theory holds that while the bodily organs may still be functioning, the person has died or is at such a low functioning state to be a non-person.48 Philosopher John Lizza, quoted by the President’s Council on Bioethics explains that in relation to PVS persons, “Advocates of a consciousness-related formulation of death do not consider such a being to be a living person.”49 Ashley and O’Rourke are not quite so draconian in their assessment, but the results are the same. They argue that for PVS persons, “consciousness and freedom have been irrevocably lost by deterioration of the brain.”50 Therefore, removal of life-sustaining treatment is acceptable. Robert Rakestraw makes a similar assertion when he claims that a PVS person is not a person and that he or she is dead from a theological viewpoint.51

Pope John Paul II in a papal allocution in March of 2004 affirmed a quite different view than the one proposed by Ashley and O’Rourke and Beauchamp and
Childress. John Paul II said that artificial nutrition and hydration was “a natural means of preserving life, not a medical act.”\textsuperscript{52} In the same allocution he affirmed the basic human dignity of each person and refused to call any human being a “vegetable or animal.”\textsuperscript{53} The focus for the papal allocution was not the designation of artificial nutrition and hydration as non-medical treatment or basic care. The focus was the reminder that even PVS persons are human beings and children of God and deserve the respect and care that we extend to all human persons.\textsuperscript{54} Therefore, according to Pope John Paul II, withdrawal of artificial hydration and nutrition from a PVS person is not morally acceptable.

The application of the contemporary bioethics principle of respect for persons as understood through the three New Testament theological themes can add some clarity to this conundrum and difference of opinions. The first theological theme is the theme of the image of God. Each human being is created in the image of God and bears that image within themselves. The image of God, as explained in chapter four, is not dependent upon any particular capacity or ability. The image of God is part of the person and cannot be separated out. Therefore, a PVS person bears the image of God, just as a fully awake person does. Neither the lack of consciousness nor the inability to do human acts nor the lack of interaction with one’s environment erases that image of God in a person. Meilaender understands “personhood as an endowment that comes without nature, even if at some stages of life we are unable to exercise characteristic human capacities. … To be a human being one need not presently be exercising or be capable of exercising the functions characteristic of consciousness.”\textsuperscript{55} The conclusion is the PVS person is not dead but fully human.
In the same way PVS persons also have value or worth. The direct or indirect assumption that PVS persons have less value or worth because of their medical condition undercuts the nature of the image of God in a person. Persons have value and worth because they bear the image of God. While the PVS person’s value cannot be measured by standard societal assessments of value, the fact that the PVS person is a created in God’s image gives that person value and worth beyond measure.

The theological theme of the covenant requires that care be given to PVS persons. From the covenant one learns to love others as Jesus loved humanity. Jesus loved the least and the most vulnerable. That is basic to the love of God that participants in the covenant enjoy. That then sets the standard for care for all, including care for the person with PVS. Also, in the covenant the love of God is to be reflected by participants in the covenant to others. That love of God is gracious and abundant beyond all measure. Therefore, in regards to PVS persons, the love of Jesus and the reflection of the love of God are the primary standards one uses to decide how to care for a PVS person.

The theological theme of the pursuit of healing also plays a role in helping to understand how the principle of respect for persons applies to PVS persons. The pursuit of healing acknowledges that healing goes well beyond curing to include the personal, emotional, and spiritual well-being of a person receiving care. Thus, even though the PVS person cannot respond or interact with people, he or she still may have an emotional and spiritual side which must be attended to.

The conclusion then for PVS persons evolves from these three themes. The PVS person is a full human being with worth and value. The care that the PVS person should receive is reflective of the love and care that all humanity receives from Jesus Christ. The
care for the PVS person goes beyond the medical or physical to include all of the person's well being. Therefore, giving the PVS person artificial nutrition and hydration is morally obligatory. Persons of worth and value who receive care reflective of God’s love for their well being receive food and water, regardless of how that food and water is given to the person, as basic human care.

7. Comparison to the argument for withdrawal and withholding of life-sustaining treatment in Gushee and Stassen

Glen Stassen and David Gushee’s *Kingdom Ethics* sets a benchmark for Christians ethics based on the teaching of Jesus in *The Sermon on the Mount* and on Jesus’ teachings about the Kingdom of God. After establishing their viewpoint with numerous exegetical arguments from Scripture, they tackle specific ethical dilemmas including in chapter eleven withdrawal and withholding of life-sustaining treatment. This section of chapter five will compare their argument on the withdrawal and withholding of life-sustaining treatment with the argument proffered in this dissertation.

Stassen and Gushee use the term passive euthanasia to describe the act of withdrawal or withholding of life-sustaining treatment. This dissertation does not use that terminology in part because it is confusing. Euthanasia implies some kind of willful ending of life, which is the exact opposite of the case of withdrawal and withholding of life-sustaining treatment. The terminology they use is a distinct difference between their argument and this dissertation.

However, the problem is developed by Stassen and Gushee in much the same way as it has been developed here. The problem centers on a person who has been diagnosed with a terminal disease, for which there is no known cure for that disease, and who is
unable to speak for himself or herself. The debate for Stassen and Gushee, as it is here, centers around the moral legitimacy of withdrawing or withholding some form of life-sustaining treatment and then allowing the person to die. In these ways, the problem posed by Stassen and Gushee is the same problem posed here.\(^58\)

Stassen and Gushee make three affirmations on this problem based on their “Jesus following ethic.”\(^59\) Two relate to the problem of withholding and withdrawal of life-sustaining treatment. The third affirmation relates to justice in health care and will be discussed later in this chapter. The first affirmation is that persons do have a right to refuse medical treatment. Stassen argues from his view of a “Christian vision for both living and dying… The time does come when health-care providers must turn their attention from hopeless efforts to cure the incurable to provision of the finest comfort care they can offer.”\(^60\) This Christian vision includes fighting illness and forestalling death where possible. This is in imitation of the ministry of Jesus himself. However, this vision also includes the boundary that death will not be “destroyed or eliminated until the end of time.”\(^61\) Thus there are limits to fighting illness and forestalling death, and Christians need to be aware of what those limits are.

This argument of Stassen and Gushee’s is similar to the argument made here for the withdrawal or withholding of life-sustaining treatment. This dissertation argues that withdrawal and withholding is licit in the context of a covenant with God in Jesus Christ that responds to the needs of the person. Also, this dissertation argues that the pursuit of healing covers more than the physical, but much more of the ill person’s well being. While the two arguments use different terminologies, the heart of them is the same.
Stassen and Gushee’s second affirmation is that there is a distinction between killing and letting die. Stassen and Gushee root that distinction in the Christian action for care and not necessarily for cure, and the desire to never hasten death. The distinction between care and cure is a significant one, one also made by this dissertation. Stassen and Gushee do not base that distinction on any particular theological basis. This dissertation bases the distinction between care and cure on the way that Jesus applied the twin commands to love God and love one’s neighbor in the theological theme of the pursuit of healing.

8. Summary

This section of chapter five applied the principle of respect for persons to the problem of withdrawal or withholding of life-sustaining treatment from persons diagnosed with a terminal disease. The three New Testament theological themes of the image of God, the covenant, and the pursuit of healing, were used to enhance the meaning of the principle of respect in its application to this problem. Because each person has been created in the image of God, each person has the right to choose how his or her own body will be treated. Each human being created in the image of God also has worth and value. Each person created in the image of God is the steward of his or her own body. Each person created in the image of God has basic human dignity. All of these factors must be taken into account in a decision to withdraw or withhold life-sustaining treatment.

Similarly, the theological themes of the covenant and the pursuit of healing also inform these decisions. The theological theme of the covenant calls for care and compassion for the person with the terminal illness, and that care and compassion may
lead to a decision to withdraw or withhold life-sustaining treatment. The pursuit of healing makes a distinction between cure and care. Thus when cure is impossible, care, which may include withdrawal or withholding of life-sustaining treatment is permitted.

C. The Distribution Of Health Care In The United States
   1. Introduction and definition of the principle of justice
      a. The state of the health care in the United States

Up to this point in this dissertation, the phrase “health care resources” has been used in a somewhat general fashion. However, in order to have a discussion of the fairness or lack therefore of the distribution of health care resources, one needs to come to a more specific understanding of what are “health care resources” or “health care” at it is often referred to in the literature. Daniels is known for his “decent basic minimum” of health care, which establishes a point of discussion of the fair distribution of health care without having to specify which health care services in particular are included in that decent basic minimum. Daniels holds that health care will be those services that one needs to maintain, restore, or provide for “normal species functioning.” Those are the health care needs that interest Daniels. While Daniels spends a lot of time in his writing trying to define more carefully what the decent basic minimum is and what encompasses normal species functioning, the purpose of this dissertation is not met in that context. The question being addressed in this section of this dissertation is less concerned with what health care services are being provided or denied and more concerned that health care services are being provided or denied. Thus, this application of this dissertation’s main thesis can accept Daniels explanation of a decent basic minimum of health care resources that provide for, maintain, or restore normal species functioning.
One of the significant debates about health care in the United States concerns the unequal distribution of those health care services. Depending upon who is making the estimate and when the estimate is made, there are about forty-six million persons in the United States with no health insurance and another significant number who are underinsured. While there are a variety of reasons why those forty-six million are uninsured and the others underinsured, one reason is the inability for some of those persons to pay for adequate health insurance. This inequality affects the poor, the near poor, the rural poor, ethnic minorities, and the elderly the most. Even with Medicaid and Medicare, there are still a significant number of persons who do not have access to health care in the United States.65

The primary barrier to adequate health care in the US is this lack of health insurance. More than sixty percent of the population has employer paid health insurance and twenty-five percent have public assistance health insurance such as Medicaid and Medicare. That leaves fifteen percent of non-elderly people without health insurance. Beauchamp and Childress label this lack of equal access as a “morally shameful circumstance that needs redress. Justice in access to health care depends on maintaining fair-opportunity rules, which, in turn, requires sharing financial risks in an insurance scheme.”66

The cost of chronic disease is an enormous part of health care spending in the United States. Twenty percent of persons with chronic disease account for an estimated sixty-four percent of annual health care costs. Medicare uses about twenty five percent of its expenditures on just six percent of Medicare recipients, those in the last year of their
lives. Callahan posits “that virtually all Americans will have a substantial period of serious illness and disability at some point before death.”

These facts demonstrate health care in the US is not evenly distributed along all lines of class and race and culture. Many people in the US population do not have adequate access to health care.

b. Problems in the US health care system

Beauchamp and Childress see at least major three problems with our system. One problem is the system of employer financing. This system is unfair to those who are not employed, since the employed tend to derive better health care benefits from their employers and the unemployed get no health insurance. A second problem is the regressive nature of this health care financing. Low income people pay a larger percentage of income toward health care than the wealthy do. The third problem is that Medicaid, which is a form of health insurance for the poor, is unevenly administered amongst the states. These statistics and problems lead to an unjust distribution of health care in the United States.

Ezekiel Emmanuel claims that “The American health care system has long been criticized for its injustice.” Where other developed nations have universal coverage to address this problem, the United States does not. He adds further, that the multiplicity of decision makers in the US system inhibits “a coherent process for allocating health care resources.” The person who is ill, the person’s family, doctor, the hospital, the insurance company, and federal and state governments all have a say at some level in health care decisions, and each has a particular agenda, not always the best interests of the person.
This inequality of access to health care is exacerbated by a correlation between class and race in access. Certain classes and races have less access to health care. The same inequality is found in terms of who gets ill. Those same poorly served classes and races showed larger percentages of people getting cancer, respiratory diseases, and low birth weight babies, the latter due in part to poor or no pre-natal care. Even self reports of health status show twice as many blacks reporting their health as fair or poor compared to whites.71

While the statistics show a significant difference in who has access to health care in the US, the question remains, is that injustice? Daniels claims that “Macro decisions which lead to them [inequalities], no less than decisions about health care at the micro level, should be made in accordance with acceptable moral principles.”72 Daniels see this difference in access as a significant social injustice Pellegrino makes a similar claim when he argues that health care is a moral enterprise dealing with universal human need. Health touches on the most intimate aspects of human life and the meaning of human life. He argues that “To reduce health care to economics is to impoverish our perceptions of pain and suffering in the lives of our fellow humans.”73 Many observers argue for the necessity to make serious changes in the US health care system. Callahan warns that “Unless we change many of the underlying values of our health care system, much too readily taken for granted as sacred, we will have a system that is economically and humanly not sustainable over the long run.”74

One of those underlying values in the US health care system is the commodification of health care. John Grange, visiting professor at the University College Medical School Windeyer Institute for Medical Science in London, sees this
belief in the free market as a major stumbling block to providing adequate health care to all of a population. Grange argues that “This ideology has, in many sectors, and not least the health sector, widened the gap, not only between rich and poor nations but also between the rich and poor within nations.” Grange references Julian Hart, former minister of health in Wales, who invented the “inverse care law.” This law states that there is an inverse relationship between the availability of quality health care and the need of a population for it. In other words, where there is good health care, the population is healthy enough to need less of it. Where poverty persists, good health care is less available. This, according to Hart, is a direct result of market based health care which Hart labels, “a primitive and historically outdated social form.”

