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editorial

FIRST OF TWO SECTIONS

Hot Topics in Ethics

Our 3rd edition of *Luke's Journal* (split into two sections) in 2018 returns to the subject of 'ethics'. In our post-modern, post-Christendom world the challenge of ethics, both personal and corporate, requires consistent, thoughtful effort. Truth, morality, justice and compassion are often important considerations as we enter the ethical playing field.

How and where to start can be a difficult first step. New information, new options, funding pressures and shifting social forces all squeeze any ethical position we may take. For some, science now sets the pace in ethics. Oxytocin has been identified as a significant molecule that carries the basis for a neurobiology of ethics.[1] It is clear ethics is about people and communities working together and yet we commit to ethical decision-making as individuals.

Through the force of argument, quality research, conscience, social instincts and (for Christians) a suite of spiritual resources, a path is negotiated towards an ethical position. We often yearn for a simple, straightforward approach to ethics, yet ethics is more like the creation of a tapestry or a consensus of good ideas with different origin points.

We have chosen a "hot topics" approach. This allows current challenges to be addressed. We recognise there is no set ethical model that we have chosen to guide the authors. Rather we accept that, beyond the preference for a bioethical approach in most health-based professions, there is indeed a plurality of ethics we must encounter and work with.

A good example of this approach is contained in Steve Wilkens' punchy text, "Beyond bumper sticker ethics".[2] Here the author identifies nine ethical approaches, all of which claim Biblical merit. The chapter headings, such as

"When in Rome, do as Romans do" or "Cultural relativism"; "Be good" or "Virtue ethics"; and "God said it, I believe it, that settles it" or "Divine command theory" capture complexity in ethics with a pinch of humour.

Ethics is never a one trick pony.

In the wider community, determinism tends to hold sway in the debate with free will. This poses significant challenges for Christians thinking ethically. When it is coupled with a consequentialist, utilitarian perspective, the ground on which ethics stands appears to be heading for major change.

By offering a variety of materials we hope to stimulate conversations and responses which contribute positively to the integration of work and faith of Christian health professionals. I have deliberately chosen to write into the difficult space of "discernment of ethics". In the swirling and changing environment of ethics, this will help us all to journey further with integrity. If we consider Jesus as our model for ethics, two things stand out – Humility and Love. Jesus calls us to follow in his steps of changing love from a noun to a verb. May the fire that refines gold catch hold for you in this material.

Paul Mercer
Editor

Works Cited
1. Churchland, P. (n.d.).
2. Steve, W. (1995). Beyond bumper sticker ethics. Downers Grove, Illinois: InterVarsity Press.

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Themes for Next Editions:

Laughter is the Best Medicine
– copy by 28 February 2019

2019 Breath of Life
– copy by 30 May 2019

Are "Medical Ethics" Possible?

Thoughts on the Science/Metaphysics/Theology/Ethics Matrix

Modern health professionals devote their working lives to a deeply humanitarian and compassionate vocation.

At a practical level, a vision of the dignity of all people and a commitment to giving life-affirming aid to their bodily needs defines the health vocations. Applied ethics – intelligently serving one's neighbour in the interests of their good – is integral to the practice of modern medicine. And obviously, medical science is one of the great wonders gifted to us from the scientific revolution. Yet the question of whether there can be a consistent theoretical science of medical ethics, whether complex questions of right and wrong in relation to life and death can be reasonably 'solved', whether there are effective medical technologies that should not be used, etc., is the question of whether medical ethics as a theoretical discipline is even possible. Because the relationship between theory and practice is unavoidable, questions about theory are not simply theoretical.

In this brief piece I wish to provocatively argue that medical ethics is not presently theoretically possible. This is why we can't solve basic problems in medical ethics. Or, if we do solve them, they are solved in a pragmatic, morally solipsistic and majoritarian manner – such as the continuous 'advance' in the legalisation of abortion. There is something about how we understand the interactive matrix of knowledge, reality, transcendence, and goodness that makes medical ethics an intractable theoretical minefield. This, I contest, has a lot to do with the success and

Francis Bacon.

nature of modern science itself – the knowledge frame in which medical practice is deeply embedded.

Significantly, modern science is embedded in Christian theology from its outset. If you go back to Francis Bacon in the late 16th century, advancing the practical use of experimental knowledge for improving the lot of humanity was seen by him as an important theological duty. To Bacon, Man takes up the image of God by exercising sovereign power over nature, the realm of authority and control divinely given to us. We gain power over nature through knowledge. So scientific advance is, to Bacon, an eschatological mission bringing the dangerous and unpredictable forces of nature under our mastery. We lost this mastery at the Fall, but we can regain it by experimentally uncovering the operational secrets of nature and then bending her energies to our own interests. Through applied science we will no longer be the slave of pitiless and fickle natural necessities. This eschatological doctrine secularised over time and became the idea of Progress in the 18th and 19th centuries. Indeed, with the rise of a strident materialist atheism from the mid 19th century, scientific advance itself became a realised eschatology without God or heaven in the minds of some increasingly influential Progressive voices. In our day, Richard Dawkins is in this proud Progressive tradition. History is a strange thing: thus does avant-garde 16th century eschatologically-defined science evolve into populist atheism.

"Modern medical knowledge... is today embedded in a scientific method that validly prides itself on being useful to humanity and yet invalidly thinks of itself as being a knowledge enterprise that is entirely distinct from theological beliefs and philosophical speculations."

Let us swing from theology to philosophy.

Bacon and the famous Royal Society set of enterprising mathematico-experimental thinkers that followed him, had a strong dislike for

metaphysics. Anything to do with the Aristotelian natural philosophy which had developed over the previous four-hundred years – still powerfully active in Cambridge and Oxford during the 17th century – was considered hopelessly mired in scholastic metaphysics and superstitious theology. To our early modern scientists, arcane medieval philosophy integrated with complex sacramental theology simply got in the way of doing experiments to see how nature actually worked. English Protestantism created an easy escape from medieval Roman Catholic theology, and the re-discovery of ancient atomism provided a conveniently serviceable approach to reality that was compatible with the new mechanistic and pragmatic experimental knowledge. Any alternative to Aristotle was hungrily explored. Pyrrho, Democritus, Lucretius, Sextus Empiricus; these ancient sceptics, atomists, atheists and hedonists gained a deeply interested audience in the 17th and 18th centuries. Treating nature as if reality is only composed of atoms, motion, and void, suited the new physics, and served the need to disregard every assigned magical or inherent meaning to nature that might interfere with experimental curiosity or exploitative enterprise. In contrast, to Aristotle, intellective, qualitative and purposive realities are – with matter – primary features of nature. It is a significant feature of the history of the 17th century that taking Aristotle's non-material, non-mechanistic categories out of our vision of reality got modern science into the air.

I should also point out that a theological innovation in the 16th century – the doctrine of *natura pura* – made it religiously safe to embrace ancient materialist atomism as a means of discounting intellective and qualitative realities as *natural*. The theological sensibilities that prevailed in the 17th century separated a supernatural realm discretely from the natural realm, such that one could be a good Christian *and* treat nature as a purely material entity. God was still highly significant within general thinking about nature in the early modern period, but in a specific role. God was becoming a distant lawmaker whose laws could be understood by mathematics as the unbreakable regularities of nature. God was no longer the Grounds of Being in which creation itself subsists, but God was a separate Supreme Being, in "heaven", that other place which has no contact with purely natural nature. Thus modernity makes it possible to be a good theist in religion at the same time as being a functional materialist in science. Within this discrete nature and discrete supernature trajectory, the Deist's God – the cosmic and impersonal watchmaker who fashioned and wound nature up, and then withdrew from nature to heaven – grew in popularity from the 17th century.

"If you are a good scientist, or a good applied practitioner of a modern science – such as a medical doctor – and a Christian, then having a theologian or a philosopher raise fundamental issues about modern science itself will likely fly like a lead balloon."

I'm giving you this very brief history of the genesis of modern science for a few reasons. Firstly, we should remember that from the beginning modern science was theologically embedded. Secondly, modern science embraced ancient atomist metaphysical commitments that define nature as purely material. Thirdly, modern science is pragmatic from the start – 'knowledge is power'. Modern medical knowledge arises out of this history and is today embedded in a scientific method that validly prides itself on being useful to humanity and yet invalidly thinks of itself as being a knowledge enterprise that is entirely distinct from theological beliefs and philosophical speculations.

This history creates the distinctive framework of ethical difficulties faced in modern medicine. A secularised eschatology and a materialist metaphysics are the theological and philosophical foundations of modern science. As science developed as the primary truth discourse of modernity, the Christian ethical foundations of Western culture became background to the sheer instrumental power of modern science. As a result, we now treat nature in a reductively materialist manner such that intellective, qualitative and transcendent categories are excluded from knowledge and practical reality. Our ethical framework has shifted strongly in a utilitarian direction – now only pleasure defines good and only pain defines bad. But what if the theology and metaphysics that underpin modern science are wrong?

Consider this shocking suggestion: when it comes to the metaphysical status of the intellective, the qualitative and the purposive, Aristotle is right. They really do exist, as part of nature. Let me push even further into 'the Dark Side.' Deism, where God is the Supreme Being, and the doctrine of *natura pura*, are deeply theologically problematic – indeed, obviously wrong – from the standpoint of New Testament-grounded Christian theology.

I am an academic who works in the 'science and religion' arena. There is a very fine institute that works in this arena, run by first-rate scientists who are also devout and largely evangelical Christians. Let us call one scientist working there, whom I have high respect for, Bill. The fact is, Bill is deeply suspicious of Christian theologians who step into his scientific field of expertise. Bill, when discussing one of our mutual friends – let us call him Neil – told me he *could* work with Neil, even though Neil had gone over to "the Dark Side." What he means by this is that even though Neil has a PhD in a science, Neil is no longer an active scientist because he also completed a PhD in theology, and now thinks about science through his theological lens.

This is a matter of genuine delicacy. If you are a good scientist, or a good applied practitioner of a modern

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science – such as a medical doctor – and a Christian, then having a theologian or a philosopher raise fundamental issues about modern science itself will likely fly like a lead balloon.

I appreciate the sort of concerns Bill has. What, after all, would a theologian (other than rare people like Neil) know about the present state of scientific knowledge? And then – as Bill sees it – Christian faith has a bad name among some serious scientists because seemingly 'fruitcake' doctrinally-driven rejections of well-demonstrated scientific truth – Bill has Young Earth Creationists in mind here – can be loudly advocated as essential to Christian faith. From Bill's perspective, this makes things very hard for a sensible Christian appreciation of science to be put forward within the scientific community and to the broader educated public. So Bill reflexively takes any theological critique of modernity as an ignorant critique of modern science – as, if he cannot understand the critique, irrational post-modern mumbo jumbo, or as anti-science fundamentalism. So an enlightened affirmation of the compatibility of good science with good Christian faith is best done by respected scientists who are sensible modern Christians, but not theologians. Hence, Neil has been seduced by the 'Dark Side.'

Whilst I have genuine sympathy for Bill, and for Christian doctors who compassionately serve God in serving the medical needs of their patients within a largely utilitarian framework of medical ethics, I think there really are serious theological and philosophical problems with modern science, and hence with the very structure of medical ethics.

The scientific perspective only treats measurable and observable material phenomena as real. To this knowledge framework, value – as found in any qualitative and moral judgement – does not have any real existence *as value*, it only exists as a subjective belief or a social norm. So all 'moral truths' are subjective belief states, not

knowledge, and they are real only as culturally relative and legally relative social norm constructions. Now you personally may subjectively believe in intrinsic human dignity, and this may influence what you think about the nature and meaning of suffering, life, death and human dignity etc., and about what makes a good doctor. That is acceptable within the parameters of the prevailing moral and legal norms of our society, but these are not matters that science and objective truth can have any say on, and they cannot – as personal values – shape institutionally-endorsed substantive ethical commitments, or policies and procedures. For, if we accept atomistic materialism as a valid way of understanding nature, and if we accept the secular demarcation of subjective beliefs from objective facts, then ethics itself is simply the prevailing legally actionable norms. If this is so, then forget rigorous reasoning about qualitative truths – let's just take a vote.

If we want to think of the intellective – soul, mind, thought, reason – as a real feature of nature, if we want to think of value – beauty, truth, goodness – as a real feature of nature, and if we want to think that immanence is always 'haunted' by transcendence, then this is going to throw a serious spanner in the cogs of using modern science as our primary truth discourse. Frankly, the greater instrumental power that science has delivered to us, the more addicted to mere power we have become. There are many things which – if we thought of moral qualities as in some sense, real features of nature, or as transcendently inflected realities – we should not have done with our science and technology. For example, the development of chemical, biological and nuclear weapons; the degradation of global climate balances as seen in the depletion of Arctic ice due to the astonishing rise of 'dirty' power in the age of modern technology; mass species extinctions; the rampant technologically-enabled exploitation of cheap natural resources and labour; ever growing (though 'offshore') global pollution. But the fact is, ethics itself is outside of the 'realism' that governs pragmatic power in the technological age. This is because of our modern materialist metaphysics, our amoral epistemology, and our residual, if secularised, theology of the divine right to human power over nature.

To conclude.

I am writing this brief article for a Christian health professional's journal. You are people I think will understand that, in reality, science, metaphysics, theology and ethics are mutually impacting aspects of the practice of medical care. If you run your own practice or work for a Christian health institution, you may have some room to move in how you integrate your Christian vocation to serve your neighbour, with the science, metaphysics, theology and 'ethics' that define the context of modern medicine. Many workplace contexts, however, will not give you much room to move. At a theoretical level, ethics grounded in the (blindingly obvious) reality of the intellective, the qualitative and the transcendent, will not be possible. This will impact how legal frameworks that define ethical responsibilities in the medical context are set up. May God give you courage and wisdom in these challenges! ●

by Dr Paul Tyson

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On Not Getting Out of Life Alive

Thoughts on medical futility

As many people have noted, medicine has become the victim of its own success.

Over the last hundred years, conditions which once were inevitably fatal (ranging from systemic infection to malignancy) have become amenable to effective curative treatment. While changes in social infrastructure and living conditions have contributed more to human longevity than have advances in medical treatment, there is no doubt that countless people are alive because of modern medicine. And that's no bad thing. But it does bring new problems to the fore. Amongst them are questions regarding futile medical treatment at the end of life. And medicine is struggling to know how to answer them.

There are many factors that have contributed to this: traditional training has focused on curative treatment and neglected questions of end of life care; doctors tend to be concerned about 'success', measured in terms of reduced morbidity and mortality; as a society we no longer know how to talk about death, and many have never experienced another person's dying; our society is obsessed with beauty and youth and control in ways that make intractable illness, suffering and the inevitable encroaching of death horrifyingly offensive. And here's another: the very efficacy of modern medicine gets in the way of talking about dying and recognising when it's time to stop 'fighting death and disease'. Let me explain.

Twenty years ago Gerald McKenny wrote an important, if rather neglected, analysis of medicine as a technical enterprise driven by a Baconian imperative – the use of science and technology to free human beings from their bondage to fate.[1] He states, 'One of the most characteristic features of technological medicine is the confidence among its practitioners that the elimination of suffering and the expansion of human choice, in short, the relief of human subjection to fate or necessity, are (so long as abuses in implementation are avoided) unambiguous goods whose fulfilment is made possible by technology.'[2] To put it a little more crudely: modern medicine uses science to cure disease and fight death. If that's the case, then whenever medicine comes to the end of its technical resources, it confronts failure.

This is exacerbated by one of our great cultural myths, one that modern medicine sadly perpetuates: the delusion that 'we can get out of life alive'.[3] If death is 'defeat' and if it can, in some way, by whatever desperate measures, be indefinitely forestalled, then so it must. But the result is all-too inhuman. People are subjected to treatment on the off-chance that it might prolong their life just that little bit, with no thought that perhaps we're simply prolonging their dying. And so they endure a death in which they and their families are pushed out of their own experience of dying by technicians and their machines. This is not just medical *futility*, it is medical *harm*.

It should come as no surprise in a social and medical culture such as this, that 'medical assistance in dying' has become as prominent and popular as it is. For it allows us to extend our (sense of) technical control into the domain of death and dying, while simultaneously exorcising the spectre of frailty and mortality from our midst.[4]

These aren't radically new observations – any palliative care physician or geriatrician worth their salt has come to grips with them – but they bedevil the practice of medicine in late modernity.[5] How should we address them as Christians?

First, doctors need to look more carefully at the nature of medicine and its goals. We need to shift our perspective away from viewing medicine as technical mastery towards seeing it as a form of care for vulnerable people. This would enable us to acknowledge the inherent frailty and finitude of the human condition (we are all vulnerable creatures, bound to die), recognise the great privilege of being agents of a society's care for its vulnerable members, and discern the appropriate forms of that care. Often that care is best expressed by seeking to overcome the limitations imposed by disease or disability or disaster, and return people to a reasonable level of functioning as persons and in relationship. But sometimes, it takes the form of standing in solidarity with someone as we care for them in their frailty and dying, rather than abandoning them to it. A shift from (in these circumstances) futile curative therapy to palliative care would not be seen as an admission of defeat, but an expression of the right kind of care for this person at this time.[6]

Secondly, we need to talk more openly with people about the inevitability of death and what matters to them as they live towards it. There are a few elements to this. First, we must acknowledge that all of us will die, and medicine cannot indefinitely delay it. Clinicians need to help patients come to terms with that as a concrete reality, not just a vague idea. We need to talk with patients about what matters to them in life, and so in their dying. When it becomes apparent that they are facing an illness that may

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Living in the Meantime

An Outline of Christian Ethics

Christian ethics in the context of modern medicine

The medical practitioners today finds him or herself immersed in a context saturated with "ethics" in forms such as codes of conduct, policies and procedures, and mandatory professional development activities. He or she operates within a context in which all sorts of ethical assumptions and principles are taken for granted. This is unavoidable.

The practices that medicine engages in are by definition morally fraught, involving, as they do, the health and wellbeing of human persons. Moreover, in our context these practices have been harnessed to modern technology, which has a restless momentum of its own, continually throwing up new challenges as it seeks new opportunities.

What difference can and should Christian faith make to such a person in such a context? There are two ways of approaching this question. The first is to look straightaway at specific problems and challenges, and try to come to judgments about them in all their complexity. What difference, say, should Christian faith make to our thinking about prenatal testing, or the complexities of end-of-life care? This is an important and legitimate way of proceeding, which can throw up valuable insights and clarifications. Yet it will also throw up questions about the journey of thought that has been taken, whether explicitly or implicitly, to reach the conclusions that appear to be the right ones. That is why a second way of approaching the question is also important, namely, the task of beginning from the basic structures and assumptions of Christian ethics.

Going this way, though, requires patience. The danger here is that the magnetic pull of practical problems will draw us in without our ever quite attending to the basic questions sufficiently. The need to know what to do about this or that question and the ambiguous usefulness of discussing big ideas like nature or the kingdom of God make us hungry for what appear to be more straightforwardly practical ethical ideas (like, perhaps, the well-known principles of autonomy, beneficence, non-maleficence, and justice). Yet such precipitousness involves risks—most of all the risk of failing to do justice to the grandeur of the work of God in Christ by leaving too much untouched, too many assumptions unexamined. Failing to ask fundamental questions about what our practical context means in the first place, and how a Christian might inhabit it differently, we short-change the possibilities of Christian witness.

