Encountering Bioethics in Everyday Ministry

By: Christina M.H. Powell

On a typical day ministers encounter several important issues and controversies within the field of bioethics. A pastor might stroll through a supermarket and see boxes of cereal touting the use of nongenetically modified organisms. As he goes through the checkout counter, the front covers of news magazines flash headlines about end-of-life issues. Later in the day, when he visits a parishioner in the hospital, he may find this person overwhelmed by treatment choices and the opportunity to join a clinical study. In an afternoon counseling appointment, he might encounter a couple in the church struggling with infertility and weighing their options. Finally, he might close the day watching a news story on television that outlines the challenges involved in financing health care.

What Is Bioethics?

Bioethics is the study of the ethical and moral implications of advances in medicine and the biological sciences. Bioethics covers areas such as how physicians relate to patients, guidelines for human experimentation, and the nature of life itself. The field of bioethics has grown with the needs created by new medical technologies and our increased understanding of life processes.

Bioethics And The Minister

The central mandate of the minister is the proclamation of the gospel. Ministers, especially pastors, accomplish this mandate by fulfilling a number of roles, including preacher, counselor, moral leader, and role model. A working knowledge of the bioethical issues of our day can enhance the minister’s abilities to fulfill his many roles, ultimately aiding him in proclaiming the gospel.

The Minister As Preacher

The pastor in the pulpit on Sunday morning and the chaplain serving on the ethics board at a hospital are both preachers. A preacher’s job is to communicate biblical truth in such a way that the hearer is able to apply it to his earthly life and to also prepare for eternity. As a preacher, the minister needs to speak to the moral issues of our day, including bioethical issues, bringing the light that comes from God’s revealed truth.

The roots of modern bioethics can be traced back to the Hippocratic Oath developed in ancient Greece. Ancient physicians took this oath, promising to “first, do no harm” to their patients. A modern version of this oath is recited by graduating medical students to this day. The research ethics branch of bioethics developed in the last century because of atrocities such as the experiments Nazi doctors conducted on death camp prisoners and scandals in the United States involving human experimentation. The story of one such scandal reveals the potential role a preacher can play in setting ethical standards in the medical community.

In the early 1960s, at the Willowbrook State School in New York, mentally retarded children were deliberately infected with the hepatitis virus, initially by being fed stool from other infected children. These experiments were done to determine the nature of hepatitis infection and to test the effectiveness of a particular treatment (gamma globulin) in preventing or ameliorating the disease. The researchers involved in this study justified their approach by pointing out
that most of the children became infected anyway while at Willowbrook and being infected under carefully controlled research conditions assured them of better care.

The research on the children was conducted with their parents’ consent. In many cases, however, parents found they were unable to get their children admitted to the overcrowded Willowbrook without first agreeing to have them participate in the studies.

In 1966, Henry K. Beecher, M.D., a prominent anesthesiologist at Harvard Medical School and Massachusetts General Hospital, published a landmark article entitled “Ethics and Clinical Research” in The New England Journal of Medicine. In this paper, he revealed problems with 22 studies involving human experimentation, including the Willowbrook study. He concluded the article with these words: “An experiment is ethical or not at its inception; it does not become ethical post hoc — ends do not justify means. There is no ethical distinction between ends and means.”

Beecher was known to have a deep Christian faith, reading a chapter of the Bible each day. Some of his colleagues viewed this as a driving force for his interest in research ethics. Beecher’s article led to the creation of the Institutional Review Board system and informed consent standards that govern federally funded human experimentation to this day.

As a pastor, you may not serve directly on an ethics board, yet your ministry may encourage a doctor like Beecher who may be in a position to effect necessary reforms. Isaiah 55:10,11 reminds us that proclaiming the Word of God is never in vain. “As the rain and the snow come down from heaven, and do not return to it without watering the earth and making it bud and flourish, so that it yields seed for the sower and bread for the eater, so is my word that goes out from my mouth: It will not return to me empty, but will accomplish what I desire and achieve the purpose for which I sent it.”

A pastor equipped with a knowledge of bioethical issues, both illustrations and information, will be more effective in the pulpit or other platform that God has given him to communicate His truth.

The Minister As Counselor

The minister not only serves as a preacher to the whole congregation, but also as a counselor to individuals who seek guidance and wisdom in difficult and confusing situations. Christian family members who are agonizing over end-of-life decisions for a loved one will probably seek their pastor’s input. A pastor is a representative of God’s message. He is uniquely positioned to bring peace into a situation filled with uncertainty. A pastor who has ministered in an area for a number of years and knows the individuals well may be capable of providing insight into the values and desires of the parishioner with failing health.

