

Christian Covenantal Ethics in Cultural Context

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It is tempting to stereotype Western religious ethics in the following way: Protestant ethics emphasizes painful wrestling with difficult dilemmas, Catholic ethics emphasizes careful application of detailed principles, and Jewish ethics emphasizes sagacious telling of illuminating stories. A well-rounded Christian covenantal ethics can involve any or all of these approaches, but the emphasis in this essay is to highlight its central themes in relationship to Western philosophical ethics.

The Examined Moral Life

Before we discuss ethical theory, we should remind ourselves that most of our moral life does not consist in our consciously thinking our way through difficulties. Every day we make hundreds of moral choices that simply flow from the dispositions—which include both virtues and vices—that constitute our character, dispositions that derive largely from our genetic endowment and our upbringing. Indeed, we worry about people who have to think too much before doing the right thing. We like to think that proper character-building—through careful approval and disapproval of behavior as well as through inspiring stories about moral heroes—should give us a head that knows what is right and a heart that is disposed to do it without a lot of agonizing over what to do and whether to do it. We should not need to deliberate over whether to steal a book from the bookstore. Many of us also like to think that our lives are like stories, or narratives, in which our characters and our very identities are shaped by the stories of others, including those around us whose stories interrelate with our own. And we hope that being raised in a Christian community will appropriately shape our identities—shape them through stories of the heroes of faith as well as through biblical accounts of our being created in God’s image, redeemed in Christ, and sustained and guided by the Holy Spirit. Such character-building will, we hope, result in distinctive virtues: dispositions toward caring, gratitude, humility, faithfulness, reverence, and hope. When dispositions become habits, we typically make our everyday moral choices so naturally that others can quite accurately predict what we will do.

It is often wiser, then, to trust people who have demonstrated good character over those, say, who merely have read the latest books on ethics. Similarly, if we want to get a good idea of how a professional in any field will conduct professional activities, knowing the role models that he or she emulates will be more helpful than knowing which courses he or she took in college.

On the other hand, explicit consideration of moral theories should not be ignored. We do not inherit our characters the way we inherit the color of our eyes or even the way we inherit our nationalities or ethnic identities. God did not create image bearers to be merely products of their genes and environments. As self-reflective choice-makers who evaluate our evaluations, we are not just the actors of our life stories; we are also, to an important degree, the authors and critics of them. The moral development

of a responsible choice-maker does involve the nurturing of distinctive dispositions, but perhaps the trickiest and toughest part of moral development is that one of these distinctive dispositions is the disposition to examine one's own dispositions.

One reason to cultivate the examined life is a moral and theological one: although creatures do not create the moral law, those who are God's image bearers have the responsibility to consciously affirm their identity and to exercise their autonomy by accepting God's will for their lives (see appendix). A second reason to examine one's moral character is to become clear about what are one's moral commitments and what are their implications for living. A third reason derives from what might be called the problem of "gaps". Inevitably, it seems, we encounter new situations for which our dispositions have not prepared us. This is the case even when our dispositions have been formulated into rules, such as the Ten Commandments, which do not automatically tell us exactly what to do in specific instances—for example, when informed consent or force feeding is the issue. Especially in the professions, technological development and other changes are forcing us to confront new situations that demand decisions.

A fourth motivation for the examined life is the problem of conflicts. We sometimes disagree with other choice-makers, of course, especially in professions that require a great deal of teamwork and require it precisely when decisions are the most difficult and delicate. But we also disagree within ourselves. We find ourselves having conflicting loyalties when we cannot simultaneously meet obligations we have toward different persons or groups. And even when we consider just one other person to be the focus of our responsibilities, we sometimes find that our own dispositions are at odds with each other or that we cannot simultaneously pursue all the goods and avoid all the evils. Sometimes several kinds of conflict occur in a single situation—when, for example, two physicians disagree over whether to send a hospital patient home, one physician being torn between loyalty to the patient and the hospital's need to economize, the other weighing the patient's desire to go home against the possibility of a medical emergency that could best be handled in the hospital.

