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# Scripture and Medical Ethics

by Allen D. Verhey

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*This article acknowledges the problems of reading Scripture as relevant to medical ethics. Despite these problems, it asserts that religious communities will test their faithfulness by reading Scripture. The article proposes that reading Scripture be understood as a "practice" where the good is remembrance and the standards of excellence for the practice are holiness and sanctification, fidelity and creativity, discipline and discernment.*

Questions about the interpretation of Scripture in moral theology, in particular medical ethics, may be approached from various starting points. In this essay we begin with ethics, because although Scripture is important to the integrity of faith communities, appeals to Scripture in the literature of medical ethics are rare.

Cases seem to be a requirement when attention is given to medical ethics. So, let me begin with a case. I want to use it, first, simply to claim that in Christian reflection about medical ethics Scripture should be used somehow. I want to use it also to make a modest proposal concerning how Scripture should be used in medical ethics. This proposal offers both methodological reflections and substantive hints about Scriptural contributions to health care ethics.<sup>1</sup>

In his *Harvard Diary* Robert Coles tells the story of a Catholic friend of his, a physician who knows his cancer is not likely to be beaten back, a Christian who knows the final triumph belongs to the risen Christ.<sup>2</sup>

He was visited by a hospital chaplain, who asked how he was "coping." "Fine," he said, in the fashion of all those replies by which people indicate that they are doing reasonably well given their circumstances, and that they would rather not elaborate just now on what those circumstances are.

But this chaplain was unwilling to accept such a reply. He inquired again. Relentlessly he pressed on to questions about denial and anger and acceptance, but finally he gave up and left.

Then Coles' friend did become angry, not so much about his circumstances or his dying, but about the chaplain. The chaplain, he said, was a psycho-babbling fool. And Robert Coles, the eminent psychiatrist, agreed. What his friend needed and wanted, Coles says, was someone with whom to attend to God and to God's word, not someone who

dwelt upon the stages of dying as though they were "Stations of the Cross."

Coles' friend was not finished with the chaplain. He invited him to return, brought his Bible out, set the bookmark to Psalm 69, and simply asked the chaplain to read.

As Coles points out, Psalm 69 is a lament, a cry of anguish and a call for help: "Save me, O God . . . I have come into the deep waters. . . ." Coles does not mention, however, that it is an imprecatory psalm, a cry of anguish that vents its anger on those who fail to comfort, a cry for help that asks not just for rescue but revenge: "I looked for sympathy, but there was none; for comforters, but I found none. They put gall in my food, and gave me vinegar for my thirst."<sup>3</sup>

Coles' friend was not, of course, complaining about hospital food. He was complaining about a chaplain who had emptied his role of the practice of piety, who neglected prayer and Scripture, and who filled his visits to the sick with the practices of psychotherapy.

Now just imagine that this chaplain had not been trained as a psychological counselor. Suppose he had been trained as a medical ethicist. Perhaps he had been enlisted on the hospital ethics committee and there learned a little Mill and a little Kant, learned to respect and protect a patient's autonomy, learned to regard human relationships as contracts between self-interested and autonomous individuals, learned to speak a form of moral "esperanto."

The chaplain is anxious not so much with psychological states and stages as with not interfering with the patient's rights, including, of course, the right to be left alone. His enthusiasm for a generic moral language, for the kind of "esperanto" medical ethicists like to speak, will make him hesitate to

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speak in a distinctively Christian voice, hesitate to use and to offer the gifts of prayer and Scripture when people are suffering or dying and face difficult medical and moral decisions.

If you can imagine all of that then you can also imagine that, after a visit by his chaplain, Coles' friend might complain no less bitterly about gall in his food and curse the ethicist no less legitimately. He still needs and wants someone with whom to talk of God and the ways of God. To be sure, he has decisions to make, but he wants to make them oriented to God by the gifts of God, by the practices of piety, and not just with impartial rationality.

Now imagine something more: Imagine that the chaplain turned ethicist is stung by Psalm 69, chastened by this angry rebuke, so that he resolves to visit Coles' friend one more time, this time to read a little Scripture.

Imagine that we go with him. Before we arrive, however, we grow a little anxious. We remember some stories regarding the use of Scripture in medical care, and we do not wish to repeat them.

There is the story of the heart patient who opened his Bible to Psalm 51 and laid his finger on verse 10: "Create in me a clean heart, O God." He told his physician of this remarkable event and insisted it was a sign that he should receive a Jarvik VII, an artificial heart. The physician tried to explain that a Jarvik VII is probably not what the psalmist had in mind, at least the FDA seems not to think so. The physician refused to take Psalm 51:10 as indicating a need for a Jarvik VII or any other artificial heart transplant, and as she left she put her finger on the still open Bible, on Psalm 50 verse 9, and she read the words, "I will accept no bull from your house."

That sort of "bull" is probably not what the psalmist had in mind either, we think to ourselves, but the problem is whether we can read Scripture as relevant to sickness and to care of the ill without falling into it.

So, as we enter the room of Coles' friend, we resolve to point out some problems in reading Scripture as relevant to health care and to ask him just why reading Scripture is so important to him.

"We have come to read some Scripture," we say, "but let's admit there are some problems reading Scripture in this 'world come of age' called a hospital." "Problems?" he says, "I don't know what you mean." "Then let us explain," we say and begin to list some.

