6-2001

Covenantal Ethics: A Living System for Living Systems

Matthew D. Viel

LOMA LINDA UNIVERSITY
Graduate School

Covenantal Ethics:
A Living System for Living Systems

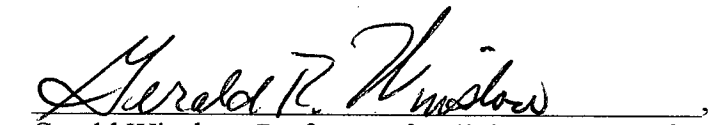
by

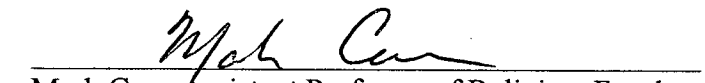
Matthew D. Viel

A Thesis submitted in partial satisfaction of
the requirements for the degree of
Masters of Arts in Biomedical and Clinical Ethics

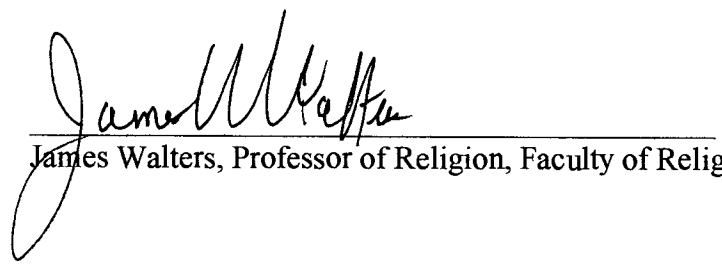
June 2001

Each person whose signature appears below certifies his opinion that this thesis is adequate, in both scope and quality, as a thesis for the degree Master's of Arts.


, Chairperson
Gerald Winslow, Professor of Religion, Faculty of Religion


Mark Carr, Assistant Professor of Religion, Faculty of Religion


David Larson, Professor of Religion, Faculty of Religion


James Walters, Professor of Religion, Faculty of Religion

ACKNOWLEDGMENTS

I have entered into many covenants before and during the writing of this paper. I wish to thank all those whose covenants with me directed and enabled me in the preparation of this paper.

First, I thank my mentors at Calvin College whose encouragement led to an earlier version of this project. The entire 1995-1996 faculties of the Departments of Biology and Philosophy offered encouragement and criticism, but Professors H. Bouma, D. Cooper, and G. Mellema deserve special thanks for their actual reading of the early draft.

Second, I thank the faculty of the Religion Department at Loma Linda University. Special thanks to Dr. R. Orr, D. Larson, and G. Winslow for countless discussions on this topic and their encouragement.

Third, I owe a debt of gratitude to many friends and family members who served as readers and critics for this project, ensuring its philosophical importance, technical correctness, and public accessibility.

Most importantly, my wife Jennifer deserves the highest commendation. She stood by me through four years of medical school and a year of graduate school. She read every word of this paper both critically and lovingly. Thanks Jen. I love you.

Hoc Tibi Offero Domine Prompte Et Sincere

CONTENTS

INTRODUCTION

Covenantal ethics is a living system for living systems. We humans are not simple, isolated individuals living stagnant, dead lives. Rather we are immersed in a complex system of living, growing and developing interpersonal relationships with others. Philosophy in general and ethics in particular are often looked upon as dead or dormant entities. Covenantal ethics is neither. It is a living approach to the philosophy of ethics that recognizes the dynamic system in which we live.

Our world recently welcomed a new millennium. We moved forward, leaving behind much of the old and eagerly anticipating what was to come. One of the many things which we left behind was the monopoly held by theistic religion over the world's tradition, philosophy and religion for the last one thousand years. Today the world is much bigger than Europe and North America. The church seems much smaller. For centuries the layman could turn for direction in moral decisions only to the church. In one sense, theism may now be socially antiquated. While it is true that the vast majority of Americans claim to believe in God, it is my observation that the dominant ethical force in our society is not the Church. From what I can tell, our society, by and large, has lost any direct connection between belief in God and normative ethical theory. In its wake, the Church left behind innumerable rivals competing for ethical force in our society. Human ideas like scientific advancement, political correctness, religious pluralism and philosophical relativism have replaced the Church with respect to swaying ethical opinion. However, even within this modern pluralistic society, there are still two dominant ethical forces. They are Kantianism and utilitarianism. Tradition mandates that a respectable ethicist choose between these two schools of thought. And what about the religious ethicist? Must he or she attempt to do ethics only within the confines of existing ethical models?

I propose to construct an ethical system that is distinct from Kantian, utilitarian and pluralistic models. I suggest that this system will be a tenable option for the Christian and the nonChristian, for the ethicist and the nonethicist alike. Furthermore, I propose that this system is internally consistent and that it is useful in the field of medical ethics. I propose to construct this system around the notion of "covenant." In this system, we would not be bogged down with many of the philosophical problems that are unavoidable with Kantian, utilitarian or pluralistic rhetoric. Rather, we would be able to discern the right course of action in our lives after we first properly examined the covenantal relationships into which we have entered.

For those of us who acknowledge a relationship with God, our primary covenant is with Him. As a couple of contemporary ethicists note, "The experience of one's own life as a gift from God becomes an inherent element of one's attitude toward all interventions in life (Pellegrino and Thomasma 1997, 40)." In a hypothetical decision, the outcome of which would not affect any other person or thing, this covenant alone is sufficient to discern right from wrong and better from best. In most cases, however, other covenantal relationships need to be evaluated. For instance, as a physician, I may have entered into a covenant with a patient, or as a husband entered a covenant with my wife. How can I, in these particular circumstances, honor this covenant with my patient, or that with my wife, in such a way that I also honor my covenant with God?

I propose to begin by arguing that there is a problem with the current discussions of medical ethics and to explain why this problem exists. I will then suggest my proposal concerning covenantal ethics and explain the origins of this idea. Subsequently, I will describe it in greater detail, comparing and contrasting it with other existing ethical systems. I will next describe how covenantal ethics may be used in general. I will close by showing that this system truly will impact real decisions in medical ethics. The question of abortion will provide me with a test case. Throughout this project, I propose to allow historic and current criticism from theology, philosophy and society to raise

questions and problems for covenantal ethics. In the end, covenantal ethics will not only survive the challenge, but will grow more vigorous because of it.

I. CHAPTER ONE

A. THERE IS A PROBLEM

There is a problem. Lots of people are having a conversation. The conversation is about bioethics. Unfortunately, the conversation may not be going as well as people think it is. Most significantly, a chasm is opening up between two groups of people. The conversation is becoming reduced, figuratively speaking, to a shouting match between two camps on opposite sides of a gorge. On one side there are people who want to talk seriously about bioethics; on the other side there are people who want to talk seriously about religion, specifically Christianity. Ironically, they all are trying to talk about the same things: patients and doctors, healthcare technology and pharmacology, abortion, euthanasia, assisted reproduction, and the problems with distributing healthcare resources, just to name a few. While the tone of the conversation is civil and those participating in the conversation are not literally be shouting at each other, this mental picture helps me to communicate the idea that Christian ethicists and nonChristian ethicists have a difficult time understanding each other. Tristram Englelhardt's book, *The Foundations of Christian Bioethics*, contains a thorough explanation of how and why this chasm developed from social, historical, ethical and religious perspectives[1]. The

[1] cf. Engelhardt 2000, xiii, 44-45

important point is that Christians and nonChristians have allowed a canyon to open up between them.

Christians, who once were at the center of healthcare in this country, now have a difficult time conversing in bioethics. Both sides are responsible. Margaret Mohrmann is a Christian author interested in bioethics who is so frustrated with the situation that she claims, "Biomedical ethics, as it is currently conceived and practiced, is an insufficient base for the sort of ethical ministry compelled by the suffering of those who seek medical care (Mohrmann 1995, 3)." I mention her concerns now only to exemplify the frustration that well-meaning Christians run into in this field, not to address her claims in detail at this time[2]. She draws on the work of another Christian bioethicist, William F. May. Our identity, she claims, is three-dimensional, "That of the body, our physical presence in the world; that of the community, our relations with each other; and that of the ultimate, our perception of transcendent reality, our connection to God (Mohrmann 1995, 81)." I, perhaps, would even add a fourth dimension , that of our mind -- the way we relate to our body is distinct from our body itself and the way we think about our relationships with God and others is different than these actual relationships. It does not matter how many dimensions are contained within our identity. The important point she makes is that we are relational beings, involved in multiple relationships. She is rightly concerned about the lack of attention paid to these relationships by the conversation of bioethics. We will be coming back to this point often. For now, it is enough to say that Christians have a hard time conversing in bioethics.

Bioethics can be seen as the junction between the study of philosophy (specifically the study of ethics) and the study of biology (specifically the study of

---

[2]She claims that bioethics relies on information that is insufficient and inappropriate to lead to conclusions that bring healing to patients. She feels strongly that bioethics relies too heavily on medical indications and not enough on the patient's story. She urges bioethicists to avoid changing people's stories into textbook paradigms and cases. She also criticizes the tendency to solve a problem rather than to find an answer. After all, there may be more than one acceptable solution (Mohrmann 1995, 3).

medical science). This type of definition is too confusing and not very practical. Actually, most of us talk and think about bioethics all the time, even if we do not call it by that name. Every time we ask, "Is this doctor (or nurse, or patient, etc.) really doing the right thing?" we approach the heart of bioethics. This question comes up in our daily encounters with our own illnesses, illnesses of family and friends, and in the news media. Hot topics like abortion, Medicare prescription coverage for the elderly, or physician-assisted suicide are all the kinds of things on which bioethics focuses.

Why call bioethics a conversation? Bioethics is rightly called a conversation because it cannot exist apart from conversation. In geometry, for example, you can determine a rule that the area inside a rectangle is equal to the product of the length of two adjacent sides. Unless you leave the real world, there is little point in talking about this. You live by it. In bioethics, however, no such rules exist. If a fifteen year-old girl refuses to have a blood transfusion because it would be against her parents' religion, there is no geometric rule to follow. A bioethicist must enter into conversation with at least her, the medical staff and her parents. But the prudent bioethicist also enters into conversation with other bioethicists who have faced similar problems, with lawyers, with religious leaders and with society in general to determine the right course of action. We, as a society, converse often about bioethics. Conversation is itself the very lifeblood of bioethics.

Somebody might ask why Christians should even care about bioethics. First, Christians care about health. Jesus, the central figure of Christianity, dedicated much of his ministry to improving people's physical health. In a real sense, however, everything he did focused on improving the psychological and/or spiritual health of others. Second, Christians care about ethics. Most of their Holy Scripture is dedicated to describing the kind of living that is pleasing to God and beneficial to others.

There is also an historical reason for Christians to take seriously, and be taken seriously by, the conversation of bioethics. The field of bioethics owes much of its

existence to Christianity. I would refer the reader again to the excellent book by H. Tristram Engelhardt, *The Foundations of Christian Bioethics*. Here he gives a nearly insurmountable argument that, not only should Christians take bioethics seriously, but that bioethics should take Christianity seriously. While I differ from him on the best resolution to the situation, I commend him for a well-written and convincing argument in support of my opening claim that a large problem exists because of the divergence of bioethics and Christianity.

B. WHY DOES THE PROBLEM EXIST?

Bioethics, we have said, is a dialogue. As with any other dialogue, people must be able to understand the language if they are to participate. The language of bioethics can, perhaps, be thought of as one language with different dialects confusing the conversation. Ethics has been discussed since the time of the Ancient Greeks. Throughout time, different ethicists have taken up different points of view that have shaped the way they speak about ethics. Each major point of view (or, more technically, school of thought) is like a different dialect. Classically there was only one dialect. In modern times (roughly one hundred years ago) there were two. The contemporary dialogue has several.

The language began with the first one to speak it. Aristotle was, arguably, the first one to speak and clarify a unique language called ethics. He spoke the classical dialect that has come to be known as "virtue ethics." Virtue ethics looks neither at consequences nor at principles (the focus of the next two dialects), but focuses instead on character. Aristotle said, "The virtue of man also will be the state of character which makes a man good and which makes him do his work well (Aristotle 1925, 37)." And

also, "Moral virtue is a... mean between two vices, the one involving excess, the other deficiency (Aristotle 1925, 45)." We note that virtue is a state of character and that it allows us to live the virtuous mean between two extremes of vice. A modern virtue ethicist named Leslie Stephens put it this way, "The moral law... has to be expressed in the form, 'be this,' not in the form, 'do this.' (Stephens 1882, 155)." For example, the virtue of generosity lies between the extremes of miserliness and wastefulness. As we will see, this classic dialect of virtue ethics is completely different than the two modern dialects. In practice, then, when deciding whether or not to do a certain medical test, virtue ethics maintains that it is not necessary to analyze all possible outcomes of administering the test, nor does it suffice to rely on general testing principles. The emphasis is on acting in such a way as to tend toward being generous (with respect to medical assistance) and avoid being wasteful (of time and/or money).

The next dialect to come on the scene is best exemplified by Kant. This dialect is known as deontology. The focus is not on character, as with virtue ethics, nor is it on consequences like the next dialect we will discuss. The focus is primarily on principles and people. Kant asserted "...That all individuals must be treated as ends-in-themselves and not merely as means to others' ends (Kant 1988, 58)." Another, more proper, way to state the same thing is," Act only on the maxim [principle] which you can at the same time will to be a universal law (Kant 1988, 49)." Kant calls this principle the "categorical imperative (Kant 1988, 49)." Deontology is all about maxims. Contemporary medical ethics is deontological in the respect that it, too, often relies on maxims. Consider autonomy -- the maxim that everybody has a right to decide for themselves what is done to them. And then there is beneficence -- the maxim that we should do what is in somebody's best interest. A difficulty can arise when two different but equal maxims dictate conflicting actions. For instance, autonomy and beneficence may, at times, dictate conflicting actions. Consider the case of a competent patient who refuses routine life-saving medical treatment like a blood transfusion after a bloody auto accident. This

puts physicians in a situation that will "...Leave traces of regret, if not guilt, no matter what they do (Bouma 1989, 79)," since giving the treatment against the patient's wishes violates the principle of autonomy and allowing the patient to refuse treatment that is for his own good violates the principle of beneficence[3].

The greatest challenge to deontology in modern times has been from a dialect called teleology. Utilitarianism, most notably advocated by John Stuart Mill, is the best-known form of teleology. Utilitarianism has been described in lay terms as that theory which, "Teaches that people have the single fundamental moral duty of producing the greatest general good. ...People need only calculate the good and evil consequences of alternative actions or policies to determine the right one (Bouma 1989, 71)." More precisely, utilitarianism is,

> "The view that the sole ultimate standard of right, wrong, and obligation is the principle of utility, which says quite strictly that the moral end to be sought in all we do is the greatest possible balance of good over evil (or the least possible balance of evil over good) in the world as a whole (Frankena 1973, 34)."

The primary focus is on the probable future results of a given action with emphasis on the word future. Past actions or events have no moral bearing on current decisions except if they affect the probable outcomes of the present decision. Even a past promise is relevant only because it may affect probable outcomes of an action.

The problem is that each dialect is good in some ways and bad in others. Virtue ethics is great at telling us how we can be ethical people, but it is very poor at telling us, in a particular situation, what the best course of action is. A few years ago, the basketball

---

[3]Bouma et al argue that a proper understanding of "tragedy" will decrease or eliminate the guilt associated with difficult decisions. While it is possible that they are correct, it is also possible that people, Christians in particular, are never in a situation where all the options are bad. For instance, in the above example, the option not explored was to enter into a discussion with the patient (in this case it would have to be brief and to the point) and determine why he refuses the treatment. When we understand him better we may agree that it is not in his best interest to accept the treatment (for instance, if he holds the religious belief that accepting the transfusion jeopardizes his eternal salvation). Then there is no conflict of principles since beneficence and autonomy mandate we allow him to refuse.

player, Michael Jordan, was world-renown for his mastery of the game. There was even a saying, known and recited by thousands of children who were aspiring to be good basketball players, "I want to be like Mike." It was a pithy slogan, but gave very little guidance for what a child should do in any particular moment on the basketball court or playground. In the same way, virtue ethics helps us to see what kind of people we should be, but does not tell us what to do at any particular moment.