"Christian ethics must be an ethics that corresponds to Jesus Christ."

With a call, then, for patience, this essay undertakes the apparently impractical task of beginning at the beginning and asks, **what is Christian ethics?**

The time is fulfilled

Most basically, Christian ethics must be an ethics that corresponds to Jesus Christ. This self-evident point is easily overlooked; but it is critical. Christian ethics must take its bearings from Jesus, otherwise it should not call itself Christian.

What does this mean? First and foremost, it means Christian ethics is driven by an awareness that something of supreme importance has taken place in and with the person of Jesus Christ. Something has *come about* that makes a difference to everything. "The time is fulfilled," proclaimed Jesus. "The kingdom of God has come near." At the heart of the mission of Jesus, and the proclamation of the apostles, was this conviction that his coming was a decisive act of God – not, that is, merely a revelation of what was always the case after all; but an action that changed things. "In Christ, God was reconciling the world to himself," wrote the apostle (2 Corinthians 5:19). That is to say, Christian ethics is shaped in the first place by an awareness that we are at a particular moment in an unfolding story. "You know what time it is," writes the apostle Paul, at the conclusion of a section of the letter to the Romans that lays out the shape of Christian discipleship: "it is now the moment for you to wake from sleep" (Romans 13:11). Christian ethics is an ethics of the kingdom of God that has come through Jesus Christ.

Nevertheless, although this kingdom is something profoundly new, it is not simply new, in the sense of being wholly unrelated to what has come before. Jesus is the Christ, the Messiah of

Israel, and he came in fulfilment of the expectations of Israel. "Do not think," said Jesus, "that I have come to abolish the law and the prophets; I have not come to abolish, but to fulfil" (Matthew 5:17). The kingdom of God can only be understood in relation to Israel's story and hopes. It is the culmination of that story, the realisation of those hopes. Those who were "looking forward to the consolation of Israel" (Luke 2:25) were not disappointed by Jesus! Although the shape of that consolation was unexpected, and for some too difficult to accept, Jesus did not in fact come to set aside Israel's life in favour of something entirely different; rather he came *to fulfil.*

For this reason, Christian ethics, while it begins from a consciousness that a new day has dawned with Christ, can never ignore the moral life and commitments of Israel. Indeed, it can only understand the new day with reference to Israel. This is why even though the apostles insisted that gentile Christians were not and could not be "under law" (Romans 6:15), that is, they were not bound by the Old Testament law in the way that Israel under the old covenant was, they also refused to leave the law behind. "Do we then overthrow the law by this faith?" asked Paul. "By no means! On the contrary, we uphold the law" (Romans 3:31).

This point has far-reaching significance, because it ties Christian moral thought into an engagement, not only with the Old Testament law, but with the wider account of creation and human life within which that law fits. Israel's law was never an isolated, arbitrary set of moral demands, detached from the realities of human existence. On the contrary, from the beginning, Israel's law was closely woven with assumptions about the nature of the world and our life within it. Perhaps nowhere is this better seen than with the fifth commandment. "Honour your father and your mother, so that your days may be long in the land that the LORD your God is giving you" (Exodus 20:12). The commandments are linked to the natural structures of human life and flourishing. The law is good, not only because God says so, but because it is *good for people.* This is also why, within the Old Testament, the law is frequently connected with *wisdom.* "The law of the Lord is perfect, reviving the soul; the decrees of the Lord are sure, making wise the simple... More to be desired are they than gold" (Psalm 19:7; see also, for example, Deuteronomy 4:6 and Proverbs 29:18; 31:26). Wisdom, in the Old Testament, has to do with the nature of the world we live in, and the ways of life that make sense within it – the ways of life to which the creation is naturally hospitable. God, we are told, "made the world by wisdom," such that there are good paths on which to walk, good ways of life to follow (see Proverbs 3:13–26). To see Christ as fulfilling the law is also, therefore, to see him as fulfilling the created order, the wisdom that is sown into the nature of the world God has made.

An ethics of the meantime

What follows from all of this for Christian ethics? It means that Christian ethics must have a complex attitude towards what we may call "nature." On the one hand, Christian ethics must pay attention to the natural realities of human life, because it knows that this is the world that God made by wisdom, and that has a moral order which is reflected in Israel's law. Christian ethics must pay attention to what the Bible teaches about creation and its moral order, and consider how this makes contact with the claims about what is "natural," which, in one way or another, has been a constant concern of moral and political philosophy. On the other hand, however, Christian ethics can never be simply or even primarily an ethics of nature and created order. For Christian ethics is beholden, first and foremost, to Jesus Christ, to his life and example, his teaching, and the significance of his death and resurrection – to the kingdom of God. Creation's order cannot bind the Christian with the authority it otherwise might, for the same reason that the Christian is no longer "under the law" (Romans 6:15). Something has happened in Christ that means a new time has arrived, bringing with it a new freedom. But does that mean we ignore creation, and nature? By no means! We uphold them! (Compare Romans 3:31.)

"Christian ethics must pay attention to the natural realities of human life, because it knows that this is the world that God made by wisdom, and that has a moral order which is reflected in Israel's law."

But why, we might ask at this point, shouldn't things be simpler than this? Because if Jesus came to fulfil the law and the prophets won't there be, rather than tension between the kingdom and creation's order, instead harmony? This is a very important question. The answer is that, although we are certainly right to expect there to be harmony between the kingdom of God and the created order, we cannot expect that just yet. The time will come when the whole of creation will find its fulfilment in Christ's triumph, when the lion will lie down with the lamb and a little child lead them (see Isaiah 11:6). Yet this is something we may *hope for*, not something we can already enjoy. For the creation has not yet been made new, but waits for its redemption, just as we must wait with patience for the redemption of our bodies (see Romans 8:19–25). The Christian is located

continued over page

"in the meantime," and that location shapes Christian ethics.

What this then means is that in the present we find ourselves bound to the task of discerning what obedience to Christ and his kingdom requires of us in relation to our natural responsibilities. Our first obligation is to seek God's kingdom and its righteousness, yet we may do so only as human beings, within the networks of relationships and obligations in which we find ourselves – only as men or women, children, parents; only as beings with bodies, who need to sleep and eat, and who get sick; only as members of some or other, or multiple, communities and polities, which make their own demands upon us. The Christian's task is to "discern what is the will of God" (Romans 12:2). Yet to ask this is to ask a question on which more than one factor bears. It involves considering our situation as created beings; and it involves considering how Christ and his kingdom impacts upon this. The relationship between these two factors is sometimes straightforward, and sometimes not.

Consider again the command to honour one's parents. That children should honour their parents is not an arbitrary imposition upon humanity; rather, it reflects the wisdom of God, the way creation is hospitable to human life. For this reason, this command is richly reaffirmed within the New Testament as having an important place in the Christian life and the life of Christian communities (see for example Ephesians 6:1–3; Romans 1:30; 1 Timothy 5:8). In the teaching of Jesus, its basic validity and importance is deployed in order to criticise the Pharisees (see Mark 7:9–13). Yet, we also find moments at which its importance is abruptly thrust aside. "First let me go and bury my father," says a son; and Jesus replies, "Let the dead bury their own dead" (Luke 9:60). This is illuminating, for it highlights the fact that *in the present time* a harmony between the ordered call of creation and the command of Christ's kingdom cannot be assumed. For as the apostle Paul puts it, "the days are evil" (Ephesians 5:15). The Christian's ethical task, therefore, involves discernment of what, here and now, Christ and his kingdom mean for our natural responsibilities.

As we forgive

What does this amount to, in practice? Can we say anything more precise than that there is a need for discernment? Space prohibits extended discussion, but we can point out some significant things that unfold from all this.

"Points of shared moral concern and moral agreement will arise because we live in a common world that is morally ordered, a world in which divine wisdom calls, pointing us to paths of goodness and life."

First, this way of picturing the task of Christian ethics explains why Christians may and do share common ethical concerns and commitments with non-believers, but also why these commonalities are frequently vexed and precarious. Points of shared moral concern and moral agreement will arise because we live in a common world that is morally ordered, a world in which divine wisdom calls, pointing us to paths of goodness and life. Describing this in terms of "natural law" is not ideal, because the term *law* puts the idea of obligation front and centre in a way that is problematic. It is better, in my view, to think in terms of a natural order of wisdom, the way the world rewards certain forms of action, and not others. But the fundamental point is that there is a moral reality that bears on us simply by virtue of our life within the world God has made. And this is why we will frequently find points of moral agreement with those among whom we live, just as Israel discovered wisdom on the lips of foreigners.[1] It is also why Christians should expect to be able to learn from those outside the faith about many things, including things that relate to moral questions.

However, Christians must also expect this learning, and these shared moral commitments, to have limits, and frequently to be tense or collapse. The reason is that although we live in a world in which wisdom calls, the Bible tells us that we are, on the whole, very bad at heeding this call. Wisdom's first speech in the book of Proverbs is one of deep frustration that people "refuse to listen when I call" (Proverbs 1:24). Even those committed to the importance of natural law have often seen this point very clearly. Thomas Aquinas, for instance, while taking the idea of natural law very seriously, also recognised that "the uncertainty of human judgment" constantly thwarts our ability to come to practical conclusions about what is right and wrong.[2] Christian ethics must always reckon with the reality of sin, through which the created order and our knowledge of it have been corrupted.

(The story here has, in part, to do with language. Moral deliberation and practical reasoning are fundamentally shaped by language; because we can only think about what actions mean in so far as we are able to name them. We work out whether something is good or evil largely by working out what it should be called: is this an act of honesty, or is it harshness? Is this courage, or is it rashness? Is this murder, or is it kindness? As Stanley Hauerwas nicely puts it, "You can only act in the world you can see, and you can only come to see what you can say."[3] This is why many contemporary moral debates have to do with how things should be named and what things should be called, and why campaigns to change laws often involve proposals to rename certain kinds of action. These disputes over names should never be regarded as trivial. Naming, in fact, is the central question for moral reasoning. The problem, however, is that names are fragile. The knowledge of the names of moral actions is a precious thing, safeguarded by traditions of moral teaching. But such traditions are always

threatened. They are threatened by new situations that obscure the wisdom they contain and make it seem outdated or unhelpful. They are threatened by forgetfulness of how the tradition worked and fit together, so that it begins to look disjointed or lopsided. And they are threatened by the hypocrisy of the tradition's guardians, so that the credibility of the tradition is compromised. All of these things have undermined the tradition of Christian ethics in our day, with the result that we have lost the ability to recognise certain kinds of action for what they are.)

Yet above and beyond all this, Christian ethics will have another reason for recognising the limits of moral agreement with those around us, which is its primary concern with the new thing God has done through Jesus Christ. Christ and the claim of his kingdom introduce a new priority and focus into Christian ethics, which will make other accounts of ethics seem incomplete – preoccupied with non-critical things and out of proportion to reality. By the same token, from another perspective Christian ethics will appear inadequately concerned about certain things and irresponsibly unrealistic.

The distinctiveness of Christian ethics centres on the priority given to grace. One of the striking features of the moral exhortations in the New Testament is their emphasis on graciousness. There are constant calls to bear with one another, to be patient with and generous to one another, to extend grace and gentleness to outsiders, and to forgive. Indeed, nowhere is the distinctive character of Christian ethics clearer than with the call to forgive. This is an obligation that is, in a real way, *unnatural*. It is a striking fact that there is no command to forgive in the Old Testament. It is almost always God who is the agent of forgiveness. But with Jesus something new happens, such that now the command to forgive is placed front and centre: it is the *only* moral obligation that finds a place in the Lord's Prayer. It is not too much to say that Christian ethics begins from the words "As we forgive those who sin against us." This is *not* an ethics that comes naturally to us, and Christian ethics must resist the temptation to minimise this distinctiveness.

Conclusion

Where, then, does this leave contemporary Christian medical professionals, bombarded with ethical guidelines, principles, and assumptions? Perhaps the best way to sum it up is to say that it leaves such persons *free*. They are free because they are able both to recognise the value and legitimacy of the ethical regimes in which they operate, and also to recognise their limits and stand apart from them. The way they are positioned is essentially the same as the apostle Peter had in view, when he called for Christians to:

> *For the Lord's sake accept the authority of every human institution, whether of the emperor as supreme, or of governors, as sent by him to punish those who do wrong and to praise those who do right. For it is God's will that by doing right you should silence the ignorance of the foolish. As servants of God, live as free people, yet do not use your freedom as a pretext for evil. Honour everyone. Love the family of believers. Fear God. Honour the emperor. (1 Peter 2:13–17)*

What stands out in this instruction is the way Peter sees the space for a genuinely Christian, willing recognition of the legitimacy and validity of "human institutions," precisely as an expression of, rather than a compromise of, freedom. The basis for this space lies in the terms "wrong" and "right." There is a recognition here of the shared moral commitments we spoke of earlier. In various ways, Peter implies, Christians will find themselves able to agree with the moral judgments of the world around them, and its institutions. Yet, there are also clearly implied limits to this submission to authority. It is done only "for the Lord's sake," and in service to God, which means, as Peter himself made clear at another moment, there are times when it ceases to hold (see Acts 5:29).

In the context of contemporary medicine, such freedom might involve the effort to recognise ethical value and insight where it can be found, whether in codes of conduct, principles of ethics, or practical, contextualised judgments. There will be insights into what is right and wrong here that can be welcomed with gladness. Yet this freedom will also involve a constant recollection of the provisional, limited, and imperfect nature of these human institutions, which may deserve "honour," but do not deserve either "love" or "fear." The authority of regimes of medical ethics can be accepted only "for the Lord's sake," and that means there will come moments where they can no longer be accepted at all. This is the freedom which Christian ethics seeks to defend and assist, by explaining how it flows out of the work of God in Christ, to reconcile to himself the world that He made by His wisdom. ●

by Rev Dr Andrew Errington

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1. We have several hints in this direction within the Book of Proverbs. Wisdom literature existed not only in Israel, but throughout the ancient world. This wider wisdom teaching was known in Israel – a fact that should not surprise us, given the stories that depict king Solomon sharing his wisdom with "the whole world" (1 Kings 10:24) – and there are indications that it was taken seriously. Foreigners speak in Proverbs (see Proverbs 30:1; 31:1). More strikingly, in chapters twenty-two and twenty-three of the book, there is a passage that almost all scholars agree depends on a wisdom tradition from Egypt called *The Instruction of Amenemope* (see, e.g, Roland E. Murphy, *Proverbs* (Nashville: Thomas Nelson, 1998), pp. 290–294). "By me kings reign, and rulers decree what is just" says Wisdom in Proverbs 8:15. The clear implication is that this is true of *all* rulers, not only those of Israel. As David VanDrunen concludes, in a discussion of how Proverbs contributes to a biblical theology of natural law, "Proverbs recognises that genuine wisdom exists outside the bounds of Israel and indicates that God's people should learn from the wisdom of others" (*Divine Covenants and Moral Order: A Biblical Theology of Natural Law* [Grand Rapids: Eerdmans, 2014], p. 397).
2. Thomas Aquinas, *Summa Theologiae*, 1a2ae, q.91, a.4.
3. Stanley Hauerwas, "How to write a theological sentence," ABC *Religion and Ethics*: http://www.abc.net.au/religion/articles/2013/09/26/3856546.htm

Ethics and Discernment

In a broad sense, ethics is doing "the good" in any situation. Doing good is likely to involve the challenge of seeking a wisdom to act well. It will include collecting evidence and thinking critically about such information. It will be marked by an openness to others and for Christians an openness to the surprise of God speaking into our lives. Doing good will contain an integrated connection between our hearts and our minds. An important question remains in deciding the "good" – what might be the indicators of God guiding or speaking to us, and not someone else?

Gordon Smith[1] describes discernment as "a way of knowing and seeing that is experienced as a profound interplay of intellect and emotion in which head and heart are informing and guiding each other. Discernment is a matter of attending to both. The circumstances of our lives and the emotional contours of our hearts." (p53).

In our post-modern secular culture, with ever expanding choices, how are Christians to exercise discernment? When is the right time to take a stand? Could now be a time for change, the prompting of God towards a new way of seeing? The pace of change in medicine and dentistry poses regular new challenges for Christian ethics. Discernment is critical to an ongoing commitment to doing "the good".

In some ways 'discernment' is an old fashioned concept. Us moderns are more comfortable with the concept of 'spirituality'. Here Simon Chan[2] helps us when he observes, "The question of discernment cannot be dealt with apart from the question of spirituality." He adds "the 'how' is far more important that the 'what' when we come to the question of God's will."

As a young GP I felt a certain moral outrage when sex-workers presented asking me to be the doctor who kept them and, by implication, their clients healthy. How could this be "good"? My response was to say, "No". I couldn't support with integrity what seemed to be 'sinful behaviour'. The response to my stand was always critical, including a polemic against the love of God. With the prompting of the Spirit, I began to recognise that love implies acceptance but not necessarily agreement – "While we were yet sinners Christ in love has died for us"! By accepting the challenge to care for sex workers, I began to encounter the surprise of God's healing for such people. Now the "good" was not moral condemnation, but the "ministry of reconciliation", of being part of the space of God's grace at work in a person's life. Chan puts it this way. "By sensitively listening to and reliving the Christian story, we begin to discern more clearly what belongs to the main story line and what does not." (p25)

"By accepting the challenge to care for sex workers, I began to encounter the surprise of God's healing for such people."

As doctors and dentists, what are the practices we commit to so that discipline and growth in our spiritual journey do occur? So that we might "continue in doing the good"? In the early church, the Eastern Theologian, Evagruis, stated, "A mature Christian is one who discerns and one who discerns is a mature Christian." John Cassan was another church father interested in exploring the scope of discernment. He noted, "Discernment is the 'eye and lamp of the body', without which the whole body is plunged into total darkness."

Cassan recognised the sphere of discernment is both external and internal. There are times when as Christians we need to apply basic biblical truth to an external problem. Another 'external' discernment is to assess the claims for revelation by someone else. We could argue that God speaks to humanity through our historical existence. So, what is God doing in the world today? Where is Jesus today? These are external discernment questions.

Internal discernment is clarifying God's will for one's own life in a particular situation. Chan again notes, "The ability to discern implies a degree of maturity or spiritual proficiency. Spiritual sensitivity is honed through constant training in listening to God and obeying his voice." Humility is the virtue which grounds both internal and external discernment. Courage is the virtue which overturns inertia and allows risks to be taken.

The challenge for busy practitioners is to focus not only on professional excellence but intentionally 'growing in Christ' and the grace of God – to find time for prayer about our external and internal environments. There is a 'wider lens' view when we consider ethics. Discernment will need to account for how we combine professional commitments and spiritual maturity through the vision of God's 'image bearers'. James Smith[3] puts it this way: "We are commissioned as God's image bearers, his vice-regents, charged with the task of 'ruling', and caring for creation, which includes the task of cultivating it, unfolding and unfurling its latent possibilities through human making – in short through culture!" This will include the cultures of medicine

and dentistry. Indeed, Smith adds to his argument by quoting Richard Middleton[4] who writes, "'Imaging God' thus involves representing, and perhaps extending in some way, God's rule on earth through ordinary communal practices of human sociocultural life."

