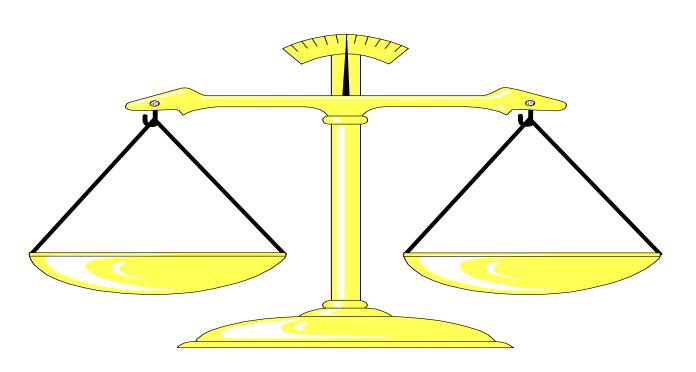
ethics based on a biblical view of man



Purpose:

Participants shown how to participate in ethical discussions from the perspective of a biblical view of man

Contents:

- 1. Why participate in ethical discussions?
- 2. Why base our discussions on a biblical view of man?
- 3. What is a biblical view of man?
- 4. What ethical approach can be built on this view of man?
- 5. How approach ethical discussions?
- 6. How to participate in an ethical discussion, using the principles learnt

SECTION A: WHY PARTICIPATE IN ETHICAL DISCUSSIONS?
1 Group discussion: Question A: Why should Christians participate in ethical discussions?
Question B: What is a Christian?
2 Feedback: Some answers to Question A:

3 Feedback: Some answers to Question B:

SECTION B: WHY BASE OUR DISCUSSIONS ON A BIBLICAL VIEW OF MAN?

1 The relationship between world view and ethics

All views of ethics are derived from / built upon a world view. If we do not understand the foundations, the building could easily become a maze.

2 The relationship between world view and apologetics

Since world view related confrontations are unavoidable, we need to be able t defend our point of view wisely.

1 Peter 3: 15 Sanctify Christ as Lord in your hearts, always being ready to make a defence to everyone who asks you to give an account for the hope that is in you.

Thus, these main points:

- A. Jesus Christ must be the Lord of our hearts first.
- B. We have to defend our faith.
- C. We have to prepare ourselves to defend our faith.
- D. We have to prepare ourselves to defend our faith to everyone who asks us to give an account.
- E. We have to make clear that the basis of our defence is the hope that is in us.

Our defence is to be based on the Word of God = Christian apologetics = >the vindication of the Christian philosophy of life against the various forms of non-Christian philosophy of life.=\(^1\) >The Bible is both the foundation upon which our defence must be built and one of our beliefs which must be defended.=\(^2\)

3 The necessity of a biblical Christian world view

There are only two possibilities in developing one=s world view: either depending on God or in independence from God. If we decide to build our world view in dependence upon God, we have to submit ourselves to the Word of God and keep on coming to Him for the renewing of our minds. See Romans 12: 1 - 2. This is a life-long process.

4 The essentials of a biblical Christian world view

4.1 World view:

A world view is the dynamic framework of one=s basic beliefs about total reality: God, man, universe.

4.2 Common sets of beliefs about God:

Atheism: World without God

Polytheism: World with many gods

Panentheism: God that is also in the world

Finite godism: God is limited Pantheism: World is God

Theism: God is still actively at work in the world He created

Deism: World created but now deserted by God

¹Van Til, Cornelius. Lectures on Apologetics.

²Pratt, R.L. Every Thought Captive, Presbyterian and Reformed Publishing Company: Philipsburg: 1979. ISBN 0-87552-352-8

⁸ HCFI MEDICAL ETHICS.DOC Ethics based on a biblical Christian view of man

4.3 Common sets of beliefs about man:

Reductionism: man reduced to matter / energy Poly-partitism: man bipartite or tripartite

Cosmic holism: whole man part of and one with the universe

Anthropological holism: whole man relates to the world around him

Biblical Christian holism: whole person as God created him

4.4 Common sets of beliefs about the universe:

Evolutionistic materialism: universe is impersonal matter / energy, developing progressively whether gradually or in quantum leaps

Animism: universe is animated ==> trees have spirit(s)

Monism: all is one

Creationism: universe created by a personal out of nothing (ex nihilo).