Deontology is great in guiding us through a particular action with timeless maxims and principles, but it does not take into account that, in this instance, following principles may lead to more harm than good. The rule of thumb, "A penny saved is a penny earned," is usually a good rule to live by. But if you save a thousand pennies in your drawer for ten years, it is likely that you will have earned nothing and that the pennies will be less useful to you now than before. You would have done yourself more harm than good by following a rule too exactly without considering the consequences.

The strength of teleology is that it calculates how what we do impacts the world around us for the good, but its weakness is that it cannot tell us what "good" actually is.

Recently people have tried to get around these problems in at least three ways. (1) They can try to combine views. (2) They can deny that any certainty is possible in these matters. (3) Or they can base morality on something other than character, maxim or consequences.

I recognize the potential benefits of all three of these dialects and would like to save as many of these benefits as possible. But it seems impossible to combine effectively such completely different things[4]. It is tempting to deny that any certainty is possible, but as a committed Christian, I believe I have a strong certainty about many things that are moral in nature. To deny any certainty at all could come dangerously

---

[4]Frankena comes close with his "mixed deontological theory (Frankena 1973, 43)." but, even he admits that his theory is still deontological in nature, albeit closer to teleology than most deontological theories.

close to denying God and I would prefer to avoid that. So, the best solution is the third. It would be wonderful if we could develop a dialect, an ethical theory, that is grounded on neither virtue, principles nor consequences, but on something completely different. It would be even better if this theory shared some of the positive qualities of virtue ethics, teleology and deontology while avoiding their short-comings. Most importantly, could such a theory have any practical implications?

I believe that we can and should construct such an ethical theory.

II. CHAPTER TWO

A. I PROPOSE A SOLUTION

I propose a new theory for bioethics, a new dialect. I suggest we call this theory "Covenantal Ethics." Covenantal Ethics will be founded on the notion of covenants. It will be an ethical theory built around a deeper understanding of the fairly common term, "covenant," and the idea it attempts to capture. It should help us retain the respect for persons and principles championed by deontology, the concern for the good of society embraced by teleology and the importance of personal character promoted by virtue ethics. It should also help keep us from getting lost when principles conflict, when what is good for society is ambiguous and when personal virtue does not clearly dictate a certain action. In short, Covenantal Ethics will help us avoid the pitfalls of the three main dialects in bioethics, retain most of their strengths, and add the most crucial concept of all, the covenant.

First, there is a point of clarification and grateful acknowledgment. Talking about covenants in ethics or bioethics is not new. Many people have used the term before and a few have even tried to elicit some ethical uses for the term. Two authors, in particular, come to mind because they actually use the term, "covenant" in relationship to bioethics. First, H. Bouma co-authored a book entitled *Christian Faith, Health and Medical Practice*. In this book he and his co-authors draw on their religious roots and interest in medicine to speculate how God's covenant with the Christian church might influence Christian policies on hot topics like abortion and euthanasia. Second, William F. May penned, *The Physician's Covenant*. In this work, the author argues persuasively that the relationship between physician and patient is best described as a covenant.

Edmund Pellegrino and his co-author David Thomasma repeatedly use the idea of covenant, even though they rarely mention it by name, in their work, *The Christian Virtues in Medical Practice*. "Medicine is essentially a relationship of persons (Pellegrino and Thomasma 1996, 143)." This is the essence of their work. They argue that illness is more than biological; it affects the whole self (Pellegrino and Thomasma 1996, 87). It interferes with a person's relationships, i.e. his or her covenants. Therefore, what is needed is compassionate healing -- the restoration of the self as a whole (Pellegrino and Thomasma 1996, 88) -- the restoration of a person's covenants. In medicine, the role of the healer is not an easy one. It requires intense personal relationships -- powerful covenants -- between people. "No one can help anyone without entering with his whole person into the painful situation; without taking the risk of becoming hurt, wounded, or even destroyed in the process (Nouwen 1972, 72)."

I found the term used often in the literature, and the idea used even more, but never to its fullest potential. No one, to my knowledge, has ever proposed that the idea of covenant was large and sure enough to be the foundation for an entire epistemology (a foundation, or organized system of thought that unifies all ideas within a given framework). A valid epistemology is essential to good thinking and right acting and is,

therefore, crucial for bioethics. It does nobody any good if we think or act differently at different times without a good explanation for why we decided the way we did. If we have a strong, valid epistemology, we may perhaps still decide differently at different times, but our underlying thought process and value system would remain unchanged.

This, then, is the heart of my project. I submit that we can and should construct an entire ethical theory, an epistemology, around the notion of covenant. While I may not be able to perfect this construction within the confines of a Master's thesis, I believe that the reader will become convinced that this project could and should be taken up seriously by the discipline of bioethics, and especially by Christian bioethicists, in an effort to complete and perfect it so that we all may find a better framework in which to think and act in bioethics.

Covenantal Ethics will allow everyone, secular and Christian, bioethicist and the general public, to speak the same moral dialect. We all have covenants. The people with whom we covenant are different, but the covenants are more similar than different. We all have covenants with our parents and our children. We all have covenants with our friends and neighbors. We all have covenants with our employers (Granted, our business relationships may be predominately contractual, but how often do we or our employer need something that is not specifically spelled out on the contract we signed? In other words, there are covenants there, too, as we will see better later). We all have covenants with our society, our country and our world. So, we all share common covenants. If we can use that common ground to construct an ethical theory, we will all be able to understand each other. In many respects, the playing field is now level for Christian and nonChristian ethicists.

However, I must admit that Covenantal Ethics will, in at least one respect, give the Christian bioethicist an advantage. The advantage, though, is open to everyone (Christian and secular alike) who would care to use it. I am speaking of the unique covenant a Christian has with God. This is unavoidable. Religious belief cannot and

should not be separated from medical ethics (Pellegrino and Thomasma 1996, 99). We all enter into similar covenants with family, neighbors, society and the world at large and all of these covenants will strengthen our bioethics. But, for the Christian, with the addition of a covenant even stronger than these others, a covenant with God, it is perhaps easier to sort through all these other covenants. After all,

> "The moral life [of the Christian] is conducted from several perspectives not shared by nonbelievers, e.g., the perspectives of creatureliness and incarnation. As a result, one's natural tendencies and purposes are measured against a larger purpose of human life, and the Creator's purposes (Pellegrino and Thomasma 1996, 72)."

God is not the God of only those who are currently Christians; he is also the God of anyone who desires to enter into relationship with him. Therefore, this potential advantage is not to be used as an advantage at all in the conversation about bioethics, but rather as an invitation for all to come and experience the orderliness and simplicity of bioethics, as organized by Covenantal Ethics, under the overriding covenant with God. Bioethics is more organized for the Christian bioethicist since a covenant with God necessarily becomes the central covenant around which all other covenants are structured. Bioethics is simpler because God Himself provides direction and focus for our other covenants.

Not only will Covenantal Ethics permit Christians to speak a language that the rest of the world can hear and understand, not only will it proclaim anew the Gospel, it will also allow Christians themselves to retain a strong theology. If properly understood, Covenantal Ethics will be a continual reminder and challenge to reexamine our lives. Continually, we will need to be looking to God and to the relationship we have with him. The relationship will grow as we focus more of our energies into it. As we focus more on God and understand him better, we will naturally begin to understand ourselves better.

We will become what God made us to be, fully human. Behaviors such as compassion, promise-keeping, courage, prudence are ultimately related to what it is to be

fully human (Pellegrino and Thomasma 1996, 17). These behaviors and their underlying virtues will grow in us and enable us better to understand and serve our God, our neighbors and our societies. "The Christian knows that doing the right and good is a means of growing closer to God the Creator and Redeemer (Pellegrino and Thomasma 1996, 72)." Furthermore, looking at God when faced with a moral choice directs the person toward a proper attitude of the heart (Pellegrino and Thomasma 1996, 73). This language is similar to virtue ethics.

Covenantal ethics also confers depth for Christian teleology and deontology. For instance, it could just as easily and truthfully be said that looking at God directs the person toward the ultimate good (namely God, himself) or that it directs the person toward the ultimate person (God) and principle (divine love). In other words, not only is God the beginning of ethics, He is also the proper end of it.

As Walter Rauschenbusch puts it,

> "Christianity is most Christian when religion and ethics are viewed as inseparable elements of the same single-minded and whole-hearted life, in which the consciousness of God and the consciousness of humanity blend completely. Any new movement in theology which emphatically asserts the union of religion and ethics is likely to be a wholesome and christianizing force in Christian thought (Rauschenbusch 1997, 14-15)."

B. WHERE THIS PROPOSAL COMES FROM

Covenantal Ethics is not uniquely Christian. In fact, its roots are found throughout classical literature and in medical literature, not only in the Holy Bible. Several great authors come to mind: Dickens, Dumas, Faulkner and Tolkein as classic authors; Kass, Ramsey and Pellegrino as authors in modern biomedical ethics. This

chapter will examine covenants in classical literature and in the Bible. Then it will present viewpoints from a Christian (H. Bouma) and a secular (W. Frankena) writer on Covenantal Ethics.

William F. May digs deeply into the literature of Faulkner to guide his thinking about covenants in medicine. Faulkner is May's choice because May feels that he acknowledges the bond between all of creation (May 1983, 106). He points out characteristics in many of Faulkner's characters that are indicative of covenant relationships (May 1983, 106-120). He speaks about a "promissory event," that leads to a "character-defining relationship" with "ritual and unexpected consequences (May 1983, 106)." A covenant is initiated with some sort of event in which one party makes a pledge to another. It is possible, but not necessary, that this pledge is written. It is possible, but not necessary, that it is even verbalized. It is also possible that this pledge is unknown to the parties; it could be an event that only an outside observer could guess, "promises" to lead somewhere. A covenant consists of a character-defining relationship. A covenant is so important and so permeates an individual's life that, without it, the individual would be something other than he is with it. A covenant necessitates ritual and unexpected consequences. By "ritual," I take May to refer to those consequences that are culturally expected, since he contrasts ritual with unexpected. A written covenant, for example, may have all the consequences our society attaches to written contracts, but it may obligate someone to do something unexpected or unstated as well. "The covenant details duties that give specific content to the future, while enjoying a comprehensive fidelity that extends beyond particulars to unforeseen and unforeseeable contingencies (May 1983, 107)."

If we accept May's distinguishing characteristics of covenantal relationships, it is easy to see them throughout classic literature. Consider Ebenezar Scrooge, one of Charles Dickens's most famous characters from *A Christmas Carol.* When the Ghost of Christmas Present takes him to see the home of his employee, Bob Cratchet, Scrooge is

captivated by the generous spirit of Tiny Tim, the lame son of Bob. Tiny Tim, in a Christmas prayer before a meager feast, remembers to thank Scrooge for providing the meal and closes with he famous line, "God bless us all, every one." This for Scrooge is a "promissory event" that initiates a character-defining relationship between Scrooge and Tiny Tim. A promissory event is not much like a promissory note. A promissory note is a tangible, contractual IOU with clearly delineated terms and conditions. A promissory event is what happens when Scrooge's life is impacted by Tiny Tim, whether or not Tiny Tim intended it, and whether or not Scrooge is consciously aware of it. It is an event that an onlooker (or, in this case, the reader of Dickens's tale) can sense "promises" to be a pivotal point in Scrooge's life. The reader can see what Scrooge cannot. This apparition will affect him throughout this evening and his life; it will help to initiate a relationship that partially defines his character. The covenant, here established, mandates certain actions on Scrooge's part that are responses to unforeseen contingencies in order to maintain a comprehensive fidelity.

A similar noteworthy relationship exists between Edmond Dantes and his employer, Monsieur Morrel, in *The Count of Monte Cristo* by Alexandre Dumas. Morrel spoke a kind word to Dantes at the opening of the book. This moment was a promissory event, the magnitude of which only Dumas could foresee. After Dantes was officially "killed," but in actuality escaped from prison to a new life as the Count of Monte Cristo, he dealt harshly with his enemies, but took great lengths to support Morrel through innumerable hardships. Not even the reader could have guessed beforehand how far Dantes would go to maintain a comprehensive fidelity to Morrel and his kin.

One last example, a favorite of mine, is little Bilbo Baggins in *The Hobbit* by J. R. R. Tolkein. This simple fellow did nothing more than extend traditional hobbit hospitality to a visitor, the wizard called Gandalf, who knocked at the front door of his hobbit hole one spring morning. Gandalf asked if he and a few friends might stop by for tea. Bilbo agreed. Quite soon, there were thirteen visitors in Bilbo's house. Now,

readers today might think this is rude, but wizards like Gandalf are known for doing the unusual and Bilbo knew this from the start. Bilbo invited his company to spend the night and offered them breakfast the next morning. In conversation with them, he began to sympathize with their cause and decided to join them in their quest. With this commitment, Bilbo ended up losing a year of his simple, pleasant, hobbit life of fine dining and good tobacco and gained a frightening, exciting, and profitable adventure that unleashed a world-changing line of events and created bonds between himself and people he had never even dreamed of. Through thick and thin, through adventures that would dishearten a professional warrior, this tiny hobbit remained faithfully committed to his friends and their cause. What he lacks in stature, strength and experience, he more than regains in good hobbit-sense and tenacious covenant fidelity. This covenant does more than just show us, the readers, who Bilbo Baggins already was; it makes him who he is. His covenant defines his character. If any creature knows about covenants, it must be a hobbit! (I can only hope my readers have had the privilege of acquainting themselves with these amazing little people.)

Covenants abound in great literature. The greatest of all literature is the *Holy Bible*. The Bible is full of covenants. All of them, says May, are derived from the covenant God makes with his people (May 1983, 108). Perhaps the best-known covenant is between God and Abraham. God singles out Abraham and says that he will be faithful to him and his descendants, but in return, he expects them to be faithful to only himself. This covenant has lasted over four thousand years. The descendants of Abraham today still claim special privileges for themselves as God's chosen people because they still engage in faithful worship of their God.

Covenant language is also used in the New Testament. Jesus and his disciples spread the good news around the world that God desires to make a covenant with everyone, not just with the Jews. He is willing to pay the highest price to accomplish this. His Son, Jesus, came to take on himself the punishment for our sins; we, in

exchange, have his righteousness and can covenant with God if we are willing to receive his gift and faithfully follow him[5].

Or consider the covenantal relationship recorded in Scripture between Peter and Jesus. While Peter is fishing one day, Jesus calls him, "Come, follow me." With these three words, Jesus starts a process that will turn Peter's life upside-down. This is definitely a promissory event for Peter. Not only does this moment promise to be a pivotal one in Peter's life, he also makes a promise to follow Jesus. The relationship fostered from this moment is not only character defining; it is character re-defining. Peter's role as a fisherman will be redefined as a fisher of men because of this covenant with Jesus. Some consequences of this covenant were ritual (i.e. certain expectations were met between a Jewish Rabbi and his disciple); many are unexpected (e.g. paying taxes using money inside a fish or being crucified upside down, as church tradition suggests that Peter was). This covenant with Jesus imposes ethical obligations on Peter that he would not have had without the covenant. The covenant also makes Peter into something different than he was without it.

The book, *Christian Faith, Health and Medical Practice* begins with a discussion of covenant as it relates to biblical literature. This discussion concludes, "The Bible portrays covenantal ethics as the appropriate response to God's creative and reconciling work, a response that involves accepting one's call to discipleship, to the rewards and responsibilities of being a member of God's body in the world (Bouma 1989, 84)." The authors then suggest three examples of human relationships that they believe to be covenantal: husband-wife; parent-child; teacher-student[6]. The authors suggest that, in

---

[5]Human nature, as such, does not bind us covenantally with anyone. Entrance into covenant with God is a voluntary action motivated by God's love for us (Ramsey 1977, 185). Adherents of the doctrine of predestination could argue that, even if nature does not bind us to covenants, we are still bound to them out of God's good pleasure for us. This is true since, if we are in covenant with Him, we are necessarily in covenant with each other and the rest of Creation because those covenants with others are necessitated by our covenant with him.