There are two aspects to this question of the fair distribution of health care in the US. One is the question of access and the other is the question of allocation. Access refers to whether people who need health care services receive them in a timely fashion. Allocation refers to the distribution of health care resources at various levels. Emanuel talks about allocation at the government level, at the service level, and at the care level. Yet these two aspects of the fair distribution of health care in the US are connected. Particular allocations, including those based on the ability to pay, can have the effect of restricting access to those who cannot pay. As Kelly points out on this topic, “Present allocation mechanisms restrict access for the poor, deemphasize prevention and education, and often fail to be cost effective. African Americans and women continue to be underserved and discriminated against.” Thus the discussion of the fair distribution of health care in the US must address both aspects of the debate, allocation at the national level and access at the service or personal level, for they are connected.
This debate is necessary because of the uneven distribution of health care in the United States. This distribution, while not be design, has grown out of the commodification of health care, which is a significant value in US health care today.

c. A right to health care

What this debate unleashes is a discussion also of the nature of the right to health care, if there is one, and how it should be applied. Daniels notes that if there is a right to health care, then the national level of allocation must be done in a way that promotes justice in the distribution of health care.\(^{79}\) How these allocations are done by the governments who pay for health care and by the other institutions involved in the payment for and delivery of health care has a direct bearing on the welfare of the persons who use or are prevented from using the systems. Thus the question of a right to health care must be addressed.\(^{80}\) Yet, a right to health care is a positive right, requiring others to do something for a person. Many of the more familiar rights, like freedom of speech, are negative rights, preventing interferences with a person’s activity. To move the question of health care into the discussion of a right means to move from negative rights to positive rights.\(^{81}\) Nor are these rights unlimited. One has seen in the discussion of informed consent that persons can refuse a particular medical treatment, but persons are not free to demand a particular health care treatment. In that context the positive right does into apply.\(^{82}\)

Beauchamp and Childress attempt to split this atom by arguing that the phrase “access to health care” has several levels of meaning. In one sense the right to health care means that one cannot be prohibited from obtaining health care by one’s one means. This is more like the more traditional negative rights of the US Bill of Rights. Yet
another way to understand the right to health care is to claim that everyone must have the same access to available treatments. If a treatment is available to one, it must be available to all.  

One logical conclusion to the discussion of a right to health care is the role that government must play. If health care is a right and if some citizens are being denied that right, than it behooves the government to take steps to alleviate this injustice. If health care is not a right, then the question of government responsibility is less clear. This dissertation will not address the argument of whether or not or to what extent that the federal government should be involved in the fair distribution of health care. That is a longer and more complex argument involving issues of political science as well as health care ethics. This dissertation will address the issue of the justice or injustice of the distribution of health care in the US and call upon Christians to accept the obligation to address injustice wherever it is found.

The ethical issue here is how to structure a health care system that has a fair distribution of health care and also allows for equal access to those resources. Given that these health care resources are not unlimited, this system will in some way involve rationing of health care. Sigurd Lauridsen, a PhD student at the University of Copenhagen, aptly describes the dilemma this rationing poses for physicians. A physician either adopts a position of unrestricted advocacy for each patient or some version of bedside rationing. Unrestrained advocacy is difficult and leads to distrust amongst patients and moral hazards. Bedside rationing is simply unacceptable. Robert Pear, the Washington correspondent for the New York Times, goes even further when he claims that “If you are going to limit health care spending, you must consciously allocate
resources and say no to some beneficial services while trying to use the money available to produce the greatest good.”\textsuperscript{87} While physicians are loathe to engage in bedside rationing, some form of rationing will be necessary to distribute limited health care resources. Supreme Court Justice David Souter, in an opinion on a case involving an HMO, argues that “there must be rationing and inducement to ration care.”\textsuperscript{88}

Yet this rationing must be done in a way that still preserves basic human dignity. Thomas Garret lists four of the problems that any theory of the distribution of health care must address. He argues that any theory of fair distribution of health care must address first the dignity of the person and avoid paternalism. The system must be need-based for neglecting real human needs is unjust. The system must permit some inequalities to allow for varying levels of contributions. Lastly, any fair system will need to take into account the economic and political realities of the society in which it exists. Ignoring those realities will lead to a failure of the system.\textsuperscript{89} Preserving human dignity is one of Garrett’s key points in discussing the rationing of health care. He concludes that “Society will be working toward a distribution of basic health care that is adequate for the restoration and preservation of health as society defines it. This basic and adequate health care may be called humane insofar as it protects the dignity of the individual person.”\textsuperscript{90}

While the question of a right to adequate health care will continue to be debated in the US, the question of the preserving the dignity of persons who use the health care system should not be an issue. Basic human dignity, defined in more detail below, is an essential feature of any health care system. This basic human dignity is difficult to maintain in a system that leaves out too many of its citizens, distributes health care
unevenly to those in the system, and treats health care like a commodity that can be bought and sold.

d. Other theories on justice and health care in the United States

A multiplicity of answers to the dilemma of the lack of fair distribution of health care in the United States has been offered by ethicists and philosophers. Beauchamp and Childress, in acknowledging this multiplicity, argue that no single theory is sufficient to solve this riddle. But they do posit two basic concepts that have evolved from an egalitarian viewpoint and have gained wide support. These two basic concepts are that each person has a right of equal access to health care and that each person has a right to a decent minimum of health care.

Norman Daniels insists that the discussion of a right to health care begin with a general theory of distributive justice, be it libertarian, utilitarian, or contractarian. Within each of those various theories the right to health care will necessarily include at least three claims. One claim is that society has a duty to its citizens to allocate a fair share of its health resources. A second claim is that society has a duty to allocate limited resources appropriately and fairly. A third claim is that each member of a society is entitled to a fair share of these health care services including a fair share of paying for them. Daniels also argues that “Health care institutions should be among those governed by a principle of fair equality of opportunity.” This fair equality of opportunity requires a guarantee of fairness for health care institutions and acts as a restraint on the economic realities of health care. But this is as far as Daniels is willing to go in regard to the right to health care.
Allen Buchanan, a professor of philosophy at Duke University, changes the argument from a right to health care to an obligation to offer health care. He argues that there is no “right to a decent minimum” of health care but there is a social obligation to care for the needy, including health care. Engelhardt goes further than Buchanan in arguing that there is neither a right to health care nor a social obligation to provide for health care. Engelhardt does allow for a society to choose to offer health care to all of its citizens.

Veatch goes in the opposite direction of Engelhardt and Buchanan. Veatch calls for a right even stronger than the right to a decent minimum of healthcare. Veatch calls for an equal right to health care. He sees the right to health care as giving an opportunity for health care in a fair and equitable manner.

Utilitarians will claim a right of equal access to health care and a right to a decent minimum of health care if the calculus of utility works out. Libertarians like Nozick or contractarians like Rawls will call for a right to equal access to health care only if it fits their overall theory of distributive justice. Natural rights theorists will claim a right of equal access to health care and a right to a decent minimum of health care based on how we know things, by human reason and observation. Marketists will adopt the market approach to providing health care for all citizens. Daniels limits the usefulness of the market approach, claiming that the market approach is useful only if it overcomes the financial and communication barriers that currently prevent the market approach from providing a decent basic minimum of health care for all.

Health care in the United States is distributed unevenly across age, class, and racial divisions. This dissertation will take a slightly different approach to the problem of
a far distribution of health care in the United States than the ones outlined above. Using the contemporary bioethics principle of justice as understood through the three New Testament theological themes, this dissertation will examine the problem of the distribution of health care in the United States.

2. Clarification of the principle of justice and the distribution of health

   a. The contemporary bioethics principle of justice

      The contemporary bioethics principle of justice is derived from the Belmont Report and explained in chapter four of this dissertation. While theories of justice are often centered on social rights, political issues, courts, and governments, justice also applies to the field of health care. Justice in health care includes the discussion of distributive justice. The application of the principle of justice as understood from the three theological themes of chapter three of this dissertation will help to understand further how to address the problem of the unequal distribution of health care in the United States.

      Other Christian writers have already applied their theological themes to institutions and to this problem. Paul Ramsey, writing in Basic Christian Ethics in 1950 summarizes the relationship between Christian love and social institutions as “the constant criticism and reshaping of the institutions of society in the course of using them.” Pellegrino makes a similar argument in including health care institutions in the purview of theological concern for justice. In commenting on managed care Pellegrino argues that “health cannot be left to the fortuitous operation of the marketplace when every sick person in some sense is our brother or sister. Indeed, the sick and the poor especially, present the occasion for Christian charity to manifest itself.” He observes
the irony that profit making in health care enterprises often leaves out those with the greatest need for health care.\textsuperscript{103} He also uses the term obligation to describe the relationship between Christians and the poor in regard to health care, calling the Christian community to respond charitably to the obligation to help the poor and the elderly in the United States get decent health care.

John Paul II in his 1991 Encyclical Letter, \textit{Centesimus Annus}, also connects a theological sense of justice with economic institutions. John Paul finds “a wide range of opportunities for commitment and effort in the name of justice” for Christians to pursue.\textsuperscript{104} In particular he argues that a society adopting Christian principles will demand that “the market be appropriately controlled by the forces of society and by the State, so as to guarantee that the basic needs of the whole of society are satisfied.”\textsuperscript{105} John Paul is calling for the state to pay attention to the basic needs of its citizens. One can include health care in those basic needs.

b. Justice and the image of God

(1) Justice is grounded in the image of God

This sense of justice for each person including justice in health care grows out of an understanding of the image of God. Fundamental to the concept of the image of God is that that image is in each human being. Therefore, God values each human person equally. In the same way that all persons are sinners before God, so all persons are made in God’s image. Therefore, God values each person as an individual who bears the image of God.\textsuperscript{106} Since God values each person equally, persons should value one another equally. While this sounds strikingly like Aristotle’s equal treatment for equals, the basis for this declaration is different from Aristotle who bases his theory of justice in virtue.
The basis for this treatment of all persons equally is that they are all made in God’s image. The image of God leads to the dignity of each person and this dignity of each person underlies the principle of treating each person fairly, or justly, including in health care.\footnote{107}

Justice is grounded in the image of God because the image of God establishes mutuality and intimacy amongst all humans and between humans and God. Justice is the ideal relationship amongst all humans living in mutual gratitude and love in response to the image of God in each person. The image of God attributes positive rights of love, respect, and enjoyment of God’s gifts. Justice, then, requires positive action to ensure that all those created in God’s image enjoy these attributes. When a human is denied these, then injustice has occurred.\footnote{108} In the same way in the Hebrew concept of shalom justice recognizes that if any one of those created in the image of God is denied access to God’s attributes by others than the suffering that occurs affects all of those created in God’s image. “When the rights to love, respect, and enjoy existence and life is denied, both the bearers and the Giver of God’s image suffer under injustice.”\footnote{109}

Ramsey argues that a person made in the image of God will also recognize others made in that same image. The more one realizes that oneself and others are all made in that same image of God the more one will want to express the agape love toward other image members who hold the same place in God’s economy. To deny essentials to another is to deny that image of God in the other. Thus the question of individual rights is subsumed under the mantle of bearers of God’s image. Ramsey concludes that “When man [sic] ceases to reflect the image of, God and begins simply to reflect upon himself and his own rights, he is no longer in the Image of God.”\footnote{110} Because another person is
also made in the image of God one finds worth in that other person and then extends to that person the same level of justice we extend to all others.111

Andrew Courtwright who received his PhD in philosophy from the University of North Carolina and is now a medical student also makes a connection between justice and the image of God. He argues for a social system that both respects its members and fosters self respect as well. Self respect combined with respect for others limits the opportunities to deny basic human essentials to others, such as denying persons access to adequate health care. In a just system, he argues, the community works to alleviate stigmatization of certain social groups because everyone in those stigmatized social groups are made in the image of God. Denying the stigmatized basic health care is denying the image of God on those persons.112

(2) The denial of health care to certain demographic groups

The history of the United States shows a sad record of denying health care to certain demographic groups. In early 20th century, in the United States, the active or passive euthanasia of “defective” infants by physicians like Chicago’s Dr. Harry J. Haiselden was common. Haiselden refused to treat newborn infants with a range of limiting conditions including Down syndrome. In doing so he devalued those persons. One as esteemed as US Supreme Court Justice Oliver Wendell Holmes argued in his opinion in Buck v. Bell that “Utilitarian triage based on social economic valuation as well as an aesthetic of normalcy was thus argued as a logical and thus inevitable necessity.” Holmes approved the involuntary sterilization of women “scientifically identified as sub-standard and at risk of breeding future undesirables.” The use of the term “undesirables” in Holmes account is telling for he is declaring a human being made in the
image of God as “undesirable”. These arguments have lost the concept of the image of God in persons who were different, poor, illiterate, or had some congenital condition considered defective. Unproductive was another term used to devalue certain persons and treat them differently.\(^{115}\)

While one might be willing to leave these arguments on the dust bin of history, Tom Koch, a consultant in bioethics and gerontology for Alton Medical Centre in Toronto, chronicles the rise of some of these very same arguments that deny the image of God in each person. Koch claims that these same arguments were used in the 1980’s by then Colorado Governor Richard Lamm to propose the withdrawal or denial of health care to certain senior citizens. Lamm was in favor of using health care resources on “more productive citizens.”\(^{116}\) Lamm wanted seniors to realize that because health care resources were limited, that they had a duty to die and not take advantage of health care services including curative care.\(^{117}\) Thus Lamm was projecting onto a certain class of senior citizens the same devaluation that Holmes made toward the ”unproductive” and Lamm thus denied that those persons are made in the image of God. Lamm’s political career and current position as the Co-Director of the Institute for Public Policy Studies at the University of Denver makes his proposals even more shocking.

This line of thinking also surfaced in the Asbury Draft Policy in England in the mid 1990’s. A group of British physicians proposed triaging health care to favor the young over the old and the productive over the unproductive. This way of thinking was lauded in the US as a rational way of approaching the problem of scarce health care resources.\(^{118}\) This line of thinking also ignores the image of God in each of those persons.
who are considered to old or too unproductive to receive the same level of health care as the young and productive.