SECTION C: WHAT IS A BIBLICAL VIEW OF MAN?

1 Man in historical context

- The good: Man created in God=s image as the climax of creation
- The bad: Man=s fall with the resulting brokenness in relationships
- The new: Redemption in Christ
- The perfect: Consummation: New Universe

2 Purpose of man

To glorify God and to enjoy Him forever.

2.1 The duty to glorify God:

1 Peter 4: 11 that God in all things may be glorified

1 Corinthians 10: 31 whether therefore ye eat or drink, or whatsoever ye do, do all to the glory of God.

2.2 The way to glorify God is to love Him:

Loving God has four major elements:

- Appreciation / admiration
- Adoration / worship
- Affection / heart-fellowship
- Subjection / submission

2.3 To enjoy God forever:

Psalm 73: 25 Whom have I in heaven but Thee? We enjoy God both in this life and in the life to come.

3 Holistic nature of man

Man as multi-facetted imager of God.

FACET	MEASURE OF HEALTH
TACLI	MILASUKE OF HEALTH

		Minimal	Optimal
	Religious		
	Intellectual		
	Emotional		
HEART	Volitional		
	Innovative/creative		
	Organic/physical		
	Relational		
	Operative/Working		
		Sliding sca	ale

4 Moral nature of man

- Expressing virtues
- In a specific situation
- With a certain motivation
- Influenced by norms

SECTION D: WHAT ETHICAL APPROACH CAN BE BUILT ON THIS VIEW OF MAN?

Expressing virtues: virtue aspects

In a specific situation: factual and consequential aspects

With a certain motivation: existential aspects Influenced by norms: normative aspects

1. THE VIRTUE PERSPECTIVE: Key Question 1: Which Virtues Are Relevant?

With the aid of Key Question 1, attention is given to the virtues demonstrated by and/or required of those involved in the ethical issue. A virtue is a good moral characteristic; it is goodness that victorious through trials, temptation and conflict. Jesus Christ is the Ideal Example of virtuous behaviour. God wants us to become more like Jesus Christ. Any approach to ethics that does not place Jesus Christ in the centre, misses the mark.

1.1 Which virtues did Jesus Christ demonstrate? The 7 main virtues

Jesus Christ is our definitive Model, also regarding our ethical behaviour. John 13:15; John 20:21. The following seven virtues are regarded as the cardinal virtues:

- * Faith: a firm belief and trust in God and in the testimony of God as revealed in the Bible; the confidence that the unseen truths of God are real
- * **Hope**: the view that the future will be superior in a significant way to the past because God is in control, based on the finished work of Christ on the cross and found in Him only.
- * Love: a strong, pure yearning of the soul for the loved one (God / man), appreciating and delighting in the presence of this Person/person and also the desire to sacrificially seek the highest good for the Person/person in question; giving of oneself and one's skills to others in need
- * **Justice**: conformity in conduct or practice to the principles of right and good; regard for and/or fulfilment of obligations
- * **Prudence**: a due regard for one's own welfare and wisdom in handling one's affairs
- * Temperance: self-control and a moderate way of life
- * Fortitude: Strength of mind to meet or endure unfalteringly pain, adversity or peril; patient and constant courage; the ability to persevere in facing danger for the sake of principle

Group discussion: How did Jesus Christ demonstrate these seven virtues?

1.2 How do we apply the virtue perspective to ethical issues?

By asking the following questions:

- X What virtue(s) have been displayed by those involved or do they intend to display?
- X How does this compare with the virtues demonstrated by Jesus Christ?
- X What virtues does God want me to display in this situation?
- X How can I become more Christ-like in my handling of this matter?