[6]William F. May would add, "physician-patient."

contrast to covenants made between God and humans, covenants made between humans are not all-encompassing nor are they one-sided in origin. Human covenants do share similar characteristics with divine covenants, however. They are based in events or actions when people become vulnerable to each other[7]. The covenant creates a community in which the common good is sought as well as the good of each individual. Human covenants endure through time and are influenced by new developments in unpredictable and unspecified ways (Bouma 1989, 83-95)

Bouma et al make a special point for their Christian readers. They challenge them to engage in discussions on medical ethics and to construct arguments "Based on universal and rational principles of morality, on legal precedents, and on an impartial point of view (Bouma 1989, 2)." The authors go on to suggest that "It is lamentable if Christians never speak candidly as Christians[8] about medical morality (italics theirs) (Bouma 1989, 2)." While the language Bouma et al use is deontological rather than covenantal, they demonstrate a passion for covenants and a Christian commitment to bioethics. "We think that the idea of covenant best conveys the moral nature of these relationships [e.g. interpersonal relationships] (Bouma 1989, 83)." They assert that, if Christians do not enter the dialogue of medical ethics, then no one will benefit from their deepest convictions -- neither their society nor their own community.

---

[7]This sounds a lot like May's observation of a character-defining promissory event. Times when we become truly vulnerable and honest with each other are likely to be times that help shape our character.

[8]What does it mean to "speak candidly as Christians" about medical ethics? It apparently means that, "'...Moral discernment is a communal task in which Christian patients, professionals, and other concerned individuals engage in mutually supportive and constructively critical dialogue (Campbell 1990, 90-95)." Some of the underlying theological assumptions of this dialogue would include faith in God as Creator, Provider and Redeemer. These axioms stimulate certain virtues (e.g. truthfulness, humility, gratitude, care and courage) in those who participate in the dialogue. These virtues and principles combine with Biblical resources to shape the communal character of Christians. Each individual's character will likewise be shaped by this dialogue. This character will reflect how an individual responds to universally accepted principles like informed consent, autonomy and universal access to basic health care. "The stress [of covenantal ethics] is clearly less on how religious beliefs might make a substantive difference in what one does and more on how they shape and form the kind of person one is, that is, on one's moral character (Campbell 1990, 95)."

For a secular perspective on Christian ethics, we note that William Frankena argues that an agapeistic ethic (an ethic based solely on love, "agape" in Greek) could be grounded in the principle of love of neighbor, but that love of God could not be derived from beneficence alone. Beneficence is a principle that Frankena feels is foundational to all of bioethics. Without faith in God's existence we could not derive, from our own reason and experience, the command to love God. This command, however, is the ground of an agapeistic ethic. The Christian loves God because God has created all that is good. Charitable beneficence is grounded in God's love for us and in his revelation of that love. It follows from faith, which is the virtue of entry into the Christian life and which assures us of a personal relationship of love with God.

Yet, Frankena admits that there is a sense in which the law of love underlies the entire moral law even if this cannot be derived from it. That the law and all the prophets are summed up in the love of God and neighbor is not a conclusion of reason, but neither does it violate it (Frankena 1973, 33).

I would argue that not only could ethics work that way, it in fact does work that way. For Christians, the covenant with God and the love on which that covenant is based, is the foundation for all other covenants. Since covenants are the foundation for ethics, and God's love is the basis for all our covenants, it follows that God's love is the basis for the entire ethic of a Christian covenantalist.

Covenants are not just found in great literature of the past. They are currently discussed or alluded to in books about medicine. Bouma and Frankena have both hinted at the intersection between Covenantal Ethics, Christian faith, and the medical profession. The very word, "professional," suggests a covenantal relationship. May argues that this name necessarily implies a covenantal faithfulness [to the profession, to those involved in the profession, to those served by the profession] (May 1983, 17). For May, the image of physician as covenanter is central. It forms a whole into which other fallible images of physicians may fit (May 1983, 23). May mentions at least three

"fallible images" of physician -- parent, fighter, and companion. A physician is a parent, "when he reassures and shelters his children/patients in the face of suffering and [when] kindness displaces candor as chief virtue (May 1983, 32)." As a parent the physician exemplifies compassion and readiness to sacrifice. The physician provides shelter, order and nurture. There is an imbalance in knowledge and power, but it is checked by compassion so as to avoid exploitation (May 1983, 40-41)[9]. A physician is a fighter when he demonstrates intelligence, tactics, confidence and stamina against the enemy of disease/death (May 1983, 33). Finally, a physician is a companion when the chief aim is to ennoble his patient and give him dignity and self-worth, "To escort a dignitary to noble encounter with death (May 1983, 33)." All of these images, however useful in a particular circumstance, do not do justice to the relationship between a physician and a patient. All of these images are summed up under the more accurate image of a physician in a covenant with his patient.

Ethics has been part of the medical profession for thousands of years. The first medical school, taught by Hippocrates, required its students to take The Hippocratic Oath which committed them to abide by ethical principles. May sees this oath as an acknowledgment of the covenant between the physician and his teachers and between the healer and the powers of healing (May 1983, 109-112). Leon Kass, in his book, *Toward a More Natural Science*, also sees this oath as covenantal in nature. He notes that the tradition epitomized by the Oath teaches the sort of ethics a physician should have. Kass's examples include: covenant with teachers, care for sick persons, appropriate actions and abstentions, an acknowledgment of the limitations of one's art in particular, and the dependence on transcendent powers in general (Kass 1985, 224-248). For Kass,

---

[9] Unchecked, this imbalance can be exploitative; it can overreach when the patient's own decisions are overridden. This override is called paternalism (May 1983, 41-43). It is almost always undesirable, but May acknowledges that in rare cases, paternalism can be charitable and ethically appropriate (May 1983, 52-62).

medicine is a moral profession. Its duties are derived from (1) "the dignity and precariousness of the goal -- health," (2) the human meaning of illness and (3) the doctor-patient relationship (Kass 1985, 211)[10]. Humorously, Kass observes that the recent rise of medical ethics is indicative of how badly the profession needs it (Kass 1985, 224).

Two other philosophers agree that medicine is in need of Covenantal Ethics, even if they never use the term. Edmond Pellegrino clearly states that, "Each sick person is involved in a... complex web of interrelationships....(Pellegrino and Thomasma 1997, 47)" If a physician is to help a sick person, the physician needs to understand how these relationships affect the patient's state of health. Paul Ramsey, as well, finds that covenants are inescapable in medicine (Ramsey 1977, xii). One specific example he uses is the process of informed consent. This is the process by which a physician explains to the patient what he recommends, the risks and benefits of the procedure, the expected outcome and other available options. Informed consent exemplifies the covenantal nature of the patient-physician relationship. It can never be exhaustive; it relies on an ongoing communication, a faithfulness between two parties. Yet it is necessary as a bond to prevent the relationship from becoming domineering (Ramsey 1977, 4-11).

In summary, Covenantal Ethics has not sprung up out of nowhere. Covenants have always been determinative of right action. We see covenants in novels by Dickens, Dumas, Faulkner and Tolkein. We find covenants in both the Old Testament and the New Testament of the Holy Bible. People writing about medicine make it clear that covenants play a major role in the patient-physician relationship. Now that we see where Covenantal Ethics comes from, we will be better able to understand it.

---

[10]I would suggest that (1) The relationship is essential for defining the goal of medicine, (2) The meaning of illness is likewise patient-specific and, therefore, determined by the particular relationship. If so, it seems justifiable to claim that it is the relationship that provides the moral anchor for the whole enterprise.

C. WHAT COVENANTAL ETHICS IS

Covenantal Ethics is more easily described than defined. The main reason for this is that it is much easier to describe covenants than to define them. We live in a culture that demands definitions and has lost some of its ability to understand descriptions. Nevertheless, many of our most important notions are based more on description than on definition. Notions of "profession," "friendship," "family," "love," and, "God" are all important ideas that we use every day. Like "covenant," it is easier to describe "God" than to define the term. A definition that is acceptable for someone may simultaneously fail to capture all that God is and include some things that God is not. For instance, "God is love" is a true definition, but potentially does not include the fact that God is also just. Also, to say that, "God is love," potentially includes notions of "love" that are inapplicable to God. For instance, God is not the "love" of the "free love" era of the 1960's which condoned mind-altering substances and sexual promiscuity all in the name of love. Since "covenant" is more conducive to description than to definition, I have included several examples and stories in this paper from which the reader may deduce the meaning of "covenant" and hence, "Covenantal Ethics."

In this section, I shall attempt to elucidate a further description of Covenantal Ethics by paying closer attention to both its form and its content.

First, we can deduce some things about the form of Covenantal Ethics. From what we have discussed in the previous section, we can understand Covenantal Ethics as an epistemology, based on the notion of covenant, that provides both the framework and the tools that we need, both to contribute to the dialogue of biomedical ethics and to make our own biomedical decisions. The framework provided by Covenantal Ethics is a critical understanding of all the covenants in which we find ourselves. The tools suggested by Covenantal Ethics are those we need in order to prioritize our covenantal

responsibilities[11]. The end result of practicing Covenantal Ethics by applying these tools to this framework will be a lifetime of ethically appropriate decisions.

There are at least five other things to be said about the form of covenantal ethics. (1) It is internally consistent. Each ethical analysis will proceed the same way. We need not adapt a new decision-making technique every time we are confronted with a new situation. (2) It is strong enough to withstand several criticisms. We will see it provide responses to objections raised by deontologists, teleologists, virtue ethicists, theologians and philosophers. As experts challenge this notion it will become stronger as people build on the initial foundation of Covenantal Ethics provided by this thesis. (3) It is individual. The covenants in which you find yourself will be different from the covenants in which I am involved. These, in turn, are different from the covenants the next generation will experience. There is an important sense in which Covenantal Ethics is also communal, since some of our relationships are shaped by the community in which we live. Nevertheless, even within a community, each person has entered into covenants that are unique to that individual. (4) It is universal. In spite of the fact that each individual is involved in different covenants, Covenantal Ethics provides a common method of ethical analysis so the dialogue of biomedical ethics can continue to help us all sort through ever new ethical concerns. (5) Finally, it is dynamic. Covenantal Ethics adapts to new covenants as they arise. We are not forced to rely on rules or principles which are dependent on either a certain historical or social context. This is the case because covenants have been around since the beginning and will remain throughout

---

[11]Pellegrino and Thomasma, in *Helping and Healing*, differentiate four levels of duties: (1) biological, (2) covenantal, (3) existential, and (4) theological (Pellegrino and Thomasma 1997, 122). "What we seek is an augmentation of philosophical ethics by Christian insights into the meaning and purpose of human life (Pellegrino and Thomasma 1997, 2)." What they seek in general is specifically a strong Covenantal Ethics; Covenantal Ethics is exactly that which can make clear the meaning and purpose of our human lives. They fail to realize this possibility because their idea of covenant is too narrow. A covenant is more than the various contracts they describe -- it involves whole relationships, grounded in theology (since God himself is the foundation of all relationships), experienced as embodied, *biological*, beings, including their covenantal duties (which are actually more contractual in nature), but touching on all facets of existence. In other words, our covenants reach across all four levels of duty that they describe.

human history. So our culture, as it develops, and we, as we grow, will be able to adapt Covenantal Ethics as a dynamic theory of ethics to help us make our ethical decisions.

Second, we can anticipate a few things about the content of Covenantal Ethics. Simply put, Covenantal Ethics selects useful content from other ethical theories and unites them with a few unique contextual features under a common framework. In the next section we will more clearly see what content Covenantal Ethics is able to extract from various ethical theories and what content it leaves behind. As a prelude, I shall now say that Covenantal Ethics draws on the deontological strength of principles, the teleological focus on the end result, the focus of virtue ethics on character, the usefulness of comparing the existing ethical decision to prior ones which is the primary focus of casuistry, the assertion of relativism that different circumstances may call for different ethical appraisals and the irrevocability of agreements emphasized by contract theory.

This content is combined with the content provided by William F. May in a previous section. He speaks of "promissory events," "character-defining relationships," and "ritual and unexpected consequences (May 1983, 106)." These phrases provide unique content to Covenantal Ethics. If a relationship does not contain all of these elements, it cannot be rightly called a covenant. So, Covenantal Ethics deals only with relationships that contain these elements. Covenantal Ethics elucidates the best contextual features of existing ethical theories and combines them with a few unique contextual considerations within a single epistemology.

In a nutshell, this is what covenantal ethics is. As a graduate level thesis, this project will entertain only the basic permutations of this new theory and will present a few basic objections to this model. I will differentiate Covenantal Ethics from standard models of ethical theory. Then I will show one permutation of how Covenantal Ethics could work. I will conclude by putting Covenantal Ethics to the test in a current hot spot of bioethical debate.

D. WHAT COVENANTAL ETHICS IS NOT

1. An Honest Perspective

This is only an initial presentation of Covenantal Ethics. It presents an alternative to traditional approaches. Perhaps later we may build on this foundation to give more complete answers to subtle points of difference between this and other ethical theories, but for now, this initial overview presentation will have to suffice.

If adherents of a particular ethical theory see nothing in common between their favorite theories and Covenantal Ethics, then I have succeeded in positing Covenantal Ethics as something new and different. If adherents of different theories all see similarities between their own theories and Covenantal Ethics, then I have succeeded in bringing out the best of several different theories and making from them something new and, potentially, better.

2. Covenantal Ethics Is Not Simply a Reformation of Deontology

There is an important difference between Covenantal Ethics and secular deontology. The difference is that Covenantal Ethics moves beyond Kant's categorical imperative, "Treat each person as an end in himself, not just as a means." Covenantal Ethics indeed tries to love and honor each person. But it does more than just treat other people as ends. Kant speaks of our duty to treat others with the respect that is due to individual rational beings. Covenantal Ethics emphasizes that, not only are other people unique individuals, they are, moreover, individuals with whom we have covenants. We are bound together, not as mere ends, but as members of an ethical community. An end

needs to be respected; another person needs to be loved. Deontology allows us to respect and to do our duty. Covenantal Ethics provides us with the ability to love and to cherish.

Christian deontologists could try to argue that they already do everything that Covenantal Ethics does. They could claim, for instance, that Kant's categorical imperative is actually just a restatement of the "Golden Rule" given by Jesus in Matthew 7:12, "Do to others what you would have them do to you." If this is the case then Kant's categorical imperative takes on a different meaning from the one he apparently intended. Kant's categorical imperative retains its force because he separates knowledge into two parts: that gained from experience, *a posteriori*, and that knowledge that is before and beyond experience, *a priori*. In mathematics, we can know, *a priori*, before experience, that the area of a rectangle is equal to the product of the lengths of two adjacent sides. Our confidence in this rule is not based on our experience. We do not need to experience many (or any) rectangles to be sure it is correct. Simply because rectangles are what they are, we know this must be true. We know it *a priori*, before experience. In ethics, the language of experience leads to teleological ideas. *A priori* ethical knowledge, however, is outside of any experience. Kant's categorical imperative is the essence of our ethical *a priori* knowledge. The words of Jesus, however, speak of love. Love is experiential. We know it when we experience it. We give it away when we let others experience it. Love cannot be *a priori* if it is so closely tied to experience. Therefore, the rule of love, the "Golden Rule," cannot be a restatement of the categorical imperative.