Beauchamp and Childress claim that substantial evidence exists that health care in the US has been “covertly distributed on the basis of these properties (race and gender), resulting in a differential impact on women and minorities.”119 While the actions may not be as obvious as the Lamm-Holmes arguments, the results are the same. Some people who are made in the image of God are denied health care based solely on their membership in a demographic group. This is the picture of injustice. Mary Ann Baily, a fellow and former staff member of The Hastings Center, argues that in some institutions, the decision makers find it easier to control costs by excluding certain groups rather than looking for creative ways to lower health care costs. Insurance companies will lower their risk by not accepting higher risk applicants and public programs will limit accessibility by tightening eligibility rules.120

Syd Johnson rightly points out that there are social costs to eliminating some people from the health care system or declaring some people as worthless. When hospitals can override the wishes of a person or a person’s family in the name of controlling costs, the potential for abuse increases and due process is lost.121 When that happens the person is no longer a person made in God’s image but a cost center that a health care institution needs to deal with. Johnson goes on to argue that “in weighing the possible financial savings against the social costs of declaring these patients ‘worthless,’ it is not at all obvious that ending treatment for all permanently vegetative patients will result in a net benefit.”122
Baily’s argument is that universal coverage would alleviate these problems of devaluing certain persons. The option to exclude certain persons, including high risk persons, would not be available, thus making access to health care more equitable. Universal coverage would by default recognize the image of God in each person and it would recognize society’s obligation to care for each person made in God’s image.

The principle of justice as it applies to health care is rooted in the theological theme of the image of God. Each human being is made in God’s image. Therefore, each human being deserves the same access to the health care system in the United States. At the moment, that access is inequitable, devaluing and excluding certain groups of people. The principle of justice, as understood through the theological theme of the image of God, finds this discrepancy untenable and unjust.

c. Justice and the covenant

The twin commands to love God and love one’s neighbor come to humanity in the form of a covenant with God and Jesus Christ. The human response to being invited into this covenant is articulated by Jesus in those twin commands. The fulfillment of these two commands then, will take place in the context of this covenant with God. The twin commands are not divorced from a relationship with the Almighty, but are intrinsic to it. This covenant with God is essential in implementing the twin commands of Jesus. Therefore, in order to use the twin commands of Jesus to enhance the meaning of contemporary bioethics principles, one needs to understand and employ the theological theme of the covenant. The covenant relates directly to the principle of justice, for it is through the covenant with God that one understands justice and how to implement the principle of justice.
Since God is faithful to all of those in the community, and since Jesus is faithful to all of those in the community, then those in a covenant with Jesus must also reflect that faithfulness to everyone in the community. Because of the covenant with Jesus, each person in the community, even the weak and the vulnerable, are due respect and worth and justice.\textsuperscript{123}

Ramsey includes in his understanding of this love that “Christian love must seek to find out whatever may be known concerning the just ordering of human life.”\textsuperscript{124} Furthermore, he argues, that because of Christian love, one cannot remain aloof from the problems of determining right action in a society. Ramsey connects Christian love to justice quite intimately.\textsuperscript{125} In the understanding of the covenant with God as that theme has been explained in this dissertation, the covenant demands that this Christian love be the model for how one deals with the community. Ramsey’s view of love then, would connect justice and the covenant, making the covenant with God the rationale for doing justice in the community.

However, fulfilling the covenant by having love for one’s neighbor alone does not necessarily require an investment in justice. Ramsey explains justice as this love for one’s neighbor when confronted by two or more neighbors.\textsuperscript{126} How that love for both neighbors is affected is justice. The covenant with God calls for treating both neighbors as God has treated humanity, with equal amounts of love and care.

Those who participate in the covenant with God are then called to imitate the love for humanity that God showed in Jesus Christ. In Jesus one sees the connection between love and justice and more importantly, love and care for the poor, the oppressed, and those who are denied health care. Stassen argues in his \textit{Kingdom Ethics} that Jesus
identified closely with the Old Testament prophets in his attack on the temple system, his proclaiming of the imminence of the kingdom of God, and his attack on the practice of injustice. In this way Jesus cared deeply for the poor, the powerless, and the oppressed. Since the population of persons in the US who do not have access to the health care system is overpopulated with the poor, the powerless, and the oppressed, the justice that Jesus seeks needs to be sought also in the health care system in the US. The justice of God, as seen through the covenant with Jesus, is what God does. God delivers the oppressed from those who dominate them.

What is important to note in the discussion of justice and the covenant and the health care system in the US is that Jesus did more than address individuals. Jesus, in his quest for justice, also addressed social systems and institutions and found in them the roots of injustice in the community. Forty times in the synoptic gospels Jesus confronted the powers of the day in injustice. Jesus ordinarily addressed four kinds of injustice, the injustice of greed, the injustice of domination, the injustice of violence, and the injustice of exclusion from the community.

The injustice of exclusion from the community, from the health care community, then would be one of the injustices Jesus worked to over turn. The exclusion of certain persons from the health care community is an injustice that does not coincide with the covenant one has with Jesus. The covenant demands that one imitate the love for one another that Jesus showed for humanity. That love included a strong message against the injustice that beset the community in which Jesus lived. That love also includes a strong message against the injustices in the community in the US.
The obligation of participants in the covenant to care for one another is firmly grounded in the Scriptures. Pellegrino advances that argument when he claims that, “Health is necessary for human dignity and hence at the most fundamental level health care is a moral claim of humans as members of the human community sharing a common humanity.” Pellegrino connects the covenant with God with a moral claim for caring about the health care of the community. This moral claim is at the heart of justice in the fair distribution of health care. Pellegrino goes even further in his argument when he contends all participants in the covenant have a responsibility to care for the sick and the poor, just as Jesus did. God loves us each and God loves our neighbors as well. Love of one’s neighbor has a social as well as an individual dimension. This social dimension in the realm of health care includes a fair distribution of health care services to the sick and the poor. This compassionate vision for the poor is a “necessary ingredient of the Kingdom of God.”

Thus, the contemporary bioethics principle of justice, as understood through the New Testament theological theme of the covenant with God, lends a deeper understanding to the problem of the distribution of health care in the United States. Participants in the covenant are called upon to imitate in their own relationships the love that God has shown for humanity through Jesus Christ. Jesus, a strong proponent of caring for the poor and a strong critic of social institutions that do not care for the poor, is the model for how one approaches this problem. The current system for health care in the US is unjust in that it denies health care to the poor, the sick, and the oppressed, the very groups of people for whom Jesus is a champion.
d. Justice and the pursuit of healing

The pursuit of healing is one of the theological themes from the New Testament that enhances the meaning of the principle of justice. By understanding how healing is pursued in the New Testament one can get a broader and deeper understanding of the application of the principle of justice in health care in our own communities and in particular to the problem of the distribution of health care in those communities.

One of the significant aspects of the pursuit of healing is the focus of Jesus on healing the poor and the outcast. This focus is understandable given the lack of physicians available to treat the poor and the handicapped. An important part of the ministry of healing for Jesus was to those who did not have access to trained and practicing physicians in the first century. In addition we see Jesus perform many healings in Galilee, a region far removed from Jerusalem and thus served by fewer trained physicians. Howard surmises that “it would seem that much of the work of Jesus was among the genuinely indigent, as well as the sick, the blind the lame and the lepers, who play so important a part in the Gospel accounts of Jesus' ministry.” Jesus was implementing the principle of distributive justice as he pursued healing in his own ministry in the first century.

The just pursuit of healing in a community includes a responsibility to work for access to adequate health care for all of its members, including the poorest and neediest. The historical context in which New Testament events took place shows a deep divide between rich and poor in regards to access to health care. The ministry of Jesus in pursuing healing often for the poorest and neediest in the community shows that the theological principle of the pursuit of healing includes a passion for providing health care
for the poorest and neediest in the community. There are at least three ways in which of
the principle of justice as understood through the New Testament theme of the pursuit of
healing helps to address the problem of the distribution of health care in the United
States.

One of the ways that this principle is helpful is in dealing with the problem of the
inability of many citizens to pay for their own health care. Beauchamp and Childress
note that fifteen percent of non-elderly Americans do not have adequate health insurance
and therefore cannot afford adequate health care. This problem of an inability to pay
for health care was also extant in the first century. The wealthy and the well connected
could afford to be treated by a physician but the poor could not. The significance of
Jesus’ focus on the poor and the needy becomes clearer in the context of that cultural
milieu. The pursuit of healing includes pursuing healing regardless of a person’s ability
to pay. While aspects of the US health care system may have adopted this approach, the
overall system has not. To make the US health care system more just one would have to
eliminate the problem of the inability to pay for health care services.

A second way in which the New Testament theme of the pursuit of healing helps
to understand the principle of justice in the problem of the distribution of health care is
the focus of the pursuit of healing on the poor and the needy. Inability to pay was not the
only or even the primary rationale for Jesus to address much of his healing ministry to
that segment of the population. Jesus ministry was largely to the poor and the needy in
many aspects, healing being only one. To adequately reflect the New Testament theme
of the pursuit of healing, one needs to make the care of the poor and needy a priority.
Pellegrino makes this argument in his essay on the ethics of managed care. Pellegrino
advocates for “A Christian ethic of health care [that] pertains to what those moral teachings teach us about the care of the sick, the poor, the oppressed and the underprivileged. It is an ethic whose model is Christus Medicus, Christ the physician and healer whose followers are called upon to emulate in their own lives.”¹³⁷ The wealthy and the better off in a society have multiple avenues for dealing with their own needs for healing while the poor and the needy have many fewer opportunities to deal with their needs for healing. Thus the New Testament theme of the pursuit of healing focuses on those poor and needy persons in a community. In spite of both Medicaid and Medicare those segments of the US population are not getting the healing that this theme would call for.¹³⁸ A just health care system in the US would offer healing to that segment of the population.

A third way in which the New Testament theme of the pursuit of healing helps to understand the principle of justice in the problem of the distribution of health care is the expanded view of what healing means. As outlined in chapter four of this dissertation, the pursuit of healing in persons includes more than meeting their physical needs. The pursuit of healing involved meeting personal, social, and economic needs as well. The healing that Jesus performed in the New Testament covers this wide range of issues in persons’ lives. The Scriptural understanding of justice is giving to each according to his or her own need.¹³⁹ This becomes clear as one examines the various ways that Jesus healed and as one understands this theme of the pursuit of healing.¹⁴₀

This third way that the pursuit of healing is understood in this context also includes a measure of advocacy. Advocacy for a person is part of a physician’s role. In the current health care system advocacy for persons with insurance companies and
government institutions is often required. If a physician understands his or her role in terms of the pursuit of healing, this advocacy may include advocating for a particular set of resources for one person or advocacy for a fair share of health care resources for the persons being treated. Mary Baily advances this argument from a secular viewpoint when she maintains that “Advocacy must be understood differently. Physicians have an ethical duty to their individual patients to advocate for them to ensure that they get their fair share of resources, tailored to their particular circumstances.”¹⁴¹

Yet Baily also adds this crucial aspect of advocacy that physicians “also have an ethical duty as a profession to advocate on behalf of patients in general, using their knowledge and experience to help ensure that cost is controlled and that the control measures are indeed fair and reasonable.”¹⁴² Thus the pursuit of healing as understood from the New Testament theme will work for a just and fair distribution of health care resources in the United States.

e. Summary

The contemporary bioethics principle of justice as understood through the three New Testament themes from chapter three of this dissertation can add meaning and understanding to the problem of the distribution of health care in the United States. The theological theme of the image of God reminds one that all humans are created in God’s image and therefore have value. Thus, justice is grounded in the image of God, requiring equal treatment of all of those made in God’s image. More importantly, the theme of the image of God in each person indicates that no person can be devalued, called worthless, or denied care for being “unproductive. The image of God in each person demands equal treatment of each person.
The theological theme of the covenant also adds meaning to the problem of the distribution of health care in the United States. The covenant one has with God calls for treating others the way that God has treated humans in the covenant. That love of God, then, which is offered to all, is the model for how participants in the covenant treat other humans. Therefore, health care, an aspect of love for another person, needs to be offered to all persons equally. A system such as the health care system in the United States that excludes certain persons from access to health care is not reflecting the love of God from the covenant. The covenant calls for all persons to have equal access to the social good of health care.

In the same way the theological theme of the pursuit of healing also lends itself to understanding how the contemporary bioethics principle of justice applies to the problem of the distribution of health care in the United States. There are at least three ways in which this theme is helpful. The pursuit of healing calls for offering healing to persons regardless of their ability to pay. The pursuit of healing calls for focusing healing on the poor and the needy, the ones most in need of health care and least likely to get it. The pursuit of healing calls for an advocacy for persons for more than just their medical needs but all of their needs for healing, for a person is more than just medical healing.

This dissertation has applied the principle of justice as understood through the three theological themes of the image of God, the covenant, and the pursuit of healing as applied to the problem of the distribution of health care in the United States. This application highlights the unjust nature of key aspects of the US health care system. In order to be faithful to the Scriptural understanding of the bioethics principle of justice,
the US health care system needs to be fairer in the distribution of health care especially to the poor and needy.

3. A Comparison of the just distribution of health care and Robin Gill’s *Health Care and Christian Ethics*

   a. Robin Gill’s argument

Robin Gill’s recent work, *Health Care and Christian Ethics*, addresses this difficult problem of the fair distribution of health care resources. Gill does so from the perspective of Western pluralistic societies. This dissertation addresses the problem of the fair distribution of health care resource in the United States. While the various health care systems considered are quite different, the ideas on the fair distribution of health care resources elucidated by Gill and by this dissertation will apply to multiple health care systems.