"One problem is the silence of Scripture. Scripture simply does not deal with new powers of med-

icine or with the new moral problems they pose. No law code of Israel attempted a statutory definition of death in response to technology that could keep the heart beating and the lungs pumping. No sage ever commented on the wisdom of in vitro fertilization or on the prudence of another round of chemotherapy and radiation in what looks like a losing battle against cancer. The prophets who beat against injustice with their words never mentioned the allocation of medical resources. No scribe ever asked Jesus about withholding artificial nutrition and hydration. Nor did any early Christian community ask Paul about medical experimentation. The creatures of Revelation may seem to a contemporary reader the result of a failed adventure in genetic engineering, but the author does not address the issue of genetic control.

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"The Bible simply does not answer many of the questions which new medical powers have forced us to ask; the authors, even the most visionary of them, never dreamt of these new powers. To use any passage of Scripture directly to answer any of the particular problems posed by these new powers is likely to be no less anachronistic and no more plausible than to use Psalm 51:10 to support a Jarvik VII."

Coles' friend is clearly perplexed by this last reference, but we do not pause to tell the story. Instead we press on to the next problem.

"The silence of Scripture is not the only reason—or the main reason—to be reticent about relating Scripture and health care. Besides its silence, there is the strangeness of Scripture. When Scripture does speak about sickness and the power to heal, its words are, well, quaint.

"The world of sickness in Scripture is strange and alien to us. When King Asa is chided by the Chronicler, for example, for consulting physicians about his diseased feet (II Chron. 16:12), it is a strange world of sickness of which we read. When the sick cry out in anguish and join to their lament a confession of their sins, as though their sicknesses are divine punishment for their sins, then it is a

strange world of sickness of which we read. And when a person with a chronic skin disease, characterized by red patches covered with white scales, is declared ritually impure by the priests and instructed to cry 'Unclean, Unclean,' to any who pass by (Lev. 13:45), it is a strange world of sickness of which we read. I mean, talk about the 'heartbreak of psoriasis.'<sup>4</sup>

"It is not difficult to multiply examples. Much of what we read in Scripture about sickness and healing is alien to us, and honest Christians are driven to admit that the words of Scripture are human words, words we may not simply identify with timeless truths dropped from heaven or repeat without qualification as Christian counsel for providing or utilizing medical care today."

Coles' friend is nodding in agreement. We hasten on.

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"Scripture is sometimes silent, sometimes strange—and usually diverse. That's the third problem. Scripture does not speak with one voice about sickness and healing.

"The lament of the psalmist and the curse of Psalm 69 clearly assume that sickness and suffering are God's punishment for sins, but Job raised his voice against that assumption, rejecting the conventional wisdom of his friends. In the midst of suffering and in spite of it, he insisted upon his own innocence and brought suit against the Lord (for divine malpractice, presumably). The Philistines learned at Ashdod, where Dagon fell before the ark, that their tumors (which according to one scholar were probably hemorrhoids)<sup>5</sup> did not happen 'by chance,' that it was God's 'hand that struck us' (1 Sam. 6:9). But other voices could tell of natural causes at work in sickness and in healing (Eccl. 31:20-22, 37:27-31), and still other voices spoke of demons or the dominion of death as the cause of sickness.<sup>6</sup>

"The diversity of Scripture on these matters might give us pause before we attempt to relate the practice of reading Scripture and the practice of medicine today."

Coles' friend is patient with us. "Is there anything else?" he asks.

"Yes," we say, "as a matter of fact there is. It must simply be admitted that appeals to Scripture have sometimes done a great deal of harm. When Genesis 3:16, 'in pain you shall bring forth children,' was quoted to oppose pain relief for women in labor,<sup>7</sup> a great deal of harm was done. When the Bible was pointed to by those who said that AIDS was God's punishment for homosexual behavior,<sup>8</sup> a great deal of harm was done. When children are denied transfusions because of a curious reading of a curious set of texts about blood,<sup>9</sup> a great deal of harm is done. When some Dutch Calvinists, the 'Old Reformed,' refused to have their children immunized against polio because Jesus said, 'those who are well have no need of a physician' (Matt. 9:12), then a great deal of harm was done.<sup>10</sup> It may be said—and I think rightly said—that these uses of Scripture are all abuses of Scripture. Patients have been harmed, notably, women and children and marginalized persons, seldom 'righteous' adult males who need care.

"Episodes of the abuse of Scripture and episodes of the abuse of patients by reading Scripture should make us hesitate before we attempt to connect this 'infallible rule' to medical ethics."

Coles' friend is evidently collecting his thoughts to make response. The moment's quiet is interrupted by our words summarizing the problems and attempting to clinch the argument.

"The silence of Scripture, the strangeness of Scripture, the diversity of Scripture, and the abuse of Scripture all seem to hint that there might be wisdom in simply rejecting an attempt to relate the practice of reading Scripture to the practice of medicine. And if there are aspects of Scripture which seem to hint that such is wisdom, there are aspects of medical practice and medical ethics which seem to shout it.

"Modern medicine is a thoroughly secular enterprise. It attends to the body, not the spirit; to cells, not the soul.

"We live in a pluralistic society, after all. Public discourse about medical practice seems to require arguments based on universal and generic moral principles, on an impartial and objective point of view or on legal precedents, and such are the arguments one typically finds in the literature on medical ethics.