In biomedical ethics, the covenant between the physician and patient helps distinguish Covenantal Ethics from deontology. The "central act of medicine" is a "healing relationship (Pellegrino and Thomasma 1997, 4)." "Ethics is more than the application of prima facie principles to specific cases. It is also an invitation to a way of life, to the complete formation of the human person (Pellegrino and Thomasma 1997, 7)." Deontologists who converse in bioethics rely heavily on principles like autonomy ("Each person has the right to dictate what is not to be done to his body"),

nonmaleficence ("Physicians should do no harm"), beneficence ("Physicians should try to do good") and justice ("Ensure the equal treatment of all persons"). Covenantal Ethics, on the other hand, acknowledges the usefulness of these idealistic principles, but subordinates them to the relationships that actually exist[12].

It could be objected that actual relationships can be bad (e.g. slavery), so should we not subject these bad relationships to principles? The answer is, "No." We subject these bad relationships to more important relationships. We derive or principles from these higher relationships. So our relationships, not our principles, take precedence. For example, a slave's relationship to his wife and children might take precedence over his relationship to his master and he must act accordingly. A better example, though, is provided by Christians, for whom all covenants are under a covenant with God. The call of God to intercede on the behalf of those who are suffering might lead a slave to actively seek release for his fellow slaves and for himself. But this is a case of one relationship, that with God, taking precedence over another relationship, that with his master; it is not simply one principle taking precedence over another.

Likewise, Christian physicians are bound by ethical principles, but that is not the whole of their ethic. Christian Covenantal Ethics does not add new principles for physicians; it holds all principles in the embrace of covenantal love. This system does not determine precise principles to follow in every one of life's circumstances. Nor does it negate, on the other hand, the usefulness of deontologic thought. Christian Covenantal Ethics simply requires that the professional act so as to exemplify God's love in every decision and circumstance (Pellegrino and Thomasma 1997, 150)[13].

---

[12]See the next section on "Method of Application" for an example of how principles become subordinated to relationships.

[13]Here are four more great ideas from Pellegrino that further testify to the difference between CE and deontology. Even though Pellegrino was not specifically speaking of CE, his ideas are still relevant. (1) Love is the first principle of Christian ethics (Pellegrino and Thomasma 1997, 149). Love is not a foundational principle for contracts.

There is one final difference between Covenantal Ethics and deontology, although this distinction is clearer for Christians who practice Covenantal Ethics than for others who do so. Deontology rests on both (1) the ability of human reason to ascertain which principles are universally valid and (2) the ability of the human will to will that which reason dictates. Any ethic that is centered on God (i.e. Christian Covenantal Ethics) cannot assert either of these two conditions since God has revealed the sinful, flawed nature of humanity (Kilner 1992, 43, cf. Proverbs 3:5-6). Our reason and our wills are incapable of such a task if the doctrine of original sin and the total depravity of humanity is correct.

From all of this we can see that, while deontology has its uses, it does not go far enough. Everybody, but especially Christians, needs an ethical system that goes farther. We need for a system that goes beyond principles and rules, one that goes beyond treating others as ends in themselves, that goes entirely beyond Kant's categorical imperative. We need Covenantal Ethics.

3. Covenantal Ethics Is Not a Restatement of Teleology

Covenantal Ethics is easy to distinguish from teleology, an ethical theory focused on the end result. Recall the central idea of utilitarianism (a common form of teleology), "The utilitarian doctrine is that happiness is desirable, and the only thing desirable, as an end; all other things being only desirable as means to that end (Mill 1979, 34)." Or again,

---

(2) "The physician is not bound in the covenant with the patient always to respect the patient's autonomy, although most of the time this is the case. Rather, the physician is bound to respect the personhood of the patient...(Pellegrino and Thomasma 1996, 124)." Contracts do not necessarily seek to respect persons.
(3) Religion provides an ordering principle around which to balance goods. Autonomy, while important, is ordered under love (Pellegrino and Thomasma 1997, 78). Autonomy is paramount for contracts.
(4) A proper understanding of charity highly values respect for autonomy as seen within a framework of relationships to other humans and to God (Pellegrino and Thomasma 1996, 121). Contractual autonomy does not need to consider interpersonal relationships and definitely has no apparent need for God.

> "The creed which accepts as the foundation of morals 'utility' or the 'greatest happiness principle' holds that actions are right in proportion as they tend to promote happiness; wrong as they tend to produce the reverse of happiness. By happiness is intended pleasure and the absence of pain (Mill 1979, 7)."

Covenantal Ethics does not exalt happiness to this degree. Covenantal Ethics emphasizes fidelity to covenants. This is not done so as to attain happiness. Nor is covenant fidelity a part of what constitutes happiness[14]. Covenantal Ethics is much more Kantian in that it realizes that morality is desirable for its own sake and will often run counter to those things that produce happiness (Kant 1988, 18, 30). Further, it concurs with Kant that happiness cannot be the ultimate end since, "The problem to determine certainly and universally what action would promote the happiness of a rational being is completely insoluble (Kant 1988, 46)." How much more impossible is the task of calculating the greatest good for the greatest number of rational beings! The task mandated by Covenantal Ethics, while still difficult task, is at least possible. We can determine which actions promote faithfulness to the covenants in which we are involved. We respect these covenants, not because it brings happiness to us or those covenanted with us, but simply because fidelity is required by the very nature of covenants.

For Christians, the distinction between Covenantal Ethics and teleology is even clearer. Pellegrino and Thomasma agree that Christian love is free of utilitarian (i.e. teleological) justification (Pellegrino and Thomasma 1997, 147). They note that a major difference between secular and religious medical ethics is that religious ethics realizes an end, beyond this world, toward which we strive. This realization gives meaning and direction to ethics. Furthermore, it provides a reason and motivation to be and act morally in the first place (Pellegrino and Thomasma 1997, 76). A God-centered ethic,

---

[14]Mill claims that things other than happiness can be desired in themselves. The utilitarian principle allows for this because different individuals have different recipes for happiness, "The ingredients of happiness are very various (Mill 1979, 35)." So these other things are desirable in that they actually are (a part of) happiness for the person who desires them.

while showing consideration for the good of others (i.e. doctrine of utility), puts a greater emphasis on both the impact a decision will have on God's glory and the eternal consequences an action has on human lives (Kilner 1992, 42). Christians have an overarching covenant with God that enlightens all other covenants. We strive to please him, not as payment for services rendered, nor out of fear of punishment, not for future reward, pleasure or happiness (after all, the gift has already been given), but simply out of gratitude.

There are at least two interesting ways in which Covenantal Ethics does resemble teleology. The first, as was already mentioned, is that Covenantal Ethics does care about bringing happiness into human lives (even though this is not the ultimate purpose of human morality). The second is related to Mill's notion that only someone in a public position, charged with the care of society, must consider public utility. Utility demands of most people, only that they consider private utility, "The interests or happiness of some few persons (Mill 1979, 19)." Covenantal Ethics agrees that, as individuals, we must focus our ethical attention on "some few persons," namely those with whom we are most closely covenanted. As we form deeper covenants with more people (i.e. as a physician accepts more and more patients under his care), our ethical attention must broaden as well. So, as with deontology, Covenantal Ethics draws out the best of teleology while avoiding its pitfalls.

4. Covenantal Ethics Is Not Merely a Rekindling of Virtue Ethics

Covenantal Ethics does seek, in part, to get back to the original focus Aristotle's ethics had on virtue and character. Given the recent focus in United States' politics on strength of character, the time may be right for an ethical paradigm shift away from rules toward virtue. Pellegrino and Thomasma agree that,

> "The ground is being cleared [I understand that he is here referring to current trends in society and moral philosophy] for the return of virtue, not so much as the sole basis of moral philosophy, but as an essential element of any ethical theory related, on the one hand, to principles and duties and, on the other, to the motivation for moral behavior. The establishment of these linkages... is the central task of contemporary moral philosophy (Pellegrino and Thomasma 1996, 14)."

Covenantal Ethics is the answer to that task. Covenantal Ethics provides a link between virtue, duty and motivation. Like virtue ethics, every time we put Covenantal Ethics into practice it becomes more a part of who we are. Covenantal Ethics is not a single virtue. Nor is it simply a collection of virtues. Rather it recognizes the truth of what was said earlier, that each covenant in which we are involved is character-defining for us. The more we recognize these covenants and act in ways that honor and strengthen them, the more our covenants can build our character. We become persons more closely interconnected with each other. Our ethical decisions become part of the fabric into which we are woven. They become part of our character. In that sense, we necessarily become virtuous as we practice Covenantal Ethics, even if Covenantal Ethics is itself neither a virtue nor a collection of virtues. Our motivation for action is faithfulness to the covenants that we have. Our guide for action is found within these same covenants as we consider how any proposed action would affect them. Covenantal Ethics begins the process of answering Pellegrino's challenge of linking principles with motivation.

Nevertheless, unlike strict virtue ethics, Covenantal Ethics does not treat virtue as the sole basis of moral philosophy. It also differs from virtue ethics by providing a means of decision-making[15] as well as a description of a virtuous character. There is an additional distinction for Christians. Christian Covenantal Ethics gives an ultimate model of the virtuous person, Jesus. Virtue ethics is dependent, by its very nature, on the historical culture that embraces it. Different societies treat different human

---

[15]Please see the section, "Method of Application."

characteristics as virtues at different times. The character of the person, Jesus, is timeless and has been embraced by hundreds of societies over thousands of years (Kilner 1992, 46). Jesus, himself a virtuous person, was more focused on relationships than he was on rules or virtue. His ministry, God's ministry, was one of reconciliation (cf. 2 Corinthians 5:16-21). He taught rules (e.g. "The Golden Rule"). He lived a virtuous life and encouraged his followers to do the same. Nevertheless, his focus was not primarily on these rules or virtues, but rather on a personal relationship with God the Father. His ardent prayer was that humans could engage in covenants that were as deeply meaningful as the covenant he had with "the Father (cf. John 17)."

5. Covenantal Ethics Is Not Casuistry By a Different Name[16]

Casuistry traces its roots back to the Jesuit movement in the late middle ages. This movement was relatively small compared to the rest of Catholicism, and the ethics generated by the movement were frowned upon by the rest of Christendom. Their influence, however, was keenly felt in the New World and casuistry has silently become the basis for much of bioethics in the United States.

Here's how it works (in an overly simplified version). A group of people, preferably ethicists, get together. They agree on cases called, "paradigms," that everyone agrees are obviously wrong or obviously right. For example, they all may agree that a hypothetical case of premeditated murder may serve as a paradigm case as a morally wrong action. Or they all may agree that a paradigm case of morally good behavior is a hypothetical case where someone gives an anonymous gift of several thousand dollars for

[16]This section heavily relies on Jonsen, AR and Toulmin, S. *The Abuse of Casuistry: A History of Moral Reasoning*. Berkley: University of California Press, 1988.

a poor child's life-saving operation. The group then tackles cases that are slightly less clear and determines whether they are more like one paradigm case or the other. For example, what if the gift was not anonymous? What if the victim of the premeditated murder was a cruel and ruthless tyrant? If they can agree on the moral status of these new cases, then these new cases can serve as paradigms for future cases.

The basis of casuistry is a focus on ethical cases. Case-based ethics is how many hospitals and medical schools run their ethics departments. They focus their attention on particular cases as they arise. For instance, a hypothetical hospital ethics committee may have a case of a 15 year-old male Jehovah's witness who refuses blood transfusions for a life-saving operation. When the committee notices that this case is similar to a one they had two years ago, but slightly different (the case two years ago maybe involved a girl, while this one involves a boy), and then decides to handle this case the same way it handled the last one (since they feel that the gender of the patient makes no ethical difference), they are practicing casuistry.

Covenantal Ethics agrees that we can learn from past experiences. We can, and should, compare how things are similar and different in one case to the next. These differences may even tip the scale one way or the other in our decision-making process. These are the strengths of casuistry that Covenantal Ethics seeks to save. However, Covenantal Ethics is more than moral taxonomy (comparing each case to an existing spectrum of cases). We strive to find a "fitting" answer rather than the right one[17]. Ethics is not "Just about what should or should not be done in a particular instance. It is about how to understand what happens to us and what to do about it (Mohrmann 1995,

---

[17]"Fitting" here refers to the work of Margaret Mohrmann. She was concerned about whether or not a given course of action fit well into a particular patient's life-story. For instance, has the hypothetical Jehovah's Witness child demonstrated a tendency to rebel from the church or an unswerving devotion to it? If the devotion is informed and sincere, it would be more fitting to accept the patient's refusal than to override it.

8)." Mohrmann could have just as easily said that ethics is about understanding and acting upon our covenants.

Is there a difference between a Christian casuistry and Covenantal Ethics? Actually, there are two major differences. First, a major shortcoming of casuistry is its lack of absolutes. Casuistry has only paradigms, not absolutes. Paradigms are only derived from consensus within a group. This group is necessarily only a representative group of only one society. As a society changes, the group changes. As the group changes, the paradigms change. As the paradigms change, so does the casuistry. By the same reasoning, not only do paradigms change, but there is also a change in the way specific cases are related to existing paradigms. A truly Christian casuistry can overcome some of this difficulty by adopting a mixed casuistry that incorporates some form of either divine-command theory ("God said it. I believe it. That settles it.") or deontology (allowing casuistry to be guided by certain principles). This mixture would allow paradigms to be more universally valid and less historically dependent. But then, is this truly casuistry? It becomes much less casuistic and much more covenantal, at least in so far as Covenantal Ethics would be practiced by Christians with similar covenants to those experienced by Christian casuists.

Second, at the heart of casuistry is the task of discerning where an actual case best fits in the spectrum of paradigmatic cases. In this sense, it is rather impersonal. This stands in contrast to Covenantal Ethics where the basic premise is discerning how to best honor the covenants into which we have entered with real people. We focus on personal relationships rather than more impersonal relationships of moral taxonomy.

6. Covenantal Ethics Is Distinct From Relativism

While there are at least three separate forms of relativism (Frankena 1973, 109), it is enough for our purposes to know the central idea of relativism. Relativists claim that there can be no moral absolutes; after all, different people at different times claim different things to be good and bad. Nobody can prove for certain that any one system of morality is any better than another. This recognizes pluralism, the view that there are many "right" answers, but no "best" answers[18]. This is the prevalent view in modern America. Everybody has a different viewpoint and we must be careful not to criticize anybody else's views because all viewpoints are thought to be equally acceptable. It is not right for anybody to criticize atheism, Zen Buddhism, lesbianism, pantheism or any other religious or political "ism." After all, what makes the one doing the criticizing any better than the one criticized? The problem with all this is that,

> "Much of the moral destitute into which we believe the professions -- medicine law, even the ministry -- have fallen is the consequence of ethical claims without a moral philosophy on which to ground them. Without a moral philosophy of medicine and an accompanying moral theology, the compass points by which policies, laws, regulations, and contracts are to be judged are lacking. Moral arguments based on utility, cost-benefit analysis, contract law, economic restraints, unbridled individualism, [I would add 'personhood' to the list] or the exaltation of society's needs over those of the individual are all symptoms of 'moral malaise.' One obvious result is the increasing willingness of some societies to depreciate the value of the most vulnerable among us: the aged, the very young, the poor, and the disenfranchised. Without the constraints of a moral philosophy that goes beyond quandary solving, claims and counterclaims compete with one another and conflict is resolved by yielding to the most energetic and strident voice (Pellegrino and Thomasma 1997, 6)."

---

[18]Consequences of moral pluralism include: (1) Legal decisions guide morality, (2) Autonomy is crowding beneficence, (3) Ethics is less normative and more conceptual (Pellegrino and Thomasma 1997, 89).

Fortunately, the author goes on to show that religion is still the ultimate source of reality for many people (Pellegrino and Thomasma 1997, 6). I take this to mean that people in general, and Americans in particular, still have a need for covenant fidelity that is not satiated by relativism or pluralism.

How could Covenantal Ethics be mistaken for relativism? As Pellegrino points out, the virtue of charity does not give us a formula or set of rules that dictate how much we should sacrifice ourselves in any given situation. It simply calls us to give ourselves for others including our family, friends and self (Pellegrino and Thomasma 1996, 77). Covenantal Ethics could be misinterpreted to say that there is no right answer and that every ethical decision is made arbitrarily. If this were the case, then Covenantal Ethics would be another form of relativism. Fortunately, it is not. While each ethical decision is unique in that it affects our covenants in different ways, we still use the same tools of ethical decision-making and work within the same framework (epistemology) every time. For a Christian, the difference is even more distinct since a Christian has an absolute covenant with God. Thus, there is an absolute upon which everything else depends.