Gill’s approach to health care ethics is a sociological one, focusing on the healing narratives of Jesus in the synoptic gospels. From this sociological study of these passages Gill finds that four virtues, compassion, care, faith, and humility, are the virtues that will govern his understanding of health care ethics.¹⁴³

In his discussion of rationing of health care resources, Gill uses the fourth of those virtues, humility as his primary virtue to give a response to the issue of rationing in the Western societies. To be fair to Gill, he does not begin with the issue of rationing and apply humility to it. Gill uses the issue of rationing as an illustration of how humility, as he has defined it, can be useful in Christian health care ethics.¹⁴⁴

Humility has a distinct definition in Gill’s work, one that suits well the issue of the fair distribution of health care resources, or rationing as Gill refers to it. He defines
humility against the backdrop of two sets of exaggerated claims. One set of claims are those by the medical community as to what they can and cannot do in regard to healing. Medical professionals too quickly claim authority and knowledge which they may not possess, and Gill acknowledges that persons under their care often cooperate with this exaggeration. The second set of claims is from the persons needing treatment, who, in Gill’s words, have unlimited demands for care. Humility in this context is defined “as medical professionals not claiming too much and patients not demanding too much.” If these competing and exaggerated claims would diminish, Gill holds that the problem of rationing of health care in the Western societies would be severely diminished.

However, Gill does not use humility alone to address the issue of rationing health care in Western societies, he couples humility with compassionate care. Compassionate care is a conflation of the first two of Gill’s virtues, compassion and care. Gill argues that “Humility is an important perquisite of compassionate care, and compassionate care reinforces this reticence/humility.” In applying those virtues to the question of rationing, Gill finds a sense of justice is possible. Gill suggests two ways that these virtues are applicable. The first way humility helps is “by fostering an increase of humility and a decrease of selfishness (among both health care professionals and patients).” Humility also helps “by motivating and forming 'a prophetic protest against public policies that lead to injustice in access to health care'. Both humility and justice are also essential to my [Gill’s] own understanding of health care ethics.”
b. Similarities and differences between Robin Gill’s argument and this dissertation

Both Gill and this dissertation are looking for a connection between the New Testament and health care ethics in particular in dealing with the problem of the fair distribution of health care resources. Both Gill and this dissertation describe the inequities in the health care system, Gill’s theory applies to Western societies but most of his data comes from the health care system in the United Kingdom. This dissertation focuses exclusively on the US health care system.\(^{151}\)

Both Gill and this dissertation are concerned with the sense of injustice found in the unequal distribution of health care resources. Gill’s term is rationing,\(^{152}\) which may be a more apt term for his demographic. Significantly, both Gill and this dissertation use contemporary principles of bioethics as part of the argument. While admitting that the four principles may be “thin”, Gill adopts an approach that combines the virtues that he discovers from the Scriptures with those four principles of biomedical ethics from Beauchamp and Childress.\(^{153}\) The principle of justice then, as understood through Gill’s virtues of compassionate care and humility, are how he addresses the problem. This dissertation also uses contemporary principle of bioethics, using the three from the Belmont Report instead of the four from Beauchamp and Childress. That difference in this discussion is slight and is explained further in chapter one of this dissertation.

Significant differences between the two arguments do exist. One difference is that Gill begins with his virtue of humility in this discussion, and brings in the principle of justice only toward the end of his argument and only as an afterthought. Indeed, his summary statement about “a prophetic protest against public policies that lead to injustice
in access to health care”\textsuperscript{154} is the first time he mentions prophetic statements and injustice. His argument is more about humility than justice in health care. This dissertation looks more closely at the injustice in the health care system.

A second difference is that Gill advocates his virtues as the method for understanding a solution to the problem of rationing of health care. He sees humility, with fewer extravagant claims from professionals and persons receiving treatment, as a primary way to reduce the need for health care services.\textsuperscript{155} This dissertation uses the three theological themes from chapter three as a way to understand the principle of justice. In this dissertation, the image of God, the covenant, and the pursuit of healing, as applied to the principle of justice, bring about a further understanding of the problem of a fair distribution of health care in the US.

A third difference between Gill and this dissertation is the assessment of the respective health care systems under review. Gill does not assess the Western society’s health care systems as seriously flawed by injustice, while this dissertation does assess the US health care system as seriously flawed by injustice. There are at least two reasons for these stark differences. The various health care systems are quite different and both the assessments may be accurate. Also, Gill is using rationing as an illustration for his understanding of humility in health care ethics while this dissertation is addressing the problem directly.

A fourth difference is that Gill’s solution seems more aimed at the service level of the problem, calling on health care providers and persons receiving treatment to demand less health care. This dissertation takes a more social view, calling upon the health care system to be changed to make it more just.
c. Summary

Robin Gill, using the healing narratives of the four gospels, develops four virtues for health care ethics. This dissertation uses some of the same material to develop an enhanced meaning for contemporary health care ethics. Gill uses his view of humility to address the problem of rationing of health care in Western societies. This dissertation uses the principle of justice as seen through the three theological themes, to address the problem of a fair distribution of health care in the US. Both views have value for those grappling with this complex issue.

D. Palliative Care

1. Introduction

a. The problem that palliative care address

Every gambler knows that the secret to survivin'
Is knowin' what to throw away and knowing what to keep
'Cause every hand's a winner and every hand's a loser
And the best that you can hope for is to die in your sleep.\(^{156}\)

Kenny Rogers’ philosophy of life expresses a desire that many people have, that their death will be peaceful, painless, and in one’s sleep. Not all deaths happen that way. Daniel Callahan reports that a significant majority of persons in the US will die in a hospital setting, with all of the attendant procedures and lack of privacy that hospitals by nature encompass.\(^{157}\) This is not dying on one’s sleep. Callahan offers an almost humorous assessment of the relationship between modern medicine and death. He describes modern medicine as offering what he calls “the great trade-off: if you put your life in our hands, we will (for the most part) save you from a quick death by a heart attack or infectious disease thus allowing you to contract later in life a number of chronic diseases that will allow (or force) you to die much more slowly.”\(^{158}\)
Paul Ramsey characterized this problem some years ago in his landmark book *Patient as Person*. He described a scene that too often occurred in hospitals with persons who had diseases for which there was no known cure or who had failed to respond well to the cures that were known. Persons with these diseases he described as being “kept alive indefinitely by means of tubes inserted into their stomachs, or into their veins, or into their bladders, or into their rectums—and the whole sad scene thus created is encompassed within a cocoon of oxygen.”159 This treatment, Ramsey observed, separated these persons from friends and families who could not penetrate the cloud of medical treatments and often from themselves as they became less persons and more objects of scientific investigation. Ramsey refers to the medical procedures in this kind of case as “massive and unwarranted medical interventions.”160 In this context Ramsey proposes what has become the ethical basis for palliative care. Ramsey called this approach “only caring for the dying.”161 He means that the person who is clearly dying and is past all of hope of cure needs only care and not further attempts at cure. This is the essence of palliative care, although when Ramsey proposed this there was precious little understanding or implementation of such care procedures in hospitals or elsewhere.

Cicely Saunders had just begun the hospice movement in the United Kingdom.

This section of the chapter of this dissertation on applications of the thesis will apply the contemporary bioethics principle of beneficence to the problems addressed by palliative care. After describing the origins, nature, advantages, and goals of palliative care, this dissertation will examine some of the ethical arguments supporting palliative care. Then it will apply the contemporary bioethics principle of beneficence to palliative care as the meaning of that bioethics principle has been enhanced by the three theological
themes identified in chapter three of this dissertation. This section is to demonstrate the
efficacy of this approach, that the three theological themes derived from the New
Testament do indeed assist in understanding how contemporary bioethics principles are
understood and applied.

b. Origins of palliative care

Robin Fainsinger of the University of Alberta credits Tolstoy as one of the first
moderns to describe the tortured soul and body of a dying man in the *Death of Ivan
Ilyich*. Yet Fainsinger was hopeful in 2000 that the discipline of medicine was now
being more attentive to the wider needs of persons who were clearly dying. Indeed, Henk
Ten Have, Professor of Healthcare Ethics at Duquesne University, notes that a set of
procedures that were called “terminal care” in the 1950’s and 1960’s are now referred to
as palliative and are used extensively in the hospice movement. Before palliative care
was well understood, there was a sense of neglecting of the needs of the persons who
were diagnosed as terminal. Palliative care then was viewed as complementary to the
rest of medicine and was seen as part of an overall health care system. Ten Have
assessed this transition into palliative care as making modern medicine “into a human
activity of caring.” This is not to say that there was no care in medicine before
palliative care began to be used, but it does indicate that there was a new level of that
care with palliative medicine.

The hospice movement that began in the United Kingdom has set the standard for
palliative care and hospice programs in Europe and the United States. With a well
established concept and philosophy of care, this movement showed that palliative care
and hospice was a significantly different way to practice medicine than was the norm.
Ten Have sees the differences as deriving “from specific moral values (concerning life and death, pain and suffering, views of the individual person and the social context).”

The proliferation of hospice programs in Europe and the United States spawned the specialty of palliative care. Advances in pain management, a new understanding of the physical dynamics of pain, advances in pain medications, and in the application of those pain medications contributed to the advancement of palliative care.

This new look at care for dying patients was not universally or easily accepted in health care. Healthcare workers and physicians in particular are trained to work to stave off death. Death is the enemy to be beaten back by medical technology. Yet, as Callahan argues, twentieth century physicians had to come to grips with the fact the death was inevitable, “either on his own watch or that of some other physician.”

That is not an easy pill for physicians or the public to swallow. Persons with access the health care system expect to be healed. The public views death as a failure of medicine. Even though since the days of Hippocrates all physicians have known of the inevitability of death, of late many chose to ignore it or pretend it could be successfully delayed for years. Medicine has treated death as “as an enemy that can be beaten, not all at once but one lethal disease at a time.”

c. The principle of beneficence and three theological themes

While the hospice movement and palliative care began some years before the articulation of the principles of bioethics in The Belmont Report, the impact of the principle of beneficence on palliative care has been significant. Beneficence has two parts to it that are quite similar. One part is not doing any harm to a person. The second part is investing in the well being of the other person. This second part, pursuing the well
being of another, can also include acts of charity and kindness. While Beauchamp and Childress divide these two into separate principles, beneficence and non-maleficence,\textsuperscript{170} this dissertation uses the principle of beneficence from \textit{The Belmont Report}, as argued in chapter three of this dissertation. Therefore, for the purposes of this dissertation, the principle of beneficence will be the principle as elucidated in \textit{The Belmont Report}.

Beneficence includes both the obligation to maximize the benefits to the person and the obligation to avoid bringing harm to the person.\textsuperscript{171} There is a level of intentionality inherent on the avoidance of harm as well as in actions that benefit the well being of the person. These two parts of beneficence will come into play in forming an argument in regard to palliative care.

The value of the three theological themes derived in this dissertation from the New Testament to the principle of beneficence is to enhance the meaning of that principle. The theological theme of the image of God shows that because each person is made in God’s image each person deserves the kind of care that acts in the best interest of that created image of God. Each person, not just a select few, deserve the care and healing those members of the Christian community can bring. The theological theme of the covenant adds to the understanding and meaning of the principle of beneficence by realizing the obligations that the covenant calls upon from its participants. Those in the covenant are bound to reflect to others the same love that they received from Jesus. That reflection can also be expressed as the principle of beneficence, acting in the best interests of the other. The theme of the covenant also includes a strong connection to the relational aspects of care. Those in the covenant develop relationships with those for whom they care. The theological
theme of the pursuit of healing may most directly influence the understanding of the principle of beneficence. Beneficence often means pursuing the right course for healing for a person. The theological theme of the pursuit of healing calls for the same kind of endeavor. Yet that theme also calls for a pursuit of healing that is wider than just the physical but includes all aspects of the human person. These three theological themes, then enhance the meaning of the contemporary bioethics principle of beneficence and can be helpful in understanding the bioethics of palliative care.

2. A description of palliative care

a. A definition of palliative care

The term palliative care, normally associated only with cancer and other terminal illness, is gaining a wider usage beyond those few illnesses. Hospice and palliative care are not synonymous. A hospice program will employ principles of palliative care in its work, but there are other ways in which palliative care is used other than in a hospice program. A person with any number of diseases may need what palliative care offers.172

Palliative care includes helping persons adapt to chronic diseases and even disabilities.173 Palliative care, once thought to be the same as care for persons with cancer, is now used in other therapeutic settings as well. Even advanced technologies and sophisticated procedures may fall into the category of palliative care if used for the intention of providing comfort to a dying patient.174

Palliative care includes a variety of modalities that attend to many of a persons needs, not just the medical needs. Pain management and symptom control are part of palliative care as are managing psychological, social, and spiritual concerns.175 The
World Health Organization has a definition of palliative care that it uses in its works that
is useful for this dissertation. According to WHO palliative care is “an approach that
improves the quality of life of patients and their families facing the problems associated
with life-threatening illness, through the prevention and relief of suffering by means of
early identification and impeccable assessment and treatment of pain and other problems,
physical, psychosocial and spiritual.”

Palliative care generally does not include procedures such as radiation or
chemotherapy for cancer, antibiotics, diagnostic testing, feeding tubes, intravenous
hydration and nutrition, or surgery. Any of those may be employed if they bring comfort
to the person begin treated palliatively, but they are not used to cure. Diagnostic testing
in particular is seen as invasive, painful, and often unnecessary. If no action will be taken
based upon the results of a diagnostic test, then doing the test is futile.

b. The timing of palliative care

Most of the procedures and measures used in palliative care may be used in other
contexts as well. What makes them palliative is the timing in which they are employed,
when a person is close to death or when a person is dealing with a chronic illness with
little hope of improvement. When care transitions from curative to palliative is an
important part of understanding what palliative care is. Timothy Quill, professor of
Medicine at the University of Rochester School of Medicine, counsels persons to begin
the discussion of employing palliative care under several conditions. This is just the
discussion, not the implementation of palliative care. If a person with a terminal disease
has as fear of future suffering, a discussion of palliative care might be helpful. If a
person with a terminal diagnosis talks about wanting to die, discussing palliative care
might be helpful. Certainly when a person is imminently dying, as judged by the appropriate medical personnel, a discussion of palliative care is called for. And if a person with a terminal diagnosis is suffering greatly and has a poor prognosis, then a discussion of moving to palliative care would be apropos. The discussion of the possible use of palliative care is not the use of palliative care, but it sets up palliative care as a legitimate option, where no other suitable option may have been contemplated by the person with the terminal diagnosis.

