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Welcome to Bioethics in Faith and Practice

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Welcome to Bioethics in Faith and Practice

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Abstract

Welcome to Bioethics in Faith and Practice! Whether you are a healthcare professional, an academic, a member of the clergy, a student, or simply someone interested in these topics, we are glad you are here. This new enterprise is meant to bridge the gap between theory and practice, where moral philosophy and Christian faith are brought to bear on the everyday practice of medicine. It is important to understand why this new journal exists.

Keywords

Bioethics, Hippocratic Oath, medical practice

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From the Senior Editor

Welcome to Bioethics in Faith and Practice

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Welcome to *Bioethics in Faith and Practice*! Whether you are a healthcare professional, an academic, a member of the clergy, a student, or simply someone interested in these topics, we are glad you are here. This new enterprise is meant to bridge the gap between theory and practice, where moral philosophy and Christian faith are brought to bear on the everyday practice of medicine. It is important to understand why this new journal exists.

The ethical dimension in medicine has changed dramatically in the years since World War II, and especially in the past thirty years. The centuries-old Hippocratic tradition was characterized by clinical skill and beneficence, within the moral framework of the doctor-patient covenant. This idea, though it began in Greek pagan thought, was easily adopted into the Christian ideal, such that Hippocratic principles became normative for medicine, and compatible with compassionate Christianity. Indeed, it is proverbial to say that a physician should not perform actions that would “violate his or her Hippocratic Oath,” whether or not the doctor in question has actually taken such an Oath.

Hippocratic ideals have been so influential that Justice Blackmun, in writing the majority opinion in the 1973 *Roe v. Wade* abortion decision, felt compelled to argue against their moral weight. This was in spite of the fact that none of the discussants in the case presented evidence related to the Oath or to Hippocrates. Justice Blackmun dismissed the Oath as “a Pythagorean manifesto and not the expression of an absolute standard of medical conduct.”¹ In so doing, he clearly felt he had to 1) comment on the Oath’s strong pro-life injunctions, and 2) marginalize the moral weight of the Oath, erroneously consigning it to a minority view.

The high court’s decision is emblematic of a more widespread trend in society as a whole, and this thinking has crept into health care. Nigel Cameron has pointed out that the traditional Hippocratic goal of medicine as *healing* has been replaced by a more autonomy-driven ideal: *relief of suffering*. If the latter is accepted as absolute, then traditional commitments to beneficence and to the sanctity of life are no longer simply a given.²

Some have referred to these ethical changes as an “Enlightenment project” within medicine. Theological and religious perspectives have been completely marginalized, to be replaced by a thoroughly secular approach.³ From a variety of ethical theories are derived the four classical principles of medical ethics:

autonomy, non-maleficence, beneficence, and distributive justice. This is the view outlined by Beauchamp and Childress in their seminal work, *Principles of Biomedical Ethics*.⁴ The influence of postmodernism has led to an even more radical approach, based on a rejection of absolute truth. Given all of these various trends, the current ethical climate is dominated by autonomy and utilitarianism. In other words, the primary standards for medical decision making are patient choices and outcomes.

Christians have much to say to address the void left behind by this rejection of the Ultimate. Yet our voices have been marginalized. We must confront the moral wrongs of the world. Yet the world, steeped in pluralism and postmodernism, may not acknowledge the authority of Scripture. To meet this challenge, we must be thoroughly convinced of our religious ideals and their commitment to the life's sanctity, but we must also be comfortable with cultural engagement across competing worldviews. We must continue to use the Bible as our one source of absolute truth, but we must also strive to become philosophically "multilingual," in order to find additional ways to communicate moral truth.

An understanding of ethics alone cannot make men good. Ultimately, our sense of values comes from a Higher Source, and is only possible as we are transformed by the Lord who made us. Christians who enter the health professions enter a battlefield strewn with broken and hurting souls, and dare not do so without deep thought and abundant prayer. *Bioethics in Faith and Practice*, through insightful articles, both theoretical and practical, will endeavor to help in that noble calling.

¹ Cameron N. *The New Medicine: Life and Death after Hippocrates*. Chicago: Bioethics Press; 2001.

² *Ibid.*

³ Rae SB, Cox PM. *Bioethics: A Christian Approach in a Pluralistic Age*. Grand Rapids: William B. Eerdmans; 1999.

⁴ Beauchamp TL, Childress JF. *Principles of biomedical ethics*. 7th ed. New York: Oxford University Press; 2013.

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