7. Covenantal Ethics Is Not Contract Theory

Perhaps one of the most important distinctions to make is the one between Covenantal Ethics and contractual ethics. It is not a difficult distinction. There is a fairly straight-forward distinction between contracts and covenants in general.

> "Contract and covenant, materially considered, seem like first cousins; they both include an exchange and an agreement between parties. But, in spirit, contact and covenant are quite different. Contracts are external; covenants are internal to the parties involved. Contracts are signed to be expediently discharge. Covenants have a gratuitous, growing edge to them that nourishes rather than limits the relationship (May 1975, 34)."

This distinction carries directly over to distinguish between Covenantal Ethics and contract theory. Nevertheless, the contract model of ethics is so prevalent that it behooves us to spend some time being clear on this point. This section is longer than the others, not because Covenantal Ethics is truly difficult to distinguish from contract ethics, but because I anticipate many objections from people whose lives are permeated with contracts. Contracts are so prevalent that everything looks like a contract whether it is or is not. Covenantal Ethics is not contract ethics.

The predominant model for relationships in the early twenty-first century American medicine is definitely not covenantal in nature. The popular trend right now is to hire out medical services by means of a complex set of contracts drawn up between patients and HMOs, HMOs and physicians, patients and physicians, physicians and insurance companies, insurance companies and patients, patients and specialists, not to mention the government or hundreds of ancillary medical service providers[19]. Bouma et al realize that the model of covenant must not be confused with the popular contractual model. They do a good job distinguishing between commercial contracts and covenants (Bouma 1989, 85, 86), but may fail to adequately distinguish covenants from contracts of a moral nature (Hare 1991, 20-22)[20].

The previously mentioned characteristics of covenants should be sufficient to distinguish covenant from commercial contract. If the reader is still unclear, I'll cite Bouma et al again. "Contracts usually state explicitly the relevant rights and obligations

---

[19]"The kind of minimalism that a purely contractualist understanding of the professional relationship encourages produces a professional too grudging, too calculating, too lacking in spontaneity, too quickly exhausted to go the second mile with patients along their road of distress (May 1989, 122)."

[20]In other words, it is not enough to differentiate between covenants and commercial contracts (e.g. a contract signed by an employer and employee). There are other types of contracts, specifically moral contracts, that are different from commercial ones. Hare criticizes Bouma et al for not making this distinction. We'll come back to this point shortly. For now, I shall say that Hare was not fully convincing that moral contracts are truly distinct from commercial ones or, if they are, that they would not be better termed "covenants."

of all parties involved, but...[there is an obvious difficulty of] explicitly stating in contractual language what are really covenantal responsibilities (Bouma 1989, 85)" A patient may have more needs than could be identified or expected when the contract between patient and physician was initially formed. In a contractual model of medical ethics, the physician would not be obliged to assist the patient with these unspecified needs unless another, more specific contract was created. A covenantal model of medical ethics, on the other hand, would oblige the physician to meet these needs, even though there was no way of knowing this responsibility at the initiation of the relationship[21].

Since covenants usually involve a sense of gift and indebtedness, it often remains impossible to completely pay off the debt. May likes the characters of William Fualkner. He examines the characters of a young white boy and a neighborly Black man in the Old South. The man saves the boy from drowning. There is a relationship established at this moment. The boy wishes to, in some sense, write a contract defining their relationship. He attempts to pay the man all his money -- a few cents. The man refuses this gesture, content to have given the boy a gift. He further refuses a larger monetary payment later when the boy (now a young man) leaves one at his doorstep. The debt is paid back only later. Racists in the young man's town threaten the life of the man who saved him from drowning when he was only a boy. Now the young man feels obligated to save the life of the Black man. It cost him his reputation, career and family. How could the boy or man have known what their covenantal relationship would entail at the moment of the promissory event of saving the boy's life? How could the man at that time possibly have dictated such a duty in any contract? Even when the debt is "paid off" the feeling is not

---

[21] "It is precisely those features of the relationship that a contract cannot cover -- the uncertainties inherent in the clinical situation and reliance on the fidelity and goodwill of the physician and patient -- that charity most closely regulates (Pellegrino and Thomasma 1997, 152). In other words we need loving covenants, not contracts.

one of obligation, but rather a sense that the man's gift established a relationship of mutual helping between the two individuals -- a covenant (May 1983, 120)[22]. This makes it clear that a covenant is distinct from a commercial contract (and from a moral contract if there truly be such an entity). The Christian community, in particular should find this distinction helpful (Minnema 1991, 196-199).

A pause is now appropriate to consider in more detail the claim made by Hare. John Hare suggests that, while "covenant" has been distinguished from "commercial contract," it has not been sufficiently distinguished from a "moral contract." Bouma et al try and separate themselves from a purely Kantian perspective. They say that they are contrasting "covenant" with what John Rawls (a Kantian) presents as "contract[23]." Unfortunately, Bouma et al have interpreted Rawls to say that explicitness of contract, immutability of relationships, and mutual equality are all necessary for a contract (Bouma 1989, 83). Hare argues that Rawls never put such qualifications on a moral contract; these are the current prerequisites of commercial contracts (Hare 1991, 20-22). Hare is correct, but if these conditions are not associated with a contract then "contract" means something completely different than what most people think of when they speak of "contracts." If Hare is merely trying to say that moral relationships are different than commercial ones, he may be able to communicate more effectively if he spoke of covenants rather than using a meaning of "contract," that may be historically accurate, but fails to capture the current understanding of the term. Covenantal Ethics encompasses all that a moral contract would and then goes beyond it.

---

[22]Please permit one further example. In the movie "Robin Hood, Prince of Thieves" Robin rescues a Moor from death in a Turkish prison and this Moor draws up a moral contract to never leave Robin until he has spared Robin's life. The irony is that the two of them become so close that their relationship does not allow the Moor to leave even after his moral contract is fulfilled. There is still a bond (covenant?) between them that superseded the moral contract.

[23]The authors may actually be contrasting their opinion with the contract model presented by Veatch.

"At the base of all contracts and covenants between persons is a duty to right any imbalance within those contracts (Pellegrino and Thomasma 1997, 57)." I disagree. At the base of covenants is not a duty to right imbalances, but rather a respect for the other party and a desire to honor and serve them. Otherwise we have only the impotent actions of the little White boy in Faulkner's tale trying to pay for his life with a few pennies.

Please allow me to ask and answer one last question in this chapter, "Would contractual ethicists see Covenantal Ethics as distinct from contractualism?" At first glance, I'd say, "No." Ethicists like Veatch, building on Rawls, who built on Kant, have spent immeasurable time developing a contractual model of ethics. Yet even if I fail to convince, perhaps I may at least generate some worthwhile dialogue by asking the right questions.

The deeper, hidden, question is, "Can or should they be satisfied?"

Contract theorists share quite a bit in common with Engelhardt's notion of the differences between moral strangers and moral friends (Engelhardt 2000, xxi). It is difficult to come to much of an ethical agreement, Engelhardt would claim, if two people share no more in common than the rules of engagement for ethical debate. However, between ethical friends, those with a shared belief system, ethics becomes more productive. I think Engelhardt might even agree with the sentiment behind the following notion. As we move from moral strangers to moral friends we move from having a relationship characterized by a set of rules of engagement (like civilized countries at war), through a stage where we can agree to a limited number of concepts (like competitors in the same market), through a stage where we can agree to even more similarities (like partners in a corporation), until we arrive at stages where we share much in common (like friends or family), perhaps ultimately arriving at the relationship between a transcendent God and His immanent people (the deepest of all conceivable covenants). If this is the case then it seems that our relationship moves from a stage where not even a contract is possible, through a contract stage and into a stage where a

contract is simply too shallow a term to describe the relationship. This concept of a spectrum of moral relationships is an original idea, as far as I know. I am not aware of anyone else presenting it. It helps us to see how Covenantal Ethics includes, but is not limited to contracts.

Perhaps ethics is all about describing with different terms the different relationships in which people find themselves. But I think we can use "covenant" loosely to describe any ethical relationship in which we find ourselves[24]. Covenants grow deeper as the moral friendship develops. There is definitely a point where covenantal ethics is limited to contractual ethics, but there are also times when covenants will not even permit contracts and others where even contracts could not possibly describe our ethical responsibilities. Consider a hypothetical physician who has a contractual relation to an HMO. Assuming that he has no personal relationship with the administrators of the HMO then his relationship is predominately contractual. It is, from a higher perspective, also covenantal, but the covenant is best honored by honoring the contract. If the physician is also Christian then his relationship becomes less purely contractual. He is obligated by his covenant with God to pray for his employer, to go beyond what is contractually required of him, to forgive grievances, etc. He still is in a contractual relationship, but the contract is subsumed under the covenant. Covenantal Ethics includes, but is not limited to, contract ethics.

Covenantal ethics is different from all other ethical theories.

---

[24]It is definitely a more all-encompassing term than "contract" which, I have shown, has only limited applications for bioethics.

III. CHAPTER THREE

A. IN GENERAL, HOW CAN WE USE COVENANTAL ETHICS?

Much of the work is now complete. We have seen that a problem exists in the dialogue of bioethics and have proposed Covenantal Ethics as the best possible solution. We have shown from where Covenantal Ethics originates, what it is, and what it is not. The one remaining task is to explain how Covenantal Ethics may actually be used in the field of bioethics. Before I begin, I shall address one anticipated objection. I will then note two or three characteristics of any model, or "methodology," of Covenantal Ethics. Second, I will suggest one possible, general methodology. Finally, I shall use this methodology to apply Covenantal Ethics to areas of current, vigorous, bioethical debate.

As a preliminary, some could wonder, "Why worry about methodology if the outcomes are the same?" "Who cares if somebody uses Covenantal Ethics or deontology as long as they end up doing the same thing?"

This is a true story. I was riding an elevator in a Las Vegas casino, on my way out. A woman had been riding with me for several floors. A new man got on, obviously excited to get back to the casino. The woman picked up on his exuberance and asked, "How did you do last night?"

"I won five thousand dollars!" he exclaimed.

"That's great!"

"I know. I got a royal flush!"

I was impressed. I wondered which style of poker he had been playing. There were several different varieties of video poker in that particular casino and a few

different live tables as well. I was thinking of asking him what style he had been playing, but the woman beat me to it.

"What were you playing?" she asked

"I don't know," he answered, "I think it was blackjack."

Why does it matter what methodology you use if you get the same result? It matters because I would prefer it if people involved in making ethical decisions used a methodology that was better than the one employed by this novice gambler. Since we can agree that some methodologies are better than others, it apparently does matter which one we use. There are several things about the methodology of Covenantal Ethics that make it appealing.

First, Covenantal Ethics would encourage us to view biomedical ethics as a communal responsibility in which Christians speak candidly as Christians in an ethical dialogue in which they construct arguments "...Based on universal and rational principles of morality, on legal precedents, and on an impartial point of view (Bouma 1989, 2)."

One characteristic of any methodology for Covenantal Ethics is that it is communal. The dialogue on medical ethics should be seen as a communal responsibility. In other words, conversing about medical ethics is the responsibility of more than one person. It also takes into account the fact that we are all part of larger communities. There are actually two ways to view communal responsibilities. We can view them as collective responsibilities or corporate responsibilities. Should we view our responsibility toward the bioethical dialogue collectively or corporately? If the former, then most of us can quietly excuse ourselves from the conversation; actions that are collective responsibilities allow for some members of the collective to be responsible while others are not (e.g. NBA games are collective responsibility; only the paid professionals in our society necessarily must participate). If the later, then all of us must live up to our responsibilities (e.g. elections in this country are corporate; the result depends necessarily on the way each citizen discharged his / her voting responsibility).

If this dialogue is seen as a collective responsibility then we should determine what sort of collective responsibility it is. Michael J. Zimmerman offers a taxonomy of collective responsibility (Zimmerman 1991, 269-286)[25]. While other classifications are possible (and may prove to be beneficial), it seems that the category of, "oversupplied, simultaneous action," is a plausible taxon for the dialogue in bioethics. "Oversupplied" is defined as the case where "there is a greater supply of agents involved in the action than is in fact necessary for the outcome at issue (Zimmerman 1991, 277)." There are indeed more agents (people) involved in the dialogue than are necessary for the dialogue to occur[26]. Zimmerman argues that each agent is equally responsible for the action. The dialogue is itself an action, but when some people refuse to participate, they then commit an omission for which they are responsible. Even though it is an on-going process the dialogue seems to be a simultaneous action. It is not a series of dialogues that produces a state of affairs, but rather the continuous, unbroken dialogue. Therefore it could be argued that it is the moral obligation of each of us to ensure an appropriate, continuous, useful dialogue.

If this dialogue is conceived of in corporate terms (and this seems especially appropriate for the Christian community who view themselves as a single "Body of Christ") then we need not concern ourselves with proper classification. It has been argued that entire corporations can be responsible for omissions (May 1991, 313-324) as well as actions (Viel 1996[27]) that are committed by individuals within the corporation.

---

[25]His taxonomy is based on the distinctions of 1) standard vs. oversupplied [Are there just enough or too many people performing the act compared to how many are actually needed to perform the act?], 2) action vs. omission and 3) simultaneous vs. sequential [do people act at the same time or one after the other?] (Zimmerman 1991, 277).

[26]It could be argued that this particular dialogue (i.e. the one that actually exists, not simply any old random hypothetical dialogue) could not occur without the participation of everyone who has contributed; this would make it seem that the dialogue is a standard-type action. In either case, every participant shares in the responsibility.

[27]Viel, Matthew D. "*Mens Rea* and Vicarious Corporate Responsibility," unpublished paper submitted on March 13, 1996 to the Philosophy 365W "Ethical Theory" course at Calvin College.

This being the case, all Christians share equally, as a corporate body, the responsibility for proper dialogue in bioethics whether or not any particular individual contributes (or neglects to contribute). This is important since it leaves no room for sitting on the fence or for moral apathy. Any person who confesses to be a Christian shares in the corporate responsibility to advance the dialogue of bioethics. While it may be impossible and undesirable, in practical terms, for every individual to become a bioethicist, still each individual is responsible to advance the dialogue. An analogy may be seen in the fact that not every citizen is a politician, yet every citizen shares responsibility for elections. If we become apathetic, and dismiss our corporate responsibility to vote then our politicians may fail to act responsibly. In the same way, if we become apathetic and dismiss our corporate responsibility to bioethics then our physicians, health maintenance organizations and others will fail to act responsibly.

The second and third characteristics of any methodology are flexibility and honesty. Covenantal Ethics is a living system. The dialogue is, in one sense, a simultaneous action, but it is constantly changing, growing and developing, just like we are. After all, we, ourselves, are living systems. As such, even if we are convinced that something is true today, we must listen to the thoughts of people who say otherwise. It might turn out that they are completely wrong, but it may turn out that we are the ones who are in error. We must be honest about what is certain and what is only reasonable opinion.

While the notion of Covenantal Ethics is probably flexible enough to allow for several different and equally useful methodologies, I will venture to set forth one that appears to be simultaneously thorough, flexible, complete, and simple. Various methodologies could result from the different circumstances in which we find ourselves[28]. The methodology I present here is the best one I could construct, but I

---

[28]Both the classical Aristotelian circumstances (e.g. agent, place, object) and other recognized

recognize that there may be better methodologies constructed by others in different circumstances. Whenever we face an ethical decision, we could utilize Covenantal Ethics by observing this methodology--

- (1) Recognize which of our covenants will be affected by this particular decision.
- (2) Recognize the different priority each covenant holds for us.
- (3) Eliminate any choices that violate the most important of our covenants.
- (4) Seek out options that show respect for all of our covenants.
- (5) Recognize that there may be no "best" choice.
- (6) Choose the option that best strengthens our most important covenant(s).
- (7) Act on that decision.
- (8) Assess the impact the decision made on all of our covenants.
- (9) Communicate honestly with those affected by this decision.
- (10) Recognize that each ethical decision may require different degrees of analysis.