It is essential that a pastor or chaplain knows what he believes concerning the value and nature of human life and is able to clearly articulate why he believes it. The information in future articles in this column will enhance a pastor’s ability to respond to the needs of people facing various medical crises such as end-of-life decisions, organ transplantation, cord blood banking, genetic testing, assisted reproduction, clinic trials, and genetic screening. Pastors will have opportunity to reflect on the theological underpinnings of these issues and develop an appropriate response before encountering the issues in a crisis.

The ability of a pastor or chaplain to respond appropriately in a crisis can have profound spiritual consequences for individuals and entire families. End-of-life decisions, in particular, can provoke lingering guilt and conflict between family members. Spiritual counsel from a knowledgeable, well-prepared minister can bring healing to hearts and relationships. “A man finds joy in giving an apt reply — and how good is a timely word!” (Proverbs 15:23). Seeking to learn more about bioethics is far from an academic exercise; such preparation can quickly have practical application for pastors working on the frontlines of ministry.

The Minister As Moral Leader

A pastor’s influence extends beyond the doors of his church. In addition to being a preacher on Sunday and a counselor throughout the week, the pastor serves as a moral leader in his community. Pastors often have opportunities to
minister to those outside their congregations through radio broadcasts or television. I know of one pastor who spoke to the moral issues of our day by writing a column for the local newspaper.

Christians are to be the salt of the earth and the light of this world. We are to be like a city on a hill that cannot be hidden (Matthew 5:13,14). Proclaiming the gospel must always remain foremost. Yet, addressing what the Bible has to say about moral issues can be a means of proclaiming the gospel. The minister’s approach must uphold the value of life and avoid an adversarial attitude toward those whose beliefs differ from his.

Our belief in the sanctity of human life flows from the gospel. “For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life” (John 3:16). We believe in eternal life beyond this earthly life. We value each person because God values life enough to provide a plan of redemption for each person.

Since God does not show favoritism, we must also respect all people and treat everyone with fairness (Acts 10:34). Such behavior would prevent a scandal such as the Tuskegee Syphilis Study, where 399 poor, African-American men from Macon County, Alabama, were denied medical treatment and were deceived by officials of the United States Public Health Service for 40 years. The study began in 1932 and ended in 1972 when a reporter for the Washington Evening Star newspaper uncovered the truth that health officials deliberately withheld treatment from the men so the natural course of the disease could be studied. By the time the story broke, dozens of men had died, and many wives and children had been infected. Imagine the extent of human suffering that could have been prevented given the exercise of appropriate moral leadership in this historical situation.

My hope is that pastors will learn more about the bioethical issues created by current technological advances, and will become like the “men of Issachar, who understood the times and knew what Israel should do” (1 Chronicles 12:32). As we are diligent to learn, God will provide a way for us to use our knowledge to provide moral leadership in the communities in which we serve.

The Minister As Role Model

Not only does a pastor serve as a preacher, counselor, and moral leader, but he also serves as a role model. The best sermon is the one we preach with our lives as well as our words. This column will provide information that pastors can use for themselves and their family, as well as their church. My desire is that pastors will gain a better understanding of health-care issues such as preparation for medical emergencies, living wills, medical powers of attorney, financing health care, and the use of alternative medicine.

The choices a pastor makes for himself and his family often influence the choices that individuals in his congregation make. Time spent clarifying medical issues as they relate to your own household is an investment that will pay dividends for your ministry as well as your personal life.

Pastors also serve as role models in their attitude toward science and medicine. In their quest to point out the limitations of science and the dangers of research practiced without moral input, pastors must be careful to remember that new medical discoveries are blessings that can alleviate human suffering. In Genesis 1:26, God gave man dominion over all the creatures of the earth, paving the way for appropriate scientific research. Knowledge can be used for either good or evil. The key to using knowledge for good is to realize that man is not the ultimate authority. A minister’s job is to remind scientists, doctors, public health officials, and laymen that all people answer to God. This realization is the basis for bioethics.

By modeling integrity, honesty, acceptance of human limitations, and trust in a faithful God, a pastor is laying the foundation on which ethics is built. His good example may influence the actions of a teenager who grows up to become a leading medical researcher. His faithfulness in modeling Christian character will also provide his parishioners with the tools they need to navigate this exciting, but technologically complicated world in which we live.
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