That is not to say that making the decision to forgo curative treatments and focus on palliative care is an easy one. Much of it is based on a life expectancy which is difficult to assess. If a person has a longer life expectancy of several years, then palliative care may be premature. But if the person’s life expectancy due to the person’s medical condition is in a matter of months, then palliative care might be used judiciously.

Harold Dunn, Chaplain of the Hospice of Northern Virginia, uses several criteria from Daniel Callahan as to when palliative care can be helpful. These criteria help one to understand what palliative care is and how it is used. Dunn claims that palliative care can be used,

When there is a likely, not necessarily certain, downward course of an illness, making death a strong probability; failure of more than one organ is an obvious example in an older patient; when the available treatments for a potentially fatal condition entail significant likelihood to extend pain and suffering; when successful treatment is more likely to bring extended unconsciousness or advanced dementia than cure or significant amelioration; when, whatever the
medical condition, the available treatments significantly increase the probability of a bad death, even if they also promise to extend life.\textsuperscript{180}

Yet Dunn does not consider any of these scenarios giving up. For even in palliative care one may find growth and comfort. Dunn argues that to keep on searching for a non-existent cure could hamper the process of growing from the journey one is on in facing a terminal diagnosis.\textsuperscript{181}

Palliative care, then, is the application of medical and other procedures to offer comfort and care to a person who has a terminal diagnosis, who has an illness for which there is no known cure, or for a person who is imminently dying. This comfort care can also be used for others who suffer from chronic illnesses or various disabilities. But is this abandonment of curative therapy for comfort measures only a valid and ethical approach for these persons?

3. Ramsey’s ethical arguments in support of palliative care

Paul Ramsey in \textit{Patient as Person}, makes a persuasive argument in favor of what is now refereed to as palliative care. When Ramsey wrote \textit{Patient as Person}, the term was not used often and the concept was foreign to many practitioners. Ramsey begins with an interesting moral question, is a person who is starving obligated to eat food brought to him? Ramsey’s answer is “it depends.” If the food will sustain the person until he is back to full health, then yes he is obligated to eat the food. But if the food only staves off death by starvation by a few days or hours, then Ramsey argues the person is not obligated to eat the food. Ramsey argues that lengthening the time it takes one to die of starvation is not caring. Thus, the person does not have to eat the food if it
merely prolongs his slow death by starvation. The same can be said of more familiar medical techniques that will only prolong a person’s slide toward death.\footnote{182}

Ramsey argues that food, water, and even pain killing drugs are given to the person who is dying not as a means to prolong life but as a means to make the person comfortable. Thus the indication that those methods are to be used is not cure but comfort.\footnote{183} The quality of life that one would experience by receiving curative methods that may or may not be successful is part of Ramsey’s argument. He argues for only those procedures and measures that would clearly benefit the dying person.\footnote{184} Ramsey draws two significant conclusions from this part of his analysis. He concludes that “there is no duty to use useless means, however natural or ordinary or customary in practice.”\footnote{185} Thus many of the supposed curative procures that would have no real effect on a person’s health would be excluded. Ramsey’s second conclusion is that “that the description of human acts of caring for the dying (or caring for the not yet dying) terminates in the man who is the patient.”\footnote{186} His focus is on caring for the person and not beating back the disease, a distinction Ramsey makes clear in his writing. Doctors are to treat persons and not diseases.\footnote{187}

4. Bene\footnote{fice\footnote{ence\footnote{ and palliative care

a. Beneficence and the pursuit of healing

(1). The wider view of beneficence as it applies to palliative care

The main thesis of this dissertation is that the New Testament theological themes can enhance the meaning of contemporary bioethical principles, such as the principle of beneficence. The theological theme of the pursuit of healing is one of those themes that can lend new understanding to beneficence in the context of palliative care. As noted in
chapter four of this dissertation, the concept of care, not medical care but care for the person, is at the root of the pursuit of healing and magnifies the understanding of beneficence. Patricia Thompson, a certified hospice and palliative care RN claims that the motivation for hospice workers to invest in their practice is the overall good of the person with the terminal illness and his or her family. In working toward that overall good, one is both pursuing healing in the wider context and seeking what is in the best interests of the person. That is beneficence at work in a palliative care setting.  

This principle applies equally well to physicians who may find themselves with the option of moving from curative to palliative care. The key for the physicians, according to Quill, is nonabandonment. If a physician concludes that there is no more curing that can be done, he or she cannot abandon the person with the terminal illness to his or her own devices. The physician is obligated to stay connected to that person throughout the remainder of his or her days. Thus, what the physician will provide in that context of seeking the best interest of the person is palliative measures. The pursuit of healing in that person takes a much different tack than in persons for whom recovery and long term health are more likely.

Ramsey takes a similar approach to care for persons for whom cure no longer seems a possibility. Long before Belmont, Ramsey set out the basis of beneficence as seeking the best interest of the person who has the terminal diagnosis. Care for Ramsey, then goes beyond just curing and includes the kinds of palliative measures discussed in this dissertation. Ramsey’s goal in his only caring for the dying thesis is to find moral ground for caring for those who are dying without trying to save them when no cure is available. Eschewing what he calls the “ancient distinctions between ordinary and
extraordinary means” he establishes a way to express the need for care for those with a terminal diagnosis.\textsuperscript{191} That is the essence of the principle of beneficence as understood through the theme of the pursuit of healing in this context. Healing includes caring when there is no cure.

This wider understanding of the principle of beneficence as seen through the theme of the pursuit of healing is also reflected in the hospice movement. Robert Buckingham, a professor of health science in New Mexico State University, focuses the work of the hospice program on the needs of the person who is dying and the family of that person. In a hospice program the person who is dying and the person’s family is one treatment unit; they are treated as one. The family has its needs met as well as the person. In this way the healing that is pursued is the healing of the person and his or her family, since all of that benefits the person with the terminal diagnosis. Since the person has relationships, the family receives care as well as the person. This hospice care is palliative care, for how one treats the family of the person who is dying is part of the best interests of the person.\textsuperscript{192}

The inclusion of relationships in the pursuit of healing leads to the understanding in palliative care and hospice care that care is for the whole person. As the principle of beneficence as seen through the theme of the pursuit of healing is unpacked, this care for the whole person becomes evident. In the gospels the healing that Jesus did often included more than just the medical or physical aspects of a person. The theological theme of the pursuit of hearing takes healing beyond the physical to include the whole person. This healing includes addressing the psychological, social, and spiritual needs of the person receiving care.\textsuperscript{193} For this reason hospice care uses a team of health care
personnel including physicians, nurses, aids, social workers, and chaplains, to address all of the needs of the person under hospice care.\textsuperscript{194}

Healing includes more than just the physical side of a person. In understanding the principle of beneficence through the theme of the pursuit of healing, the need to address more of a person’s needs than just the medical becomes apparent. The definition of palliative care used in this dissertation and used widely in medicine is a definition that includes this wider understanding of care of the dying person.

(2) Care versus cure

The health care system in the United States is imprecisely named, for it does not focus on care but cure. The health cure system might be more appropriate. The health care system is oriented toward the cure of disease. Diagnosis, treatment, and cure are the standard methods for medical practice in the United States.\textsuperscript{195} When a cure is no longer likely, then many health care practitioners are unsure of how to proceed or they leave the person with the terminal diagnosis in the hands of another. The health care system is cure oriented.

Palliative care is care oriented, which is distinctively different from curing. Diego Gracia, Professor of History and Medicine, Complutense University of Madrid, argues that “Helping and consoling are complements of curing, but not caring in itself. The true goal of medicine has always been curing, rather than taking care of the patient. Caring has never been the goal of medicine.”\textsuperscript{196} Caring may not be the goal of medicine, but caring is the goal of the theme of the pursuit of healing. Thus palliative care, which focuses on caring for all of the needs of a person, is a demonstration of the principle of beneficence as understood through the theme of the pursuit of healing.
Martha Twaddle, Medical Director of the Hospice of the North Shore in Evanston, Illinois, bemoans the current medical model with its emphasis on cure. Moreover, she claims that modern medicine “prioritizes palliative care only after curative measures are exhausted.” This priority tends to add to the suffering of persons who need palliative care sooner in the course of their diseases and leads to insufficiently managed end of life care. In Twaddle’s experience, pain management and symptom control are not skill sets for many physicians. While modern medicine may still be dominated by technology and practices of intervention, palliative care puts an emphasis on caring and communication. Unfortunately, as Ten Have deduces that, “The concept of care that has remained is marginal to modern medicine, which remains identified predominantly with the possibility of cure.”

The WHO definition of palliative care reflects this understanding of the pursuit of healing, that care and cure are different, and that medicine needs to include care as well as cure in its regular practices. For the WHO definition sets the goal of palliative care as “the best quality of life for patients and their families.” Thus palliative care is significantly different from modern medicine, in part because palliative care has a different set of values than the typical cure oriented practice of medicine.

Care and Cure are two different approaches to a person with an illness. Both are valid. Modern medicine focuses on the cure aspect of health care. Palliative care, as understood from the principle of beneficence and the theological theme of the pursuit of healing, also focuses on caring for the person who has a terminal diagnosis.
(3) Goals of palliative care

The goals of palliative expressed by various authors and practitioners show the consistency between those goals and the principle of beneficence as understood through the theme of the pursuit of healing. Palliative care sets as a primary goal the control of physical symptoms, not only for the sake of physical relief but to allow the person who is dying to deal with the other aspects of life that are more psychological, social, and spiritual. This goal does allow for the pursuit of the wider view of healing.

David Clark, Chair of Medical Sociology at Lancaster University, sets forth four goals for palliative care, “achievement of best quality of life for patients and families, relief of suffering, promotion of good death, prevention of euthanasia.” These are the same goals one might derive directly from the principle of beneficence as understood through the theme of the pursuit of healing. Quality of life and relief of suffering are aspects of the pursuit of healing and they are consistent with the goals of palliative care as it is practiced.

Other authors have suggested a variety of goals, or a variety of ways of expressing similar goals, all of which are compatible with the theme of the pursuit of healing. These goals include but are not limited to promote the psychological good of the dying person; provide good care and promote a good quality of life; comfort for the person with the illness; freedom from pain; effective pain management or pain control; allowing the person to work through the dying process; foster an ability to live fully while the body is slowly dying; keep the person as symptom free as possible; helping the person maintain his or her own life philosophy; address areas of loneliness, isolation,
and fear; family support; allow the person to give as well as receive; develop self respect for the person who is dying; treat the person as a person, not as a patient.\textsuperscript{206}

All of these goals are various ways to demonstrate the pursuit of healing for the person with a terminal illness and his or her family.

One more aspect of the pursuit of healing as it pertains to the principle of beneficence is important in palliative care. Death with dignity or a good death as some authors will call it, is an important part of palliative care and the pursuit of healing. For the healing happens as the person is dying and the healing will continue to happen to the personal’s family after he or she is gone. Thus the good death is significant.

In that regard, the principle of beneficence and the pursuit of healing would lead to good palliative care of a dying person that allows him or her to be in surroundings befitting a person who is living, not one who is dying. Hospital ICU’s with the accompanying technical drama do not necessarily offer the opportunity for good palliative care. Dying without the frantic attempts to eek out one or two more days or weeks of life is good palliative care. Dying without the unbearable pain that some envision accompanies dying can be avoided in good palliative care.\textsuperscript{207} David Clark calls for palliative care that allows for a peaceful death, in many of the ways that peace is understood. This peaceful death will include qualities such as a natural death, being autonomous during the dying process, awareness of one’s own passing, and acceptance of death. This is good palliative care.\textsuperscript{208}

These various goals of palliative care and of a good death all reflect the basis of the principle of beneficence as it is understood from the theme of the pursuit of healing.
The theological theme of the pursuit of healing, in the case of palliative care, is very helpful in enhancing the meaning of the contemporary bioethics principle of beneficence.

b. Beneficence and the covenant

The theme of the covenant, as described in chapter three of this dissertation is helpful in understanding the meaning of beneficence as the principle of beneficence applies to the issue of palliative care. In this covenant, or divine agreement, God promises to be the God of the people and the people promise to obey and serve God. This part of the covenant with God is articulated in the twin commands to love God and love one’s neighbor. The fulfillment of the two commands then, will take place in the context of this covenant with God. In that context, humans who participate in the covenant will want to imitate God by building relationships with other persons. The relational aspect of the covenant is significant in the use of palliative care in a health care setting.

Ten Have accurately points out that the use of palliative care requires a community effort. Not that the whole community will be involved with the care of one person, but that the number of persons who will be needed to deliver adequate palliative care will comprise a community. Each caregiver in this ad hoc community of caring will be connected to the person who is dying by some kind of relationship.\textsuperscript{209}

Paul Schotsmans, Professor at the Centre for Biomedical Ethics and Law, Catholic University Leuven, Belgium, makes a similar argument. Schotsmans holds that “We must continue to clarify palliative care as a form of relational care.”\textsuperscript{210} Schotsmans is emphatic about the importance of the relational aspect of palliative care. He advocates for taking seriously the relationship between the person who is dying and the caregiver
because palliative care has a relational structure to it. Likewise, Fiona Randall, a consultant in palliative medicine from the United Kingdom, also advocates for the relational aspect of palliative care. She pins the success of palliative care measures directly on the relationship between the person receiving the care and the care giver. She goes further and calls the relationship a partnership, since the person receiving care needs to cooperate with the care givers to maximize the benefits of the palliative care.