The Genesis narrative identifies a fundamental brokenness to this vision. Subsequently, God recreates the vision through a call extended through Abraham to Israel. Failure resurfaces. Thus, argues Smith, "The task of properly being God's image bearer, is taken up and performed by the son, by Jesus, who is 'the image of the invisible God' Col 1:15. Jesus shows us what that looks like. When the world is violent/ broken/ sick and in pain, the shape of such image-bearing will be cruciform." To drive his argument home, Smith draws on Tom Wright[5], who integrates Christian spirituality and ethics this way: "The task of shaping our world is best understood as the redemptive task of bringing the achievement of the cross to bear on the world, and in that task the methods (ethics), as well as the message, must be cross-shaped through and through."

Smith wants us to recognise that our faith, and therefore our ethics, is not simply a set of "cognitive, heady beliefs, nor fundamentally a worldview". What we think and do grows out of our encounter with the love of God. Cruciform love. Resurrection powered love. This is love lived as a verb and not simply restricted to our internal belief system.

When it comes to making good ethical choices in the doctor-patient encounter or the broader cauldron of health care, it is likely that a 'cross-shaped' Christian maturity will stand us in good stead. In our thinking about discernment, the question then emerges, "What sustains our connection to the love of God?" We would be right to instinctively think of gathering with fellow believers for prayer and worship. But what happens in our lives beyond Sunday? What we can think of here are called 'Christian practices' – Bible study, hospitality, times of retreat, fasting, peacemaking and so on. Practices reinforce the rhythms of grace that keep us close to God's ever-extended love.

Dorothy Bass[6] has identified four components of Christian practices. Christian practices are meaningful clusters of human activity that:

- resist the separation of thinking from acting that maintains an integration of doctrine and Christian living.

- are social, belonging to groups of people across generations. This reflects the churches' communal life, i.e. prayer gatherings.

- are rooted in the past, but are also constantly adapting to changing circumstances (including new cultural settings).

- articulate wisdom that is in the keeping of practitioners who do not think of themselves as theologians. Indeed, Christian living and worshiping involve the whole community in premeditated theological work. The Bible is given to us mainly in the plural sense, and so reading together will generate a wider insight than reading individually.

For a Christian health professional, practices promote the integration, sociality, stability and adaptability that lead to wisdom. Under the scrutiny of the world, our peers and our patients, these practices will contribute to a seamless discernment reflex when attending to ethical decision-making.

James Smith summarises for us when he states, "A reordering of creation has already broken into creation in the person of Jesus Christ, and we are gathering as a people in order to practice for the arrival for the kingdom in its fullness – and thus in order to be trained to be a kingdom-kind-of-people in the meantime, as witnesses to that kingdom, in and through our work as cultural agents."

Any discussion about discernment, including discernment in ethics, must recognise for Christians that it is also a reflection on the nature of religious experience. So I now want to return to the work of Gordon Smith in his book *The Voice of Jesus*. Smith identifies three important contributors in our

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Christian tradition to this matter of discernment: Ignatius Loyola, John Wesley and Jonathan Edwards. All three of these witnesses start with the premise that we are fully committed to God in Christ. From this point, "listening to God is a matter of being attentive to the affective orientation of one's inner consciousness." It is God-centred prayer with all of who we are.

"Wesley also always insisted that God does not call us to be irrational. We should take the best science and the best arguments into consideration."

Ignatius Loyola was a Basque soldier who, in his convalesce from injury, began to engage in spiritual reading and so entered a deepening spiritual life. He documented this transformation in a book called *Spiritual Exercises*. Essentially, Ignatius recognised the importance of being conscious of the activity of God in experience. He recognised times of 'desolation' (times of diminished faith, hope and love) and 'consolation' (a contrasting emotional state of peace or joy, in which one senses that one is in communion with the Lord and growing in faith, hope and love).

To push back against pessimism or arrogance, Ignatius emphasised the priority of humility. Humility, then, was to "see oneself in truth", and it is through humility we order our affections, our commitments and what we love. This perspective allowed Ignatius to develop 'the principle of holy indifference' – "and so, all creation and all created things (including medical/dental practice), while coming from God, can never take the place of God and delight in God. Indeed, it is important we sustain a "holy indifference" to these things, whether wealth, or honour or career or reputation." (Gordon Smith, Pg 41)

As the founder of the movement known as Methodism, John Wesley stressed the vital role of the inner witness of the Holy Spirit in discernment. This inner witness was evident in two ways:

- The joy of being children of God.
- Moral renewal and reform (becoming Christ like).

Wesley knew that suffering and sorrow often cross our path in life, but he argued that through the gracious work of the Spirit, joy will consistently return as the dominant disposition of our hearts. Wesley also recognised that there are safeguards to the witness of the Spirit. He nominated scripture, the church and reason. The inner witness of the Spirit will never contradict the testimony of scripture. In the same way, the church in its role as the keeper of tradition, while at the same time being a living community of believers, also harmonises the witness of the Spirit. Wesley also always insisted that God does not call us to be irrational. We should take the best science and the best arguments into consideration.

Like Ignatius, Wesley also emphasised the importance of humility. He recognised that a person of humility is disposed to the purposes and will of God and that pride is the greatest threat to authentic discernment.

Jonathan Edwards comes from the Calvinist tradition and was involved in a revival movement in America called the "Great Awakening". In this time of passion and spiritual enthusiasm, Edwards sought to define the 'distinguishing marks' of God's work. He interviewed many people touched by this 'awakening' and developed a 'phenomenological' approach to discernment against the backdrop of an established doctrinal understanding of faith. In doing so, Edwards recognised the substance of true religion is found in the 'affections'. He affirmed that as humans we have understanding, affections and will, but he insisted that it is in the affections that we find the centre point of the spiritual life. The second awareness Edwards recognises is that we must not be naïve about our emotional state. An emotional state is not an end in itself. Consequently, Edwards argued for a personal testing of the Spirit. We can seek the counsel of others, but we cannot pronounce final judgement on any but ourselves.

Finally, Edwards developed a number of 'certain signs' or 'distinguishing marks' of God's presence and salvation. Included here was a recognition that genuine spiritual influence arises when our thoughts are focused on that which is good – on that which is aligned with the work of the Spirit in the world. Also identified were the development of 'an enlightened mind', the central place of humility and the impact of religious affections in the transformation of character. For Edwards, there was a 'bottom line' in authentic religious experience and (for our purposes) ethical discernment – in that there is an abiding peace that one experiences in the knowledge of God and of God's love in one's heart.

Gordon Smith recognises a study of Ignatius and Edwards by Evan Howard[7] who concludes that, when considered in the light of modern psychological discoveries, Christian discernment is "an affectively rich act of knowing". There is much in what I have documented from these rich sources to inform, challenge, and inspire practical discernment in ethical decisions for health academics, clinicians, administrators and others.

While there are 'fifty shades of grey' that can be explored in terms of discernment, I want to conclude this paper with some thoughts on 'moral discernment' as outlined by Gordon Smith. We have arrived at an emerging awareness that discernment requires we learn to cultivate a particular set of skills and perspectives. Noting the work of ethicist, James Gustafson, we can say, "The discerning act of moral judgment is impossible to programme and difficult to describe. It is something like both literary criticism and good literary creativity – it is both rational and affective."

So Smith outlines three further affective elements at stake here:

- As Christians, our conscience is informed by a biblical theology of love and justice. As we have seen, a Christian conscience is formed and informed by our identification with a person, Jesus Christ. So if we lack compassion or hold a judgmental orientation, we can recognise we are out of step with Jesus. The modesty of following Jesus will keep us grounded.

- Discernment is about seeing our environment truthfully. This will include our capacity to see ambiguity. If we cannot discern good we cannot discern evil and an appropriate response to evil.

- Moral discernment is about our response. It is a response to the world that arises out of our experience of having been loved and forgiven, and continuing to be loved and forgiven.

When it comes to moral discernment, we all have a propensity to act out of guilt or to be inactive because of fear. As Christians, there is significant value in the conversations and relationships of our networks and church family friends. It is here that conscience and moral discernment is rounded out. Smith offers a further insight from Gustafson who muses, "The community is in part the present gathering of Christians, in a congregation or some other group, that engages in the moral discourse that informs the conscientiousness of its members through participation in moral deliberation."

In preparing this paper I have avoided developing a 'recipe' for discernment. In adopting Gordon Smith's definition of discernment in the second paragraph, I have gone on to spell out what discernment could look like. It will involve:

- Reading scripture for 'the main story line', to keep us on track.

- A spirituality that leads to Christian maturity. This will include both an external and internal skill set. It will involve personal prayer and praying with others.

- Maturity to accept the challenge to grow in Christ – so that growing out of God's love for us, we develop a cross-shaped spirituality.

- Engaging in Christian practices which strengthen and affirm God's presence in our consciousness. We practice as ready witnesses to the Kingdom of God.

- Ignatius, Wesley and Jonathan Edwards are three historical figures who have thought deeply about discernment. Their insights are invaluable and affirm that Christian discernment is 'an affectively rich act of knowing'.

- Finally, we have seen that discernment takes place in the context of a relationship with Jesus. This relationship is consistent with the message of Scripture, ever-vibrant through the active presence of God's Spirit and also moderated by the fellowshipping networks God gives us. ●

by Dr Paul Mercer

Paul is editor of *Luke's Journal*. This article is reworked form a paper presented at Theology-on-Tap in Brisbane, August 2017.

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On not getting out of life alive
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end in their death, we must talk about the kinds of treatments that are available, and what these entail, for them and their life projects. This might enable them to put together a meaningful set of advanced care directives or patient care plans that identify the kinds of treatment they would want and which they would not – and allow clinicians to identify the kinds of treatment they would and would not be willing to provide for them. Of course, there are significant legal and ethical questions about the status of advanced care directives, given the ways that people see things very differently prospectively and in reality, as well as complications about their implementation in the exigencies of medical emergencies.[7] I would suggest that they best operate as guides for conversations with patients and their families including, when necessary, shaping (but not determining) proxy decision-making in emergencies. We need to foster a conversation in the wider community about these matters.[8]

Christian doctors have a lot to offer to this conversation. We have a vision of life in community that can sustain this kind of humane medicine. We have a clear recognition of the limits of the human condition, and that only God can free us from our bondage to death – and gloriously has done so. We know that we don't 'get out of life alive', but that we are delivered through death to immortality. We have a long tradition of caring for dying people in ways that honour them and their inherent dignity, even as they face the indignities of dying. And we know that, while some medical treatments may be futile, our care for people in need never is.

by Rev Dr Andrew Sloane

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When Christians Disagree

Diversity or conformity?

Consider this group of Christians, all of whom want to be, and consider they are, faithful to Scripture.

- One believes in a six-day creation about 6000 years ago
- One is pro-life and anti-abortion
- One believes in male headship in the church and opposes any female leadership
- One is a premillennialist and is at loggerheads with post-millenialists
- One considers that homosexuality is sin and opposes any place for gay people in the church
- One considers that human life commences at conception and therefore opposes any manipulation of the embryo
- One believes that speaking in tongues is essential to salvation
- One believes in the baptism of believers and opposes the baptism of infants
- One believes that the only true translation of the Bible is the King James version
- One believes that the soul is a distinct part of the human person
- One believes that a certain form of church government is the only legitimate one.

There is nothing amiss about this range of beliefs, except when one or other of them is made a central tenet of the Christian faith, and that all who oppose that particular stance are not true Christians and may not be Christians at all. Evangelicals have long held to the notion of 'unity in diversity', but in practice this sometimes looks more like 'unity in conformity.' And this is the reason why we so vehemently disagree with each other and castigate all who disagree with us.

Is it inevitable that Christians act in this way, and does this stem from their biblical faith? Why this emphasis on one issue, whether abortion or creation or male headship? And is this topic a central topic within the Christian faith? Is it sufficiently important to separate one Christian or one Christian group from another? **What is central and essential, or peripheral and non-essential?**

To attempt to answer this question I shall look at the central beliefs of a range of evangelical organisations and some church organisations. But let's begin at the beginning, with the Nicene creed, dating from 312AD, and the Apostles' creed, from probably the first or second century but later influenced by the Nicene creed.

Apostles' Creed

I believe in God, the Father almighty,
creator of heaven and earth.
I believe in Jesus Christ,
his only Son, our Lord, who was
conceived by the Holy Spirit
and born of the virgin Mary.
He suffered under Pontius Pilate,
was crucified, died, and was buried;
he descended to hell.
The third day he rose again
from the dead.
He ascended to heaven
and is seated at the right hand of
God the Father almighty.
From there he will come to judge
the living and the dead.
I believe in the Holy Spirit,
the holy catholic church,
the communion of saints,
the forgiveness of sins,
the resurrection of the body,
and the life everlasting. Amen.

Whichever way you want to look at these creeds, the essentials that come through are the essentials of the historic Christian faith; they are bedrock beliefs on the nature of God, the person and work of Christ, the work of the Holy Spirit, the nature of the church, the forgiveness of sins and the resurrection of the body. These are fundamental biblical truths.

Once one turns to modern lists of fundamental beliefs you get many of the same features, but with more on the sovereignty of God, the divine inspiration of Scripture, and less stress on the details of what happened to Jesus during his time on earth. These are taken for granted.

A representative example is the doctrinal basis of the **International Fellowship of Evangelical Students (IFES).** This is aiming to assert what is regarded as essential for an organisation based on Scripture, and to emphasise what it is that unites biblically-based Christians rather than what divides them. Unity is the fundamental driver in this and all similar cases.

International Fellowship of Evangelical Students (IFES)

- The unity of the Father, Son and Holy Spirit in the Godhead.
- The sovereignty of God in creation, revelation, redemption and final judgment.
- The divine inspiration and entire trustworthiness of Holy Scripture, as originally given, and its supreme authority in all matters of faith and conduct.
- The universal sinfulness and guilt of all people since the fall, rendering them subject to God's wrath and condemnation.
- Redemption from the guilt, penalty, dominion and pollution of sin, solely through the sacrificial death (as our representative and substitute) of the Lord Jesus Christ, the incarnate Son of God.
- The bodily resurrection of the Lord Jesus Christ from the dead and his ascension to the right hand of God the Father.

- The presence and power of the Holy Spirit in the work of regeneration.
- The justification of the sinner by the grace of God through faith alone.
- The indwelling and work of the Holy Spirit in the believer.
- The one holy universal Church which is the body of Christ and to which all true believers belong.
- The expectation of the personal return of the Lord Jesus Christ.

It is beliefs such as these that I view as central, core beliefs for Christians. They are the *essentials*. John Stott put it like this: "Although it is not always easy to distinguish between [essentials and non-essentials], a safe guide is that truths on which Scripture speaks with a clear voice are essentials, whereas whenever equally biblical Christians, equally anxious to understand and obey Scripture, reach different conclusions, these must be regarded as non-essentials... In essentials unity; in non-essentials liberty; in all things charity." Of course, this does not solve the problem of which is which; neither does it tell us 'the truths' on which Scripture speaks clearly.

The one point of contrast between modern statements and the creeds is the reference to Scripture. *It is the supreme authority in all matters of faith and conduct.* What is included in **all** matters of faith and conduct? This is where we start to diverge from one another, and this is where conflict creeps in.

The perceived centrality of Scripture

Listen to these examples:

> *"The Bible is without error not only when it speaks of salvation, its own origins, values, and religious matters, but it is also without error when it speaks of history and the cosmos. Christians must therefore submit to its supreme authority, both individually and corporately, in every matter of belief and conduct." (The Christian Institute, UK)*

This appears to be opening the door to the Bible becoming the fundamental source of stances in science and one imagines numerous other areas of human thought and endeavour. Just how much information do the biblical writers provide on the cosmos, and what exactly do the framers of this statement mean by 'the cosmos'? For me, we obtain most of what we know about the cosmos from scientific studies and not from Scripture. Similarly, with history; I doubt that the Bible makes the work of historians (including church historians) redundant. And if we go in this direction, who has the authority to determine exactly what the Bible says about matters that for most people are far removed from fundamental gospel truths?

> *"Every word was inspired by God . . . so that the Bible as originally given is in its entirety the Word of God, without error and fully reliable in fact and doctrine. The Bible alone speaks with final authority and is always sufficient for all matters of belief and practice." (Fellowship of Independent Evangelical Churches FIEC)*

It is obvious from these quotes that the way in which Scripture is *interpreted* is crucial, as well as what we expect to get out of it. What do we envisage is included when they speak of *all matters of belief and practice*? In what sense is every word inspired and what do we mean by inspiration? I have no intention of going into these, especially since I am not a theologian, but you should see some of the issues for us living in a secular and pluralistic 21st century Western culture. And where does science enter the picture, or for that matter where does historical interpretation, or political analysis? And, of course, what relevance does the Bible have for modern medical practice?

Stances allegedly based on Scripture

Some church groups work out in considerable detail what they view as the implications of these positions. Others may not be nearly as explicit as these, but assume certain viewpoints. Some examples.

> *"The unique value of women's ministry in the local congregation but also the divine order of male headship, which makes the headship of women as priests in charge, incumbents, dignitaries and bishops inappropriate."*

> *"The rightness of sexual intercourse in heterosexual marriage, and the wrongness of such activity both outside it and in all its homosexual forms." (Reform, within Anglicanism)*

> *"The role of pastor and elder is open only to suitably qualified men.*

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Women are to have a significant ministry in areas such as care and hospitality and also in teaching other women." Suitably qualified men in leadership does not include those "presenting as male by virtue of gender reassignment." (FIEC)

"[The church's] scriptural officers are pastors and deacons. While both men and women are gifted for service in the church, the office of pastor is limited to men as qualified by Scripture."

"Christians should oppose racism, every form of greed, selfishness, and vice, and all forms of sexual immorality, including adultery, homosexuality, and pornography."

"We should speak on behalf of the unborn and contend for the sanctity of all human life from conception to natural death." (Southern Baptist Convention)

Besides these church bodies, there are many parachurch organisations that specify in intricate detail what one should believe as a Christian.

It's not my task in this talk to comment on what I see as the rightness or wrongness of any of these positions. The point I wish to emphasise is that these positions have come to assume centrality in Christian belief systems. Anyone in these particular churches has three options: *accept these positions; reject them but remain quiet; reject them and leave the church.* The first option is straightforward, but the latter two indicate that there is no room within that Christian body for a dissenter, at least if the dissenter is of a mind to raise objections.

The question for us is how do we live with each other when we agree over basic theological truths, such as those outlined in the FIEC statement, but do not see eye-to-eye over male headship, those who experience same-sex attraction, the status of the embryo, or climate change? Do we castigate anyone who does not think how we think on one of these issues, and is that the response that Jesus taught in the gospels?

How do we live with each other?