The reader may well ask on what basis I claim this methodology to be superior to any other. I answer that I make no such claim. Covenantal Ethics likely has room for several methodologies. But all of them would share the same framework and tools. Any methodology employing Covenantal Ethics would differ from the methodology of deontology (one that relies on assessing rational principles -- e.g., "Can I will that the maxim on which I base this decision be a universal maxim?") or teleology ("Which calculation should I use to determine net happiness in one decision versus another?"). I only mention this particular methodology as a foundation on which to build. Since Covenantal Ethics is flexible, I realize that it may well need to be adapted.

As a hypothetical example, let us consider a gentleman physician who leads a healthcare team caring for an aged male veteran with terminal cancer who has recently

---

circumstances (e.g. culture).

developed a likely irreversible coma. The man has no family and no advance directives. The physician has cared for him for many years. The ethical questions facing the physician are, "Shall I intubate this patient? Shall I feed him through a tube? Shall I initiate palliative care procedures[29]? Shall I give the patient a lethal dose of pain medication?"

(1) This hypothetical physician identifies that his covenants with God, the patient, the rest of the healthcare team, and society will be affected by the decision he makes. (2) He recognizes that these covenants are listed in decreasing order of importance. (i.e.. He listed the strongest first). (3) He eliminates the last option because it would violate the covenant he has with God[30,31]. (4,5 and 6) In an effort to respect all his covenants the doctor considers the first two options. He recalls conversations he had with the patient after a fellow veteran committed suicide when diagnosed with cancer. The patient then expressed a desire to live as long as he could, "on my own two feet" and stated he never "wanted to be dependent on any machine." He concludes that, even if both of the remaining options respect the covenants he has with God, his coworkers and himself, the second option is more respectful to the covenant he has with the patient[32]. He chooses

---

[29]Palliative care is similar to the more widely discussed "hospice" care. The focus shifts from prolonging the patient's life while an attempt is made to cure the disease or halt its progression to a focus on improving the patient's life with the terminal illness.

[30]The correctness of our hypothetical doctor's understanding of his covenant with God is secondary. The main point is that the methodology of Covenantal Ethics can play out in real-life examples.

[31]A fellow medical student, Mark Hoover, asked, "Was Jesus free to choose the lesser of two evils without sinning?" I think my colleague wanted to make at least two points. First, that it is conceivable that all possible decisions seem to violate the most important of our covenants. Second, that even when we seem to be in an ethical dilemma, we Christians should have the faith that God will provide a way out, as He did for Jesus when he was tempted. He will always give us an opportunity to honor the covenant we have with Him. So I answer, "Jesus was not free to choose the lesser of two evils without sinning because Jesus had a clear, strong recognition of the covenant he had with the Father and always found a way to honor that covenant. His choice was between two or more evils and the covenant with God. He chose the latter and, therefore, from a theological perspective, was without sin."

[32]Since the second option shows more respect for the covenant with patient and since the patient is also in covenant with God and the healthcare team, it follows that the second option actually shows more respect for all the other covenants the physician has identified as well, even though, considered independently of

this option. (7) The doctor discontinues repeated needle sticks for lab tests. He discontinues jostling the patient for daily chest x-rays following the developing pneumonia. He begins more aggressive pain management and orders increasing nursing attention to matters of cleanliness, oral care, position and skin care. The patient, apparently pain free, dies a week later. (8) The physician recognizes that this decision and course of action has not only affected the patient, but also has affected himself and the nursing staff. (9) He makes sure that the nurses know that their service was appreciated and listens to any feedback they give him. He also takes a moment for self-reflection rather than just pushing the matter aside. (10) He is thankful that this particular decision, while it required some reflection on his part, did not require the level of analysis that it may have if the patient were a stranger to him.

This was only a hypothetical case and a relatively easy one at that. Covenantal Ethics may be more difficult for the nonChristian in the same hypothetical situation. The nonChrstian physician would not have identified a covenant with God in (1) or ranked it in (2). The last option, administering a lethal dose of pain medication, cannot be so quickly eliminated in (3). The physician must carefully weigh his other covenants. What does his society dictate as an acceptable course of action? How does that compare to what the patient would have wanted? How do both of these jibe with the perspectives of the rest of the healthcare team. Without the order provided by an overriding covenant with God, the decision-making process becomes more difficult. In order to do his job completely effectively, the physician probably should seek out legal counsel (or have done so in the recent past) to understand his societal covenants, look back through his progress notes (or his memory) for any discussions with the patient on this topic, identify any institutional policies and the preferences of his healthcare team. Once all of these are accomplished, then and only then will he be able to determine whether a lethal dose

---

each other, these other covenants would be respected with the first option as well.

of pain medication should be rejected. The following steps of the methodology would proceed in a fashion similar to that presented in the previous hypothetical example. All this goes to show that Covenantal Ethics works in hypothetical examples for Christians and nonChristians, albeit more ordered and simple for the Christian. However, this methodology does not hold much meaning if it only works on hypotheticals; we need to test in on real and important matters.

No matter how it is construed, all of us as citizens on Earth, and especially those of us here in the United States (the focal point of much of the bioethical debate), share corporate responsibility for the dialogue in bioethics to which we may or may not be paying much attention. With this in mind, let us test the theory of covenantal ethics in some of our current medical dilemmas, always realizing the necessity to be flexible and to both avoid overconfidence and promote honesty over certainty. We will begin with a discussion of abortion. We could also discuss euthanasia or physician-assisted suicide since Covenantal Ethics impacts the way we view the termination of life in general. Or we could discuss reproductive technology, allocation of resources, or genetic research since Covenantal Ethics shapes the way we view life in general. But let us begin at the very beginning of human life and discuss our covenants with the not-yet born.

B. COVENANTAL ETHICS INFORMS OUR VIEWS ON TERMINATING LIFE

1. The Intersection of Covenantal Ethics and Current Themes in Bioethics

a. A Call For All Of Us to Step Down Off Of Our Soapboxes

Our court systems have been filled with cases about the legality of ending lives. Buzz-words like "Abortion," "Euthanasia," "Physician-Assisted Suicide," "The Right To Choose," or "The Sanctity of Life" immediately force many of us to take a hard and fast stance to defend our individual opinions. Whether we are "for" an issue, "against" it, or stubbornly agnostic, we all have prefabricated defense positions to which we retreat whenever the words are spoken. This is unavoidable for now. As we proceed into the practical application of Covenantal Ethics in the field of bioethics, let us be honest about any preconceived notions. Since we do not all agree about our basic starting points, we will likely arrive at different conclusions and ending points. This is healthy and helpful for the dialogue of bioethics. Keep in mind that no matter where we stand, each of us can still look at this new system of covenantal ethics and critique its applications in this area. Whether or not we agree on starting or ending points, if we can agree to a common thought-process then we will, at the very least, be able to understand how we all can communicate more effectively in the dialogue of bioethics.

Covenantal Ethics suggests that we have a respect for life. It also suggests that we have a responsibility to life, a concept we will explore more fully in this section. We then will look at the basic questions that Covenantal Ethics challenges us to answer, including ideas of personhood, *imago dei*, motive, method and ethical dilution. Then, finally, I can suggest a covenantal response to this issue.

b. Covenantal Ethics Suggests Both A Respect For Life And A Responsibility To Life

One thing that is clearly seen in a covenantal theory of ethics is a certain respect for other human beings. If someone were to claim that a covenant exists between this individual and another, then it is apparent that the first individual holds some respect for the second. Those individuals from a Judeo-Christian heritage explain this respect by a belief that all humans are created "in the image of God[33]." Of those outside this heritage, many spiritually-minded people acknowledge a respect for other people as spiritual beings. Respect need not be directed only toward someone who can reciprocate that respect (in other words, we are not limited to a deontological respect for persons). From the environmentalist movement and from Native American thought, it is obvious that people can develop respect for life itself not limited to human life. These groups claim that we have moral (covenantal?) obligations toward nonhuman life as well as human life. Many people for whom spirituality is not an important factor still share a respect for other people even if it is no more than respect for other members of the same species. No matter what the reason, respect is necessary for the formation of a covenant.

This respect entails a sense of responsibility to uphold the covenant. Because we respect an individual we respect the covenant which we have formed with them. As mentioned earlier, May pointed out that these covenants enjoy a "comprehensive fidelity (May 1983, 120)." The word, "responsibility" has many different historical meanings. It will be worthwhile to examine what "responsibility" means in current, common usage as well as what it originally meant, what it means in current philosophy and how a covenantal meaning can include all of these meanings and more. If we are to honor our covenants, we must first be certain we understand what responsibilities we have because

---

[33]I find this idea often misunderstood, yet full of potential contributions to the dialogue of bioethics. Consequently, this issue will be addressed in depth later in this chapter.

of them. In order to understand these specific, covenantal responsibilities, we need to know what responsibility is, in general.

1) Common meaning of "responsibility"

When looking for a definition, the best place to start the search is usually a current dictionary. The dictionary nearest to my desk defines responsibility as, "moral, legal or mental accountability (Webster 1989, 848)." Without wanting to get caught in an infinite ring of definitions, it is important to note the connection between responsibility and accountability. "Accountability" is defined as, "the state of being answerable[34]." We use the word, "responsible," in contexts where somebody is answerable to somebody else. If we have a responsibility to someone, we acknowledge that person has the right to ask us why we did something we were not expected to do or why we failed to do something we were supposed to do. We further understand that we better either do what is expected or have a reason for our action that shows respect for the other person and the covenantal responsibility we have to him.

It is also important to note that Webster puts no prerequisites on responsibility. We often err and assume that we can have responsibility only if we agree to have it. This is not the case. A developing child is given increasing responsibility whether or not he agrees. It is first his job to put away his toys. Then he is responsible to clean his room. Then perhaps he is also responsible to help take out the garbage or other household chores. Likewise, adults have responsibilities that we did not necessarily agree to. For those who are United States citizens by birth, there are responsibilities to pay taxes, register for the draft and participate in the electoral process. Surely we can try to "get out" of these responsibilities by dodging the draft, by refusing to pay taxes, or by refusing

---

[34]Webster says that "accountability" is "the state of being accountable." The first definition for "accountable" is "answerable."

to vote. It is noteworthy that, when we try to get out of a responsibility, we admit that there is a responsibility to "get out" of, even if we did not agree to have it. Perhaps most of our responsibilities are voluntary, but "voluntariness" is not a prerequisite for responsibility as we commonly use the word.

2) Original meaning of "responsibility"

A knowledge of the original meaning of a word is also important to properly understand why the word is used the way it is. Probably the best early definition of responsibility was given by Aristotle in his *Nicomachean Ethics*. Aristotle claims that an agent is responsible for all and only those acts that are not involuntary. Involuntary acts are those performed under compulsion or out of ignorance. Two qualifications are made. First, the ignorance itself must be involuntary. This is opposed to an ignorance of our actions that we perform while drunk. Second, the ignorance must be of one or more particulars of the circumstance and not ignorance of universal principles. For example, if we did not know it was offensive in some parts of the world to use our left hand and we did so, we could claim ignorance of that particular circumstance; if we killed somebody in a foreign country we could not claim ignorance of the moral prohibition against killing (Mellema January 30, 1996).

3) Current philosophical meaning of "responsibility[35]"

Aristotle's definition of responsibility is still being used today, even if it now has different names or different twists. In 1977 J. L. Mackie presented what he termed the "'straight rule of responsibility," "An agent is responsible for all and only his intentional actions (Mackie 1991, 123-128)." Our word, "intentional" conveys the same meaning as

---

[35]The reader is encouraged to read H. R. Neighbor's *Responsible Self* for a better look at current ethics of responsibility, I would like to someday and other strong works on the subject.

Aristotle's "voluntary." Even more recent was the 1982 article by J. M. Fischer in which he related responsibility and control. He claimed that if moral responsibility is present then some type of control is also present (Fischer 1991, 170-188)[36]. One other example from the field of specifically bioethics is Kass's discussion of the legal case of Chakraboty. Kass feels that responsibility entails a sense that we are answerable for our actions[37]. All of these concepts are in line with Aristotle's idea of voluntary actions and our current use of the word.

4) Covenantal meaning of "responsibility"

Covenantal Ethics thinks that all of these meanings of responsibility are good, but asserts something beyond them. Bouma et al undeniably draw heavily upon their Judeo-Christian heritage. Their religious tradition has much to add to the notion of covenantal responsibility. The idea of "covenant," however, is not necessarily exclusive to this one specific religious heritage (as was demonstrated by May's analysis of Faulkner). Since Campbell correctly points out, "[The] translation from a religious context to a philosophical one is not free from difficulties (Campbell 1990, 90)," we should not be surprised if the interpretation of "responsibility" that is used by Bouma et al is not entirely satisfactory to everyone outside of their tradition. Their theology uses concepts of stewardship and dominion as part of responsibility. Nevertheless, the twist the authors give "responsibility" helps capture something about a covenantal system of ethical theory.

Bouma et al never provide a formal definition of "responsibility." But, from the way they use the word, their definition is probably something like "those actions,

---

[36]That control could be either "actual causal control" over all events and circumstances leading up to and including a certain state of affairs, or it could be simply "regulative control" whereby an individual had the capacity to ensure (and the capacity to prevent) a given state of affairs from occurring.

[37]This case involves the patent of a bacteria species. Kass sees this case as evidence that our society might not always remember what "responsibility" entails. Kass claims that human responsibility to nature mandates respect, not ownership. If we can own one species, then why not another? Who "owns" *Homo sapiens sapien* (i.e. human life) (Kass 1985, 155)?

attitudes and intended states of affairs that are entailed by faithfulness to God (Bouma 1989, 2)." It also seems apparent that, in the field of medicine, a commitment to caring is not only a necessary attitude, but also a necessary action and the desired state of affairs for anyone who is covenanted with God. The authors present the principle of informed consent as a necessary sequelae to this commitment to caring. They become almost deontological in their commitment to this principle. I would agree with them, but not because "informed consent" is a universal principle or on any other deontological grounds, but because of this. The phrase "informed consent" was originally intended not as a legal principle but as a descriptive phrase for the process of communication that takes place in an on-going physician-patient relationship. Any physician who truly has a commitment to care for a patient (i.e. has covenanted with them), wants the patient to understand as much as the patient wishes to understand, and to give the patient ample opportunity for getting questions answered.

The commitments held by Bouma et al are shared by others who are not necessarily from the same religious heritage. Donna Dickenson argues that the concept of informed consent is useful, but only because it prevents blame being placed on physicians for bad outcomes associated with moral luck (Dickenson 1991, 97-116). Nevertheless, she believes that informed consent is necessary. Leon Kass, in his discussions on the Hippocratic Oath, focuses on the vertical component of responsibility. Physicians have a responsibility toward their profession that is best thought of as something transcendent, above that which is spelled out in any particular oath or contract (Kass 1985, 224-248). Even Dr. Kervorkian, a Michigan physician tried several times in courts of law and finally convicted to prison for "mercy killing," emphasizes his commitment to caring for his patients. He always went through a process he called "informed consent."

From all of this, it may be possible to restate the definition of "responsibility" in this way, "those actions, attitudes and desired states of affairs that are entailed by the

covenants into which an individual has entered." All ethicists can see themselves as responsible to the covenants they have made with others and the actions, attitudes and states of affairs that are necessary to maintain these covenants, but Christians also recognize the implications of a covenant made with their God.