In short, the urge to examine our morals can be sparked by stewardly responsibility to be self-reflective and clear about our decisions, but it is also often fueled by conflict. Indeed, perhaps most people are first stimulated to think hard about their values when they experience some sort of conflict within a decision of their own or between their decision and others' decisions. Although much of the moral life is a matter of simply living in integrity with one's character, and not a matter of wrestling with dilemmas, most people encounter enough conflicts or new questions that they are forced to become self-conscious about their morals. This self-consciousness can be uncomfortable, especially when other persons and groups have deeply different and contradictory beliefs about what the world is and what it ought to be. When people clarify their own beliefs in such a society (a "pluralist" society), they often discover that there are many alternative beliefs, some of which are understandable and well-reasoned and held by intelligent and decent people. Their effort to become clear about

what they believe, then, leads them to ask whether their beliefs are the most appropriate and whether they can justify their position.

Difficulties in clarifying or applying values thus lead to the basic questions of ethical theory: What are the fundamental dispositions or principles that should give structure to people's lives? How can people justify their answers to this question? And how should they respond to those with different answers to the same question? The section that follows will discuss some of the main alternatives that those in Western tradition will encounter when answering these questions.

Main Approaches in Western Ethics

A moral (or ethical) theory provides one or more basic guides, guides that serve as the basis from which other guides and judgments are derived. In some theories basic guides are formulated as basic *virtues*—that is, as dispositions of character that incline people to act in right ways; in other theories the basic guides are formulated as basic *principles* or *rules* about right action. A theory of the former type might claim, for example, that cultivating a benevolent disposition is one's basic moral responsibility, whereas a theory of the latter type might claim that one's basic moral obligation is the duty to avoid actions that harm others. Some inclusive theories combine both virtues and principles as the corresponding elements of the moral life. According to these theories, *virtues* are used in judgments about good character and praiseworthiness, and *principles* are used in judgments about right action and obligation. These theories see a close connection between the questions of what we ought to *be* and what we ought to *do*, although there may be disagreement over which question is primary. Discussion of moral theories can quickly lead to meta-ethical questions about the meaning, character, and justifiability of moral claims, including such questions as whether these claims are expressions of knowledge or expressions of feelings, whether they are discovered or invented, and whether they can be rationally justified.

We cannot examine all of the important moral and meta-ethical theories in Western theology and philosophy, much less consider alternatives found in Eastern civilizations. As far as meta-ethics is concerned, let us simply assume that revelation and reason can enable us to discover moral knowledge. And let us assume that, although few moral principles can be either refuted or justified to everyone's satisfaction, most of them can be evaluated as more acceptable or less acceptable, both within a Christian framework and in terms of the traditional criteria of rational theory selection, criteria such as clarity, consistency, and comprehensiveness. As far as moral theory is concerned, we will consider several types of the two main moral approaches encountered when people debate professional ethics, focusing on their affinities with and differences from the view eventually endorsed, a view called *covenantal ethics*.

In concentrating on those views that are most often defended in debates on medical ethics, we can avoid a separate discussion of egoism, the theory that every agent ought to act always and only in that agent's long-term, enlightened self-interest.

Egoists are indirectly concerned about others' interests (indeed, intelligent egoists are often eager to help others) but only as a means of helping themselves. In medicine, for example, egoism is a *stance* that often motivates medical providers and patients, especially when medicine is viewed as a commodity for sale in a free market. However, egoism is less frequently used as a *defense* for decisions in medicine than are those views that directly take into account the interests of all those affected by a decision.