The theological theme of the covenant also puts heavy emphasis on the relationships amongst those who love as God loved us and the objects of that love. The relationships in the covenant are significant in living out the covenant with other people. Thus the theological theme of the covenant gives reinforcement and support to palliative care’s investment in relationships. The contemporary bioethics principle of beneficence as applied to the issue of palliative care is then understood more clearly by employing the theological theme of the covenant.

c. Beneficence and the image of God

The third theological theme of this dissertation is the theme of the image of God. The image of God can enhance the meaning of the contemporary bioethics principle of beneficence as it applies to the issue of palliative care. This theme begins with the concept that humanity bears the image of God and therefore each human being deserves some measure of respect. This respect is a mutual respect based upon the interrelatedness of human life. Therefore, all of us who are humans and made in the image of God should respect one another, have solidarity with one another, and care for each other because each person is made in God’s image. Thus, in palliative care, both the care giver and the care receiver are made in God’s image and deserve mutual respect.
The image God in each person will effect the employment of palliative care in several ways. Persons who are dying and receiving palliative care are still persons in God's image with goals and meaning in life. Those who give palliative care need to see the person receiving care as made in God’s image with goals and feelings and desires. The person who is dying is not merely the object of care but also a human being. Randall asserts that “We must respect the patient as an individual unique among others. It is this moral imperative of practical wisdom which qualifies the pursuit of both the intrinsic and the extrinsic aim of palliative care.” She continues on in this assertion that persons receiving palliative care need to feel like whole persons, not merely objects to be observed and felt sorry for. These are people, made in God's image, who deserve the same comparison and respect for their values and concerns that one would give to any of those made in God’s image. When this happens, palliative care can affirm the worth of each person even when their physical functioning may be severely curtailed. The image of God in this person is never curtailed by illness.

Schotsmans’ criticism of the principlist approach is that it misses this key ingredient. While that approach may be a significant asset to some people, Schotsmans sees it as the antithesis of the relational approach. The contemporary bioethics principle emphasizes the workings of decision-making, but leaves out the person and the image of God. When this theological theme of the image of God is applied to beneficence, it puts back into the principle of beneficence this personal and divine aspect. Then, when applied to palliative care it shows the necessity for good palliative care to understand and engender a healthy respect for each person made in God’s image.
5. Summary

The contemporary bioethics principle of beneficence is commonly used in health care to understand and justify pursuing the best interests of a person receiving health care. The three theological themes from this dissertation, the pursuit of healing, the covenant, and the image of god, can enhance the meaning of the principle especially as it is applied to the issue of palliative care.

Persons for whom cure is no longer possible and persons who have a chronic illness or disability that will not improve, are still worthy individuals deserving care from the health care community. How and when this palliative care is employed is the subject of this section of this dissertation. By applying the three theological themes to the principle of beneficence, one finds a deeper understanding of why palliative care is appropriate and how palliative care is efficacious.

The theme of the pursuit of healing defines healing much more broadly than just the healing of a medical condition. This theme includes healing of the whole person, and palliative care addresses the needs of the whole persons. One of the hallmarks of the hospice movement, which employs palliative care extensively, is to care for the whole person, physical, psychological, social, and spiritual.

The theme of the covenant calls forth from participants in the covenant the kind of love for one another that God has shown to humankind. That love involves a significant relationship. When that relational aspect of health care is applied to palliative care it provides a substance and foundation for palliative care to be even more effective. The kinds of relationships molded in the theme of the covenant are a necessary part of palliative care.
The theme of the image of God also impacts the principle of beneficence in a positive way. Because each person, including those who are dying, is made in God's image, pursuing the best interests of that person will include treating him or her with the respect that all humans deserve. The values and dignity of the person who is dying and receiving palliative care are to be maintained and supported in the employment of that care.

The three theological themes of the pursuit of healing, the covenant, and the image of God enhance the meaning of the contemporary principle of bioethics of beneficence as it is applied to palliative care.

6. Comparison of this dissertation on palliative care to Allen Verhey’s viewpoint

Allen Verhey has written extensively on bioethics from the Christian and Protestant perspective. His book, *Reading the Bible in the Strange World of Medicine* illuminates some bioethics discussions from the perspective of the New Testament. In that regard, the work of this dissertation is similar to Verhey's since this dissertation also looks to the New Testament for understanding of bioethics. This section will compare Verhey’s concepts on palliative care to those of this dissertation. While Verhey does not use the term palliative care in his *Reading Scripture*, he does discuss various concepts that are quite similar to palliative care and invite a comparison.

While the two approaches to the New Testament, Verhey’s and this dissertation, are quite different, some aspects of them in regard to the bioethics of palliative care are similar. Verhey approaches Scripture from the viewpoint of reading it. This is different from the exegetical work of this dissertation and different from a theological approach to the New Testament. Verhey does advocate reading Scripture humbly, in the context of a
Christian community, and with great care. This care includes understanding the Scripture as canon, considering the context of Scripture, and listening for the voices of Scripture. His hermeneutic is explained in more detail in chapter two of this dissertation.

Applying his hermeneutic to the New Testament Verhey finds the virtue of compassion as paramount for Christians. He reads Scripture as calling one to discipleship and “The call to discipleship is a call to compassion.”\textsuperscript{218} Compassion is a primary feature of discipleship that Verhey advocates and this virtue applies well to palliative care. Palliative care is an expression of compassion, especially as Verhey defines compassion. Compassion according to Verhey has two primary features. One is to recognize suffering and the other is to relieve suffering.\textsuperscript{219} Palliative care does both. Verhey explains further how his understanding of compassion affects the relief of suffering. He admits that “suffering, even when recognized, cannot always be remedied, that the work of compassion cannot (and should not) always be the elimination of suffering by eliminating what threatens an embodied identity.”\textsuperscript{220} Verhey’s compassion recognizes the end of curing but not the end of caring.

Verhey further roots this approach to compassion in the very act of discipleship. For Verhey, the call to discipleship is a call to heal, as Jesus called the twelve to heal in Mark chapter three. But, where one cannot heal, the command to love one’s neighbor still calls for an investment in the care of the one who is suffering.\textsuperscript{221} This is what palliative care does, when healing is not an option, palliative care, as described in this dissertation, still offers care and comfort to one who is dying.

In these several ways, Verhey’s approach to compassion and this dissertation’s application of New Testament theological themes to the contemporary bioethics principle
of beneficence as applied to the issue of palliative care are quite similar. Both approaches recognize that in some cases healing is not possible. Both approaches recognize that in those cases, continued care and relief of suffering, or pain relief, is an appropriate and sometimes necessary Christian response.

The differences between the two approaches stem largely from the starting points and goals of the two arguments. Verhey’s goal is to inject Scripture back into the discussion of bioethics, which in his view has been “secularized” in the last few decades. Verhey does not address the principle of beneficence in his discussion of compassion, although his compassion and Beauchamp and Childress’s beneficence are quite similar. Verhey wants the Scripture to influence how people do bioethics. In contrast, this dissertation looks first to Scripture from which come three theological themes. These themes then enhance the meaning of contemporary bioethics principles that are then applied to various issues, like palliative care. Verhey’s approach stays more theoretical while this dissertation has added a dimension of applied ethics. Verhey does not directly address applied topics.

Verhey does add a spiritual dimension to his work. Compassion, says Verhey, looks heavenward. Verhey adds prayer as an aspect of his compassion. This dissertation does not deny the importance of prayer in caring for the dying. Yet, the issue of palliative care as understood through the contemporary principles of bioethics does not include actions such as prayer and Scripture reading for everyone. However, that kind of spiritual care would be quite appropriate if it fit into the needs of the person receiving care. Palliative care does address all of a person’s needs, including the spiritual. This
dissertation does not offer specific spiritual activities to be included in palliative care, while Verhey does.

In sum Verhey’s work, *Reading Scripture in the Strange World of Medicine* offers Christians much help in using Scripture in medicine. This dissertation develops theological themes that can enhance the meaning of contemporary bioethics principles. Verhey deals primarily with the theory of bioethics and leaves the applied ethics for another day. This dissertation demonstrates the validity of its claims by applying them to the issue of palliative care.

E. Summary

1. Introduction

   In this chapter the main thesis of this dissertation has been demonstrated. The three theological themes from the New Testament as explained in chapter three enhance the meaning of contemporary bioethics principles. The three theological themes of this dissertation are the image of God, the covenant, and the pursuit of healing. The three contemporary bioethics principles are respect for persons, justice, and beneficence.

2. Withdrawal or withholding of life-sustaining treatment

   In the first section the contemporary principle of respect for persons was applied to the problem of withdrawal or withholding of life-sustaining treatment. The three New Testament theological themes of the image of God, the covenant, and the pursuit of healing, were used to enhance the meaning of the principle of respect for persons in its application to this problem. Because each person has been created in the image of God, each person has the right to choose how his or her own body will be treated. Each human being created in the image of God also has worth and value. Each person created in the
image of God is the steward of his or her own body. Each person created in the image of God has basic human dignity. All of these factors must be taken into account in a decision to withdraw or withhold life-sustaining treatment.

Similarly, the theological themes of the covenant and the pursuit of healing also inform these decisions. The theological theme of the covenant calls for care and compassion for the person with the terminal illness, and that care and compassion may lead to a decision to withdraw or withhold life-sustaining treatment. The pursuit of healing makes a distinction between cure and care. Thus when cure is impossible, care, which may include withdrawal or withholding of life-sustaining treatment is permitted.

3. The distribution of health care in the United States

In the second section of this chapter the three theological themes were applied to the contemporary bioethics principle of justice in regard to the problem of the distribution of health care in the Untied States. The theological theme of the image of God reminds one that all humans are created in God’s image and therefore have value. Thus, justice is grounded in the image of God, requiring equal treatment of all of those made in God’s image.

The theological theme of the covenant also adds meaning to the problem of the distribution of health care in the United States. The covenant one has with God calls for treating others the way that God has treated humans in the covenant. That love of God, then, which is offered to all, is the model for how participants in the covenant treat other humans. Therefore, health care, an aspect of love for another person, needs to be offered to all persons equally.
In the same way the theological theme of the pursuit of healing also lends itself to understanding how the contemporary bioethics principle of justice applies to the problem of the distribution of health care in the United States. There are at least three ways in which this theme is helpful. The pursuit of healing calls for offering healing to persons regardless of their ability to pay. The pursuit of healing calls for focusing healing on the poor and the needy. The pursuit of healing calls for an advocacy for persons for more than just their medical needs but all of their needs for healing, for a person is more than just medical healing.

4. Palliative care

Palliative care was the third application of this concept that was discussed in this chapter. By applying the three theological themes to the principle of beneficence, one finds a deeper understanding of why palliative care is appropriate and how palliative care is efficacious.

The theme of the pursuit of healing defines healing much more broadly than just the healing of a medical condition. This theme includes healing of the whole person, and palliative care addresses the needs of the whole persons. In much the same way the theme of the covenant calls for participants in the covenant to offer to others the same love they have received from God. Thus the love of God is the benchmark for the principle of beneficence, especially as it is applied to palliative care.

The theme of the image of God also impacts the principle of beneficence in a positive way. Because each person, including those who are dying, is made in God's image, pursuing the best interests of that person will include treating him or her with the respect that all humans deserve.
This chapter has demonstrated the value of using the three theological themes developed from the New Testament from chapter three of this dissertation to the contemporary principles of bioethics. This was demonstrated in three issues in bioethics, withdrawal or withholding of life-sustaining treatment, the distribution of health care in the United States, and the issue of palliative care. In each application, the three theological themes enhanced the meaning of a contemporary bioethics principle in that application.
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CHAPTER SIX – SUMMARY

A. Introduction: Connecting Scripture and Bioethics Principles

This dissertation set out to connect contemporary principles of bioethics with the New Testament. The four principles of bioethics from Beauchamp and Childress’ landmark work, *Principles of Biomedical Ethics* have dominated the landscape of bioethics in practice in recent years, as well they should. However, as Beauchamp and Childress themselves admit, the basis for these principles is not a well established philosophy like Kant’s or a particular theological viewpoint, but what they label the common morality. This common morality is that which has been practiced and accepted by a significant portion of practitioners and philosophers in the field of bioethics in the United States. The use of such principles, called principlism, while widespread, has been criticized by various authors. One of these criticisms, even by one of its authors, is that the philosophical foundation of the four principles is this common morality.

The purpose of this dissertation is to neither defend the common morality nor criticize principlism but to find a connection between these contemporary bioethics principles and the New Testament. Scripture and theology can enhance the meaning of the principles of bioethics. Cahill argues in her article titled *Can Theology Have a Role in "Public" Discourse?* that it is both advisable and possible for theologians and philosophers to have meaningful conversations about ethics.

Other writers from the Christian viewpoint have written much on bioethics. Roman Catholic theologians largely use natural law theory to establish and elucidate bioethics from the Roman Catholic perspective. Protestant authors such as Robert
Veatch, Gilbert Meileander, William May and others have written on ethics or bioethics from a protestant theological perspective. Glenn Stassen and David Gushee have authored a significant work on Christian ethics called *Kingdom Ethics*. This dissertation attempts to fill one of the voids in the discussion of bioethics, that is a strong connection for bioethics to the New Testament scriptures from the Reformed theological perspective. The Scriptures of the Christian faith can offer an enhancement to the meaning of these contemporary bioethics principles that is different than what has been offered from other perspectives. The task of this dissertation is to identify some New Testament theological themes and explain how they enhance the meaning of these contemporary bioethics principles.