2. THE SITUATIONAL PERSPECTIVE: Key Question 2: What Are The Consequences And The Facts?

The focus is on the consequences/goals and facts.

2.1 Consequences/goals

- X What are the goals that each party is aiming for in this situation?
- X What will the short-term and long term consequences be for all parties involved? Consider the individuals and groups that will be immediately affected, as well as society at large, future generations and the environment.
- X What will the consequences be for the relationship between God and the relevant parties?

2.2 Facts

- X What is the exact nature of the situation?
- X Who are the main parties involved?
- X Who is confused about what?

Consider the facts in the following areas:

= medical:

Do all the involved parties understand the medical facts?

Are all the necessary medical facts known?

Is there consensus among the healthcare professionals about the facts?

What is the patient's prognosis with / without treatment?

When does human life begin?

When is some-one dead?

Who is the biological father/mother?

What will the psychological impact be on all the persons in the situation?

= social:

Do the involved parties know and understand enough about the patient=s social situation?

How will this influence society at large?

In what measure is this situation an example of what is happening in society?

= historical:

What has happened in the past - in this instance? In other instances? Locally? Nationally? Internationally?

= legal:

What are the relevant legal requirements nationally? Internationally?

Any recent trends, developments in jurisprudence?

= economical:

Do all the involved parties know and understand enough about the financial situation of the patient and the cost of the care involved?

What is the influence of supply and cost of resources for care and therapy?

2.3 Situationalism / situational ethics

The best-known propounder of this approach is Fletcher. According to him, there is only one norm, and that is one that arises from the situation. This will be an aspect of the only universally valid law, which Fletcher says is the law of love. This is not love in the Biblical sense, but a human love which is brought to bear on a specific situation. Example: prostitution for a lady in the diplomatic service can be recommended if it flows from the love of her country. Situationalism looks at the consequences on a small scale. Examples: risk-benefit and cost-benefit analyses; what I/we see as loving in a specific situation, I may put into practice.

2.4 Utilitarianism

Locke and Mill are the best-known representatives of this approach. Utilitarianism = moral evaluation of actions / policies is to be based on the extent of the results/ consequences in terms of the promotion of happiness / well-being. Another way to put this: A deed / action is morally acceptable if it leads to the greatest good for the greatest number of people.

2.5 A Biblical-Christian situational perspective: (situation-adapted)

We would not agree with any approach that over-emphasizes either the facts of a particular situation or the consequences.

But we do take the situation fully into account: that is, both the facts and the consequences.

3. THE EXISTENTIAL PERSPECTIVE: Key Question 3: What Are The Motives?

The focus is on the individual wishes and/or motives.

Important:

Our view of man influences our view of motives fundamentally. If man is basically good, his motives are too. The Biblical Christian recognizes that man is fallen, and that sinful motives may well be involved and need to be dealt with, both in one=s own life and in that of others.

Ouestions to ask:

X What is the personal or existential investment of each of those involved in the situation?

X What are the main motives, wishes and/or desires of each of the parties involved?

3.1 Motives that play a role in Biblical Christian ethics:

Expectation of reward
Imitation of Christ
Obedience to the law of Christ
Love for God and neighbour
Gratitude to God
Glory of God

4. THE NORMATIVE PERSPECTIVE: Key Question 4: Which Norms Should Be Applied?

The focus is on standards or norms of right and wrong that transcend particular situations or personal wishes.

Ouestions to ask:

- X What exactly are the standards/norms that each party has used to decide whether certain actions were/would be right or wrong?
- X What is the highest good to be pursued?
- X What determines the value of human life?
- X What is the most important: preserving life or relief of suffering?
- X What rights do people have and how should these rights be defined and protected?
- X What about the autonomy of the patient: should it be relative or absolute?
- X Who is to be responsible for what?