"It is little wonder that in medical ethics even those trained as theologians sound more like followers of Mill or Kant or John Rawls than like

disciples of Jesus. It is little wonder that even those who know Scripture hesitate to quote it."

Coles' friend can restrain himself no longer. "It is little wonder," he says, "but it is nevertheless lamentable."<sup>11</sup>

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"It is lamentable," he says, "because a genuinely pluralistic society presumably profits from the candid articulation and vigorous defense of particular points of view. The particular views of identifiable communities serve to remind pluralistic societies not only of the moral necessity of some minimal moral requirements for people to live together and die together peaceably,<sup>12</sup> but also that such requirements are, indeed, minimal. If society ignores or denies the richer voices of particular moral traditions, it will be finally unable to nurture any character besides the rational self-interested individual, unable to sustain any community other than that based on the contracts entered by such individuals, and unable even to ask seriously 'what should be decided?' and not just 'who should decide?'"

"The failure to attend to Scripture is lamentable, moreover," he says, "because the practice of medicine is not 'religionless.' The extraordinary human events to which medicine ordinarily attends, giving birth and suffering and dying, have an inalienably religious character."<sup>13</sup> And the care with which we attend to them is no less ineluctably religious.

"Finally, however," Coles' friend says, "it is lamentable for me. When people who know Scripture fail to consider its bearing on medical care, it is lamentable for me—and for people like me.

"Faithful members of the Christian community long to live and to die faithfully. If we must suffer while we live or as we die, we want to suffer with Christian integrity—not just impartial rationality. If we are called to care for the suffering (and we are), we want to care with integrity—not just with impartial rationality.

"This longing of faith and of the faithful for Christian integrity is not served by ignoring the resources of the tradition or by silencing the peculiar voices of Scripture.

In Christian community the tradition, including Scripture, does not exist merely as an archaic relic

in an age of science and reason. In Christian community Scripture exists as that which continues to evoke loyalties and to form and reform character and conduct into dispositions and deeds 'worthy of the gospel' (Phil. 1:27)."

"It seems then," we say rather lamely, "that Scripture is important to you."

He got a little excited then, so we'll delete the expletive of his response. When he calmed down, he said, "'Important' hardly covers it. It is the Word of God, after all, and 'profitable for teaching, for reproof, for correction, and for training in righteousness' (2 Tim. 3:16)."

"That seems a long way from where we began," we say and remind him that he was nodding in agreement when we talked about the silence and strangeness of Scripture.

"I do not deny that these words are human words," he said, "and I do not claim that we may simply repeat them as Christian counsel about medical practice and medical ethics today. But these words are also the Word of God, our faith reminds us, and they may not simply be discredited at our convenience."

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There was a pause, and then he said to us, "Evidently you like problems. Let me give you one: There is no Christian life that is not tied somehow to Scripture. There is no Christian ethic that is not formed and informed somehow by Scripture. Yet, as you say, the world of sickness and healing in Scripture is sometimes strange and alien, and a Christian medical ethic will not simply be identical with it, but somehow informed by it."<sup>14</sup> The problem is not whether to relate Scripture and health care, for there is no Christian moral reflection which is not tied to Scripture. The problem is not *whether*—but *how*—to relate them."

There was another pause, but finally we ask the question we had earlier resolved to ask, "So why—or how—is Scripture so important to you?"

"Scripture is important to me," he says, "because Article Seven of the Belgic Confession calls it an 'infallible rule.'" Well, okay, probably not; he is a Catholic after all, but he is no more likely to have said, "Scripture is important to me because the Second

Vatican Council calls it 'the supreme rule of faith.'<sup>15</sup> He has not learned of Scripture and its significance from a confession or a creed but from the practice of reading it with the people of God.

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This is what he says: "Scripture is important to me because reading Scripture is what Alasdair MacIntyre calls a 'practice.'" Okay, he probably didn't say that either. He has probably never read *After Virtue*, and if he had he would be no more likely to remember MacIntyre's definition of a practice than you are.<sup>16</sup> He is not a philosopher, after all.

But he is a Christian, and he has learned in Christian community the practice of reading Scripture, even if he has never learned MacIntyre's account of what a practice is.

He is a Christian. He has learned to read Scripture in Christian community. And in learning to read Scripture, he has learned as well the good that belongs to reading Scripture, the good "internal to that form of activity." He has learned, that is, to remember.<sup>17</sup>

And he has learned it not only intellectually. That is, he has learned not just a mental process of recollection, not just disinterested recall of objective historical facts. He has learned to own a past as his own, and to own it as constitutive of identity and determinative for discernment. Without remembering there is no identity. In amnesia one loses oneself. In memory one finds an identity. And without common remembering there is no community. It is little wonder that the church sustains this practice of piety, and is herself sustained by it and again and again made new by reading Scripture and remembering.

Coles' friend may never have read MacIntyre, but he has read John Bunyan's wonderful allegory *Pilgrim's Progress*, and he knows what Great Heart knew. He knows what that marvelous helper and guide said to the son of Christian as he pointed ahead to a place called "Forgetful Green." "That place," he said, "is the most dangerous place in all these parts."<sup>18</sup> Coles' friend knows that a pilgrim's

progress comes by remembering. "That's why Scripture is important to me," he says.