2. How May Covenantal Ethics Impact Our Views on Abortion?

a. Covenantal Ethics Forces Us to Answer A Basic Question

Now let us proceed more specifically into the current ethical hot seat surrounding the abortion controversy. Covenantal Ethics shapes our views on a variety of subjects touching on all phases of life. Since this thesis only begins the discussion of Covenantal Ethics, it is fitting to start at the beginning of a human life: conception. I would hope that someday papers could be written examining how Covenantal Ethics impacts our views on many other matters (e.g. assisted suicide, genetic research, reproductive technology, allocation of resources). For now, we will have to content ourselves with only one topic, that of abortion. For the purposes of this discussion, "abortion" refers to the artificially induced termination of pregnancy. To be sure, spontaneous abortions do occur at surprising rates[38] but these do not constitute moral actions or the results thereof.

There are many questions elucidated by considering how our covenants with others impact our views on abortion. There is one question that is logically prior to all others, however. By "logically prior" I do not mean that this is always the first question

---

[38]According to a lecture given by Bouma to the Biology 396 class at Calvin College on February 27, 1996, only 1/2 of all fertilized human eggs implant and only 1/4 of all fertilized human eggs survive the natural hazards of gestation.

we must ask or that other questions should not be answered first in some situations. I simply mean that, without an answer to this question, no other questions or answers will make sense. This question can be stated, somewhat technically, "When does our covenant with new human life begin?" In more common language, we could ask, "When does a person become a person?" Other related questions include, "When does a human life enter into the community of citizens?" or, "When is one part of the community?[39]" Christians can modify the same question somewhat, "How fancy does a glob of human DNA have to get (single sperm - implantation - embryo - birth - adulthood) before it can be considered to be 'in the image of God?'" Another closely related question follows, "When does our covenant with new human life have enough weight that it would preclude an abortion?"

Bouma et al help sort through several main themes in the current ethical dialogue concerning abortion. There are two extreme positions, called "conceptionalism" and "actualism" by the authors; there are at least three distinct positions that attempt to compromise somewhere in between these two extreme views. The conceptionalist view is that our covenant with new human life as soon as a human egg is fertilized by a human sperm (i.e. a human life is just as valuable at conception as it is after birth and into adulthood). The other extreme position is the actualist position. This position holds that until birth, the human fetus deserves no more respect or responsibility than a fetus of any other mammal.

The stage view, one of the middle positions, would assert that at some point during gestation (no consensus has been reached as to precisely which point) personhood begins in full and that no responsibility is felt toward the fetus/embryo/zygote before that point. The gradualist position, a second middle position, answers the question by setting

---

[39]Gerald Winslow helped elucidate this question more completely through his personal correspondence.

up several (still disputed) key points during gestation and demands increasing responsibility toward the fetus/embryo/zygote as it develops past each point. The stage view can be thought of as a stairway with the developing organism attaining more moral worth as each step is reached. The gradualist view is the corresponding handicap access ramp where there are no clear, definable boundaries (steps) that mark the attainment of more moral worth; rather, moral worth is something that is accrued over time in a gradual way. The potentialist view, a third middle view, does not attempt to specify at which point more responsibility is needed when dealing with the developing organism. Rather, it realizes that as development progresses, the potential this organism has for imaging God (or developing into a person or becoming a being with moral value) increases. Consequently, the responsibility we have in our covenants with the developing organism increases proportionally to development. Our legal system has spelled out a compromise approach toward responsibility to the human fetus in the Roe Vs. Wade decision. From this decision, however, it is difficult to know whether the spirit behind the law recognizes only two points of development whereby more respect is incurred (stage view) or if the law recognizes that the fetus comes closer and closer to personhood as development continues (gradualist view).

Bouma et al advocate the potentialist viewpoint and suggest that it comes closer than the other views to the responsibilities entailed by our covenants. Even in adult life, as people mature it is common that they deserve more respect and more responsibility. Granted there is a basal level of responsibility toward all people, but our covenants with people develop as the people themselves develop. To illustrate: when I was in high-school I helped lead a junior-high boys' cadre. In the course of those four years I saw the eight boys in my cadre come closer and closer to becoming adult persons with whom I would eventually make mature covenants. At the end of four years their potential for personhood increased (and they began to image God more clearly). That was

unmistakable for all of us leaders (as well as the boys). The potentialist view captures the spirit of covenantal relationships.

If the potentialist view captures the essence of respect and responsibility that our covenants have with developing human life this would lead us to be able to make some statements on policy and action. For Bouma et al, the potentialist model is satisfactory. Therefore, they are able to make an argument that we have covenantal responsibilities to the mother considering abortion and to the developing life that will be ended by this decision. All other things being equal, we would have to argue much more vehemently against abortion the farther into pregnancy it is contemplated.

The potentialist model is useful, but it may not truly encapsulate the essence of covenantal ethics. One difficulty is the ambiguity of some words like "personhood," "moral value," "image of God," and, "imaging God." All of these phrases seem to be used interchangeably at some points and distinctly in other points. I have found it quite helpful to be clear on the relationships these terms have to each other and their important differences. "Moral value" is the generic term used to describe using ethical arguments, why we should place value on a life or action. "Personhood" is a favorite term among secular (and many Christian) ethicists that describes why we should assign moral value -- because a being is not just a being, it is a person like you and I. "Image of God" is an old phrase that we will look at in a moment that describes one interpretation of the biblical account of human value. "Imaging God" is a human spin-off of "image of God." This phrase assumes that we can see certain traits in humans that allow them to function as, "imagers of God (Bouma 1989, 27)." It goes beyond saying that we share a common characteristic to say that without the ability to do certain things, we cannot image God. The following section may be especially useful for Christian readers curious about what gives human life its value, but it is written using language of personhood so even nonChristians may benefit from it.

b. Personhood and "*Imago Dei*" (Latin -- image of God)

"When does personhood begin?" is an important question because, no matter how the term is defined, we persons treat other persons differently than we treat living things that are not persons. Naturally, one's definition of "person" will impact the answer one gives to the question. I suggest, however, that before we spend too much more time arguing about the correctness of particular answers we should examine both (1) what type of answers we can generate and (2) why it is that we ask, "When does personhood begin?" in the first place.

First, let us examine what type of answers we can give to the question, "When does personhood begin?" From a strictly logical perspective, answers necessarily fall into one of three categories. First, personhood may never begin. We do not need to spend time on this option since most of us acknowledge that individual persons do exist, but have not always existed and therefore personhood seems to have a beginning. Second, personhood may begin at a specific time. Third, personhood may be acquired over time.

Among those who say that personhood begins at a specific time there is much disagreement as to when that time actually is. Some common suggestions include conception, "viability," birth, or attainment of significant cerebral capacity. Personhood may begin at a certain time, but there is another possibility.

Maybe personhood does not begin at a specific time, but is acquired over time. A common way of expressing this idea is to speak of the "potential person[40]." Another author argues that potentiality is not the key idea, but rather "approximation," and, "proximate personhood (Walters 1997)." In other words, how closely does this life approximate a true person? We find disagreement both among those who argue that

---

[40]This comes close to the position held by Bouma et al.

personhood is acquired over time and among those who suggested that personhood begins at a specific time.

We have discussed the possible answers we can generate to the question, "When does personhood begin?" and, unfortunately, found no answer that seems widely accepted outside of particular schools of thought. Let us proceed and examine why we ask, "When does personhood begin?" What are we saying when we answer this question? Many different answers have been generated, but they all seem to be attempts to define which entities have the same value as normal adult humans like you and me. These different answers all seem to share one common assumption -- being a "person" is prerequisite for an entity to have equal value to a normal adult human. While we cannot agree on what exactly personhood is, or when it begins, we have apparently accepted the fact that being a person is necessary for a living entity to have the same value that you and I share as adult humans. In other words, "personhood" is the answer to another question. That question can be phrased, "What makes human life valuable?"

Both this question, "What makes human life valuable?" and the question, "When does personhood begin?" are important questions to ask and to answer. But they are truly distinct questions. The question, "What makes human life valuable?" is logically prior to the question, "When does personhood begin?" Those of us who wish to participate in this discussion begin our reflection by considering what makes human life valuable. In particular, we want to know why we, ourselves, are valuable. We decide that our value comes from the fact that we have what we call, "personhood." We then move on to ask when this "personhood" begins.

Let us take a moment to stop and consider the first question. Historically there have been at least two answers given to the question, "What makes human life valuable?" One answer was that the human body gave human life its value. The human body has been highly esteemed throughout time. Recently, though, science has shown that the human body is not so different from other bodies. All living bodies are composed of

nearly the same proteins, fats, sugars and nucleic acids. The DNA that dictates how the body appears is nearly identical in every living organism. It differs only in the various ways it is arranged. A second answer became historically necessary. The second answer was that the human mind seems to make human life more valuable and distinct[41]. No other known species has mental capacities equal to that possessed by even a three-year-old human[42], much less a full-grown adult. The question, "What makes human life valuable?" is given the answer, "Personhood is what makes human life valuable."

Now, if "personhood" is the best possible answer to the question, "What makes human life valuable?" then it is crucial that we continue to explore exactly when personhood begins. If, however, there is another possible answer, then the exploration into the details of personhood remains useful, but loses its some of its importance.

There was a major conceptual change in history when the value of human life shifted from valuing the body to valuing the mind. It is doubtful that such a big change will ever happen again. It would take something as improbable as being visited by a race from another planet with minds far superior to our own and having these creatures force us into servitude while laughing at our puny mental capacities to force us to look elsewhere. But I rather suspect that look elsewhere we would. It seems unlikely that we, as human persons, would sit idly by and say that since our mental capacities were inferior, it was right and good that we served those who were greater because they had

---

[41]One could argue that in between these two answers and concurrent with them was the idea that the human soul is what made human life valuable. I do not here have time to critique soul-body dualism, but I will give away my bias. I find the writings of contemporary Jewish and feminist scholars who speak of humans as "embodied spiritual beings" to be appealing. I am a single entity, a unity, not a composition of a soul-body, not a duality. I argue that it is not body, soul, nor mind that makes human life valuable.

[42]Koko, the famous talking gorilla of the last decade, was judged to have a mental capacity equal to that of a 2 1/2 year-old normal human child. Koko was the closest approximation to personhood science has discovered outside the human species. Yet, even she could not compete with a three year-old child (Walters 1997, 2, 102).

more value than we did. It is likely that we will not be forced to come up with a better answer, but it seems possible that a better answer might exist[43].

Answering the question, "What makes human life valuable?" in terms of "personhood" appeals to one particular facet of our existence -- our empirical (derived from our five senses) reason. However, as Immanuel Kant demonstrates, reason, in its pure employment operates on levels beyond that of the empirical. If we could identify some of these areas, they might provide insights into answers that would appeal to facets of pure reason other than the empirical. Kant also demonstrated that some religious beliefs reach beyond the empirical employment of pure reason (Kant 1929, 646). By moving from the empirical employment of pure reason to its transcendental (i.e. dealing with things not derived from our senses), practical employment, Kant hoped to get beyond the realm of empiricism. In this section I, too, would like to attempt to get beyond scientific laws and explanations and to reach out to transcendent moral truths.

The question, "What makes human life valuable?" is not an empirical question, but a transcendental one. That is, we cannot give scientific proof of this value claim. We must, therefore, offer a transcendental answer. In its transcendental employment, pure reason reaches toward religious ideas. While different religious traditions may have

---

[43]The following quote clearly captures the idea I was trying to convey, that human life is valuable because of something external to the human condition. I include my own clarifications in brackets:

> "What if we encountered a 'superior' species' that has the capacities for mentation that we don't even begin to comprehend? And suppose, further, that the other species could not even communicate directly with us because of our failure to use a [superior] mode of communication that is common to [all superior] species, but totally unavailable to us [since we are so inferior]. Would we, then, be likely to agree with their assessment that their lives are protectable [and ours are not] because of their superiority [and our inferiority]? I doubt this; we wouldn't even know [be able to comprehend] their grounds for distinction [discrimination]. For believers in an all-knowing God, this line of reasoning is not [entirely] hypothetical. We believe that God is just such a 'species' (cf. Isaiah 55:8-9). But we are also pleased to think that we matter not only to ourselves, but to God. One of the troubles with the personhood approach [or any other approach based on human abilities or appearances] is that it represents a most elegant bigotry: value depends on being just like us! If God takes this approach we are all in deep trouble [and we must therefore avoid any approach like this] (personal communication from Gerald Winslow)."

different contributions to make to the discussion at hand, the Judeo-Christian tradition has one particular teaching that is well worth considering. This tradition has long taught that humanity was created in the image of God. Exploring this teaching will help us reach beyond the empirical to arrive at a more transcendental answer to the question, "What makes human life valuable?"

In a certain sense we have already been exploring this teaching in the practical employment of pure reason. We have be trying to find our value and distinctiveness by looking for divine qualities in humanity. Some have seen a god-like quality in the human body. More recently, some have seen a god-like quality in the human mind. Perhaps, however, we are god-like not in our bodies, nor in our minds, but in the fact that, what exists between God and us is similar to what exists between God Himself[44].

It is impossible to put into words the entirety that exists between God Himself. The writers of the New Testament used a word αγαπε (agape) as in the phrase, "God is agape." The English rendition of agape is love. Perhaps more helpful is the word ζωη (zoe) as in, "In him was zoe and that zoe was the light of men." The English rendition of zoe is life -- life as God has life. It is quite possible that what makes us most like God is that there exists some of this love and life between God and humans that is like the love and life that exist within God Himself.

Permit me to use an analogy. I have spent several summers working out in the woods as a counselor at a summer youth camp in Michigan. The nearby lakes were favorite breeding grounds for millions of mosquitoes. Now, I know of no good thing that any mosquito has ever done for anything, except maybe to provide food; but even creatures that dine on the mosquitoes would be perfectly capable of finding other food were not mosquitoes so readily available. Anyway, I took great pride in each and every

---

[44]I am, of course, presuming that God is Trinity and there is something for an in between to be between.

one of the hundreds of mosquitoes I killed in a given week. It mattered not to me what the mosquito looked like or how developed it was. I did not care if it was intending to bite me or even capable of biting me. I would kill it. I would even have smashed mosquito eggs if I could have found them, just to prevent any more mosquitoes from having a life. I was hatred and death to any and all mosquitoes and even to some poor creatures who looked enough like mosquitoes that I killed them. I only wanted them to get close to me so I could smash them with the palm of my hand.

That which exists between us and God may be almost exactly opposite to that which exists between mosquitoes and me. Even if it were true that we served no purpose from His perspective, He takes great pride in each and every individual to whom He can bestow life -- life as He has life. It does not matter what we look like, what our intentions are or what developmental stage we are in. He is love and life to any and all of us. He would make us live. He would go to any length just to ensure that each of us attains the life that He has to offer. He only wants us to come close to Him so he can hold us in the palm of His hand.

That which gives value to human life is nothing that is inherent in any human. It is not the human body nor the human mind. It is not even the attainment of "personhood" (and, consequently, neither is it the potential for personhood nor an entity's proximity to personhood). It is simply the fact that God extends to us that which is within God Himself. Our covenant with God shares its essence with the covenant that exists between God Himself. With this covenant impacting our lives we cannot avoid its necessary impact on all our other covenants as well. Because God is love and life, He extends that love and life to us. Since God values us and loves us, we also ought to value and love each other.

God has created the whole of this world. His covenant with me gives me responsibilities toward Creation and mandates that I respect it. I broke faith with this covenant each summer as a camp counselor by blatantly destroying hundreds of mosquito

lives. The Bible says that not a sparrow can fall from the sky without God knowing and caring about it. How much more important are hundreds of mosquitoes? How much more important are human embryos and fetuses? Does God care any less for them than for me or for their mother? Does he not covenant with them, giving them the same αγαπε (love) and ζοε (life) that he gives us?