An immediate response one encounters when people do not agree with someone on any of the contentious issues I have referred to is to label them *false teachers who are leading people away from Christ.* In a recent incident in the United States when a prominent evangelical writer expressed some cautious sympathy with LGBT relationships, she was denounced as a false teacher who was divisive, was guilty of serious error, and was leading people away from Christ. One commentator noted though that she had not denied a line in the Apostles' Creed, and had not promoted a historical heresy. Her books on other topics were immediately banned by a large chain of Christian stores. (Jen Hatmaker, see Religion News Service May 2017). Why? Because she had, as another commentator wrote, placed herself outside the historic church. Where then do we go from here?

Let me look at some principles found in the New Testament.

Unity in the Body of Christ

This is the bedrock principle to be affirmed by Christians when confronted by individual and group interrelationships within the church. This was attested by Jesus in His high priestly prayer (John 17:20-23) and by the repeated emphases made by the writers of the New Testament letters (Ephesians 4:1-6). Paul, in writing to the Ephesians, urged them to make every effort to keep the unity of the Spirit through the bond of peace (Ephesians 4:3).

The picture presented by this concept is of a body: all the parts of which are essential for its normal functioning. In exactly the same way we all need each other within the Body of Christ. It is in these terms that we are to view *the gifts of the Spirit*, since the various gifts given by Christ to His church are to be used for the strengthening of the Christian community. To keep them to ourselves is to deny them to other Christians and weaken the Body of Christ. Similarly, Christ's Body is weakened when we prevent a Christian from ministering to other Christians, and much more so when we deny that this other Christian is even a member of Christ's Body.

The unity of the Body of Christ implies that we are to be open to having fellowship with all others who acknowledge the saving work of Christ on the cross and who demonstrate that work in the quality of their lives. These other Christians will undoubtedly include those with whom we have

"We are making a peripheral issue... into a central one, and in doing this are displacing Christ from the centre of Christianity."

profound disagreements on a whole range of matters. Nevertheless, if we have a high view of the unity of the Body of Christ, we can neither downgrade nor ostracise other Christians on the ground that we differ from them over political, ethical, or even certain theological questions.

The unity of Christ's Body should constitute the prime impetus to a resolution of conflict between Christians. This is because nothing is of sufficient importance to cause schism within the church, as long as the essential integrity of the gospel concerning the person and work of Christ is maintained. Everything else should be regarded as peripheral in nature and open to honest debate.

It is only when the unity of Christ's Body is accepted that we are in a position to learn how to live with one another, and such living in turn entails learning how to disagree with one another in love. Disagreeing "in love" involves entering into dialogue with one another, while retaining respect for the integrity and spirituality of the other. It involves praying for those Christians with whom we disagree, speaking with them, reading their books, and sincerely seeking to learn from them. It involves being prepared to test all our views on social and spiritual matters against the general principles found in Scripture. Sometimes, we will be wrong and then we must admit that we have been wrong. But even if convinced that we are correct, we may still have a great deal to learn from our adversaries, and we always need each other within the Body of Christ.

One of the foremost obstacles to an outworking of these principles is the existence of factions (Galatians 5:20); groups of people who narrow down what they have in common to one issue or one area of agreement. The motive for this may be exemplary, and yet all too easily this move becomes associated with a party spirit, with selfish ambition, with dissension, and with envy. Very readily, what becomes important is allegiance to the group, and outward impressions become crucial (Galatians 6:12). It is in this spirit that secondary matters are elevated so that they become issues of primary concern. This occurred in the early church with regard to circumcision, and it can happen today with any secondary issue. If, for instance, we are prepared to be separated from fellow believers on questions such as those of nuclear warfare, feminism, apartheid,

or abortion, we are claiming that these questions are more important than the work of Christ on the cross. We are making a peripheral issue, no matter how important it is in its own right, into a central one, and in doing this are displacing Christ from the centre of Christianity.

Humility

Few themes are as dominant in the New Testament as that of humility (Luke 14:7-14; Romans 12:3,4; Philippians 2:3,4). We are not to think of ourselves more highly than we ought (Romans 12:3). We are to be realistic, and remember that what we are comes from God. Whatever we have in the way of abilities, gifts (both natural and spiritual), and position in society comes from God. To think highly of ourselves is, therefore, a contradiction in terms for Christians, who are to realise their dependence upon God's mercy. Consequently, it is entirely inappropriate to strive to advance our own interests; rather, we are to live for others – acknowledging their interests and seeking to advance them.

In a conflict situation, therefore, we are to put the interests of our antagonist first. This does not mean we are to demean ourselves and our arguments, as though our arguments are worthless and our antagonist's valuable. It is, rather, a matter of seriously considering the stance and attitudes of the other person, and seeking to understand why he/she holds that particular position. It is an attempt to put ourselves in the shoes of our antagonist, so that we can begin to appreciate the essence of this alternative perspective.

We are no longer living for ourselves but for Christ (2 Corinthians 5:17), and therefore, for His people including those of His people with whom we disagree in certain areas. Even more generally, we are to love our neighbour as ourselves. Such principles lead inevitably to the concept of servanthood, a concept demonstrated by Christ who came to serve and not laud it over His fellow beings. (John 13: 4-17). His supremacy lay in the quality of His self-giving, in the extent to which He put the claims of others above the claims that were rightfully His. He lived, not for His own satisfaction, but in order to bring fulfillment and wholeness to others.

The life of Christ was the essence of humility, and it is to be clearly expressed in the arena of conflict and disagreement. As we find ourselves in opposition to others, our chief concern is not to win an argument but to see that truth prevails and that the welfare of those opposing us is upheld. These were the points stressed by Paul as he instructed the Ephesian Christians to speak truthfully to their neighbours, to be kind and compassionate to one another, and to forgive one another, because God had forgiven them in Christ. (Ephesians 4:25,32). Moreover, Paul warned against any talk that would destroy others and that failed to build them up (Ephesians 4:29). James warned us, in considerable detail, against envy and selfish ambition and diagnosed the cause of fights and quarrels as self-centred desire (James 3:9-4:3).

A poignant illustration of self-centred ambition is provided by Diotrephes, who sought leadership in the church at all costs (3 John 9,10). His ambition led to malicious gossip and lies, and an unwillingness to welcome and accept fellow Christians. Diotrephes loved to be first, and inevitably this desire led him to ostracise other leaders in the church. The end result of such desires is the institutionalisation of unresolved conflict.

When disagreement comes

Whatever our ideals may be, we rarely live up to them. We fail; we fall into sin, and sometimes we are wrong. Inevitably, therefore, there will be disagreements among the followers of Christ. When we fail to understand each other, or resolutely adhere to our own position, difficulties ensue.

Christ was well aware of this possibility (Matthew 18:15-17). According to His advice, if you consider that your brother has offended, speak to him quietly and point out where you consider he

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has erred. He may listen to you, agree with you, and determine to change his ways or modify his views. Of course, the person in the wrong may be us, and it maybe we who are approached to change our lifestyle or attitudes.

Failing a response, the *second step* is to approach the erring person accompanied by one or two others, who also consider that an error has been committed. More specifically, these others should be leaders in the Christian community. Bringing in other responsible and respected Christians is what we might refer to as group consultation, and is the next level at which debate is to take place. When Paul was confronted by the warring Euodia and Syntyche, he pleaded with them to agree with each other in the Lord, and he asked one of the church leaders to help heal the rift between them (Philippians 4:2,3).

If the supposedly erring Christian is still adamant, the matter should then be brought before the church at large. This is when the debate becomes public. Even at this level though, there is to be discussion. When there are issues of disagreement within evangelicalism, major church leaders should be brought together to discuss matters and to engage in serious dialogue. There needs to be considerable agreement at this level before a person or viewpoint is condemned as lying outside evangelicalism.

Group dialogue was the function of the Church Councils in the early years of the church, as with the council in Jerusalem in Acts 15. In that instance, Paul and Barnabas disagreed sharply with some others in the church on the role of circumcision. As a result, they with some other Christians, went to Jerusalem to discuss the matter with the apostles and elders. There was dialogue and ardent debate, as a result of which agreement was reached. Subsequently, a course of action was adopted to let other churches know the decisions that had been reached.

These ways of dealing with disagreements all involve discussion and dialogue, commencing at the personal level and working up to public discussion. All are characterised by a desire to find the mind of Christ, and all treat the erring party as a responsible participant. There is never autocratic condemnation. If agreement appears to be impossible, the parties may have to go their separate ways, as happened when Paul and Barnabas disagreed (Acts 15:36-41). Even when this occurs, however, respect for the other party is essential, with an acknowledgement that, as far as one is aware, the other party is seeking to be faithful to the Lord.

"Our chief concern is not to win an argument but to see that truth prevails and that the welfare of those opposing us is upheld."

Judgement

Implicit within the previous principles is a refusal to judge others. Even if we consider other Christians to be in error, guilty of sin, or promulgating heresy, it is not our prerogative to judge them by ourselves. The reason for this is two-fold: God alone is judge, and we are sinners (Matthew 7:1-5). Whatever errors we may detect in others are likely to be small compared with the errors that characterise us, even if these errors are in a totally different area from the one in dispute. In other words, we, too, may be wrong. Under no circumstances, therefore, are we to set ourselves up as judges of others within the Body of Christ. This does not mean we can do nothing about sin or error within the Church; rather, we have to adopt the appropriate procedures, namely, employ consultation rather than indulge in judgementalism.

A fascinating approach to rivalry was provided by Paul when dealing with those Christians who were preaching Christ, and yet in doing so were attempting to embarrass Paul himself. Even though he considered their motives suspect, he still rejoiced because Christ was being preached (Philippians 1:15-18). He could well have condemned those people, judged their motives, and entered into public conflict with them. However, because they were making Christ known, he acknowledged the positive rather than negative aspects of their preaching. In doing this, he recognised a major difference between those particular people and the many false teachers, who were distorting the essence of the gospel and preaching a false Christ. In similar vein, it behoves us to distinguish between differences that strike at the heart of the gospel and those that are not central to it.

A major obstacle to moving in this direction is that we readily *erect rigid rules* encompassing details of beliefs, attitudes and practices. Those who obey these rules are accepted; those who reject them or disobey them are judged and rejected. Quite apart from the fact that rules can readily detract from the freedom and responsibility found in Christ, they all too easily lead to judgementalism, since they are the basis on which judgements are made. It is no wonder, then, that Paul instructed the Colossian Christians not to "let anyone judge you by what you eat or drink, or with regard to a religious festival, a new moon celebration or a Sabbath day" (Colossians 2:16). All these rules are based on human commands and teachings, and will disappear. They appear to be wise, but ultimately are valueless (Colossians 2:21-23). Tragically, they enable people to judge one another. Not only is it unjust, since it implies higher standards for others than we accept for ourselves, but it also demeans all that Christ has bestowed upon us, replacing His wisdom by sinful human standards. For Christians, judgement is to be replaced by accountability; we are accountable to each other, just as we are all accountable to God. It is in accountability, rather than in judgement, that we learn to discern the mind of Christ.

Some further comments

The principles I have just touched on lead to discussion on more general issues. These include:

- the scope of evangelicalism
- public polemic and serious debate

- the dangers of dogmatism
- freedom of expression
- censorship
- mutual interdependence

Let me pick up on just one of these, *freedom of expression*.

Differences of opinion are to be expected within evangelicalism, and that we have to learn to cope with such differences. This, in turn, is based upon another fundamental assertion, *an acceptance of the necessity of freedom of thought within Christian circles*. In these terms, it is imperative that we learn to distinguish between criticism of ideas and criticism of the people holding those ideas. Strong disagreement with the views of a fellow Christian does not give us the "right" to question that person's motives or assault his or her character and reputation. This is *character-assassination*, an activity that always emanates from the supposed superiority of one person over another. It is the opposite of the Christian virtues of servanthood and humility, denigrating as it does all that the other person stands for.

It is imperative that we learn how to disagree with one another in a positive and supportive way. This attitude is essential for the emergence of genuine tolerance, by which we are enabled to take seriously the sharply conflicting views of another. We need to beware of turning friends into enemies because we cannot agree on everything, and of fragmenting the Body of Christ because we cannot agree on some matter peripheral to the essentials of our faith in Christ. This is schism, no matter how important the matter may be in its own right. This of course gets us back to the relationship between the essentials of the faith and matters peripheral to the core of the faith. The question we always have to ask ourselves is whether the central message of the gospel is destroyed by this matter over which we feel so strongly.

Within Christian circles, the principle of dialogue based on respect for each other's position and integrity is crucial. When this is lost, it is replaced by an unyielding harsh legalism that is prepared to destroy people and institutions in order to win a political battle. Even when confronted by notoriously difficult dilemmas, constructive ways forward are possible for those who have been redeemed and made new in Christ. This is one of the outcomes of the new life in Christ, and hence should characterise the life in the community of the redeemed. Constructive ways forward are based on debate and serious dialogue. The only alternatives are piously packaged solutions that have the appearance of providing assured answers, and yet will be ignored by ordinary Christians when confronted by difficult choices.

Debate over complex ethical issues, therefore, is essential for the health of any community. There is no other way of tackling issues over which no (evangelical) consensus has been reached. The presentation of representative evangelical viewpoints is the essence of any community based upon a belief in the priesthood of all believers. If this right of presentation is not safeguarded in the Christian community, we have chosen dictatorship and have lost any semblance of the freedom and responsibility that are found in Christ alone. Intellectual honesty and spiritual integrity are basic ingredients of a Christian community, and are integral to the moral burden placed upon us as Christ's representatives.

Difficult as it may be to allow, let alone encourage, freedom of expression, it is made possible by the Christian's ultimate belief in the triumph of truth over error. This, again, should be one of the characteristics of the redeemed community. It is integral to the hope of the church, stemming as it does from Christ's triumph over death. We are made free in Christ, and we are to express this freedom in our relationship with others, and supremely with other Christians. Inevitably, there are dangers: we may misuse this freedom and exploit it, or we may impose rules as a means of ensuring safety. Despite these dangers, either in the direction of libertarianism or of legalism, we cannot ignore it. To do so is to turn our backs on one of God's richest blessings, namely freedom.

Running throughout everything I have said there has been an underlying theme: This is the *silence of Scripture*, or more accurately, the silences of Scripture, on certain topics. Our mindset is to want answers to every question we ask, expecting God to do the work he has given us to do. We are created in His image, we are rational beings, with superb brains capable of a great deal of understanding, no matter how much we regularly fall short. How do we cope with these silences on a host of issues ranging from slavery and the use of drones in modern warfare, to IVF and gene editing? Or think of splitting the atom and the demands raised by genetically modified crops. These silences would not bother us if we were not committed to taking the Bible seriously, and knowing how best we can be faithful to its revelation. Our temptation is to interpret the silences on the basis of viewpoints we already hold on other grounds, and claim that our position is biblical. In these situations is any one viewpoint solely biblical? Does that question even make sense?

"Biblical silences serve as a warning against undue dogmatism and triumphalist interpretation on issues of little concern to relevance to the biblical writers. Humility of interpretation and speculation is the only way forward for Christians". (Jones, Valuing People, 1999, p69) ●

by Prof Gareth Jones

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Thinking Biblically about the Ethics of Prenatal Diagnosis

There has, and always will be, an ongoing need to express the content of Scripture regarding its significance for contemporary life.

As we approach Scripture, we are wise to clarify that the grand narrative – the story of the Bible – is the story which is shaping our lives. Wherever we break the Bible into 'chunks' (and for this paper I mean the development of Christian ethical thinking), we are in the potentially dangerous place of fitting our ethics into the reigning story of our own culture and all its idols.

Two immediate traps await Christians reading the Bible for ethics:

1. We tend to place ourselves above Scripture rather than in Scripture. We use our study skills to identify proof texts and chose to ignore that the Scriptures are "reading us."

2. It then becomes sensible to us to hold an "extractionist" approach to Scripture rather than allowing ourselves to be formed by Scripture. Any attempt to consider Scripture passages as relevant to ethical challenges needs to be slanted to the question, "How do we live out this story?" Another question might be, "How do we live out the consequences of the story as virtue ethics?"

With this awareness we can also recognise that the Scriptures are about a way of life that is focused through the person of Jesus Christ. Christ is the one who is truly the image of God. Christ is the truly normative human being. Ethics is about Christ being formed in us.

As we embrace and allow this story to become the centre of our own life stories, Biblical materials emerge as helpful guides to ethical matters. I recommend the following…

The Goodness of Creation

We should acknowledge that God's self-assessment of creation is its goodness (Genesis 1). This goodness produces the impact of beauty and wonder. It establishes a basic reliability when previously there was chaos. Science depends on this reliability. Both the stability and adaptability of creation and the genome are an enduring witness to this goodness. Prenatal diagnosis is an emerging window into such goodness. Genomic laws are relatively simple. Epigenetic factors raise the complexity of understanding significantly.

In the language of creation we discover more than a decisive act. There is also a sense of an ongoing dimension of good creation in the world. The role of the Spirit is to continue the work of creation (the tense of the language in Genesis is enduring) and, as human beings, God invites us to partner with him in the project of earth-keeping and forming creation. We could say that there is room in creation for ongoing action and the formation of creation toward sustainability.

The goodness of creation should also alert us to 'handle it with care' and resist pragmatic destructiveness. This comes into even clearer focus when we recognise that God has created human beings 'in his image'. The term 'image', contains both the possibility of reflecting who God is in our being and also exercising the stewardship of partnership for the sake of creation and the Kingdom of God. The image of God is the goodness that allows for an intimacy of relationship between God and human beings. Finally, God has not only created the genome but has given human beings the desire and ability to understand it.

The Stain of Sin

Genesis 3 relates the story of sin's entrance into the world through human rebellion (Adam and Eve). While sin immediately distorts the goodness of human beings, it also impacts on the whole of the good creation. In Romans 8, Paul presents the image of all creation as groaning, as if it were in the pangs of childbirth. In the good creation, now influenced by the corruption of sin, we can recognise the emergence of genetic abnormality and dysfunction. A burden of suffering and struggle are associated with this disintegration.

Because of the room within God as Father, Son and Spirit (Trinity), the good creation also has its own room, apart from God in time and the space. So because God loves his good creation, God acts to sustain it – the sun continues to rise, the rain falls, etc.. The creative logic of God in creation is not overwhelmed by sin. We can continue to rely on the principles of goodness built into creation. We can continue to observe the Spirit acting in new creation ways. We are now made aware that the Spirit acts to blunt the excesses of sin and corruption - the Spirit restores. This is good news for the human genome which is subject to mutations, environmental insults, rebellious human choices, etc.. Christians can confidently be involved with all interested parties in positive measures to prevent, manage and

restore the consequences of sin on the human genome. The Bible identifies that sin has an architect - variously described as the devil, Satan or the evil one. Sin can be experienced in cosmic and structural dimensions that manifest as evil and in the cause of death. The challenge of ethical behaviour in these contexts can only occur by the power of the Holy Spirit in us.