In learning to read Scripture in Christian community he has learned that the art of remembering among God's people has always involved story telling. The remedy for forgetfulness has always been a wonderful and lively story. Story after story was told generation after generation. Sometimes on Forgetful Greens the people forgot the stories—or forgot to tell them. And sometimes in Forgetful Straits the people nearly lost their memory—and their identity. But the remedy for forgetfulness was always to tell the old, old story, and a new generation would remember and own the story as their story and God as their God.

In learning to read Scripture in Christian community he has learned as well not only that remembering involves story telling, but also that remembering takes the shape of obedience. To remember that God rescued you from Pharaoh's oppression took the shape of freeing a hired hand from your own oppression, no longer cheating him of a living or of rest. To remember that God gave manna, enough for all to share, took the shape of leaving the edge of the field unharvested for the poor. To remember Jesus took the shape of discipleship.

Coles' friend has learned no theory of memory from reading Scripture,<sup>19</sup> but he has learned to remember. "That's why—and how—Scripture is important to me," he says. "I know the temptation to forgetfulness in the Forgetful Green of health and in the great medical powers to heal. I know the temptation to forgetfulness in the Forgetful Straits of pain and suffering and in the final powerlessness of medicine. I fear amnesia in this 'world come of age' called a hospital and in this 'religionless' world called medicine. That's why I lament so deeply the failure of some medical ethicists who know Scripture to remind me of it. That's why I long so deeply to connect the remembrance that belongs to the practice of reading Scripture with the suffering and care for people who suffer that belong to medicine."

"There are problems," we say, ready to rehearse again the silence and strangeness and diversity and abuse of Scripture, but they do not seem quite so overwhelming now, for we recognize that in learning to read Scripture he has learned not only the good that belongs to this practice—remembrance—but also some standards of excellence "appropriate to" reading Scripture and "partially definitive of" this practice of piety.

He has learned, that is, both holiness and sanctification, both fidelity and creativity, both discipline and discernment—three pairs of virtues for reading Scripture.

Holiness is the standard of excellence in reading Scripture that not only sets these writings apart from others but that is ready to set apart a time and a place to read them and to remember, ready to set aside a time and a place and to protect that time and place from the tendencies of "the world" and of our obligations within the world to render our lives "profane," to reduce them to something "religionless."<sup>20</sup>

Sanctification is the standard of excellence in reading Scripture that is ready to set the remembered story alongside all the stories of our suffering and our dying, alongside the stories of our healing and our caring,<sup>21</sup> until all the times and all the spaces of our lives are made new by the power of God, made to fit remembrance, made worthy of the gospel.

Our practice here is sometimes better than our theology. Our theology tends to construe God's relation to Scripture and to us simply as "revealer." Then the content of Scripture can simply be identified with revelation, and the theological task becomes simply to systematize and republish timeless Biblical ideas or doctrines or principles or rules.

In the practice of reading Scripture in Christian community, however, we learn, I think, to construe God's relation to Scripture and surely to us as "sanctifier."<sup>22</sup> Then what one understands when one understands Scripture in remembrance is the creative and re-creative power of God to renew life, to transform identities, to create a people and a world for God's own glory and for their flourishing.

Remembrance takes place in holiness and calls for sanctification. It takes place in a context set aside, and it makes place for the grace and power of God to touch all of life with remembrance and to orient all of life to God's cause, hoped for because remembered, and present now in memory and in hope.

Besides both holiness and sanctification the practice of reading Scripture also requires both fidelity and creativity.

Remembrance provides identity, and fidelity is simply the standard of excellence that is ready to live with integrity in that identity, ready to be faithful to the memory the church has owned as her own; but fidelity requires a process of continual change, of creativity.<sup>23</sup> Remembrance requires creativity, for the past is past and we do not live in it, even if we remember it. We do not live in Asa's court or in the Jerusalem of Pontius Pilate. And creativity is the standard of excellence in reading

Scripture that refuses to reduce fidelity to an anachronistic, if amiable, eccentricity.

Nicholas Lash makes the point quite nicely with respect to the traditions and ecclesiastical dress of the Franciscans. "If, in thirteenth century Italy, you wandered around in a coarse brown gown," he said, "your dress said you were one of the poor. If, in twentieth century Cambridge, you wander around in a coarse brown gown . . . your dress now says, not that you are one of the poor, but that you are some kind of oddity in the business of 'religion.'"<sup>24</sup> Fidelity to a tradition of solidarity with the poor requires creativity and change.

Fidelity to the identity provided by remembrance must never be confused with anachronistic, if amiable, eccentricity. The practice of reading Scripture and the good of remembrance that belongs to it require both fidelity and creativity.

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*In learning to read Scripture in Christian community, Coles' friend has learned that remembering takes the shape of obedience.*

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Again the practice of reading Scripture is sometimes better than our theology for it. There are some theologians who insist on continuity, who are suspicious of creativity, and who think of themselves as embattled defenders of a tradition threatened by change. They stand ready to accuse others of "accommodation."<sup>25</sup> There are other theologians who insist on change, who minimize the significance of continuity, and who stand ready to accuse others of "irrational conservatism."<sup>26</sup> But the practice of reading Scripture rejects both extremes; it insists on both fidelity and creativity, on both continuity and change.