The Reformed view of Scripture and the application of this view to bioethics also set this dissertation apart. In the Reformed tradition, Scripture is the primary source of truth for moral and religious matters. This approach to theology was articulated by John Calvin in his *Institutes of the Christian Religion* and is used in this dissertation. Karl Barth laid out a three fold scheme for connecting Scripture, theology, and ethics. Barth begins with exegesis, moves to dogmatics, and then uses the dogmatics to develop his homiletics. This dissertation begins with exegesis, moves to theology, and then develops the enhancement of the meaning of these bioethics principles. Exegesis of the Scripture is an essential part of this dissertation’s connection of the New Testament and contemporary principles of bioethics. This exegesis helps to discover some theological themes that can be used to enhance the meaning of contemporary bioethics principles.

Therefore, an exegetical method for discerning the meaning of each text will be employed. The method employed here uses the grammar of the text, the meaning of the
words in the original language, the cultural context of the passage, and the historical context of the passage to discern as best as possible the meaning and intent of the author.\textsuperscript{11} This method is a straightforward way to approach the Scriptures and this method is a step that has not been articulated in some of the writings on the connection between the New Testament and contemporary bioethics principles. Therefore, the goal of this dissertation is to develop New Testament theological themes that can enhance the meaning of contemporary bioethics principles.

This dissertation must also be cognizant of the considerable work done by Paul Ramsey in using exegesis in the Scriptures to develop a Christian ethic. Ramsey’s \textit{Basic Christian Ethics}, written in 1950, has set the stage for many who have followed after him in connecting the New Testament and ethics.\textsuperscript{12} While Ramsey wrote before the more recent upsurge in bioethics, his command of Scripture, his exegesis, and his conclusions are significant in any Christian’s approach to ethics and the New Testament. Ramsey speaks to some of the same issues to which this dissertation speaks. Ramsey’s primary text is the twin commands to love God and love one’s neighbor, and this dissertation begins there also. Ramsey refers to this ethical approach as “obedient love” in his later work \textit{Patient as Person}\textsuperscript{13} and this dissertation establishes much of its argument on the love of God. Ramsey uses as one of his three main themes, the covenant between God and humanity\textsuperscript{14} and the covenant is a significant part of this dissertation. In many ways, the work of this dissertation stands on the broad and strong shoulders of the work of Paul Ramsey.
B. The Invitation-Response Hermeneutic

1. Establishing a hermeneutic

Because this dissertation depends heavily upon the New Testament, how the New Testament is interpreted is critical to how it will be utilized. A hermeneutic is needed to understand and interpret the Scriptures. A hermeneutic is the explanation of what the Scripture says and an interpretation of the Scriptural documents. This dissertation has developed a hermeneutic consistent with the Scripture itself to assist in understanding and interpreting those Scriptures. John Calvin’s hermeneutic, as he describes in his letter to Simon Grynaeus, notes several points for understanding Scripture. Primarily Calvin rejects the allegorical interpretation of Scripture that was prevalent in the 16th century. He also rejects the four fold meaning of the Scripture that was also used to interpret Scripture in that era. Calvin insisted that the reader let the author say what the author wanted to say rather than imposing on the text what one thinks it ought to say. Calvin’s approach to interpretation is fundamental to the Reformed approach to the Scriptures. The hermeneutic for this dissertation is to assist in discovering the meaning of the author, which as Calvin pointed out, is the goal of Scriptural interpretation.

2. The hermeneutic begins with the incarnation

Discerning this hermeneutic begins where the New Testament begins, with the incarnation. The incarnation is so central to the New Testament understanding of Jesus and his teachings that one cannot understand or study the New Testament without it. The incarnation is the understanding that Jesus of Nazareth was more than just a human, but was God come to earth in human form. Thus, Jesus was both fully God and fully human. The meaning of the New Testament and its teachings cannot be fully understood without understanding this concept of the incarnation of Jesus.
The incarnation of God in Jesus includes not only the miraculous birth of Jesus, but also his life, death, and resurrection. All of that is included in this New Testament idea of the incarnation. One cannot separate out from Jesus just the person or just the work of Jesus, all of it is encapsulated in the incarnation in Jesus Christ. Therefore the incarnation is the starting point for the study of the New Testament. Jesus makes clear that through his incarnation and resurrection that humanity is invited to participate in the kingdom of God. The invitation is integral to the ministry of Jesus as described in the gospels. Jesus’ first preaching is described by both Matthew and Mark with a key phrase, “the kingdom of God is at hand.” The kingdom of God is defined as the active reign and rule of God in the world. Jesus was inviting persons to participate in this kingdom of God. More than just an announcement, it was an invitation. This invitation is key to developing a hermeneutic for understanding the Scripture.

3. The invitation requires a response

The invitation from the incarnate Jesus to participate in the kingdom of God comes with an implied response, to follow Jesus. The word “follow” is used often in the gospel accounts. While not every instance is a call to full fledged discipleship, the use of this verb so often in the ministry of Jesus indicates that he came to extend an invitation to people to share with him in what he was doing. Following Jesus involves a response of some kind. Following Jesus is not an intellectual following or a spiritual following or a virtual following. Following is an actual response to be a disciple of Jesus. The invitation or call from Jesus in the Gospels is an invitation to follow or respond to his preaching about the imminence of the kingdom of God. This same invitation and response is found in a number of the epistles of Paul including Corinthians, Galatians, the
pastoral epistles, and the prison epistles. Paul repeats the invitation from Jesus to discipleship and calls for a response from his readers.

4. Paul Ramsey’s hermeneutic

Paul Ramsey, whose *Basic Christian Ethics* established a benchmark for exegetical work in the New Testament and ethics, has a slightly different hermeneutic. Ramsey does begin with Scripture in his analysis of Christian ethics and primarily uses Scripture in his work. Ramsey uses two key principles to understand the Scripture and apply the Scripture to ethics, God’s righteousness and love and the reign of this righteousness in the kingdom of God. From these two primary themes Ramsey develops an ethic of justice and an obligation for Christians to imitate or model the life of Jesus Christ. While this dissertation does reach that same conclusion, it does so later in the argument as an understanding of the covenant with God, not as a result of the application of Ramsey’s hermeneutic.

This dissertation takes a different approach for its hermeneutic than that of Paul Ramsey. Ramsey starts with the two commands to love God and love Jesus, as this dissertation does. But Ramsey looks for a theological rationale behind those two commands. That is what leads him to his two sources of God’s love, the righteousness of God and the kingdom of God. This dissertation starts with the two commands to love God and love one’s neighbor and examines how the Scripture engages those two commands. Rather than the source of the two commands this dissertation looks at the application of them. The invitation-response hermeneutic explained in detail in chapter two looks at the two commands of Jesus from a different viewpoint than does Ramsey. Ramsey looks for the source and this dissertation looks for the purpose.
5. Summary

In this dissertation, the validity of the invitation-response hermeneutic from the New Testament was established in chapter two. This invitation-response hermeneutic is derived from the incarnation and is consistent with the New Testament Scriptures. This hermeneutic was used in subsequent chapters to discover some theological themes that would assist in enhancing the meaning of contemporary bioethics principles.

C. Three Theological Themes

1. The two commands to love God and love one’s neighbor

   a. The choice of the two commands as a starting point

   The purpose of this chapter was to use the invitation-response hermeneutic to evaluate various New Testament texts to discover those theological themes that can enhance the meaning of contemporary bioethics principles. In applying this hermeneutic to the New Testament, this dissertation began with the twin commands to love God and love one’s neighbor, articulated by Jesus and reported in more than one gospel. Matthew reports Jesus saying, “‘Love the Lord your God with all your heart and with all your soul and with all your mind.’ This is the first and greatest commandment. And the second is like it: ‘Love your neighbor as yourself.’ All the Law and the Prophets hang on these two commandments” (Matthew 22:37-40, NIV).

   This dissertation established that this particular text is significant in the application of the hermeneutic to the New Testament for several reasons. First, Jesus teaches that these two commands summarize all of the Old Testament teachings. Second, Jesus says that these two commands are the most important pair in the Scripture. Third, these two commands appear in all three of the Synoptic accounts and the second of the
two is repeated in the Paul’s writings. Fourth, these two commands are central to the teaching of Jesus and the New Testament. Not only does this text appear in all three synoptic gospels, but it is repeated in Paul’s letters as well, lending more weight to the significance of this passage. Most importantly, when an inquirer asked Jesus about the commandments, Jesus made these two the most important.

b. The love for God

The Greek word ἀγάπη (love) is used in all three gospel accounts to reflect both the first command, love for God, and the second command, love for one’s neighbor. The understanding of the double command to love God and love one’s neighbor begins with understanding this primary Greek word.

The Hebrew behind the use of this word in twin commands of Jesus to love God and love one’s neighbor gives a clear indication of the meaning of love. Love for God is both relational and obedient and it includes a total commitment of oneself to the task. Love for one’s neighbor includes both the feeling of compassion and the actions that benefit the neighbor. These ideas are behind what Jesus teaches with the twin commands to love.

The New Testament usage of this word has a sharper focus to it, for it includes several concepts evident in the teaching of Jesus and the usage of the gospel writers. Childress argues that the word love as Jesus uses it in the New Testament has a broad meaning including love as seeking the neighbor’s welfare, as self sacrifice, as mutuality, and as equal regard. However, not only does Jesus call for a total commitment of love for God, he adds a second part to his answer to the question of which is the greatest commandment. He adds Leviticus 19:18, “love your neighbor as yourself” (NIV). This
addition makes this response from Jesus of the twin commands to love God and love one’s neighbor unique and distinctive. To understand the genius of this juxtaposition, one must first understand what it meant in the first century to love one’s neighbor.

c. Love of one’s neighbor

This chapter also analyzed the meaning of Jesus’ phrase, “love your neighbor.” The Good Samaritan parable gives new depth to the meaning of love in the phrase “love your neighbor.” First love for one’s neighbor is expanded to include all of humanity, not just other members of the people of God in Israel. Second, love for one's neighbor was focused on the needs of the neighbor, and not some other arbitrary standard. This expanded view of love will be helpful in discovering theological themes from the New Testament.

When Jesus responded to the questioner in Matthew’s gospel, he put together two commands that ordinarily were not connected or thought of as connected, love God and love one’s neighbor. In combining the two, Jesus made loving one’s neighbor just as important as loving God. More than that, Jesus made loving one's neighbor a form of loving God. One cannot have one without the other. Obedience to God in this context is just as important as directly loving God.

d. The importance of the two commands

Yet Jesus does not end his comments with merely quoting the twin commands. He offers an interpretation of them that leads directly to the choice of beginning this study with these two commands. Jesus says that these two commands summarize “all the law and the prophets”. Jesus teaches that adhering to these two commands, both of which require commitment and action, is more important than all of the ritualistic and
culsic commands of the Old Testament. He puts these two commands above all of the law in all of its forms. Jesus himself makes the two commands the place to start in understanding the New Testament.

2. The theme of the image of God

By applying the invitation-response hermeneutic to the twin commands, one begins to see various theological themes emerge that will be useful in enhancing the meaning of contemporary principles of bioethics. These two commands were not selected randomly by Jesus from the myriad of laws and commands in the Old Testament. The two are uniquely related by the theological theme of the image of God in humanity. Jesus taught that one must love God with all of one’s “heart, soul, and mind” (Matthew 23:37, NIV) and to love one’s neighbor. When Jesus combines the two commands he shows that in loving one’s neighbor one loves God since the neighbor has in him or her the image of God. Whatever aspects of humanity that are common to all persons are extant in both the one who loves and the one who is loved.

This image of God that is reflected in Jesus’ commands is in each member of the human race, not just the elect. While various authors have tried to identify exactly what attributes of humanity reflect this image, Barth takes a more systemic view. He does not hold that some particular human characteristic is the image of God in a human being. Barth, as well as Boer, argues that personhood is what gives a person the image of God. Thus, each human being bears the image of God, a divine imprint that dictates how each human should be treated. Since humanity bears the image of God, each human being deserves some measure of respect.
3. The theme of the covenant

The commands to love God and love one’s neighbor are given by Jesus in the context of a new covenant and are to be implemented in that same context. The twin commands are the ultimate summary of the responsibility of those who participate with Jesus in the new covenant. Because one is in a covenant with God, the love that God expresses toward humanity through Jesus then becomes the model for how the participants in the covenant should love God and love one’s neighbor.

How God loves humanity becomes the standard then for how one person loves another. The nature of the covenant describes the nature of love for one another. God took the initiative in loving humanity, so humans take the initiative in loving one another. God’s love makes peace in a relationship thus humans work toward peace in their relationships. God’s love is for the community, not just for an individual, so love for one another has a community aspect to it. Above all this covenant with Jesus requires love for one’s neighbor.

4. The theme of healing in the New Testament

The third theme that emerges from the invitation-response hermeneutic with regard to the twin commands to love God and love one’s neighbor is the pursuit of healing. The pursuit of healing was a significant part of the ministry of Jesus and shows what these two commands mean. The ministry of Jesus also includes preaching and teaching, yet there is a unity of thought amongst those three tasks, preaching, teaching, and healing. The healing ministry of Jesus pointed to the validity of his teaching and preaching. The healing that Jesus performed in the New Testament often went beyond the purely physical. Healing included the heart, mind, and soul in many instances.
Healing and health in the New Testament refer to a sense of wholeness or mental and spiritual well being. Significantly, the healing that Jesus performs includes more than cure, but also includes care. This distinction between care and cure in the New Testament adds new depth to the meaning of the pursuit of healing. That pursuit may well include more than a cure for the body but care for the person as well. Loving God, then, includes the pursuit of healing which goes well beyond the pursuit of curing.

5. Summary

These three New Testament theological themes are derived from the application of the invitation-response hermeneutic to the commands to love God and love our neighbor. Loving one’s neighbor is loving those made in God’s image. This loving of God and neighbor is commanded and implemented in the context of a covenant with God, renewed and reissued by Jesus Christ. Loving one’s neighbor will involve the same kind of love that God showed toward the human race, which includes the pursuit of healing. The pursuit of healing includes caring as well as curing.

