

MEDICAL ETHICS: A CHRISTIAN PERSPECTIVE

There are varying Christian perspectives on medical ethics, depending on the differing beliefs, principles and practices that undergird them. Not only are there numerous Christian churches and organisations but, within and between these, there are varying schools of thought that seek to guide theological and ethical enquiry. In addition, most Christian believers are encouraged to make their own personal ethical decisions. While biblical and theological reflection, especially on the life and teaching of Jesus, will play an important role in many individuals' decision making, others will base their decisions more loosely on a mixture of their Christian 'background', their personal experience and their daily interaction with people and current ideas. It is not possible, therefore, to present a definitive Christian perspective on medical ethics, but it is possible to identify many of the features that contribute, consciously or, perhaps more often, subconsciously, to the perspectives that most Christians have.

At the most fundamental level lie *core beliefs* about the nature and character of God and about God's relationship with creation, particularly with human beings. From these core beliefs stem *guiding principles* that inform ethical decision making and they, in turn, find expression in *particular practices*. It is a feature of ethics that individuals other than Christians may share the same guiding principles even though they may arrive at them from different starting points, from within different belief systems. Similarly, particular practices may be agreed on by people of differing religions or none. It is usually at the levels of principle or practice that Christians contribute to social and political debates on medical ethics. An appeal to biblical teaching or to religious authority is seldom, if ever, made in the mainstream of public debate even though, as we have noted, these will, no doubt, have played a part in helping Christians to develop the guiding principles that they bring to a discussion.

A Christian contribution to ethical debates within society may be unashamedly Christian, but, at the same time, it ought not to be exclusively Christian. While recognising that key theological beliefs form the foundation for developing principles and practices, it is important that the principles and practices are debated, in their own right and not simply as an adjunct of faith. As stated above, it is often the case that similar principles and practices emerge from disparate under-girding beliefs so the

promotion of principles and practices that Christians uphold ought not to be seen as ‘forcing faith’ on others or as an attempt to impose a ‘Christian society’ on the UK. In a genuinely pluralist society, faith ought to be as welcome as any other undergirding philosophy. Secularism, in effect, is an attempt to impose that particular philosophy on others and Christian engagement in debates on ethics and public policy can help to highlight that stance. Pluralism, not secularism, is the sign of a healthy, tolerant and progressive society.

Core Christian Beliefs Relevant to Medical Ethics

God the life-giver: the creation of the universe is a free act of God as a result of which the gift of life is given to human beings. While human beings share the gift of life with many other creatures on Earth, we are unique in that we alone are made in God’s image. This means that humans have a unique status within earthly creation and that our innate dignity comes from being bearers of God’s image, enabling us to relate to God and to one another in a manner that reflects God’s own being.

God as Trinity: God is a single personal being but God cannot be understood in human personal terms; God is not a ‘bigger’ version of us. Our concept of what it means to be a person ought to come from an understanding of God; not the other way round. The Christian belief in the compound unity of the Trinity, in which complete mutual love and knowledge are infinitely shared, indicates that relationship is at the very centre of God and hence, relationship is intrinsic to the very concept of being a person.

God Incarnate: In becoming one with humanity through the incarnation in Jesus, God demonstrates his selfless love, care and responsibility for humans. The incarnation also indicates that the physical and the spiritual are not two separate unbridgeable realms, but that they are part of a continuum that reflects the reality of God. Creation is not something that exists ‘apart’ from God, but it is sustained and infused by God’s presence.

God the redeemer: in the Christian belief of the atonement, God takes responsibility for humanity and its sinfulness. God freely offers eternal life through Jesus’

identification with sinful humanity, demonstrated ultimately in his death on the cross. Grace, by which humans are freely given what they do not and cannot deserve: eternal life, is the hallmark of God's relationship with us and hence ought to be the hallmark of our relationships with one another.

God and justice: Jesus taught that our treatment of the poor, the oppressed and the vulnerable has a greater importance than we may realise: as well as being significant in its own right, our treatment of the vulnerable is viewed by Jesus as our treatment of him. His identification with the vulnerable and the oppressed provides the backcloth for Christian social action.