To treat Scripture as a revealed medical text or as a timeless moral code for medicine is a corruption of the practice of reading Scripture. It confuses fidelity with an anachronistic—and sometimes less than amiable—eccentricity. And to treat Scripture as simply dated and as irrelevant to contemporary health care and medical ethics is also a corruption of the practice. It turns remembrance into an archivist's recollection, and runs the risk of alienating the Christian community from its own moral tradition and from its own moral identity. It invites amnesia.

A pilgrim's progress still comes by way of remembering, by the practice of reading Scripture—whether the pilgrim is a physician or a patient—and the narrow path between anachronism and amnesia requires both discipline and discernment.

Discipline is the standard of excellence for reading Scripture that is ready to be a disciple, ready to

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*In reading Scripture, discernment is the ability to recognize the plot of the story, to see its wholeness, and to order the interpretation of any part toward that whole.*

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follow the one of whom the story is told, ready to order one's life and one's common life to fit the story. It is the readiness to read Scripture "over against ourselves" and not just "for ourselves,"<sup>27</sup> "over against" our lives in judgment upon them and not just in self-serving defense of them, "over against" our conventional reading of biblical texts, subverting our own efforts to use Scripture to boast about our own righteousness or to protect our own status and power. It is the humility of submission. The remedy for forgetfulness is still to tell the old, old story, and remembrance still takes the shape of obedience. A costly discipleship tests character and conduct by the truth of the story we love to tell.

But the shape of that story and of lives formed to it requires discernment. Discernment is the ability to recognize "fittingness."<sup>28</sup> In reading Scripture discernment is the ability to recognize the plot of the story, to see the wholeness of Scripture, and to order the interpretation of any part toward that whole. It is to recognize how a statute or a psalm or a story "fits" the whole. And in reading Scripture as "profitable . . . for training in righteousness" discernment is the ability to plot our lives to "fit" the whole of Scripture, to order every part of our lives—including our medicine—toward that whole. It is to recognize how doing one thing rather than another or doing nothing rather than something may "fit" the story we love to hear and long to live.

Moral discernment is a complex but practical wisdom. It does not rely on spontaneous intuition nor on the simple application of general principles to particular cases by neutral and rational agents. As there is no theory of memory in Scripture, neither is there any theory of discernment there. There is no checklist, no flow chart for decisions. But as

there is remembering in Scripture and in the community that reads it, so is there discernment in Scripture and in the community that struggles to live it.

Discernment regards decision as the recognition of what is fitting, coherent, to the kind of person one is and hopes to become. It asks not just "What should a rational person do in a case like this one?" but "What should I do in this case?" It recognizes that serious moral questions are always asked in the first person, and it insists on the moral significance of the question "Who am I?" The practice of reading Scripture and the good of remembrance that belongs to it give us identity and form character and conduct into something fitting to it.

Discernment regards decision as the recognition of what is fitting or coherent to the circumstances, to what is going on. It recognizes that the meaning of circumstances is not exhausted by objective observation or public inspection. There is no label for life like a can of peas that tells us what the ingredients are. But reading Scripture trains us to see the religious significance of events, to read the signs of the times in the things that are happening about us,<sup>29</sup> and to locate events and circumstances—as well as our selves—in a story of God's power and grace. Reading Scripture trains us to answer the question "What is going on?" with reference to the remembered story, fitting the parts of our lives into the whole of Scripture.

Discernment is learned and tested in the community gathered around the Scripture, and it involves the diversity of gifts present in the congregation. Some are gifted with the scholarly tools of historical and literary and scientific investigation. Some are gifted with moral imagination and sensitivity. Some are gifted with a passion for justice; some, with a sweet reasonableness. Some are gifted with intellectual clarity; some, with simple purity. Some are gifted with courage; some, with patience. But all are gifted with their own experience, and each is gifted with the Spirit that brings remembrance (John 14:26).

To be sure, in the community some are blinded by fear, and some are blinded by duty, and the perception of each is abridged by investments in their culture or in their class. To be sure, sometimes whole communities are blinded by idolatrous loyalties to their race or to their social standing or to their power. Witness, for example, the "German Christians" or the Dutch Reformed Church of South Africa. And to be sure, the practice of reading Scripture is corrupted then. Such communities stand at risk of forgetfulness, even if they treat Scripture as an icon.<sup>30</sup>

The remedy for forgetfulness is still to hear and to tell the old, old story, but to hear it now and then from saints<sup>31</sup> and now and then from strangers for whom Christ also died.<sup>32</sup> Remembrance is served in a community of discernment, reading Scripture with those whose experience is different from ours and whose experience of Scripture is different from ours. We may learn in such discourse with saints and strangers that our reading of Scripture does not yet "fit" Scripture itself, and that our lives and our communities do not yet "fit" the story we love to tell and long to live. Then discernment is joined to discipline again, and the recognition of a more fitting way to tell the story and to live it prepares the way for humble submission and discipleship.

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*Discernment asks not just "What should a rational person do in a case like this?" but "What should I do in this case?"*

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Once again, the practice is sometimes better than our theology for it. The slogan *sola scriptura* is sometimes used to deny or ignore the relevance of other voices and other sources, to discount natural science or "natural" morality.<sup>33</sup> And talk of the "authority" of Scripture is sometimes used to block discussion as though we could beat those who speak from some other experience or from some other source into silence and submission.