Redemption

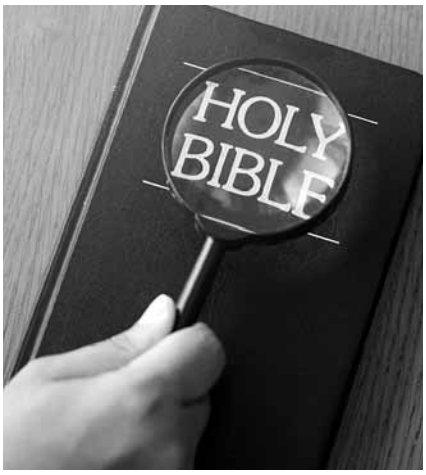
The calling of Israel to "Be my people" and the giving of God's law through Moses are the means of God beginning to reconcile the creation in the wake of sin and the Fall. Against the testimony of the goodness of creation, the calling of a people/nation who are committed to the clarity and holiness of the law given to the chosen becomes a light shining in the good creation where the creeping darkness of sin is on display.

As a "light to the nations", Israel is a reminder that God loves his good creation; that the room of grace in God desires a relationship with creation and the 'image bearers'; that God is willing to make "best practice" (the law) in providence. God hopes that such people who covenant with such best practice guidelines can be a role model for all creation/humanity. Choosing life over death, living justly, exercising mercy and always walking humbly before God can be considered as Old Testament ethical levers in responding to genetic prenatal diagnosis contexts.

The coming of Jesus of Nazareth heralds the initiation of re-creation and secures the reality of reconciled relationships between God and Creation. The redemption of creation through Christ generates many possibilities for ethics:

- The incarnation, the coming of God into the world through Jesus, reaffirms God's deep love for his good creation.

- Against the backdrop of the ongoing creative and restorative work of the Spirit, Jesus enters history as the perfect, only truly human, only sinless human being. We can say Jesus had a perfect human genome. Jesus is a preview of the full perfection of the human



genome – through creation, restoration and recreation. Jesus is the firstborn of many brothers and sisters.

- At this point in the creation and redemption history, the reality of God as the Trinity of Father, Son and Spirit is informative. We can say creation and redemption occur out of the relationships of the Trinity. So after Iraneus[1], we can assert through this Son and Spirit (His two hands), the Father prevents creation from slipping back into the nothingness from which it came and restores its movement to perfection. The unity and diversity within the Godhead allow for unity and diversity within the human genome and consequently human beings created in the image of God.

- This good news about Jesus is the Gospel, which Mark recommends be shared with "all creation" (Mk 16:15). It is inclusive of 'good news' for the human genome, for health systems and healing, for parents who embrace the joy and uncertainty of the gift of children, for communities anywhere who gather to work and worship as a preview, as the firstfruits of the formation of Christ's people in the world through history.

- Ethics becomes the grace-filled responses of Christified medical professionals, administrators, lawyers, financiers and people (both female and male) who hold an interest in prenatal human beings with potential. Christian ethics recognises the creational goodness and the Spirit-led insight of all who hold interest in preterm genetic matters. Christian ethics understands the deforming and frustrating impact of sin. Christian ethics can engage in dialogue with ethical problem-solvers, in the humility of Christ. The distortion of bioethical systems developed without Christ and the gospel can be reformed and transformed.

- Historically, we can identify that we live in the 'now-not yet' period of the narrative of the Kingdom of God. In this context, ethics can only hold a faithful provisionality perspective. The unmerited grace of God in Christ is a light which shines in our world. The equally unmerited transformation toward Christification (through the power of the Spirit) nurtures the hope that all things, including genetic disease, will be finally reconciled through Christ. This is the world's true hope. Whilst faith, hope and love abide, according to St Paul, love will always be the "greatest of these." This is the most defining aspect of ethical thinking and behaviour.

It will be clear that I have not yet arrived at a set of tools for Christian professionals to approach scripture with ethical questions, but only a background briefing.

Conclusion

The principle of spiritual formation, of Christification is preeminent and non-negotiable as we read Scripture. My hope is that the reflective material presented here, will allow a wide and productive conversation about ethics within CMDFA and beyond. A simple scan of Biblical material offers no immediate texts around the ethics of prenatal diagnosis. The 'eyes to see' that come with the formation of Christ in us, will take us further. I have sought to spell out such a challenge in this material. ●

by Dr Paul Mercer

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A Tale of Two Deaths

The Saga of Prenatal Carrier Screening and Prenatal Exome Sequencing

Death is considered a failure and an end of biological life as we know it.

Depending on our worldviews, we have different mechanisms of coping with death – especially the death of a baby. Faith and hope of seeing the baby again; despair and depression; and anger and frustration at the lack of available medical technology are all legitimate expressions of grief. When loss is repeated in a subsequent pregnancy, there is a further increase in grief and doubts about one's intrinsic capacity to ever have a child. Peri-natal genetic testing adds further complexity to this already emotional time.

In a recent case at the Maternal Foetal Medicine centre where I work, I managed a pregnancy from early stages of foetal formation. The couple and I felt a milestone had passed when the morphology scan at twenty weeks was within normal limits. The previous pregnancy had ended with the baby dying soon after birth in spite of several foetal interventions and an anxious forty weeks. On subsequent scans, hope slowly turned to despair as this foetus began to display the same features as the previous baby that had died. The family in desperation asked, "What now"? The pursuit for answers is not only a clinical imperative but also a compassionate response to a challenging situation (Pisnoli 2016). This is not an uncommon occurrence in Maternal Foetal Medicine. Fortunately in this instance, after many investigations, we were able to find the rare recessive disorder that both the parents carried causing the death of their two babies. After a harrowing few years of burying their babies, the couple are currently pregnant again, awaiting a prenatal targeted mutation testing which would establish if this foetus is affected or not. We know that there is a 25% chance of this foetus also being affected and this family having to bury a third baby.

Though rare, these recessive conditions grab attention with the often heart-wrenching story of unexpected loss and what could have been avoided with the availability of newer testing modalities. From invasive testing for foetal karyotype, we have raced through Cytogenetic Molecular Arrays to sequencing the foetal exome and to the whole genome. DNA testing of parents and the foetus/neonate (trio testing) is now considered the standard of care for these challenging cases (Schwender 2012). Technological advances have made it possible for us to examine/ sequence the whole exome (WES) – the gene coding region (~30,000 genes in the human genome) – or indeed, the entire human genome of 3 billion base pairs (WGS) (Chen 2017, Jelin 2018).

For this particular couple, it was a mutation (a substitution of just one base pair) involving a mitochondrial protein gene which was implicated. The options to avoid this possibility were:

- not having any more pregnancies, but instead adopting,
- the possibility of using donor sperm or egg,
- in-vitro fertilisation (IVF) with preimplantation genetic diagnosis (PGD) or prenatal invasive testing to confirm the status of the foetus,
- or a three-parent family (UK precedent) with donor egg mitochondria (without nucleus) (Dahiya 2018).

Each of the above management options has its ethical challenges. Instead, the parents decided to conceive spontaneously, requesting early prenatal testing.

There are numerous clinical contexts where the conversation about prenatal carrier screening becomes appropriate. Though the above-mentioned case is rare, there are many other rare recessive disorders which would only become evident through trio testing after an unexplained loss. Moreover, there are several other common conditions where carrier screening is recommended. Recently the media reported on a couple who had lost their baby with Spinal Muscular Atrophy (SMA). The report quotes the mother "We should never have gone through this… No-one should feel this pain. It's preventable through carrier testing." (Scott 2018). Many prenatal carrier screening tests (limited and expanded, depending on costs) are being offered by various companies "direct to the consumer".

"I must struggle with the tension of the two opposing opinions… one arguing that 'just because we can, does not mean that we should', and the other stating 'just because we have not done this before, does not mean that we should not be doing this'."

The discussion of the ethics behind both prenatal carrier screening and prenatal testing is complex and dealt in published literature (Horn 2018, Appleby 1988, Alderson 2001). As a clinician engaging with parents in their complex grieving and aiding them to find a way forward in a prenatal context, ethical frameworks of principlism (autonomy, beneficence,

non-maleficence and justice) or consequentialism are inadequate. Nevertheless, the framework of virtue ethics may help in creating a way forward (Gardiner 2003, Gillon 2015, McCrathy 2003). It is possible that these ethical frameworks will be eroded and overridden as medical practice becomes more 'protocolised' and 'regimented' by college guidelines and algorithms for management.

The recent RANZCOG statement requires that:
'*All couples intending to have children*, or who are pregnant, should have a *careful family history* taken regarding *relatives with inherited disorders*.[1] Those identified with a family history of inherited disorders should be made aware of the availability of carrier screening for recessive conditions'(RANZCOG 2018). The recommendations regarding carrier screening for monogenic conditions and populations with specific risk screening programs are also described in the statement.

Options of preimplantation genetic diagnosis, donor gametes, prenatal diagnosis and termination of an affected foetus are intrinsic to peri-conceptional carrier screening. Regardless of the ethical dilemmas of the options above, all of them are possible choices that couples may make under various prenatal circumstances. Prof Wayne Grody (Paediatrics and Human Genetics at UCLA), in an excellent editorial in JAMA, states that implementing large-scale carrier screening programs without adequate thought about its implications can cause more harm than good (Grody 2016). In addition, screening by Non-Invasive Prenatal Testing (NIPT) for various genetic syndromes with combinations of the so-called 'expanded panels' is already offered by various companies despite the College position that these are not supported (RANZCOG 2018). One of the reputed laboratories in Australia reports "no other autosomal aneuploidy detected" despite the fact that the request form is only for the common trisomies on NIPT (T21, 18 and 13). Prenatal or pre-conception carrier screening for SMA, Cystic Fibrosis (CF) and Fragile X is now available in Australia and recommended to be offered to all couples. With the relentless march of medicine and the alliance between business and health, it is inevitable that large-scale expanded prenatal carrier screening and non-invasive exome sequencing of foetuses will soon be offered (Hayward 2018).

However, there is no clarity in prenatal carrier screening or exome sequencing about many of the issues listed below:

- How detailed should informed consent be when discussing prenatal carrier screening and prenatal exome sequencing?
- What and how many conditions need to be offered as carrier screening?
- What are the options parents have, if they are carriers?
- How informed are the parents about possible inadvertent findings in the exome, not related to the pathology being investigated? What if doubts about paternity are raised?
- What about:
  - genes that are associated with adult onset illness?
  - genes that may be pre-mutations for disease?
  - genes that have predisposition for neuro-psychological impairments?
  - genes that are cancer-associated?
  - genes that are variants of unknown significance?

So far, we have blindly borrowed all our data from results obtained from testing of children and adults with known pathology and reach our conclusions on prenatal testing where pathology may or may not be present. Counselling the parents becomes complex because of the variable expression and penetrance of the genes involved and there is no certainty in many instances as to the actual phenotypic or functional manifestation in the foetus/newborn. In the context of a child or adult, treatments are available and the life of a child or adult is protected by social mores and by law, whereas in the context of the prenatal testing, the pathology is projected, uncertain and the life of the unborn baby is not protected either by social mores or by law. The very pillars of ethical principles – autonomy, beneficence, non-maleficence and justice – become arguable in the context of prenatal testing, with the unborn child considered legally as a non-entity. The medical fraternity has found refuge in being non-paternalistic and non-directive in counselling, and the current recommendation is to give the parents all the information from prenatal testing (molecular arrays/ WES or WGS) regardless of its nature (pathogenic; unknown or copy number variant) and involve them in "Shared decision making" – thus passing on the burden of knowledge and decision-making to the family. This is symbolically similar to what Pilate did in washing his hands before handing Jesus over for "Shared Decision making" by the mob (Matt 27:24 NIV).

Progress will continue to be made and the cost of prenatal carrier screening and exome sequencing will become cheaper and affordable. More

continued over page >>>

guidelines will invariably make these the standard of care and some unborn children will needlessly have their life terminated from the uncertainty projected/predicted from the prenatal testing. This does not make progress undesirable or the technology wrong. The case discussed above, and many others, have had answers through trio testing, resulting in successful pregnancies with prenatal testing.

Regardless of our persuasion based on ethical or scriptural principles, I would be cautious in condemning all prenatal genetic testing. Christians have not invariably got ethical issues right. Over the centuries, Christianity has found scriptural support for perpetuating what we consider are social injustices, eg. human slavery and apartheid (Early 2008). I am also reminded that the Church warned Galileo to recant, insisting that the sun revolved around the earth (Wolf 2016). I would certainly not want to hide behind spiritual phraseology and accept that the loss of these innocent babies is God's will. I must struggle with the tension of the two opposing opinions expressed in one of our multidisciplinary meetings by two senior consultants: one arguing that 'just because we can, does not mean that we should', and the other stating 'just because we have not done this before, does not mean that we should not be doing this'. One raises caution about how and what we do, while the other desires progress without which we would still be in the Dark Ages.

I wholeheartedly agree with Paul Mercer when he says, 'A simple scan of Biblical material offers no immediate texts around the ethics of prenatal diagnosis. The 'eyes to see' that come with the formation of Christ in us, will take us further' (Mercer 2018).

I continue to find encouragement in the words of Micah, *'And what does the LORD require of you? To act justly and to love mercy and to walk humbly with your God.'* (Micah 6:8 NIV). None of these – justice, love or mercy – may be easy to define in a complex clinical situation. Therein is the challenge of life, and living in a real world with many shades of grey. My prayer is that 'my eyes will see' all the shades of grey in each and every complex clinical situation. ●

by Dr Joseph Thomas

Joseph is a Senior Specialist in Obstetrics and Maternal Foetal Medicine at the Mater Mothers Hospital, Brisbane. He trained in Christian Medical College, Vellore and worked as a consultant Obstetrician in Bangalore Baptist Hospital and Asha Kiran Hospital, Odisha, India before moving to Australia. After completing his subspecialty training in Maternal Fetal Medicine at the Women's and Children's Hospital Adelaide, Joseph joined the Mater Health Services. Joseph has a special interest in Prenatal Ethics and is passionate about human formation. He is keen to integrate his Christian faith and medical practice.

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Brainstorming themes

- A big picture person to brainstorm ideas for **topics of current interest** and think through different facets of a topic. If you have a bit of a creative flair for catchy titles, that's a bonus!
- Someone with a good idea of **contacts** in terms of who is around, who might be available to write on different topics, or who has had different exposures in life. Ideally this would be a person in their **60s or 70s** who has been in the fellowship for a while.

Commitment required is a minimum of **two teleconferences per issue for 90 minutes each**, usually in an evening. At 3 issues per year, this would amount to a maximum total time of 9 hours a year. The above do not have to take on a big load in terms of asking people to write, nor of proofing.

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Equality Begins in the Womb

How (Some) Feminists have Betrayed Girls

Sex-selection, whether through IVF or abortion, remains controversial in Australia, and the debate around it has revealed deep divisions within feminism.

In June 2013, ALP and Coalition members joined in the Senate to vote for a motion condemning the practice of "gender-biased sex-selection in abortion or infanticide whether in Australia or overseas". The motion was introduced by Victorian DLP Senator John Madigan following a News Limited report in April that year that Australian doctors were being asked to abort unborn baby girls, simply because the parents wanted a boy. It is unclear how often such requests are made, or how often they may be acceded to, although no doctors would admit to doing so.

Overseas, sex-selection abortion, sometimes called 'gendercide', is overwhelmingly used to eliminate female, not male foetuses. It is estimated that up to 200 million girls have been aborted worldwide simply for being the 'wrong' or less desirable sex. In China, where society values sons over daughters, the one-child policy is well known to have led to an increase in sex-selective abortions. But the practice is also increasing in other South Asian countries such as India, Pakistan, and Taiwan. This is despite the fact that in China and India, sex-selection abortion is illegal, and in some countries it is even illegal to inform parents of the sex of their unborn child. The law seems to have little deterrent effect. There are situations where having a son rather than a daughter confers an economic advantage. In an agrarian society, sons are valued for their labour. Similarly, one can understand a preference for sons when the marriage of a daughter requires the payment of a dowry, or where it is sons who are expected to look after their elderly parents. However, it seems the major driver of sex-selection abortions is a culture which devalues women. In such countries the practice has become so widespread as to skew the population balance, and has been described as "a global war against baby girls".[1] In years to come there will be millions of wifeless men. This trend already results in an increasing demand for prostitution and reports of women from Vietnam, Myanmar, and North Korea being systematically trafficked to mainland China and Taiwan to be sold into forced marriages.

"Other feminist voices... admit that they are deeply conflicted, but for them the rights of (already born) women trump those of unborn girls."

Christians ought to oppose sex-selection abortion, both on the grounds of respect for human life as made in the image of God, and because male and female are equally made in the image of God and are to be valued equally. Children are a gift from God, not a commodity to be 'ordered' with certain desired characteristics.

On the face of it, sex-selection abortion is so discriminatory that one might expect universal condemnation. However, despite the condemnation of the practice expressed by the Australian Senate in 2013, it is very unlikely that this will translate into a legal ban. In 2014 the same Senate voted against a bill introduced by Senator Madigan that would have banned Medicare rebates for sex-selection abortions. The Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013, was not supported by either major party. Some claimed that the ban was unnecessary because the practice is rare in Australia, but requests may well increase with increasing migration from Asian countries where it is accepted, and as family size continues to shrink and couples want a 'balanced' family.

Why the reluctance to ban or even restrict sex-selection abortion in Australia? In 2004, the National Health and Medical Research (NHMRC) essentially outlawed it, stating:

> *Sex-selection is an ethically controversial issue. The Australian Health Ethics Committee believes that admission to life should not be conditional upon a child being a particular sex. Therefore, pending further community discussion, sex-selection (by whatever means) must not be undertaken except to reduce the risk of transmission of a serious genetic condition.*[2]

But these guidelines are only legally binding in relation to artificial reproductive technologies. Such technologies allow Pre-implantation Genetic Diagnosis (PGD): the genetic testing of embryos created *in vitro* to screen for diseases, and of course the sex may be determined, and then only the embryos which are free of genetic abnormality, of the desired sex, will be implanted. The states of Victoria, Western Australia and South Australia also have specific legislation

prohibiting the use of PGD for sex-selection, except to prevent a genetic abnormality or disease that may be sex-linked.

IVF sex-selection is legal in the US, and the Australian Health Ethics Committee (AHEC), a sub-committee of the NHMRC, undertook a year-long review of the practice, resulting in a renewal of this "ban" in April 2017.

There was a great deal of negative reaction to this decision, with claims that it will force Australians "desperate to have a boy or a girl to travel overseas for treatment". Mark Bowman, medical director of Genea Fertility said that the decision was "ludicrous" and "flies in the face of civil liberties", claiming that there was a genuine demand for sex-selection PGD, as Genea had received 130 inquiries about it in the past year. Current Fertility Society of Australia President, Prof. Michael Chapman, said the updated guidelines were a huge disappointment and a missed opportunity to "move forward" in line with the rest of the world.[3]

But if sex-selection is banned pre-implantation in Australia and is universally condemned, why the reluctance to ban or even restrict sex-selection abortion? One might think that feminists in particular would be pushing for a ban. And some are – hence the slogan "Gender Equality starts here".