Imago Dei -- we are created in the image of God. All of us, regardless of our potential for personhood or our approximation of the same, are created and sustained by his life and his love.

c. Questions of Motive and Method

A second important question in decisions about the legitimacy of abortion is the question of motive. Without the need to be completely deontological, Covenantal Ethics allows, perhaps even demands, that we ask why we are doing what we are doing. This is not to say that motive or intent is the only thing we need to look at, but we must not ignore it either. We, health practitioners and community members alike, may be in covenants with a woman seeking an abortion; covenantal ethics demands we respect this relationship between us, seek to fully understand her motives and thereby strengthen the covenant between us. Is this woman seeking the abortion for reasons that are socio-economic, genetic, therapeutic, and/or traumatic? Do all these situations reflect the same motivation for the act? Have we tried to understand what has happened to this woman, what is happening to her and what she feels may happen to her? We cannot respond meaningfully unless we do. We need to know the first part of a story before we can help make sense of the next chapter. Covenantal ethics demands we answer the question of motive.

The third question that covenantal ethics forces us to raise when considering cases of abortion is the method that is used. Here in the United States we have

established clinics with the sole purpose of surgical abortion. Unfortunately, a large number of these remain under no governmental regulation. Abortions are also performed in more closely supervised hospital settings. "Emergency contraception," oral medications taken the morning after unprotected intercourse, allows the abortion of a fetus by making implantation impossible. In Europe and now the United States as well, physicians are able to prescribe RU486 making emergency contraception more effective and reducing the need for surgical abortions. Covenantal ethics shows that the method chosen does have ethical implications. Our covenant with the woman is affected by her understanding of the significance of implantation in the development of her pregnancy and its impact on he human life depending on her. It makes a difference for our covenants with each other as members of society whether oral abortifactants are readily available and effective. Our conception of conception changes if conception is less likely either to lead to inevitable delivery or to sub-optimal surgical abortion.

d. Questions of Ethical Dilution

There is a current trend in moral philosophy as well as the popular understanding that I may be less responsible for my actions if "Somebody else is doing it" as well. This is not a new phenomenon. It is called ethical dilution. Since the notion is so prevalent, it is worthwhile to examine it briefly here. The approach to evaluating the ethical nature of abortion that was suggested by Bouma (Bouma March 5, 1996) calls for some dilution of responsibility as more people are involved in an act of abortion. For this reason, he argued that a pharmaceutical agent prescribed by a physician for the purpose of abortion is preferable to a surgical abortion. In the surgical method, not only are the fetus, mother and physician involved, but so are the attendants, nurses and assistants. In the case of a pharmaceutical abortion, the attendants, nurses, and assistants have no responsibility for the abortion. Bouma further argued that the physicians responsibility was also lessened

since the physician did not ultimately make the choice of whether or not to ingest the drugs; that was the patient's decision and involved, apparently, only her and the life inside of her.

Is it possible that there is a larger absolute value of responsibility when a surgical abortion is performed? Is the proverbial "pie" any larger? If not, then each individual has a smaller absolute level of responsibility since there are more pieces of the same pie. The opposite must then also be true. By extrapolation, it seems that Bouma believes that the mother has more responsibility in the case of a pharmaceutical abortion than in a surgical method simply because she recruits others to help dilute her responsibility; her piece of the pie is much larger with the pill because there are fewer pieces (perhaps she may even be responsible for the whole pie, if Bouma is right). If the pie is larger, I must ask, "Why?" since the same goal is achieved by either method. Something does not seem right to me about this way of thinking.

Please recall that in the section on the method of application of covenantal ethics it became clear that each of us bears the same responsibility for the on-going dialogue of medical ethics. Zimmerman effectively argued that ethical dilutionism is non-existent. Mellema argues the same conclusion from a position he calls ethical anti-dilutionism, "The degree of an agent's retrospective responsibility for a state of affairs is unaffected by the fact that other agents are likewise responsible for the same state of affairs (Mellema March 5, 1996)." According to this position there would be no difference in the responsibility of the mother between the pharmaceutical method and the surgical one. It is not apparent that a covenantal view of ethics dictates a stance on ethical dilutionism. This area calls for flexibility and honesty in the on-going dialogue.

For the sake of discussion, and in an effort to transition into the last section of this thesis, I will suggest that covenantal ethics can inform our view of ethical dilutionism, even if it does not mandate a specific response. I suggest that covenantal ethics lends itself more closely to the anti-dilutionist standpoint of Mellema. It seems that our

responsibility to bring about a given state affairs for a given unborn fetus, or for a pregnant mother, is no more or less when others are involved in bringing about the same state of affairs. If it turns out that we have a covenant responsibility to both the mother and the human life inside of her then our failure to uphold either covenant is not lessened by the fact that others help us fail. As a child, the fact that "everybody else" was teasing a classmate, never seemed to make my parents or teachers think that it was right for me to do so. If it turns out that we have a responsibility to prevent a birth or a death, then we incur no more or less praise or blame when we do it alone than when we have assistance. Even though our covenant with one life may indeed be impacted by our covenant with another, our covenant with the life in question remains.

3. What Sort of Response to Abortion Is Mandated by Covenantal Ethics?

We have considered our responsibility toward the covenants involved in cases of abortion. We have considered the impact of motivation and method in considering abortion. The only question that now remains is the most important one, "What sort of response to abortion is mandated by a covenantal system of ethics?" Permit me to examine this question as if I were an actual physician in the exam room with a patient requesting abortion at an initial consultation. I choose an initial consultation because at this point, it will only be my responsibility to offer counsel, rather than at a later visit where I may have the additional responsibility to perform an abortion or to prescribe medications to induce an abortion.

The answer that follows may, at first glance, look like relativism. But the careful reader has understood the differences between covenantal ethics and relativism. To review -- relativism implies that individuals bear the responsibility of determining right action and that right action differs from person to person, community to community, or

culture to culture. The covenantal answer does not depend on persons determining right actions that differ from person to person, but it depends on the actions, attitudes, and intended states of affairs that are entailed by the covenants into which a person or community has entered. Consequently, faithfulness to our covenants may require different actions in different circumstances. So, in the instance of abortion we cannot generate a general moral principle whereby all abortion is, by definition, good or evil[45]. Nor may we leave it up to each individual to determine a person-relative view of right and wrong. Instead we must look at the covenants we have with the developing human life, with the mother, and with society in order to make a decision concerning abortion. Christians would have the added responsibility of looking first to covenants that they have with God.

Bouma et al list three possible responses to abortions and hint at a fourth (Bouma 1989, 95). First, they suggest that we can choose to cooperate with a decision to abort. Second, we could choose to tolerate a decision to abort without cooperating with it. Third, we could respect the reasoning behind the decision to abort without tolerating the abortion. The implied fourth response is refusal to respect the reasoning behind the decision, and refusing to either tolerate or cooperate with the decision to abort. In all these responses, our covenant with the person choosing abortion entails responsibility and respect for the person giving the reason even if we do not respect the reasoning or agree with the decision.

One final tidbit may be useful for our discussion. The tidbit I have in mind deals with moral taxonomy (i.e. how we can classify moral actions). The book entitled Beyond the Call of Duty: Supererogation, Obligation and Offense sets forth a seven-fold system

---

[45]It is not uncommon among conservative Christians to state simply, that God prohibits all killing and, therefore, abortion is always prohibited. People who make this claim forget that biblical literature is full of references to God commanding his chosen people to kill people. From this we must deduce that not all killing is wrong and, therefore, that not all abortion is wrong.

of moral actions: obligatory, supererogatory, quasi-supererogatory, neutral, quasi-offense, offense and forbidden (Mellema 1991, 105)[46]. In discussing abortion, there are many acts that could be classified in this moral taxonomy (e.g. the act of abortion, the omitting of abortion, the assisting in an abortion, the process of deciding what to do), but let us just consider one act as a test case. One act that should always be considered, whether or not it is chosen, is the act of a mother deciding to bring a child to term, in spite of considerations which might tend to tip the scales in favor of an abortion (e.g. traumatic pregnancy, therapeutic disadvantages, genetic considerations and/or socio-economic difficulties).

How should we classify the act of attempting to bring the child to term? If it is classified as a forbidden act then we clearly have a covenantal obligation to cooperate with an abortion, or else we participate in a morally forbidden act and thus violate our covenants with others. If it is an obligatory act then we must not tolerate (may we even respect?) any action to weaken her resolution; to do any less would violate our covenants with others. If it is neutral then we have a covenantal obligation to tolerate her decision no matter what it is, assuming we fulfill whatever obligations we have to help her make the best decision possible. If this act is classified somewhere between these three possibilities (i.e. as supererogation, quasi-supererogation, quasi-offense or offense) then our covenantal responsibility lies somewhere in between as well.

Most of the time, it is likely that a woman's decision to try and bring a child to term is not blameworthy. I can think of no time when it is; perhaps the reader can, so I will avoid any absolute statements at this point. Also, most of the time, such a decision is not morally neutral; there is fairly unified agreement between Pro-choice and Pro-life

---

[46]Obligatory (Forbidden) acts are those that we are morally obligated to perform (omit) and for whose omissions (commissions) we are blameworthy. Supererogatory (offensive) acts are those which are 1) praiseworthy (blameworthy) to perform, 2) not obligatory (forbidden) and 3) not blameworthy (praiseworthy) to perform (omit). Quasi-supererogatory acts are those which are praiseworthy to perform, not obligatory and blameworthy to omit. Quasi-offensive acts are blameworthy to perform, not forbidden and praiseworthy to omit.

advocates that such decisions are, in fact, moral. It seems too much to say that such a decision is always obligatory; it is rarely obligatory for someone to suffer voluntarily, as would many women whose pregnancies had traumatic beginnings or whose lives were at stake. If these musings are correct, then this decision -- to attempt to bring a pregnancy to term in the face of adverse circumstances -- is most properly classified as supererogatory. If it is supererogatory then our response to a woman contemplating abortion in these specific cases should be to counsel her to do what is morally best (perform a supererogatory act), but not to judge her harshly if she makes this omission, since she is not morally blameworthy.

While some specific cases may be more clear-cut than others, it is not clear that a covenantal ethical system dictates into which category the decision to bring a pregnancy to term always falls. What is clear, though, is that our responsibility to protect the developing human life increases as time goes by. Abortion becomes less and less a viable option with time regardless of its taxonomy in the earliest stages. An embryo that survives to implantation has just doubled its statistical chances for becoming a person / imaging God; our ability to recognize it as *imago dei* is also improving. Therefore, our responsibility to protect it must also increase. Whether or not we decide to cooperate with an abortion early in gestation, we still can respect the reason behind the abortion (or the decision to refrain from aborting). And whether or not we agree with the decision in no way lessens our responsibility to care for the mother after she has acted upon it.

CONCLUSION

Writing a conclusion for an unfinished project, like this one, is difficult. We have covered a lot of ethical ground, but have only traversed the front yard and opened the gate. There is a whole world out there waiting to be explored from a perspective of Covenantal Ethics. Covenants impact our ethical decisions in many fields other than medical ethics -- law, business, welfare, education, citizenship. But we have not yet explored even a fraction of the impact covenantal ethics has in medical ethics. Just a few of the myriad questions waiting for us involve issues of euthanasia, reproductive technology, genetic manipulation, allocation of resources, and medical reimbursement. Nevertheless, this is an appropriate place to conclude. We have covered a lot of ethical ground, but have only traversed the front yard and opened the gate. But, we have crossed the front yard. We have opened the gate. Before today, we had only been peeking out of the windows at a world of Covenantal Ethics.

We have realized that there is a problem in bioethics because Christians and nonChristians have been without a common dialect. We have seen how covenantal language can bridge that communication gap. Covenantal Ethics has a rich heritage in classical, biblical, popular and philosophical literature. It utilizes the strengths of teleology and deontology, virtue ethics and casuistry, while avoiding their pitfalls. It avoids relativism, especially for Christians, since it rests on the inviolability of covenants and especially on our covenants with an Absolute, God. It can be utilized in one or more practical ways. It gives insight into discussions about abortion. Covenantal ethics will impact the way we talk about any topic in bioethics from now on.

Works Cited

Aristotle. *The Nicomachean Ethics.* Translated by David Ross. Oxord: Oxford Universtiy Press, 1925.

Bouma, Hessell, et al. *Christian Faith, Health and Medical Practice.* Grand Rapids, MI: William B. Eerdmans Publishing Company, 1989.

Bouma Hessel. Lecture given to Biology 396 at Calvin College. March 5, 1996.

Campbell, Courtney S. "Candid Christianity and medical ethics." *Medical Humanities Review* (1990): 90-95.

Dickenson, Donna. *Moral Luck in Medical Ethics and Practical Politics.* Brookfield, Vermont: Gower Publishing Company, 1991.

Engelhardt, H. Tristram. *The Foundations of Christian Bioethics.* Netherlands: Swets & Zeitlinger Publishers, 2000.

Fischer, John M. "Responsibility and Failure," In French, Peter A. *The Spectrum of Responsibility.* New York, New York: St. Martin's Press, 1991.

Frankena, William K. *Ethics.* Englewood Cliffs, NJ: Prentice-Hall, Inc., 1973.

Hare, John E. "Of Medicine and Covenant." *Perspectives* (1991): 20-22.

The Holy Bible, New International Version. Grand Rapids, Michigan: Zondervan Publishing House, 1993.

Kant, Immanuel. *Critique of Pure Reason.* Translated by Norman Kemp Smith. New York: St. Martin's Press, 1929.

Kant, Imannuel. *Fundamental Principles of the Metaphysics of Morals.* Translated by T. K. Abbot. Amherst, NY: Prometheus Books, 1988.

Kass, Leon R. *Toward a More Natural Science.* New York: The Free Press, 1985.

Kilner, John F. *Life on the Line.* Grand Rapids, Michigan: William B. Eerdmans Publishing Company, 1992.

Mackie, J. L. "The Straight Rule of Responsibility," In French, Peter A. *The Spectrum of Responsibility.* New York, New York: St. Martin's Press, 1991.

May, Larry. "Vicarious Agency and Corporate Responsibility," In French, Peter A. *The Spectrum of Responsibility.* New York, New York: St. Martin's Press, 1991.

May, William F. "Code, covenant, contract, or philanthropy." *Hastings Center Report* (December 1975): 30-38.

May, William F. *The Physician's Covenant: Images of the Healer in Medical Ethics.* Philadelphia, Pennsylvania: The Westminster Press, 1983.

Mellema, Gregory. Lecture for Calvin College, Philosophy 365W, January 30, 1996.

Mellema, Gregory. Lecture for Calvin College, Philosophy 365W, March 5, 1996.

Mellema, Gregory. *Beyond the Call of Duty: Supererogation, Obligation and Offense.* Albany, New York: State University of New York Press, 1991.

Mill, John Stuart. *Utilitarianism.* Edited by George Sher. Indianapolis: Hackett Publishing Company, 1979.

Minnema, Theodore. "Christian Faith, Health and Medical Practice." *Calvin Theological Journal* (1991): 196-199

Mohrmann, Margaret E. *Medicine as Ministry.* Cleveland: The Pilgrim Press, 1995.

Nouwen, Henri. *The Wounded Healer.* New York: Doubleday, 1972.

Pellegrino, Edmund D and Thomasma, David C. *The Christian Virtues in Medical Practice.* Washington D.C.: Georgetown University Press, 1996.

Pellegrino, Edmund D. and Thomasma, David C. *Helping and Healing.* Washington, D.C.: Georgetown University Press, 1997.

Ramsey, Paul. *The Patient as Person.* Newhaven: The Yale University Press, 1977.

Rauschenbusch, Walter. *A Theology for the Social Gospel.* Louisville, KY: Westminster John Knox Press, 1997.

Stephens, Leslie. *The Science of Ethics.* New York: G.P. Putnam's Sons, 1882.

Viel, Matthew D. "*Mens Rea* and Vicarious Corporate Responsibility," unpublished paper submitted on March 13, 1996 to the Philosophy 365W "Ethical Theory" course at Calvin College.

Walters, James W. *What Is a Person?* USA: University of Illinois Press, 1997.

Webster's Ninth New Collegiate Dictionary. Springfield, Massachusetts: Meriam-Webster, Inc., 1989.

Zimmerman, Michael J. "Sharing Responsibility," In French, Peter A. *The Spectrum of Responsibility*. New York: St. Martin's Press, 1991.