The practice can become corrupt, we said, but it can also sometimes be better than our theology. Discernment, or the perception of what is fitting, cannot demand that people violate what they know they know in other ways. It cannot demand that they violate either the experience of oppression or the assured results of science or the rational standards of justice. Of course, there can be disagreements—and discussion—about how to read and interpret one's experience or the "assured results" of science or some minimal notion of justice as there can be disagreements—and discussion—about how to read and interpret Scripture.

Where remembrance takes the shape of obedience, the practice of reading Scripture engages the community in discernment. Together they plot the story of Scripture. Together they talk and argue about how to interpret and shape their lives, in remembrance. In that dialogue people must listen to Scripture and to each other—and to what each has experienced or knows—muting neither each other

nor Scripture. In that communal discernment and mutual discipline, the authority of Scripture is "nonviolent."<sup>34</sup> The moment of recognizing Scripture's wholeness and truthfulness comes before the moment of submission to any part of it and prepares the way for it.

In the struggle against forgetfulness both holiness and sanctification, both fidelity and creativity, both discipline and discernment are required. "That's why—and how—Scripture is important to me," Coles' friend says.

We are ready at last to read some Scripture with Coles' friend.

Just then, however, our friend's doctor comes in the room. "She's still trying to talk me into another round of chemotherapy," our friend says to us with more than a hint of impatience.

We politely offer to return another time, but each seems eager to enlist us as an ally in the struggle with the other. The doctor expects us to define our role (as chaplain or as ethicist) in terms of the therapeutic ambitions of the medical establishment, and Coles' friend hopes we will be an advocate of the patient's perspective. We are happy enough to be able to report that we came to read Scripture, to remember the story, and not simply to be defenders of either the authority of physicians or the autonomy of patients.

Coles' friend tells his doctor to sit down for a moment, and she does. He hands us his Bible. It is still marked at Psalm 69 with its curses on the enemy.

We suggest a different text, perhaps the word of Jesus, "Love your enemies, . . . bless those who curse you, pray for those who abuse you" (Luke 6:27-28).

Coles' friend insists that he did not intend that we read Psalm 69 again. But he has been reminded by our words—by Jesus' word, actually—of the story of an Armenian Christian woman.

The woman, it seems, was kept for a time by a Turkish officer who had raided her home and killed her aged parents. After she escaped she trained to be a nurse. Some time later, when this officer became gravely ill, she happened to be his nurse. Exceptional nursing care was required, and exceptional care was given. When finally the officer recovered, his doctor pointed to the nurse and told the man that the credit for his recovery belonged to her. When he looked at her, he said, "We have met before, haven't we?" And when he recognized her, he asked, "Why did you provide such care for me?"



Her reply was simply this: "I am a follower of the one who said 'Love your enemies.'"<sup>35</sup>

Our friend's doctor was evidently touched by the story. "It makes me a little ashamed," she said, "of the way I treated the patient I just left. I think I'll look in on him again in a few minutes."

Our friend smiled at that, thinking, perhaps, that there may be hope for this physician yet. And then

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he said, "That woman was a saint, one of the company of those to whom we must listen when we would read Scripture for the moral life and the medical life. How do you think she read Scripture? She appeals to a command, to be sure, but not as though Scripture were to be regarded as 'a system of divine laws.'<sup>36</sup> She describes herself as a 'follower' of Christ. The command to 'love the enemy' coheres with a story, not with some eternal code. Scripture does not give us a moral handbook; it gives us a story we own as our own. It is a story we may love to remember and tell and must struggle to practice and live even when we are dying or caring for the dying. And the plot of the story climaxes in the resurrection of Jesus of Nazareth. There was the final revelation, and the reading of Scripture and the practice of medicine must both be made to fit with that final disclosure of God's cause and purpose."<sup>37</sup>

"Jesus came announcing that the good future of God was 'at hand' and already made its power felt in his works of healing and in his words of blessing. He suffered for the sake of God's cause in the world, but when death and doom had done their damndest, God raised him up. So, we read Scripture in remembrance of Jesus and in hope of God's final triumph. And reading Scripture, we learn to practice medicine in remembrance of the same Jesus and in the same hope."

It was a discerning judgment, we thought to ourselves, and we began to see for ourselves how—and why—the practice of reading Scripture (in spite of the problems) might form and inform the practice of medicine.