Yet other feminist voices have strongly opposed any ban on the practice. They admit that they are deeply conflicted, but for them the rights of (already born) women trump those of unborn girls. In 2012 in Canada, lobbyists argued against a bill that would have banned sex-selection abortion, saying that concerns about the practice shouldn't get in the way of the greater need for 'absolute' access to abortion. Claiming that pro-life advocates raise the issue because they believe it is the "feminist Achilles heel," one pro-choice activist said that however much she might dislike the practice, "Our bottom line has to be to let the woman decide. Always." She rejected the idea that some reasons for abortion are more valid than others: "Any woman can choose an abortion for any reason, and she doesn't have to tell us what it is. It's none of our business."[4]

It seems that, in Australia too, restricting abortion in any way at all has become a no go area for politicians. Senator Madigan's bill prompted outrage from some feminists. Clementine Ford wrote: "This bill isn't about banning sex-selective abortions. This bill is about banning abortion full stop… John Madigan and his band of merry middle-aged men aren't interested in protecting female foetuses from gendered oppression. If they truly cared about gender inequality, they'd be defending the rights of women to control their own fertility, not just here but abroad".[5]

Such feminists do face a real dilemma, expressed clearly in the self-contradictory statements of Greens Senator, Lee Rhiannon. On the one hand, she said that "The Australian Greens condemn sex-selective abortion where it does occur", whilst on the other, even to raise the issue "is the latest tactic of those dedicated to restricting women's right to access full sexual and reproductive health services including abortion".[6]

Feminism was historically, and ought logically to continue to be, protective of the powerless. But some sections of third wave feminism appear to have been hijacked by and reduced to "pro-choice". Choice trumps everything. The logic of this is that there are no right or wrong choices for a woman in relation to abortion, not even better or worse choices, or better or worse reasons for a choice. To admit that aborting a girl because she is a girl is a poor reason opens the door to questioning other abortion choices, which seems to be taboo. Hence we have the bizarre situation of self-proclaimed feminists defending the ultimate discrimination against girls. They are prepared to sacrifice unborn girls on the altar of women's choice.

Opponents of a 2012 U.S. bill for a ban on sex-selection abortion described it as a "War on Women", but as Republican Representative Ann Marie Buerkle argued, "There can be no rights for women if we don't allow them the right to life. … This is the ultimate war on women. If we don't allow women to be born, we cannot talk about any other rights."[7] ●

by Dr Denise Cooper-Clarke

Denise is a medical ethicist and researcher with Ethos.

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Evaluating Stem Cell Research, Cloning and Therapy

Stem cells[1] have captured much scientific and popular interest with hopes of 'cures' and prolonged life for many degenerative diseases using replacement cells and tissue regeneration.

The Science

There are two main types of stem cells:

1. Adult/non-embryonic, used for decades in bone marrow transplants.

2. The more controversial embryonic – first derived in 1998 from foetal gonadal tissue by John Gearhart of Johns Hopkins University and from donated surplus fertility clinic embryos by James Thomson of the University of Wisconsin who discovered how to create immortalised human embryonic stem cell (hESC) lines.[2]

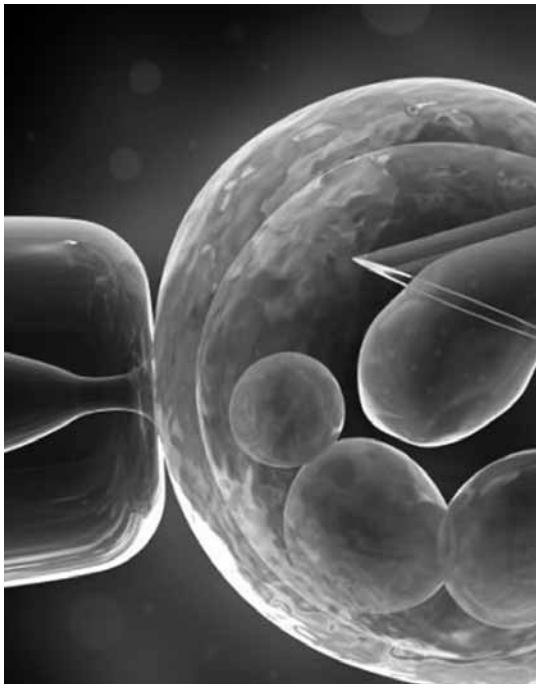
Embryonic stem cells proliferate rapidly and indefinitely, and thus potentially produce large numbers of specialised cells to treat large numbers of patients. However, there are problems of tumorigenesis (teratomas[3]), and immunological rejection requiring either lifelong immunosuppressant drugs with attendant susceptibility to infections, or creating genetically identical stem cells which foster 'therapeutic cloning'. The process known as somatic cell nuclear transfer (SCNT) where DNA from the recipient's body cell is transferred to an egg whose nucleus has been removed, creating an embryonic clone of the donor, which can go on to yield embryonic stem cells, is the basis for both therapeutic and reproductive cloning. To date, no therapies have been developed through this research, and human trials continue.[4]

In 2001 scientists discovered stem cells throughout the human body, with optimism that some types, notably placental tissue, amniotic fluid and/or germline cells from testes and mesenchymal cells will be able to produce the same broad range of specialised cell types for medical treatments but without teratomas;

"Embryos, whether created for reproduction or research, deserve equal moral respect."

making them a safer alternative in the clinical setting. Where possible, cells will come from the patient being treated. Being genetically matched, it would be less likely to be rejected by the body's immune system. The health benefits of adult stem cell treatments are already significant, with at least seventy-three research beneficial treatments, including heart, autoimmune diseases and people with diabetes regaining the ability to produce vital insulin after receiving transfusions of stem cells from their own bodies.[5] 'Adult stem cells remain the gold standard for real patient treatments.'[6]

A significant advance was the discovery (first in mice 2006, then humans in 2007) that fully differentiated cells, like skin cells, can be dedifferentiated. However, they are capable of forming teratomas when implanted directly into animals and at least one of the introduced genes increases cancer risk.[7] Embryo biopsy, already used in fertilisation clinics to perform preimplantation genetic

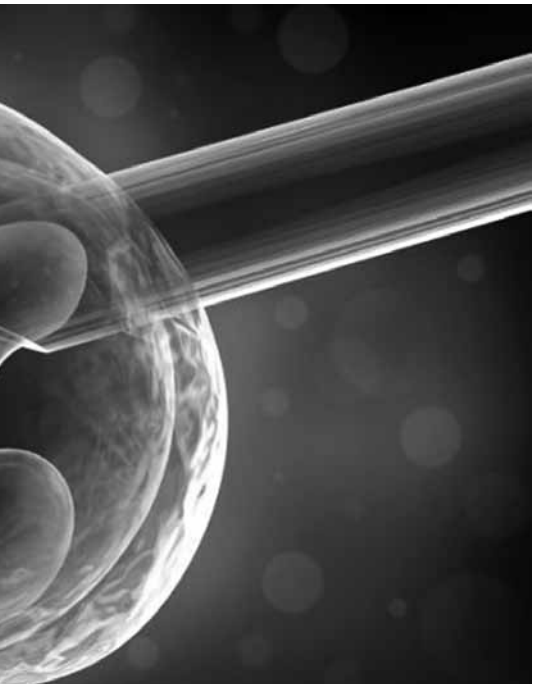


diagnosis is another possibility; as is transplantation from dead/non-viable embryos, though with the same compatibility problems and issues of defining 'death.'[8]

The Ethical Issues

Currently, embryonic stem cells, as well as SCNT derived cells can only be obtained by destroying the embryo. This raises the key question of the embryo's moral status and the broader question of personhood and who deserves protection.[9] These topics revisit assisted reproduction and abortion debates where embryos are already destroyed. There are wide-ranging opinions from the same moral status ascribed to human beings after birth, differing only in their stage of development (many Christians argue personhood from fertilisation; 'a single organism with a continuous history'[10]) to not having their own moral status due to their rudimentary developmental state (varying points of

personhood). Many uphold something is added after the embryonic stage that gives protectable status as persons; most commonly related to location (womb versus laboratory), formation (of the primitive streak as evidence of a brain with future self-awareness and reasoning), individuation (when twinning is no longer possible), or intention (implantation versus research). Legislation in USA, UK and Australia reflecting consequentialist ethics takes a 'middle' position view in which the embryo is afforded a



certain level of moral protection ('respect'), while allowing embryonic stem cell research to proceed in the hope of the promised benefits. The Warnock Committee report (1984) recommending the justification of destructive human embryo research up to fourteen days[11] has had wide reaching influence. Those opposing embryonic stem cell research rightly point to adult stem cell therapy successes, highlighting important alternatives which don't require harm and the limited successes of embryonic research, thus not stopping all stem cell research and exciting possibilities for regenerative medicine.[12]

There are also moral questions in using donated surplus embryos from *in vitro* fertilisation compared with embryos specifically created for stem cell research and implicitly, therapeutic and reproductive cloning. The huge numbers (hundreds of thousands) of stored embryos could potentially be used for research once the decision has been made that they are no longer needed for implantation. This is seen as bringing a measure of good (saving someone else's life, though potential recipient risks of tumours and rejection should not be forgotten) out of an unfortunate situation (consequentialist) so not morally problematic. For some, it is unethical not to do it. Aside from the personhood issue, another ethical question is the acceptability of purposely killing and/or using body parts of those who will inevitably die. In other cases of 'inevitable' dying, of nothing lost but possible gain through research, including death row prisoners, the Tuskegee syphilis experiment and Auschwitz. This has been found to be an insufficient justification. Harming (especially killing) some to benefit others has been deemed unacceptable. The Nuremberg Code and Declaration of Helsinki raise issues of subjects' informed voluntary consent and protection from harm,

"Issues of cost and potential access of all who could benefit from treatments also raise ethical issues."

which in this situation is the parents' proxy consent. Can parents of 'spare' embryos give legitimate consent? There is heightened concern if "spare" embryos from fertility clinics are deliberately created for research and/or there were significant financial incentives ('commodification') to donate.[13]

Cloning adds other questions. The United Nations (2005) condemned all human cloning as incompatible with human dignity. Many countries have completely banned cloning while some allow therapeutic cloning, but not reproductive cloning. The creation of embryos for applied medical research from human-induced pluripotent stem cells (hiPSCs), which have the ethical advantage of not requiring gamete donation, is legal in some countries, but also raises ethical questions. Embryos, whether created for reproduction or research, deserve equal moral respect. Limiting to therapeutic cloning is difficult to regulate since the technology is the same and creates ethical challenges.[14]

There are ethical considerations with adult stem cells (which equally apply for embryonic stem cells) including risks of harvesting cells from donors and potential risks to recipients, notably toxicity and tumours. As in all human research, participants' informed voluntary consent avoiding 'therapeutic misconception', confidentiality (especially where cell lines are shared) and safety are paramount. Stem cell 'tourism' and commercialism, the use of unproven methods by fraudulent operators, pressures of rapid clinical translation (need for good pre-clinical trials to justify progression) and hidden conflicts of interest (especially financial) pose significant medical and financial risks to patients and their families with scientific responsibility and medical professionalism at stake, demanding appropriate preventive regulation to ensure safety and efficacy. The International Society for Stem Cell Research (ISSCR) issued guidelines (2007, reiterated 2013) for clinical translation condemning unproven uses except in exceptional circumstances (seriously ill patients with stringent requirements). Regulation has been difficult because it is often couched as 'medical practice' in Australia under the Australian Health Practitioner Regulatory Agency (APHRA), and not the Therapeutic Goods Administration (TGA) which sets stringent requirements for medicines and devices. Medical professionalism, as elucidated in the Physician Charter including commitment to competence, supporting and fostering scientific knowledge and avoiding financial conflicts of interest, should preclude proffering unproven therapies and free consumer choice.[15]

Issues of cost and potential access of all who could benefit from treatments also raise ethical issues. In general, the rich have better access to biotechnology. Society risks injustice and elitism based on the ability to purchase treatments. Large-scale public stem cell banking and standardised production hold potential for wider access and reduced

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costs. Wise use of research resources to maximise knowledge in areas of greatest promise and clinical need with sound practice in clinical translation and balance of scientific transparency and data sharing are justice issues to be addressed especially in this commercialised and competitive field.[16]

Application of Biblical Worldview and Principles

Although the Bible says nothing specifically about stem cells, some key biblical principles address the ethical questions raised. Creation affirms human value in the *imago Dei* (Gen 1:26-28, 5:1, 9:6 – linked to prohibition of murder). Jesus' substitutionary atonement for all humanity in his incarnation and redemption affirms human dignity as unique recipients of God's love.[17]

"The Scriptures affirm the human individual is a person from the earliest point of his or her existence in the womb (consistent with what we now know as conception)."

In considering the moral status of the embryo, the Scriptures affirm the human individual is a person from the earliest point of his or her existence in the womb (consistent with what we now know as conception[18]), to whom God relates (Ps 139:13-18, Jer 1:5, Job 10:8-12). David considers the "me" speaking as an adult to be the same "me" (person) conceived in his mother's womb (Ps 51). The unborn is given equivalent importance to one born and there is no biblical distinction between early and late stages of the foetus (Exodus 21:22-25[19]). Elizabeth and her unborn son, John the Baptist, rejoiced at the arrival of Mary and Jesus (soon after conception) within her womb (Luke 1:39-45); God in Jesus fully identifies with humanity (Heb 2:17) by becoming a human embryo. Thus, the human embryo should be afforded the status of full personhood. 'Embryos are persons with potential rather than potential persons.'[20] Their moral significance is rooted in what they are (origins), not in what they have the potential to become (destiny). Therefore intentional destructive research on embryos is morally equivalent to killing an innocent life (seriously viewed by God: Gen 9:6, Ex 20:13, Num 35:33) and human exploitation treating them as a means rather than an end; both are an affront to human dignity.[21]

Some Christian ethicists see support for embryonic stem cell research as a means to fulfil the biblical command to 'love your neighbour as yourself', in the spirit of the neighbourly Good Samaritan (Luke 10:25-37), given the great potential for ministering to the sick. Their support is further justified by making a distinction based on location (embryo outside the womb is morally different from one inside) which renders the blastocyst not equal to a human person. It is human life but does not enjoy personhood because it is growing and developing. Others argue for a long-standing Christian tradition that makes a distinction between the 'formed' and 'unformed' foetus (based on a different interpretation of Exodus 21 above and Augustine and Aquinas). For some, the basis for human nature is our destiny, not our origins as the *imago Dei*. Thus, the overall good far outweighs any possible evil, with the sacrifice of embryos in the best interests of the wider good justified within Christian thinking.[22]

Scripture's inclusive ethic reflecting God's special concern for all but especially the weak and oppressed needs to reject an idolatry of technology (just because we can do it we should) in favour of doing what is right - including assessing the impact of stem cell research and therapy on all stakeholders, including those who are most vulnerable. The very genuine needs of the potential beneficiaries must be balanced against the donors/sources and recipients/subjects which includes those who risk harm by providing eggs or somatic cells and specifically embryos, who with no voice of their own, are surely among the most vulnerable members of the human community and who pay the highest price (destruction). These are all our neighbours, requiring our love, protection and respect. Just as any other human's personhood is unchanged regardless of their location or destiny, an embryo's personhood is not invalidated whether in or out of the womb. Location is not relevant to human identity. We must care both about human suffering and value the life of the embryo. The dangers of not upholding God's concern and protection for the weak and vulnerable are very evident in the history of medical research e.g. the Tuskegee Syphilis Study. Well-intentioned desire for producing medical treatments can conflict with an inclusive disposition not to mistreat some, especially the weak in order to benefit others. The Scriptures do not support that the ends justify the means (Rom 3:8).[23] Another aspect of this inclusive ethic is the justice issue of equality of access (Is 5:5-10, Amos 8:4-10,Mic 6:1-8, Neh 5:1-11) to present and future treatments that fits good news to the poor and powerless. Provision of fair, compassionate, adequate healthcare reflects our interdependence in community.[24]

Conclusion

Human motives and means in the appropriately noble goal of relieving suffering (notably of devastating genetic diseases and chronic degenerative conditions) through biotechnical means need to be evaluated. Do we seek to deify ourselves and keep control of ultimate things in our lives (what may be termed a theology of glory in contrast with the more appropriate theology of the cross)? Does it reflect our failure of practical empathetic caring, particularly by the Christian community? Desperate, unloved suffering people are more likely to consider unethical solutions. Being human is to deal with our imperfection, finitude, and loss.

Being Christian is also to demonstrate how dependence on Christ enables us to accept and bear suffering.[25]

Thus, affirmation of human personhood and dignity from conception and an inclusive aspiration, appealing to consequentialism, should strengthen our resolve to benefit suffering patients without harming others in the process. It should not, however, add substantially to the suffering of one group, especially a vulnerable group like embryos, in order to lessen the suffering of another. The fundamental bioethical principle of beneficence should not automatically trump the bioethical principle of non-maleficence.[26]

Ultimately, the ethical argument about the use of embryonic stem cells in medicine depends on one's view of the embryo's personhood. For the utilitarian there is no intrinsic human dignity, whether adult or embryonic, that demands respect. This is clearly different to the scriptural ethic and unlikely ever to converge. As Christians engage with the wider community without a Christian worldview, however, the lessons of history and principles of inclusiveness encourage the nearly universal support for adult stem cells. The less controversial ethical issues, coupled with the potential for autologous donation and less complications, warrant enthusiastic support for further careful methodical research, especially hiPSC development, with their great potential for disease research (understanding the disease first helps generate therapy) and drug development. Even without a high view of embryo personhood, consequentialism accounting for all stakeholders should spare embryo destruction in stem cell research in our resolve not to harm the most vulnerable, even in pursuit of noble medical goals. With increasing opportunities, scientific progress and the high hopes and to date unmet expectations of patients and families, issues of informed consent, regulation, commercialisation, justice and conduct and safety in clinical translation will continue to be important ethical considerations.[27] ●

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1. Justin Lowenthal and Jeremy Sugarman, "Ethics and Policy Issues for Stem Cell Research and Pulmonary Medicine " *CHEST* 147, no. 3 (2015): 825. The term broadly refers to cells that have the capability of differentiating into diverse cell types.
2. Best, *Fearfully and Wonderfully Made*, 423-424; Mattes, "Bioethics and honoring humanity: a Christian perspective," 36; Ismail, "Stem Cell Research and Ethics: An Update " 1; Reisman and Adams, "Stem Cell Therapy:a Look at Current Research, Regulations, and Remaining Hurdles " 486-487. The term adult can be misleading, as they can be from any source other than the embryo and include placenta and umbilical cord blood. By late 2014, the only stem cell–based treatment approved by the FDA for use in USA was for bone marrow transplantation (first done in 1968).
3. A cancer with several different types of tissue.
4. Wyatt, *Matters of Life & Death*, 125-126.Wyatt records that SCNT could prevent the inheritance of rare disorders of the mitochondria as well as provide 'saviour siblings', possibilities for children after becoming sterile and allow lesbian couples to share biological parentage. ; Best, *Fearfully and Wonderfully Made*, 425-431.Best reports early human embryos have been created but human embryonic stem cells have not been derived from them. ; Verhey, *Reading the Bible in the Strange*

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World of Medicine, 185-186.Verhey notes an early trial for Parkinson's disease went badly with serious side effects. ; "http://www.stemcellresearch.org/".The stem cell research website records 0 research treatments, though trials for retinal disease continue. ; Lawton, "The promises and pitfalls of embryonic cell research: navigating the ethical maze," 316-317, 321, 332; Kilner, "An inclusive ethics for the twenty-first century: implications for stem cell research," 692, 707; Reisman and Adams, "Stem Cell Therapy:a Look at Current Research, Regulations, and Remaining Hurdles " 854-855; Nancy M.P. King and Jacob Perrin, "Ethical Issues in stem cell research and therapy," *Stem Cell Research and Therapy* 5, no. 85 (2014): 3; Ana Sofia Carvalho and Joao Ramalho-Santos, "How can ethics relate to science? The case of stem cell research," *European Journal of Human Genetics*, 21 (2013): 592-593. In 2014, a team of US scientists used SCNT to create the first disease-specific embryonic stem cell line from a patient with type-1 diabetes. The insulin-producing cells have two sets of chromosomes (the normal number in humans) and could potentially be used to develop personalized cell therapies. In 2014, University of Washington scientists reported that they had successfully regenerated damaged heart muscles in monkeys using heart cells created from hESCs (published in Nature); first to show that hESCs can fully integrate into normal heart tissue. The Geron trial in humans (2009) which was stopped for safety and cost reasons highlights the important balance of progress and caution in this research. Overall SCNT has many technical challenges and needs a high number of oocytes. Carvalho and Ramalho-Santos consider their therapeutic implications as null.