D. Bioethics Principles

1. The three principles

These three New Testament theological themes from chapter three were used to enhance the meaning of contemporary bioethics principles. The contemporary bioethics principles selected for this dissertation are three principles elucidated in *The Belmont Report*. While *The Principles of Biomedical Ethics* defines four principles, beneficence, non-maleficence, justice, and patient autonomy, the first two, beneficence and non-maleficence are quite similar and can be considered together for the purposes of this dissertation.
The three principles from *Belmont* are respect for persons, beneficence, and justice. The respect for persons calls for allowing persons to make their own decisions about their own lives, particularly in regard to health care decisions.\(^{44}\) The second contemporary principle of bioethics examined in this dissertation is beneficence. Beneficence includes both the obligation to maximize the benefits to the person receiving health care and the obligation to avoid bringing harm to that person.\(^{45}\) The third ethical principle to come from *The Belmont Report* and to gain wide acceptance in the health care community is the principle of justice. While theories of justice are often centered on social rights, political issues, courts, and governments, justice also applies to the field of health care. Justice in health care includes the discussion of distributive justice,\(^ {46}\) which is the “fair, equitable, and appropriate distribution”\(^ {47}\) of social goods. Chapter four of this dissertation showed how the three theological themes from the New Testament can enhance the meaning of these three bioethics principles.

2. Respect for persons

The meaning of the bioethics principle of respect is enhanced by each of these three themes. The theological theme of the image of God expands what it means to respect a person receiving health care. Because each person is imbued with the image of God, each person demands a certain level of respect. Health care providers cannot over ride, ignore, or fail to inquire about the preferences and desires of a person for his or her own treatment. When God gave this image of God to each member of the human race, God gave to humanity the privilege of reflecting God in that image, an opportunity for fellowship with God, a blessing of the life that divine image brings, and responsibility to
care for the person because each person bears God's image. Thus, respect for persons is found in the theological theme of the image of God.

The covenant with God can help to enhance the meaning of the principle of respect for persons in at least two ways, through the fulfillment of the commands of God and by reflecting the characteristics of God toward others. In the covenant God promises to be the people’s God and the people promise to obey the commands of God. There are at least four implications of this second responsibility to reflect the character of God in how one treats others. Those implications are to treat each human being with the same respect that the creator treats each human being, to realize that there are others in the same covenant, to understand that each participant in the covenant with God has worth and value, and to see that the good of the covenant is dependent upon the good of each person in the covenant.  

The pursuit of healing can enhance the meaning of the principle of respect since healing has a wider meaning in the New Testament than just solving a physical problem. Healing is caring and not just curing. This caring involves a level of respect for the one being cared for. One cannot offer effective care without respecting the recipient of that care. This wider view of healing in the New Testament leads directly to a level of respect for those being cared for.  

In these three ways, through the image of God, the covenant with God, and the pursuit of healing, the meaning of the principle of respect for persons is better understood. This principle of respect is expanded by these three theological themes.
3. Justice

In much the same way that these three theological themes helped to enhance the meaning of the bioethics principle of respect, so they also help to enhance the meaning of the bioethics principle of justice. The theme of the image of God states that each human being is made in God’s image. Therefore, God values each human person equally. Since God values each person equally, persons should value one another equally. This image of God is also in the poor just as the image of God is in every person, and therefore the poor should not be ignored in the fair distribution of health care. The image of God leads to the dignity of each person and this dignity of each person underlies the principle of treating each person fairly, or justly, including in health care.

Participants in the covenant with God realize that their portion of the covenant is to love God and also to love the people whom God loves with the same love that God shows toward all persons. When the participants in the covenant reflect God’s covenant love as they love their neighbors, then this covenant love will entail a full measure of justice, for that is how God loves the human race, justly and fairly.

Furthermore, the justice of the new covenant is based upon the economic principles of justice in the old covenant, found in the Old Testament. These economic principles of the covenant were clear demonstrations of distributive justice. The Israelite community found unique ways to distribute a basic set of social goods to all of the members of their community, especially to the poor and underprivileged. This distributive justice was a central feature of the covenant in the Old Testament. Because of the covenant with Jesus, each person in the community, even the weak and the vulnerable, are due respect and worth and justice.
The theological theme of the pursuit of healing also adds to the enhancement of the bioethics principle of justice. The ministry of Jesus in providing healing for the poor and needy as an act of justice squarely joins those two principles together, justice and the pursuit of healing. The pursuit of healing as it is described in the New Testament requires one to pursue healing for all peoples, not just a portion of the population. Justice in this area includes a responsibility to pursue healing for even the poorest and neediest in a community. This will necessarily mean not limiting access to health care for the poor and the neediest in the community.\textsuperscript{55}

The principle of justice can be made clearer and stronger by applying these three theological themes to it. The image of God, the covenant, and the pursuit of healing call for a fair distribution of health care in a society.

4. Beneficence

The three theological themes of this dissertation also enhance the meaning of the bioethics principles of beneficence. Because each person is made in God’s image, each person deserves the kind of care that acts in the best interest of that created image of God. Each person, not just a select few, deserves the care and healing those members of the Christian community can bring.

The theological theme of the covenant adds to the understanding and meaning of the principle of beneficence by realizing the obligations that the covenant calls upon from its participants. Those in the covenant are bound to reflect to others the same love that they received from Jesus. That reflection can also be expressed as the principle of beneficence, acting in the best interests of the other.
The theological theme of the pursuit of healing may most directly influence the understating of the principle of beneficence. Beneficence often means pursuing the right course for healing a person. The theological theme of the pursuit of healing calls for the same kind of endeavor. Yet that theme also calls for a pursuit of healing that is wider than just the physical but includes all aspects of the human person.

These three theological themes, then enhance the meaning of the contemporary bioethics principle of beneficence. Beneficence is seeking out the best interests of those made in God’s image in a just and fair way.

5. Summary

Each of the three theological themes from the New Testament articulated in this dissertation has a value in enhancing the meaning of contemporary bioethics principles. In particular in this dissertation the three bioethics principles from *The Belmont Report* were used to show this connection. Respect for persons, justice, and beneficence are better understood with the three theological themes of the image of God, the covenant, and the pursuit of healing.

E. Application of the Principles of Bioethics Using the Three Theological Themes

This chapter of the dissertation demonstrated that the enhanced meaning of the bioethics principles derived from New Testament theological themes is efficacious in real world bioethics dilemmas. Three problems were addressed, the withdrawal or withholding of life sustaining treatment, the distribution of health care in the United States, and palliative care.
1. Withdrawal of withholding of life-sustaining treatment

The principle of respect as understood from the three theological themes of this dissertation can aid in decisions regarding the withdrawal of withholding of life-sustaining treatment. The image of God enhances the meaning of the principle of respect in this case in a variety of ways. Because each person is made in God’s image, each person has certain rights to care for his or her own body. Because each person is made in God’s image each person has worth and value. No person, regardless of medical condition, can be called worthless, of no value, or unproductive. Because each person is made in the image of God, each person has the responsibility to steward this image in his or her own body. No one can take that responsibility of stewardship from a person. Because each person is made in the image of God, each person bears some human dignity. That human dignity must be taken into account in the decision to withdraw or withhold life-sustaining treatment.

The contemporary bioethics principle of respect for persons, as understood through the theological theme of the covenant, enhances one’s understating of that principle as applied to the withdrawal or withholding of life-sustaining treatment. The covenant puts the person who has the terminal illness in the place of a neighbor in need. The covenantal response to that neighbor in need is to meet the needs with a measure of respect for that person. The covenant also calls for respecting the person who is ill by offering the person the same compassion that God has offered to the participants in the covenant. The compassion for the neighbor in need and the respect that goes with that compassion derive directly from the covenant with God.
The theological theme of the pursuit of healing helps one understand more completely the contemporary bioethics principle of the respect for persons particularly in the difficult decisions to withdraw or withhold life-sustaining treatment. For healing in this context considers all of a person’s well being, not only physical health. In this wider context of the whole person, a decision regarding the withdrawal or withholding of life-sustaining treatment can be made.

The three theological theme of this dissertation do enhance the meaning of the principle of respect for person in the difficult decision to withdraw or withhold life-sustaining treatment. Decisions to withdraw or withhold life-sustaining treatment can be made. They are made with the authority of the one from whom treatment will be withdrawn. They are made valuing the worth of those persons. They are made in a way that preserves the dignity of the one from whom that treatment may be withdrawn or withheld. A decision to withdraw or withhold life sustaining treatment can be made in the context of compassion for a neighbor in need. A decision to withdraw or withhold life-sustaining treatment can be made if it is in the best interests of the person’s overall well being.

2. The distribution of health care in the United States

The principle of justice as applied to the problem of the distribution of health care in the United States can be enhanced by the three theological themes of this dissertation. The principle of justice as it applies to health care is rooted in the theological theme of the image of God. Each human being is made in God’s image. God values each human person equally. Therefore, each human being deserves the same access to the health care system in the United States. At the moment, that access is inequitable, devaluing and
excluding of certain groups of people. The principle of justice, as understood through the theological theme of the image of God, finds this discrepancy untenable and unjust.

The New Testament theological theme of the covenant with God, lends a deeper understanding to the problem of the distribution of health care in the United States and the principle of justice. Participants in the covenant are called upon to imitate in their own relationships the love that God has shown for humanity through Jesus Christ. Jesus, a strong proponent of caring for the poor and a strong critic of social institutions that do not care for the poor, is the model for how one approaches this problem. The current system for health care in the US is unjust in that it denies health care to the poor, the sick, and the oppressed, the very groups of people for whom Jesus cared.56

The pursuit of healing is one of the theological themes from the New Testament that enhances the meaning of the principle of justice. One of the significant aspects of the pursuit of healing is the focus of Jesus on healing the poor and the outcast. The just pursuit of healing in a community includes a responsibility to work for access to adequate health care for all of its members, including the poorest and neediest. This focus of Jesus on the poor and the neediest highlights the discrepancy of distributing health care in the United States based solely on one’s ability to pay. To adequately reflect the New Testament theme of the pursuit of healing, one needs to make the care of the poor and needy a priority.57 The pursuit of healing as understood in this context also includes a measure of advocacy. Advocacy for a person is part of a physician’s role. In the current health care system advocacy for persons with insurance companies and government institutions is often required.
The contemporary bioethics principle of justice as understood through the three New Testament themes from chapter three of this dissertation can add meaning and understanding to the problem of the distribution of health care in the United States. The image of God, the covenant with God, and the pursuit of healing all support a just and fair distribution of health care resources in the United States.

3. Palliative care

This dissertation applied the contemporary bioethics principle of beneficence as understood through the three theological themes to the problems addressed by palliative care. The theological theme of the pursuit of healing is one of those themes that can lend new understanding to beneficence in the context of palliative care. The concept of care, not medical care but care for the person, is at the root of the pursuit of healing and magnifies the understanding of beneficence. The pursuit of healing is working toward the overall good of the person with the terminal illness and his or her family. That is beneficence at work in a palliative care setting.58

Healing includes more than just the physical side of a person. In understanding the principle of beneficence through the theme of the pursuit of healing, the need to address more of a person’s needs than just the medical becomes apparent. The definition of palliative care used in this dissertation and used widely in medicine is a definition that includes this wider understanding of care of the dying person.59

Care and Cure are two different approaches to a person with an illness.60 Both are valid. Modern medicine focuses on the cure aspect of health care. Palliative care, as understood from the principle of beneficence and the theological theme of the pursuit of healing, also focuses on caring for the person who has a terminal diagnosis.
The theological theme of the covenant also puts heavy emphasis on the relationships amongst those who love as God loved us and the objects of that love. The relationships in the covenant are significant in living out the covenant with other people. Thus the theological theme of the covenant gives reinforcement and support to palliative care’s investment in relationships. The contemporary bioethics principle of beneficence as applied to the issue of palliative care is then understood more clearly by employing the theological theme of the covenant.

The image God in each person will effect the employment of palliative care in several ways. Persons who are dying and receiving palliative care are still persons in God's image with goals and meaning in life. Those who give palliative care need to see the person receiving care as made in God’s image with goals and feelings and desires. People receiving health care deserve the same compassion and respect for their values and concerns that one would give to any of those made in God’s image. When this happens, palliative care can affirm the worth of each person even when physical functioning may be severely curtailed. The image of God in a person is never curtailed by illness.

The contemporary bioethics principle of beneficence is commonly used in health care to understand and justify pursuing the best interests of a person receiving health care. The three theological themes from this dissertation, the pursuit of healing, the covenant, and the image of God, enhance the meaning of the principle especially as it is applied to the issue of palliative care.
F. Summary

This dissertation established a connection between the New Testament and contemporary principles of bioethics. Beginning with the incarnation in the New Testament, the invitation-response hermeneutic was developed as a hermeneutic to use in examining the New Testament. In that examination, three theological themes were developed that could be applied to this task.

The three themes of the image of God, the covenant, and the pursuit of healing are deeply embedded in the New Testament and in the ministry of Jesus Christ in particularly. These three themes were used to enhance the meaning of contemporary bioethics principles.

Three contemporary bioethics principles were used for this dissertation, based on The Belmont Report. They were the principle of respect for persons, the principle of justice, and the principle of beneficence. In each case, The theological themes were shown to enhance the meaning of these bioethics principles. The New Testament, then, is of great value in understanding and applying contemporary bioethics principles.
G. Endnotes

57 Pellegrino, "Ethical Issues in Managed Care: A Catholic Christian Perspective," 57.
58 Patricia Kobiclus Thompson, *From Dark Night to Gentle: Surrender On the Ethics and Spirituality of Hospice Care* (Scranton, Pennsylvania: University of Scranton Press, 2010), 27.
61 Ten Have, "Introduction," 246.


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