## References

1. William Schweiker, "Iconoclasts, Builders, and Dramatists: The Use of Scripture in Theological Ethics" *Annual of the Society of Christian Ethics* (Knoxville, Tennessee: Department of Religious Studies, University of Tennessee, 1987) pp. 129-162; Michael Cartwright, *Practices, Politics, and Performance*, Ph.D. Dissertation: Duke University 1988; Stephen Fowl and Greg Jones, *Reading in Communion* (Grand Rapids: Eerdmans, 1991).
2. Robert Coles, "Psychiatric Stations of the Cross," *Harvard Diary: Reflections on the Sacred and the Profane* (New York: Crossroad Publishing Company, 1990), pp. 10-12. See also pp. 92-94.
3. These citations of Psalm 69:1, 2, 20-22 are from the NIV. All other references are to the RSV.
4. The disease was probably not modern leprosy, or Hansen's bacillus. See Klaus Seybold and Ulrich B. Mueller, *Sickness and Healing* (trans. Douglas W. Stott; Nashville: Abingdon, 1981), pp. 67-74. The identification of the disorder called *sara'at* as psoriasis is given at p. 69.
5. D. W. Amundsen and G. B. Ferngren, "Medicine and Religion: Pre-Christian Antiquity," in Martin Marty and Kenneth Vaux, eds., *Health/Medicine and the Faith Traditions* (Philadelphia: Fortress Press, 1982), pp. 53-92, at p. 62.
6. See Klaus Seybold and Ulrich Mueller, *Sickness and Healing*, pp. 112-114.
7. See Ronald L. Numbers and Ronald C. Sawyer, "Medicine and Christianity in the Modern World," in Martin Marty and Kenneth Vaux, eds., *Health/Medicine and the Faith Traditions*, pp. 133-160, at p. 134. Numbers and Sawyer also observe, however, that Scripture was also cited to justify the use of anesthetics, notably Gen. 2:21, where God mercifully caused "a deep sleep to fall upon Adam" before removing his rib, p. 136.
8. According to a 1988 Gallup poll of registered voters 42.5 percent of those surveyed agreed with the statement that AIDS is God's punishment for immoral behaviors (*Newsweek*, 1 Feb. 1988, p. 7).
9. On the Jehovah's Witness' position prohibiting blood transfusions on the basis of Genesis 9:4, Leviticus 17:13-14, Acts 15:29, etc., see W. H. Cumberland, "The Jehovah's Witness Tradition," in R.L. Numbers and D.W. Amundsen, eds., *Caring and Curing: Health and Medicine in the Western Religious Traditions* (New York: Macmillan, 1986), pp. 468-485.
10. See Richard Mouw, "Biblical Revelation and Medical Decisions," in Stanley Hauerwas and Alasdair MacIntyre, eds., *Revisions: Changing Perspectives in Moral Philosophy* (Notre Dame: University of Notre Dame Press, 1983), pp. 182-202, at pp. 197-198. Mouw puts the best possible face on this foolishness, construing it as resistance against the tendency to reduce the human struggle with suffering to the medical model for that struggle.
11. See further Allen Verhey, "Talking of God—But With Whom?" *Hastings Center Report* 20:4, (1990) Special Supplement, "Theology, Religious Traditions, and Bioethics," pp. 21-24.
12. H. Tristram Englehardt, "Bioethics in Pluralist Societies," *Perspectives in Biology and Medicine*, 26:1 (1982), pp. 64-77.
13. See, for example, the wonderful essay by William F. May, "The Sacral Power of Death in Contemporary Experience," *Social Research* 39 (1972), pp. 463-488.
14. See the "important two-part consensus" identified by Bruce Birch and Larry Rasmussen that "Christian ethics is not synonymous with biblical ethics" and that "for Christian ethics the Bible is somehow normative." Bruce Birch and Larry Rasmussen, *Bible and Ethics in the Christian Life* (Minneapolis: Augsburg, 1976), pp. 45-46. The same claims are found in the revised edition (Minneapolis: Augsburg, 1982), pp. 45-46.

olis: Augsburg, 1989), p. 189. See also Allen Verhey, *The Great Reversal: Ethics and the New Testament* (Grand Rapids: Wm. B. Eerdmans Publishing Company, 1994), pp. 153-197.

15. "Dogmatic Constitution on Divine Revelation," in Walter M. Abbott, S. J., ed., *The Documents of Vatican II* (New York: Guild Press, 1966), pp. 111-128, at p. 125.

16. Alasdair MacIntyre defined a practice as a "form of socially established cooperative human activity through which goods internal to that form of activity are realized in the course of trying to achieve those standards of excellence which are appropriate to, and partially definitive of, that form of activity with the result that human powers to achieve excellence and human conceptions of the ends and goods involved are systematically extended." Alasdair MacIntyre, *After Virtue: A Study in Moral Theory* (Notre Dame: University of Notre Dame Press, 1981), p. 175. On the notion of 'practice' see also Jeffrey Stout, *Ethics After Babel: The Languages of Moral and their Discontents*, pp. 267-276.

17. For the notion of remembrance as "the good" of reading Scripture (and for much besides), I am indebted to Stanley Hauerwas. See his essay "The Moral Authority of Scripture: The Politics and Ethics of Remembering," *A Community of Character* (Notre Dame: University of Notre Dame Press, 1981), pp. 53-71. See also Hans Frei, *The Eclipse of Biblical Narrative* (New Haven: Yale University Press, 1974).

18. John Bunyan, *The Pilgrim's Progress* (New York: Washington Square Press, 1957), p. 234. (It was originally published in 1678.)

19. There is nothing in Scripture to compare, for example, with Aristotle's treatise *De Memoria*.

20. Stephen E. Fowl and L. Gregory Jones, *Reading in Communion: Scripture and Ethics in Christian Life* (Grand Rapids: Wm. B. Eerdmans Publishing Company, 1991), pp. 31-33.

21. See, for example, Stanley Hauerwas, *Naming the Silences: God, Medicine, and the Problem of Suffering* (Grand Rapids: Wm. B. Eerdmans Publishing Company, 1990), pp. 34-147.

22. See further Allen Verhey, *The Great Reversal*, pp. 180-181, and David Kelsey, "The Bible and Christian Theology," *The Journal of the American Academy of Religion* 68:3 (1980), pp. 385-402.