4.1 Kant's categorical imperative and its derivatives

Immanuel Kant=s approach is typical of a deontological approach to ethics. Deontology is the study of duties that persons have toward one another ==> duty-based ethics. Some examples of Kant=s approach:

- * So act that the maxim of your action may be willed as a universal law. Derivatives included:
 - Truth-telling: never tell a lie
 - People should always be treated as ends, and not as means

4.2 Dharma

Dharma = law, duty; right behaviour; conformity to law, hence truth and righteousness. A concept found in Buddhism and Hinduism

4.3 SHARI'A

Koranic law in Islam

4.4 Biblical-Christian approach to the normative perspective of ethics

A Biblical-Christian approach prescribes what the morally acceptable ought to be in the light of God's revealed will as it comes to us in the Bible. It is not descriptive, telling what is seen as the morally acceptable at this time in this society. These norms / principles form the backbone of a Biblical Christian approach to ethics. Without such principles, healthcare ethics would degenerate into a wasteland of subjective opinions.

God's wisdom is summarized in the Two Great Commandments (Matt.22:37-39), which are a condensation of the Ten Commandments (Deut.5:6-21). The following list of norms or principles have been derived from the Bible, with special reference to the abovementioned Commandments:

A Obedience

Doing what God says because of reciprocal love.

1 John 4: 19 AWe love Him because He first loved us.@

1 John 5: 3 AFor this is the love of God, that we keep His commandments; and His commandments are not heavy. © See also 2 John verse 6.

1 Samuel 15: 22 b ABehold, to obey is better than sacrifice!@

Luke 11: 28 ABut He said, No; rather, blessed are those hearing the word of God, and keeping it. @

B Agape love

Sacrificially seeking the highest good for God, man and creation

John 15:12 AThis is My commandment, that you love one another as I loved you.@

1 John 4:19-20 Alf anyone says, I love God, and hates his brother, he is a liar. For the one not

loving his brother whom he has seen, how is he able to love God whom he has not seen? Agape has two major aspects in relation to healthcare:

- X **Benevolence**: Seeking what is for the good of the patient. Good = the will of God.
- X Non-maleficence: Not harming the patient, or doing more good than harm appendicectomy

C Respect (including respect for the sanctity of life)

Respect for others from conception to the point of natural death and beyond.

This respect is based on the fact that man has been created in the image of God (Genesis 1: 26-28) and bought with the blood of Jesus Christ (1 Peter 1: 18, 19).

D Justice

Giving to all patients and healthcare workers what is due to them, without unfair discrimination on any grounds. It is fair to deal with people in accordance to their talents, skills, personality and cultural background. These differences exist, but are not to be misused to condone injustice. Neither is it acceptable that people be treated as if they were mass-produced items.

Micah 6: 8 b AWhat does Jehovah require of you, but to do justice, and to love mercy, and to walk humbly with your God?@

E Reconciliation

To bring back to good relationship after estrangement. Between God and man, between man and man.

ATherefore, on behalf of Christ, we are ambassadors, as God is exhorting through us, we beseech on behalf of Christ, Be reconciled to God,@ 2 Corinthians 5: 20.

ATherefore, receive (accept) one another as Christ also received us, to the glory of God,@ Romans 15: 7.

F Truth-honouring

The truth is grounded in Jesus Christ. His truth really liberates from sin and ignorance. John 14: 6 AI am the Way, the Truth, and the Life. No one comes to the Father except through Me.@

John 8: 32 AAnd you will know the truth, and the truth will set you free. Honouring the truth has three aspects:

- X **Truth-telling**: Promoting truthful and loving communication between healthcare workers, the sick and their family. Tell as much as they can take at a time so that they can make informed decisions about their lives and treatment. Ephesians 4: 15, literal Atruthing in love...@
- X Confidentiality: Not making known to outsiders what has become known in the relationship with the patient. Exodus 20: 16 AYou shall not testify a witness of falsehood against your neighbour.@
- X **Root cause treatment**: Not satisfied with symptomatic treatment only, but seeking and dealing with the root causes behind a certain disease pattern.