5. Kilner, "An inclusive ethics for the twenty-first century: implications for stem cell research," 690-692; Lawton, "The promises and pitfalls of embryonic cell research: navigating the ethical maze," 316, 333-334; Mattes, "Bioethics and honoring humanity: a Christian perspective," 36; Dr Prentice, "More Embryonic Stem Cell Hype, Less Reality and Ethics"; , "http://www.stemcellresearch.org/"; Best, *Fearfully and Wonderfully Made*, 424; Ismail, "Stem Cell Research and Ethics: An Update " 1-2; Wyatt, *Matters of Life & Death*, 127; Reisman and Adams, "Stem Cell Therapy:a Look at Current Research, Regulations, and Remaining Hurdles " 846, 855. The usefulness of cord blood stem cells in regenerative medicine has led to the establishment of cord blood stem cell banks where parents of a newborn baby can store the cells harvested from the umbilical cord immediately after birth (including Oman). The stemcellresearch website records 73 research treatments. Kilner and Wyatt record hundreds of research reports published or analysed in the *Journal of the American Medical Association* documenting benefit. The first transplanted human organ (a trachea) grown from adult stem cells was successfully performed in 2008 by researchers in Italy. A 2013 report from the Pharmaceutical Research and Manufacturers of America lists 69 cell therapies as having clinical trials under review with the FDA, including 15 in phase 3 trials.
6. Prentice, He argues that studies show there is no need for embryonic stem cells.
7. Kilner, "An inclusive ethics for the twenty-first century: implications for stem cell research," 708-709; Best, *Fearfully and Wonderfully Made*, 435-437; Lawton, "The promises and pitfalls of embryonic cell research: navigating the ethical maze," 434-436; Reisman and Adams, "Stem Cell Therapy:a Look at Current Research, Regulations, and Remaining Hurdles " 854; King and Perrin, "Ethical Issues in stem cell research and therapy," 3; Timothy Caulfield and others, "Research ethics and stem cells," *EMBO reports* 16, no. 1 (2015): 4; Carvalho and Ramalho-Santos, "How can ethics relate to science? The case of stem cell research," 593. Many researchers have turned to this methodology as more reliable and less controversial including Ian Wilmut, the cloning pioneer famous for producing Dolly, quoted as abandoning cloning and embryonic stem cell research because iPS cell technology 'represents the future for stem cell research.' However, few are calling for an immediate end to harvesting embryonic stem cells, citing the need to continue research, as they remain the 'gold standard' among pluripotent cells.
8. Kilner, "An inclusive ethics for the twenty-first century: implications for stem cell research," 704-707; Lawton, "The promises and pitfalls of embryonic cell research: navigating the ethical maze," 332; Carvalho and Ramalho-Santos, "How can ethics relate to science? The case of stem cell research," 593. More research will be needed before the totipotency of single cell can be firmly established or dismissed.
9. Best, *Fearfully and Wonderfully Made*, 34-35. Table 3 sets out the different Personhood theories.
10. Meilaender, *BioEthics* 112.
11. Best, *Fearfully and Wonderfully Made*, 36-37. Best notes that this time is the formation of the primitive streak and marks the beginning of individual development. Conveniently at the time when IVF was approved in the USA, it was the maximum amount of time embryos were grown in the laboratory. She argues that the science is out of date with research showing that the embryo is organised from the first day and this position satisfied few –unjustifiably exploited embryos and at the opposite end limited research.
12. Lawton, "The promises and pitfalls of embryonic cell research: navigating the ethical maze," 314, 323-324; Best, *Fearfully and Wonderfully Made*, 32-39, 413, 422-423, 437-441; Kilner, "An inclusive ethics for the twenty-first century: implications for stem cell research," 696-697; Ismail, "Stem Cell Research and Ethics: An Update " 1; Meilaender, *BioEthics* 111-113; Reisman and Adams, "Stem Cell Therapy:a Look at Current Research, Regulations, and Remaining Hurdles " 855; Tetsuya Ishii et al., "Ethical and Legal Issues Arising in Research on Inducing Human Germ Cells from Pluripotent Stem Cells," *Cell Stem Cell* 13 (2013): 146. After community consultation, Embryonic Stem Cell research was approved by the UK parliament (1990) and by the Australian parliament (2002), despite a Senate committee recommendation that human embryos be protected from destructive experimentation, reflecting the Nuremberg Code (1947) and the World Medical Association Declaration of Helsinki (1964), a key secular document of human research ethics protecting research subjects. Obama (2009) lifted Bush's restriction on public funding. It is permitted in Belgium, Britain, Denmark, Finland, Greece, the Netherlands, and Sweden; however, it is illegal in Austria, Germany, Ireland, Italy, and Portugal. Jordan was the first country in Arab/Islamic world to pass regulation in January, 2014 affirming research is permissible in Islam (life begins 40-120 days from conception) if carried out for improving human health though bans private companies using embryonic stem cells. Ischii outlines the regulations in a number of countries (most using the 14 day rule) including the Japanese situation.
13. Best, *Fearfully and Wonderfully Made*, 413-414, 420-421, 427, 433, 437-441; Lawton, "The promises and pitfalls of embryonic cell research: navigating the ethical maze," 322-326; Meilaender, *BioEthics* 114-116; Kilner, "An inclusive ethics for the twenty-first century: implications for stem cell research," 709-711; Verhey, *Reading the Bible in the Strange World of Medicine*, 186-187; Lowenthal and Sugarman, "Ethics and Policy Issues for Stem Cell Research and Pulmonary Medicine " 826; Reisman and Adams, "Stem Cell Therapy:a Look at Current Research, Regulations, and Remaining Hurdles " 846. In 2008, voluntary guidelines prepared by the National Academy of Sciences and the ' Society for Stem Cell Research' allow individuals donating embryos for stem cell research to be reimbursed for "reasonable costs" but not in excess of expenses but regulation is difficult. National Institutes of Health (NIH) approved embryonic stem cell lines if embryos donated by individuals who sought reproductive treatment and who gave voluntary written consent to be used for research purposes. Australia prohibits selling of tissue. Best notes that UK law allowed up to 250 pounds (and reviewing) and Lawton notes at least one UK fertility clinic has already begun offering discounts for the cost of IVF to customers who are willing to donate some of their eggs for research purposes that likely include the creation of embryos. In the USA, private organisations pay thousands of dollars for eggs. In late 2014, 283 eligible lines met the NIH's ethical guidelines.
14. Meilaender, *BioEthics* 117-118; Best, *Fearfully and Wonderfully Made*, 429-435; Lowenthal and Sugarman, "Ethics and Policy Issues for Stem Cell Research and Pulmonary Medicine " 826; Verhey, *Reading the Bible in the Strange World of Medicine*, 188-189; Mattes, "Bioethics and honoring humanity: a Christian perspective," 36; Ishii, Reejo Pera and Greely, "Ethical and Legal Issues Arising in Research on Inducing Human Germ Cells from Pluripotent Stem Cells," 146-147. The UN resolution specifically refers to the need to prevent exploitation of women. Kilner highlights 'therapeutic misconception', when donors have no prospect of personally benefiting from the experiment in which they are participating mistakenly thinking they will benefit. The result is a violation of informed consent.
15. Lowenthal and Sugarman, "Ethics and Policy Issues for Stem Cell Research and Pulmonary Medicine " 826-832; Verhey, *Reading the Bible in the Strange World of Medicine*, 186; Reisman and Adams, "Stem Cell Therapy:a Look at Current Research, Regulations, and Remaining Hurdles " 855-856; King and Perrin, "Ethical Issues in stem cell research and therapy," 1-5; Munsie and Hyun, "A Question of Ethics: Selling autologous stem cell therapies flaunts professional standards," 648-650; Caulfield and others, "Research ethics and stem cells," 2-3. The growth in unproven autologous stem cell treatments has been enabled by liposuction techniques deriving mesenchymal stem cells. Caulfield outlines the regulations in a number of countries. In February 2014, the U.S. Court of Appeals in Columbia upheld a 2012 ruling that a patient's stem cells for therapeutic use fall under the aegis of the Food and Drug Administration (FDA).
16. Lowenthal and Sugarman, "Ethics and Policy Issues for Stem Cell Research and Pulmonary Medicine " 832; Kilner, "An inclusive ethics for the twenty-first century: implications for stem cell research," 189; Wyatt, *Matters of Life & Death*, 133; Mattes, "Bioethics and honoring humanity: a Christian perspective," 38; King and Perrin, "Ethical Issues in stem cell research and therapy," 4-5.
17. Lawton, "The promises and pitfalls of embryonic cell research: navigating the ethical maze," 326-328; Mattes, "Bioethics and honoring humanity: a Christian perspective," 37; Best, *Fearfully and Wonderfully Made*, 40.
18. Best, *Fearfully and Wonderfully Made*, 44. The use of the Hebrew word golem in Ps 139:16 is used in Jewish literature for the first stage of human life.
19. Wyatt, *Matters of Life & Death*, 163-164; Best, *Fearfully and Wonderfully Made*, 45-47; R. Alan Cole, *Exodus: An Introduction and Commentary* (Downers Grove: IVP/ Accordance electronic ed, 1973), 141; John D. Hannah, *Exodus* (eds. J. F. Walvoord and R. B. Zuck; 2 vols.; vol. 1; Wheaton: Victor Books/Accordance electronic ed., 1985), 177. There is some debate about the ambiguity of this passage which Best and Wyatt helpfully elaborate. Overall it supports the personhood of the unborn and its injury and/or death is serious.
20. Kilner, "An inclusive ethics for the twenty-first century: implications for stem cell research," 697.
21. Lawton, "The promises and pitfalls of embryonic cell research: navigating the ethical maze," 326, 328-331; Kilner, "An inclusive ethics for the twenty-first century: implications for stem cell research," 698; Mattes, "Bioethics and honoring humanity: a Christian perspective," 36-37; Best, *Fearfully and Wonderfully Made*, 43-49; Wyatt, *Matters of Life & Death*, 158-167. Tertullian appealed to Jeremiah 1 and Luke 1 to support his argument that human life begins at conception, as part of his broader argument against the practice of abortion, which was common in Greco-Roman society at his time. The Roman Catholic encyclical *Donum vitae* acknowledges blastocysts as unique, "ensouled" individuals requiring our respect and just treatment.
22. Mattes, "Bioethics and honoring humanity: a Christian perspective," 37-38; Kilner, "An inclusive ethics for the twenty-first century: implications for stem cell research," 696; Lawton, "The promises and pitfalls of embryonic cell research: navigating the ethical maze," 323-324; Mellon, " James Drane's More Humane Medicine: A New Foundation for Twenty-first Century Bioethics?," 307; Best, *Fearfully and Wonderfully Made*, 49-50; Wyatt, *Matters of Life & Death*, 163, 171. Mattes cites two Lutheran ethicists, Jersild and Peters and Drane is an example of a liberal Catholic ethicist who hold these views. Best cites Berry who argues continuity only applies to persons which seems to be a *priori* ruling out the personhood of Ps 139. Wyatt cites Berry and Dunstan who argue the distinction between formed and unformed foetus and Jones, the 'just war' support.
23. Kilner, "An inclusive ethics for the twenty-first century: implications for stem cell research," 686-687, 696, 700-702; Lawton, "The promises and pitfalls of embryonic cell research: navigating the ethical maze," 314, 324; Mattes, "Bioethics and honoring humanity: a Christian perspective," 36-38; Best, *Fearfully and Wonderfully Made*, 50-52, 441. Kilner has a helpful detailed discussion of the Tuskegee Syphilis Study to illustrate non-inclusive thinking.
24. Verhey, *Reading the Bible in the Strange World of Medicine*, 192-193, 382-386. There are challenges to recognise and define what is adequate/ 'a decent minimum' in the face of scarce resources.
25. Wyatt, *Matters of Life & Death*, 133; Mattes, "Bioethics and honoring humanity: a Christian perspective," 39; Meilaender, *BioEthics* 118-119.
26. Lawton, "The promises and pitfalls of embryonic cell research: navigating the ethical maze," 324; Kilner, "An inclusive ethics for the twenty-first century: implications for stem cell research," 694.
27. Mattes, "Bioethics and honoring humanity: a Christian perspective," 36; Kilner, "An inclusive ethics for the twenty-first century: implications for stem cell research," 689, 703, 712; Lawton, "The promises and pitfalls of embryonic cell research: navigating the ethical maze," 323; Reisman and Adams, "Stem Cell Therapy:a Look at Current Research, Regulations, and Remaining Hurdles " 854; King and Perrin, "Ethical Issues in stem cell research and therapy," 1; Munsie and Hyun, "A Question of Ethics: Selling autologous stem cell therapies flaunts professional standards," 651; Carvalho and Ramalho-Santos, "How can ethics relate to science? The case of stem cell research," 593. Kilner cites Shields in a feature article as concluding that proponents of embryonic stem cell research "have a serious intellectual problem." Carvalho and J Ramalho-Santos quote Jamie Thomson, the creator of the first human embryonic stem cell lines: 'If human embryonic stem cell research does not make you at least a little bit uncomfortable, you have not thought about it enough.' In July 2013, Japan's health minister approved the first use of iPS cells in human trials.

More than We Need to Know

Sometimes the detail is more than enough. Sometimes it is too much to comprehend and leaves us paralysed. Then we must turn to God in agony of spirit and weep with Jesus over Jerusalem, weep with Jesus in Gethsemane. And look forward to that day when King Jesus puts all things right.

Yes, we need to know about the suffering church. We needed to know about the 21 Coptic Christians beheaded on the beach in Libya with their blood flowing into the Mediterranean and the warning to the Nations of the Cross issued at the time.

Yes, we needed information about the Arabic letter "n" for Nazarene being daubed on the doors of the Christians being killed and driven out of Syrian and Iraqi towns and the systematic slaughter of the Yazidis. We are not given *enough* information on such in our churches and we need to be earnest in prayer together for the suffering church.

Yes, we needed to know such horrors but sometimes it is too much for some people. Yes, there were the girls who refused to convert to Islam and who were torched in their cages but sometimes it is enough to say "other unspeakable horrors that I am not going to tell you about" and call people to agonising prayer.

We needed to know about the "Safe-Schools program" and we needed to know enough detail for Christians and the general public to wake up and react.

Too little, too late. By and large our churches failed and it was left to laity and lay organisations with inadequate backing by the churches – even when special meetings were called to inform and pray.

How much do we need to know? How much is enough?

I love the illustration that was given to Corrie ten Boom as a child by her father: he would give her the train ticket when it was time to board the train and not before. In the actual confrontation with evil, God will provide and give grace when the time is needed. Which martyr was it, about to be burnt at the stake, who said, "Tonight I will feast in heaven"?

The devil is in the detail.

There will be limits for all of us in what can be absorbed and acted upon.

Surely it is enough in the fictional sex scene – and this only if it is essential to the story and not just gratuitous sex for the sake of selling the book – to describe the scene as "a threesome with a display of male lust at its worst" rather than a detailed description. Such images destroy purity and can lock in to neural pathways, sexual thought and behaviour with life-long consequences, demeaning of sex as God gave it, and of the wonder of marriage. For such descriptions to be included in a reading list in a Christian school represents a 'failure to protect' – the condemnation of the church by the Royal Commission – and a 'leading of little ones into sin', the condemnation by Jesus (Matt 18:6). To justify such on the grounds of artistic merit or the real world or preparation for exams is wide of the mark.

What, then, are some of the factors that determine our ability to know the detail?

- Clearly age – as with Corrie's train ticket.
- Maturity of mind and neural pathways – the brain seems to be particularly susceptible to damage up till around 25.
- Emotional maturity depending on life's experiences, especially emotional and physical trauma
- Individual personality and ability to absorb such detail without damage – not to be classed in any way as inferior. There are some that cannot absorb the horror of *The Passion of Christ* but who love our Lord Jesus and are devoted to Him and for whom the information that Jesus walked the Calvary Road and died for my sin is enough to ensure life-long service and devotion.
- Other individual vulnerabilities such as a tendency to OCD with obsessive ruminating thought processes such as can occur with depressive illness – never to be labelled as 'weakness'. People with such problems are wonderful and valiant Christians.
- It may be a surprise to some that such "needing to know" can vary with advancing years and, once again, ageing neural pathways and experiences of life stresses. The Biblical principle of "whatsoever be of good report" is enough for such people to continue their devotion to their Lord and Saviour. *Even so, Lord Jesus, come quickly.*

Enough! It is Easter Monday. Jesus is alive. Oh, that we did not need to be discussing such things and that we could be feasting on the beach with Jesus cooking fish. ●

by Dr Lachlan Dunjey

Lachlan was talked into doing medicine by his older brother who sold his house and went through medicine at the same time. He and his wife, Lizzie, built their house and surgery in 1968. They have worshipped at Morley Baptist Church for 50 years. Lachlan was President of Baptist Churches in WA in 1989/90. He is still involved in ethical and moral issues that challenge both medicine and our nation as per these websites:
www.ChooseLifeAustralia.org.au
www.MedicineWithMorality.org.au
www.TheBeltOfTruth.org.au
www.ConscienceinMedicine.net.au
www.Doctors4family.com.au

Principles and Principalities of Childhood Gender Dysphoria

The horrors of 'medicine' practiced by doctors under the Nazi regime provoked the development of a code describing the rights of participants and the responsibilities of investigators involved in experimental procedures. Released in 1947, after criminal proceedings against various Nazi experimenters, the list of rights and responsibilities became known as the 'Nuremburg Code' and went on to be fundamental to such current documents as 'The International Ethical Guidelines for Biomedical Research Involving Human Subjects' by the World Health Organisation.