23. Continuity and change are marks of any living tradition. They mark Scripture itself, and they mark the tradition and practice of reading Scripture as a guide for faith and life in the church. See Nicholas Lash, *Theology on the Way to Emmaus* (London: SCM Press, 1986); at p. 55 Lash says, "Fidelity to tradition, in action and speech, is a risky business because it entails active engagement in a process of continual change."

24. Nicholas Lash, *Theology on the Way to Emmaus*, p. 54.

25. Franklin E. Payne, *Biblical/Medical Ethics* (Milford, MI: Mott Media, 1985), an unnumbered page in the Introduction. Similarly John M. Frame, *Medical Ethics: Principles, Persons, and Problems* (Phillipsburg, N. J.: Presbyterian and Reformed, 1988), p. 2, says "Scripture says it, we believe it, and that settles it."

26. For example, Charles Hartshorne, "Scientific and Religious Aspects of Bioethics," in E.E. Shelp, ed., *Theology and Bioethics: Exploring the Foundations and the Frontiers*, pp. 27-44, at p. 28.

27. Dietrich Bonhoeffer, *No Rusty Swords*, trans. E. H. Robertson and John Bowden, (New York: Harper and Row, 1965), p. 185; see also pp. 308-325. One might regard Richard Mouw's contrast between a "priestly" reading of Scripture and a "prophetic" reading of Scripture to be analogous to Bonhoeffer's contrast; see "Biblical Revelation and Medical Decisions," p. 196.

28. On discernment see especially the work of James Gustafson, "Moral Discernment in the Christian Life," in Gene H. Outka and Paul Ramsey, eds., *Norm and Context in Christian Ethics* (New

York: Charles Scribners Sons, 1968), pp. 17-36; and William C. Spohn, S. J., "The Reasoning Heart: An American Approach to Christian Discernment," in *Theological Studies* 44 (March, 1983), pp. 30-52.

29. H. Richard Niebuhr, *The Meaning of Revelation* (New York: Macmillan, 1974), p. 109: "What concerns us at this point is not the fact that the revelatory moment shines by its own light but rather that it illumines other events and enables us to understand them. Whatever else revelation means it does mean an event in our history which brings rationality and wholeness into the confused joys and sorrows of personal existence and allows us to discern order in the brawl of communal histories."

30. Witness the report of the Dutch Reformed Church's 1974 General Synod, *Human Relations and the South African Scene in the Light of Scripture* (Cape Town-Pretoria: Dutch Reformed Church Publishers, 1974). It appeals to Scripture to justify apartheid. It has been properly subjected to strong criticism in John de Gruchy and Charles Villa-Vicencio, eds., *Apartheid is a Heresy* (Grand Rapids: Wm. B. Eerdmans Publishing Company, 1983); see especially pp. 94-143. Witness also the appeals to Scripture in Margaret Atwood's powerful novel *The Handmaid's Tale* (New York: Faucett Crest, 1985).

31. Stephen E. Fowl and L. Gregory Jones, *Reading in Communion: Scripture and Ethics in the Christian Life*, pp. 62-63. They quote Athanasius, *The Incarnation of the Word of God* (New York: Macmillan, 1946), p. 96: "Anyone who wishes to understand the mind of the sacred writers must first cleanse his own life, and approach the saints by copying their deeds."

32. See further Stephen E. Fowl and L. Gregory Jones, *Reading in Communion: Scripture and Ethics in the Christian Life*, pp. 110-134.

33. On the relevance of other sources see further Allen Verhey, *The Great Reversal*, pp. 187-196.

34. Paul Ricour, *Essays on Biblical Interpretation*, ed., L. S. Mudge (Philadelphia: Fortress Press, 1980), p. 95. See also Margaret Farley, "Feminist Consciousness and the Interpretation of Scripture," in Letty M. Russell, ed., *Feminist Interpretation of the Bible* (Philadelphia: Westminster Press, 1985), pp. 41-51, at pp. 42-44.

35. The story is told in Geoffrey Wainwright, *Doxology* (London: Epworth Press, 1980), p. 434, and in Stephen E. Fowl and L. Gregory Jones, *Reading in Communion*, pp. 79-80.

36. Against John M. Frame, *Medical Ethics: Principles, Persons, and Problems*, p. 10. By this judgment about the wholeness of Scripture Frame provides backing for his appeals to Scripture as a moral code to answer directly questions about conduct. But many theologians, no less convinced of the authority of Scripture, would argue that such an account of the wholeness of Scripture is not a discerning reading of Scripture, that it is wrong, and that, therefore, the use of Scripture in ways coherent with it (as moral code) is flawed. I count myself among that number.

37. For resurrection as the key to Scripture see Allen Verhey, *The Great Reversal*, pp. 181-183; David Kelsey, "The Bible and Christian Theology," *Journal of the American Academy of Religion*, 68:3 (1980), pp. 385-402, especially pp. 398-402; and the essay by Oliver O'Donovan, "Keeping Body and Soul Together," in Kenneth Vaux (ed.), *Covenants of Life: Contemporary Medical Ethics in Light of the Thought of Paul Ramsey* (Champaign: U of Illinois Press, 1991).

[This paper was originally delivered at the Society for Christian Ethics meeting in January 1992.]