G Accountable Authority

Romans 14: 10 b, 12 AFor all shall stand before the judgment seat of Christ. So then each one of us will give account concerning himself to God.@

Romans 13: 1 ALet every soul be subject to higher authorities, for there is no authority except from God; but the authorities that exist have been ordained by God...@

We recognize that God has delegated authority to all those in positions of leadership. They are accountable to God for what they have done. He does not accept any misuse of power, e.g. despotism or authoritarianism. He does not accept it if governments usurp too much power and

authority for themselves, even if they do so with seemingly good motives. This happens when the state dominates and has a smothering control over healthcare services or when it impeaches on the personal freedom of those who operate in the health field.

The principle of Accountable Authority has two aspects:

- X **Accountability**: willingly giving an account to those set in authority over us with an attitude of being open for correction where necessary.
- X Stewardship: Effective and efficient stewardship of all resources entrusted to us by God.

Implication: we must relate to those in authority and utilize delegated authority in God-pleasing ways.

H Responsible freedom

Giving others the freedom to fulfil their responsibilities and to make sure that we are living in the freedom provided in Christ to fulfil ours. Others = the sick, their relatives, colleagues, etc. Galatians 5: 1 AThen stand firm in the freedom with which Christ made us free, and do not again be held with a yoke of slavery.@

I Hope

We need to help our patients find a positive future perspective which they can desire with confident expectation of fulfilment. In Christ, this is possible!

1 Timothy 1: 1 A... Jesus Christ our Hope....@

Hebrews 6: 11 ABut we desire each of you to show the same eagerness, to the full assurance of the hope to the end....@

SECTION E: HOW APPROACH ETHICAL DISCUSSIONS?

1 Peter 3: 15 - 16

1. A consistent life

1 Peter 3: 16; John 17: 23; Psalm 1: 2; 1 Thessalonians 5: 17.

2. A careful approach

1 Peter 3: 15, 16; Titus 3: 1 - 2; Colossians 4: 5 - 6; 2 Timothy 2: 23 - 26

2.1 Gentle firmness

1 Peter 3: 15; 2 Timothy 2: 25

2.2 Respectfully challenging

1 Peter 3: 15; 1 Corinthians 1: 26; Colossians 4: 5, 6; 2 Timothy 2: 25; Titus 3: 2

2.3 Directed answers

1 Peter 3: 15; 2 Timothy 2: 23, 25.

2.4 Concerned preparation

Colossians 4: 5, 6

3. Correct Procedure

- 3.1 Biblical apologetics constructs a method based on the teaching of Scripture
- 3.2 Biblical apologetics requires the believer to present his case for Christianity with the complete

assurance that his faith is true and entirely defensible

- 3.3 Biblical apologetics must maintain the Creator-creature distinction
- 3.4 Biblical apologetics gives regard to the effects of sin and regeneration on man=s ability to know truly and to make correct moral decisions.
- 3.5 Biblical apologetics seeks to communicate effectively and convince the non-Christian on the basis that he is God=s image and is aware of his creatureliness.

SECTION F: HOW TO PARTICIPATE IN AN ETHICAL DISCUSSION, USING THE PRINCIPLES LEARNT

Flow chart on overhead sheet.

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List of helpful Dutch books:

Boer, Th.A.(editor); **Zelf beschikken? Wensen van patiënten: mogelijkheden en grenzen**; Kok, Kampen; 1995; 102pp; ISBN 90-242-2217-6

Cusveller, B (editor); Volwaardige Verpleging: Morele beroepsverantwoordelijkheid in de zorgverlening; Buijten & Schipperheijn, Amsterdam; 1999; 176pp; ISBN 90-6064-987-7

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Pauselijke Raad etc; **Handvest van de werkers in de gezondheidszorg**; Colomba, Oegstgeest; 1995; 150pp; ISBN 90-73810-29-9