In actual fact, the Nuremberg Code had been preceded by ethical 'Guidelines' which had been promulgated in Germany in 1931, before the country succumbed to dictatorial rule. Those Guidelines are informative for at least two reasons. The most important is the demonstration that ethical practice may be overruled by the ideology of the state. Another reason is the use of the term 'innovative therapy' to describe the kind of medical experimentation that warranted application of the Guidelines. The term permits, if not implies, that despite all the underlying best-will-in-the-world there needs to be restriction on the administration of unproven therapy, which therefore must be defined as experimental.

According to the Oxford Dictionaries, synonyms for 'innovative' include 'unprecedented', 'state of the art', 'modernistic', 'trendsetting', and 'revolutionary'. Nowhere is the term used for medical therapy based solidly on scientific method. 'Innovative therapy' is thus a good euphemism for the current phenomenon of the medical management of childhood gender dysphoria: the 'trend setting' pathway which progresses through stages of social affirmation, chemical blocking of puberty, administration of cross-sex hormones and possibly to surgical procedures which attempt to remove natural manifestations of gender and construct ersatz features of the opposite sex, under a lifetime of medical supervision.

Several medical issues need to be emphasised before considering the ethics of the 'innovative therapy'.

The first is that childhood gender dysphoria (CGD) is, itself, a recent phenomenon. Childhood confusion over gender used to be rare: in questioning 28 of my colleagues with a combined experience of 931 years, only 12 cases could be recalled. Ten of these had occurred in children with severe associated mental disease, two were associated with sexual abuse. Now, hundreds of children are being presented to specialised gender clinics each year in Australia.

Proponents argue the problem was denied in the past. My reply is that in over fifty years of paediatrics I was privy to all kinds of concerns by parents over the sexual behaviour of their children. However, no one, ever, declared their child 'had been born in to the wrong body'. I believe this CGD to be a psychological epidemic fanned by a non-critical media and various school 'educational programmes', and given direction by various websites on ubiquitous devices. Proponents have sought extensively for a biological basis but none has been found. The phenomenon is similar to that of anorexia nervosa and its distorted perception of body image, made worse by media propagation of the idea that thinner is better.

Theologically, CGD appears to be a manifestation of the new ideology of gender fluidity which is spreading through the Western World. In this, the mind is superior to a faulted body. This concept is not new - it is the basis of ancient Gnosticism.

The second is that there is epidemiological evidence that the great majority of dysphoric children will revert to identification with their gender of birth through puberty with heterosexual orientation. Of the remainder, most will revert to natal gender but with homosexual orientation. That life as a homosexual appeared less complicated than that of medicalised transgenderism was basic to the recent sacking of the director and the closing of the major transgender unit in Toronto. Such is the power of the lobby.

The third is that there remains a huge association of gender dysphoria with co-morbid mental disorder.

Some reports reveal three quarters of dysphoric children to have been diagnosed with concurrent mental disease, some so badly they had needed hospitalisation. Proponents of gender fluidity blame societal failure of acceptance but other reports reveal many of the afflicted children 'had their first contact with psychiatric services due to reasons other than gender identity issues'. Antecedent autism spectrum disorder has been reported in up to 20% of cases.

"Childhood confusion over gender used be rare... Now, hundreds of children are being presented to specialised gender clinics each year in Australia."

There is no evidence that the medical pathway of management, per se, makes these children any happier. There is no evidence that it reduces the rate of self-harm and suicide. Conversely, there is epidemiological evidence that the suicide rate in adults who have undergone transgender surgery is over twenty times higher than in the ordinary population of even the most accepting countries.

Fourthly, there is no evidence that the 'modernistic' blocking of the effect of Gonadotropin Releasing Hormone (GnRH) on the pituitary gland (so called puberty blocking) is 'safe and entirely reversible' as proclaimed by proponents. To the contrary, sustained damage to the limbic system of sheep has been demonstrated in scientific studies, leaving the animal with reduced memory and increased emotional lability. In adult humans reduced cognitive function has been found but, admittedly, the effect has been difficult to differentiate from confounding effects of other drugs and the causative illness. Moreover, women receiving GnRH agonists to reduce the stimulating effect of oestrogen in endometriosis have been reported to suffer from an increased rate of gastrointestinal disease, associated with a 50% reduction in neurons in the myenteric plexus. This clinical and other laboratory studies raise the concept that GnRH has a widespread role in neuronal modulation and integrity.

GnRH appears to have a particular role in the process of sexualisation. Its producing neurons began their foetal life in the developing nasal placode from where they migrated to reside in an arc from the hypothalamus to beyond the limbic system. There are not many of them but their dendrites are festooned with spines denoting widespread connectivity with neurons throughout the brain, far from the specific connection from the hypothalamus to the pituitary. Indeed, there are receptors for GnRH throughout the brain, suggesting a fundamental role in general socio-sexual development, activation of sexual identity and facilitation of sexual function, enmeshed with cortical, emotional, memory and executive function. This general effect is over and above the specific effect of stimulating gonadotrophins to stimulate the maturation of the testes or ovaries with their associated production of sex hormones. All of these sexualising functions can be expected to be reduced by the administration of blockers.

Thus, it is illogical for proponents to claim that puberty blockers should be administered from the onset of the early manifestations of puberty in children confused over their gender in order to provide more time for cogitation of future identity and reproduction. According to Family Court records, one child began blockers at 10 ½ years of age. Even if a child of that age could approach such issues with any sense of maturity, how can a valid conclusion be reached once the orientating effects of all the hormones are neutered with blockers? Meanwhile, the confused child is exposed to the re-orientating pressure of all its authority figures from parents (usually only one), school teachers, psychologists, social workers, gender paediatricians and, perhaps most powerful of all, to the transgender websites. It is no accident that no children have yet been reported to have begun blocker 'therapy' and not progressed to the next stage, the receipt of cross sex hormones.

Fifthly, whereas proponents list metabolic side-effects of cross sex hormones, there are but few references to scientific reports that reveal how these hormones affect the brain. After only four months on oestrogen, the brains of adult men have been found to shrink at a rate 10 times that of ageing. Apoptosis of grey matter is considered the cause. Conversely, parts of the brains of natal females hypertrophy on testosterone.

One long term effect of the administration of cross sex hormones is euphemistically called 'reduced reproductive capacity' which is, in fact, chemical castration. 'Futuristically',

continued over page >>>

fertility may be assured by deep freezing of sperm or ova from biopsied organs.

Sixth, whereas international recommendations would reserve the use of cross sex hormones until the age of 16, and irreversible surgery until 18, recent Australian guidelines mention no ages, permitting the medical pathway to increasingly younger children. For proponents, this is logical – if puberty is blocked in a child from its earliest stages, peers will be growing taller and developing secondary sexual characteristics. Therefore, if the child and its authorities are committed to gender change, it is surely kinder to 'get on with it'.

Under the sophistry that the results of bilateral mastectomy are not irreversible, as if breast feeding is irrelevant and all that matters is size, in Australia, mastectomies have been approved by the Family Court and performed on two girls aged 15, one 16 and two 17. Since the Court abrogated its responsibility in November 2017, the numbers of natal girls undergoing the 'reversible procedure' of 'top surgery' are unlikely to be made public. There is no data regarding 'bottom surgery' in Australia.

There are many declarations in mainstream, peer-reviewed medical journals regarding the lack of evidence to support the massive intervention into the mind and body of children that comprises the medical management pathway for childhood gender dysphoria. There is abundant evidence that 'watchful, compassionate waiting' will often be rewarded by orientation to natal gender through puberty.

Therefore, the medical pathway must be defined as experimental, which brings us back to the Nuremberg Code and consideration of its principles.

The first principle of the Code is 'informed consent'. How can a child be truly informed when its authority figures continue to 'affirm' another gender? How can its brain be affirmed of sexual identity when its natural pathways are blocked?

The second principle maintains results are 'unprocurable' by other means. Why institute a massive intrusion when most will revert to natal gender without it? What is wrong with compassionate 'watchful waiting' whilst treating the mental disorders with established protocols?

"How can a child be truly informed when its authority figures continue to 'affirm' another gender? "

The third is that the experimentation should be based on prior animal research and only after all relevant data has been analysed. Why does the medical pathway ignore the warnings of bench and veterinary science? Why ignore the MRI measurements of human brain size affected by cross sex hormones?

The fourth and seventh is that the experiment should be conducted so as to avoid all unnecessary mental and physical suffering. Given the suicide rate in adults after transgender surgery, it would appear that the most effective way to reduce suffering would be to avoid the medical pathway.

The fifth declares no experiment should be conducted when there is a priori belief that death or disabling injury may occur. Though this provision may seem redundant after the fourth, it is, at least emphatic. There is evidence from sheep studies that irreversible damage to the limbic system may result from the use of 'blockers'. 'Top surgery' is disabling, and suicide is also final.

The sixth declares the humanitarian benefit should exceed the risk. But there is no scientific evidence on which to evaluate the possibility of any lasting benefit to children who have progressed through the pathway.

The eighth declares that the experiment should only be conducted by scientifically-qualified persons, but that implies dispassionate appraisal of results gathered over time. Proponents of the medical pathway do not convince of dispassionate appraisal: a number of parents have related to me their concern over superficial evaluation followed by determination for medicalisation. As the phenomenon is recent, no-one knows what will happen to the children, now cosseted by all kinds of support, when they have entered the unsupported, lonely life of an adult.

The ninth declares that the subject should have the right to bring the experiment to an end when he or she has reached a physical or mental state that would preclude continuation. Whether a child will be able to decide to leave the experiment is one thing (given the pressure of authorities and the cerebral effects of drugs), but another very relevant question is whether anyone caught up in the experiment will be able to leave when conscience would preclude continuation? More relevantly, given the gathering force for legal obligation, will a medical practitioner be able to choose not to enter a confused child on the pathway of intervention? Will a paediatric trainee be able to avoid rotation in a gender unit?

This is a very serious consideration and progresses to the final principle of the Code that the experimenter 'must be prepared to terminate the experiment at any stage' if continuation is deemed 'likely to result in injury, disability or death' of the subject.

Again, there is a similarity in these last two principles that emphasises their importance, and also the need for the right of a medical practitioner not to

enter a patient into a medical process for which there is evidence of undue suffering. Given the strength of the ideology of gender dysphoria and the commitment of its proponents, it could be predicted that the ideology will present a major challenge to members of the medical profession in the future. In 'revolutionary' manner, there may be a lot of tears, if not blood, on the floor.

The Federal Australian Labor Party has already declared it will render 'conversion' therapy illegal should it win power at the next election. Shadow Minister for Health, Catherine King, has vowed to make it her personal calling to forbid and therefore criminalise any therapy that seeks to orientate (or convert) a gender identity back towards one consistent with its sexual anatomy (and thus chromosomal complement) at birth. A therapist may, therefore, (and probably with Medicare support) direct the identity of a patient as frequently and in any direction requested except backwards to the identity at birth. Sins of omission will rank equally with those of commission. There will be no 'sitting on the fence'. A child presented with gender dysphoria will have to be directed to a gender dysphoria clinic.

Should the hormones of puberty seek to re-orientate the child to the gender of birth, who will be game to help that child? Under the law, such help may be forbidden.

As well as a criminal offence, mere 'sitting on the fence' is likely to offend a new 'Code of Conduct' of the Australian Health Practitioners' Regulation Authority (AHPRA). Under consideration of 'professionalism', a doctor may be declared wanting on the basis of any public statements that differ from the proclaimed wisdom of the profession and thereby reduce community trust. Furthermore, the words of a medical practitioner may be considered unprofessional if they cause a member of the public to feel culturally unsafe. Opposition by a doctor to entering a child on the medical pathway to gender transition has the possibility of being very costly...which is what it is all about! We are struggling with principalities and powers, not merely ethical principles. ●

by Prof John Whitehall

John is Professor of Paediatrics and Child Health at Western Sydney University though his ideas, of course, do not necessarily represent that august institution. He trained as paediatrician in Australia, Africa and England and has worked in a number of developing countries. In mid professional life he retrained as a neonatologist but is now back in general paediatrics, especially as an educator. He has written a number of articles on Childhood Gender Dysphoria, particularly in *Quadrant Magazine*, to which readers of this article are directed for references, as well as to a chapter in a *Transgender: one shade of grey*, a book published by the Australian Family Association.

BOOK REVIEW

Have Stethoscope, Will Travel

Dr Anthony Radford 2018

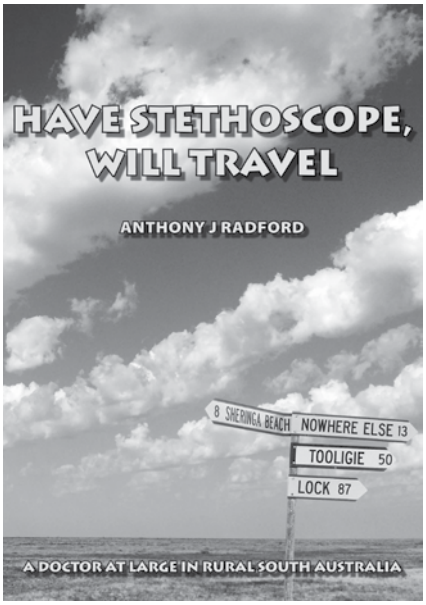
Anthony Radford is an academic, clinician, family man and relational human being, whose servant-hearted commitment to rural South Australia speaks volumes to a life of integrated work and faith.

Anthony is also a person who both reflected on, and documented, his life and work through the keeping of a detailed diary. His dense story-telling demonstrates what Jesus called "having eyes to see and ears to hear".

Here is the story of a doctor who had achieved much in an academic and clinical career but who still remained energetic, clinically inquisitive and willing to serve despite having "retired" at 56 years of age. At this point in his life, Anthony was drawn to serve rural practitioners in South Australia and NT by providing locum relief services. In his own words, Anthony decided "to combine my desire to both explore my home state and provide relief for country doctors".

There is a strong feel of being "grey nomads" in this memoir for Anthony and his wife, Robin. They travelled far and wide, on good roads and through "bull dust", to not only get to a locum destination but also thoroughly explore each locality and embrace the natural beauty and flora and fauna of each destination. At times they encountered "sheep per kilometre" country; at others, places where the "outback meets the sea". The Radfords were an inquisitive couple, who were keen to meet and learn about the characters, the history and the first Australians, wherever the rainbow led them. They allowed a sense of adventure to always call them on, to integrate new information and worship in pioneer church structures as well as new ones.

Anthony's diary documentation of accommodation, road conditions and eating places blesses these ordinary



"Anthony brings the work of rural GPs to centre stage in the book while putting many a face on the health concerns in the bush"

facts with a sense of wonder and gratitude. His introduction to rural South Australia makes the reader feel like a fly on the back of his neck.

This adventure also captures some of the pathos of rural decline in Australia. The bush accounts for 11% of the state population compared to 40% in 1921. The details provided in the stories remind me of the fast action style of Mark's gospel. Anthony is keen to demonstrate that the Christian gospel story reads us wherever we are. Chapter 2 in the book tells the story of the "Tea and sugar train", which ran from Port Augusta to Kalgoorlie in WA. It is packed with interesting scraps and stories and is a highlight for me, a real must-read.

The other objective of this 'exploring' was to do locum work. Always on home ground, Anthony brings the work of rural GPs to centre stage in the book while putting many a face on the health concerns in the bush. Dr Radford not only demonstrates his clinical skills and reasoning ability, but also reveals his discerning academic mind. He is never afraid to give his opinion or deconstruct the health politics and economics that result in poorer health outcomes in rural areas. He wants his stethoscope to be a megaphone to advocate for rural folk who, through lack of access, present late, don't have opportunities for specialist care and who want to die with dignity.

Somehow Anthony and Robin have taken the challenge of serving another doctor's patients in remote, unsupported contexts and made it seem like "a stroll downtown". In between they were able to serve, in a pastoral role, medical and allied health colleagues. The collaborative nature of Anthony's practice is made evident in almost every story and visit.

Approaching retirement? Anthony Radford has a job description for you. Thinking of having a holiday in South Australia? The Radfords are ready to be your tour guide. Wanting to integrate work with your faith and your community? Let the Holy Spirit teach you via the example of this everyday saint. There will be more dead brown rabbits than you bargained for. ●

by Dr Paul Mercer

See order form next page.

How can we educate people in our communities about Euthanasia?

Australian legislation about Euthanasia is increasingly debated. Euthanasia is portrayed in the press as a way of dying with dignity and minimising suffering. In 1995, it was legalised in the Northern Territory for a time. More recently, bills advocating euthanasia have been narrowly defeated in Tasmania, South Australia and New South Wales. In November 2017, legislation to allow assisted suicide passed the Parliament of Victoria and will come into effect in mid-2019.

How can we as doctors educate people in our churches and communities about euthanasia?

To meet this need, CMDFA is working with Dr Megan Best and Rev Dr Andrew Sloane to develop a trained group of members who are willing and able to address such issues with their local church congregations. Training has been planned for Newcastle (**9th February, 2019 10-12 noon**) and will also be available in the Sydney area (details to be confirmed). If this is something that you are interested in please send your details the CMDFA office.

They will arrange a suitable training venue (locally if there are enough numbers) and then work with you to coordinate and organise opportunities for you to speak – initially to church communities, and also to develop suitable material to hand out to the public.

So don't delay. This is an amazing opportunity to be trained by experts and to be active witnesses offering professional medical and Christian advice in this key area of public policy.

Contact us now: Tel 02 9680 1233 • marilyn@cmdfa.org.au • david@cmdfa.org.au

HealthServe Australia

Indonesian Earthquake-Tsunami Emergency Appeal

Since the devastating earthquake and tsunami in Indonesia in September, our Indonesian partner *The Nation's Torch of Love Foundation* (in Indonesian: *Yayasan Suluh Kasih Bangsa*) has been putting together a plan to train community health-workers to serve the Lombok/Sulawesi Island region.

The Foundation is expecting between three to six months of ongoing healthcare issues in these devastated communities.

Healthserve Australia is partnering with *The Nation's Torch of Love Foundation* and asking our donors to be generous and give to this HealthServe Australia Emergency Appeal.

Our partnership is designed to address long-term healthcare issues after all the immediate assistance has dissipated.

Further information is at the HSA Website: ***www.healthserve.org.au***

To donate, go to: https://www.givenow.com.au/ HSATsunamiappeal.

All donations are fully tax deductible.

The ICMDA Travel Scholarship Fund

Healthserve Australia is committed to assisting people who lack resources to travel, to apply for sponsorship funds to attend the **CMDFA Vision Conference** next January on the Gold Coast, Queensland.

This conference we are targeting Southeast Asian applicants from 11 countries.

As we approach the critical time for registration, Healthserve Australia is asking our donors if you would give a donation to fund travel scholarships and bring medical students and recent graduates from South East Asia to the Vision Conference to further their education and leadership training.

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