God and community: the Trinitarian understanding of God indicates that relationship is at the heart of what it means to be a person. This is reflected in the New Testament concept that followers of Jesus are bound together in community. The Church is the Body of Christ, joined to him in spiritual union with its members joined to one another through him.

Guiding Principles

There are four leading principles, relevant to medical ethics that emerge from the core Christian beliefs outlined above. These principles complement one another, displaying an order of precedence with the effects of each principle 'cascading' to succeeding principles. The principles, in order are: affirming life, caring for the vulnerable, building community and respecting the individual.

Affirming Life: The right to life and protection of life form the foundations both for human rights and for much of our criminal code. Affirming life includes both of these concepts, but it goes further. To affirm life is to argue that each individual life has purpose, value and meaning, even if some individuals may doubt that for themselves and their own lives. It also means that we wish to see everyone attain the highest quality of life possible in whatever circumstances they may find themselves. Affirming life takes precedence over other principles because it is fundamentally the most important and most basic guarantee that society can offer its members. Other

principles are undergirded and set in a positive context by the principle of affirming life.

Caring for the Vulnerable: A civilised society is one that fundamentally affirms life and that ensures that this and other benefits and protection are fairly experienced by all of its members. In practice, this means that particular attention must be given to vulnerable individuals and groups. History indicates that the powerful will often neglect or abuse the vulnerable unless strong and specific action is taken to protect them. Caring for the vulnerable, however, goes beyond issues of protection: it includes ensuring that vulnerable people are supported, cared for and enabled to live fulfilled lives, being afforded the same respect as other members of society.

Building a Caring and cohesive Society: Relationship is at the heart of what it means to be human and this ought to be reflected in the way that society organises itself. While totalitarian regimes are unacceptable in that they demand too much sway over the lives of their citizens, an individualistic ‘free for all’ will mean that the principles of affirming life and caring for the vulnerable are unlikely to be upheld. Individual autonomy and freedom are important, but these can only be pursued within a society that places limits on them. Building a cohesive and humane society provides the best environment for individual freedom, ensuring that every individual’s life is affirmed and that the vulnerable are cared for. Carefully gauged limitations on individual freedom that enable the building of a truly humane society ought to be welcomed by all.

Respect for Individuals: Within the context of building a cohesive and humane society in which life is affirmed and the vulnerable cared for, maximum individual freedom of choice and opportunity ought to be given. It has been too easy for societies to marginalise, victimise and to persecute individuals and groups on the basis of sex, race, religion, age, disability, sexual orientation and a host of other characteristics, chosen by the powerful as indicators for discrimination. Wherever possible, in keeping with the principles already advocated, maximum individual freedom of choice ought to be underwritten by society to ensure that individuals are enabled to live their lives in the manner of their choosing.

From principle to practice

The principles outlined above are fully in keeping with Christian theology and faith, and are also supported by many people of other faiths and of none. Principles, however, have to find expression in practice and in the field of medical ethics there is a vast array of situations in which the guiding principles have to be applied. It is not always clear, however, how these principles can best find expression in practice. In order to apply them as consistently as possible it is necessary not only to identify them and to prioritise them as outlined above; we must also see how they can best find expression in real-life situations. We recognise that a range of ethical decisions and resulting practices can apply to any given situation. We need a way of discovering which of these best corresponds to our guiding principles.

The principles may be applied with consistency with reference to 'the moral spectrum' that has, at one end, the ideal and at the other, the universally reprehensible. In the context of medical ethics, three points on this scale are useful: the 'normative', to indicate an act that unambiguously reflects the principle under review, the 'non-normative', indicating an act that does not unambiguously reflect the principle but that may still be either acceptable or permissible because it does not contradict the principle and the 'anti-normative' to indicate an act that, in effect, contradicts the principle and, consequently is unacceptable. For example, if the principle were 'Killing is wrong', a normative application might be a policeman arresting an armed thief at gunpoint, having first issued a warning, a non-normative application may be represented by a policeman shooting and killing a thief in self-defence after the thief drew a gun and aimed it at the officer while an 'anti-normative' application may be represented by a policeman 'shooting first and asking questions afterwards'.

By viewing issues in medical ethics in the light of the four principles outlined above and by seeking to find normative expressions of those principles in practice it is possible to identify a range of ethically acceptable answers to the multitude of questions that everyone in the field of health care must face today.

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