Teleological Ethics

The main theoretical division we find in moral debates—especially those of ethics committees and case studies—is between teleological (from the Greek *telos* or “goal”) ethics and deontological (from the Greek *deon*, or “what is required”) ethics. The oldest form of teleological ethics goes back to Aristotle. It was adapted by Saint Thomas Aquinas and has heavily influenced Roman Catholic ethics. Today it is having a revival in both theological and secular forms. Typically, it tries to articulate the natural or proper ends (goals) of human existence and to cultivate the virtues and character conducive to these ends. It further seeks to understand the natural or proper ends of human activities and practices and to base relevant virtues or principles on understanding the goods naturally sought in those activities and practices. Appeal is often made to “natural law,” which is understood by “natural reason” or perhaps is both revealed in Scripture and understood by natural reason. The ethics of human activities (such as sexual intercourse) and human practices (such as medicine) are a matter of cultivating virtues or following principles that are conducive to the proper ends of these activities and practices. Intramural disagreement among those holding to this form of teleological ethics focuses on what are the proper ends and which virtues or principles contribute to them. For example, it is difficult to agree on a common end or set of ends for medicine (or even for sexual intercourse). Still, there is enough plausibility in deriving ethics from discovering the natural ends of persons and activities to make this type of ethics attractive to many thinkers.

During the last century, the most common type of teleological ethics has been utilitarianism, which teaches that people have the single fundamental moral duty of producing the greatest general good. It was elaborated in the nineteenth century by Jeremy Bentham and John Stuart Mill as a scientific way to decide social-policy issues; people need only calculate the good and evil consequences of alternative actions or policies to determine the right one. In teaching that agents must be directly concerned with (and only with) the effects of their actions on the well-being of everyone affected by them, Bentham and Mill tried to provide a scientific way for people to love their neighbors as themselves. Bentham and Mill believed that by producing the best balance of good consequences over evil consequences, people could avoid the pitfalls of both selfishness and blind adherence to old-fashioned rules, both of which they thought produced more harm than good.

Bentham and Mill projected utilitarianism as a scientific way to calculate moral decisions because it amounts to a technique for making cost-benefit analyses. One

weighs the costs to everyone affected by an action against the benefits to everyone affected by it and acts in the way that maximizes net benefits. Herein lies what many critics of utilitarianism regard as a crucial moral flaw: the maximum net benefit may occur when the rights of a minority are overridden in order to produce the greatest general good. For example, when potential organ donors are dying, utilitarianism might incline one to hasten their deaths in order to use their organs for (otherwise healthy) patients who desperately need them. This decision might be justified on the grounds that the donors will die soon anyway, and the greatest good for the greatest number will come about if they die in time for the “desperate need” patients to benefit. Of course, utilitarians might argue that the side effects of such actions—such as increased anxiety among the terminally ill—must also be weighed in the balance, and that these effects more than offset the benefits of hastening the donors’ deaths. But critics worry that predictions about consequences are a shaky way to defend the rights of the vulnerable, that some actions are wrong *apart from* their effects on the general good, and that *distribution* (and not just net balance) of the costs and benefits must be *directly* considered. Such critics believe that in treating individuals as simply the experiencers of an intrinsic good (the production of which must be maximized), utilitarianism does not take seriously enough the distinctions among persons, who are ends-in-themselves and not just contributing parts of a larger whole.

Even if proper distinctions and careful weighing of *all* the consequences of actions can help utilitarianism avoid the charge that it allows injustice, it must answer an important question: Which consequences are good and which are evil? Bentham and Mill thought that only pleasure (or happiness) is good in itself, but other utilitarians have thought that experiences of such things as freedom, knowledge, beauty, and friendship are good in themselves (intrinsic values) and not merely means to happiness (instrumental values). This is not a trivial disagreement. Take, for example, freedom and knowledge. Whether they are intrinsically valuable or only instrumentally valuable can make an important difference when one is calculating whether a proposed action, such as overriding another’s freedom to know something, will maximize good consequences. Lack of agreement or even of hope for agreement on what is intrinsically valuable has led to what is currently the most common type of utilitarianism, the type that identifies intrinsic value as the satisfying of individual preferences, whatever they may be.

This latter type of utilitarianism is thought by many to be a powerful decision-making tool in a pluralist democracy, one that combines the principle of majority rule with a scientific way of deciding what the majority wants. If one could add up the number and also measure the relative intensities of the different preferences of all those affected by a proposed action or policy, one should be able to calculate whether the proposal would, in the language of this theory, “maximize preference satisfaction.” To help policy planners use this technique, social scientists have developed highly sophisticated analytic tools for measuring public preferences on social-policy issues. Of course, preference utilitarians believe that, for everyday personal decisions, fair-minded people can usually make rough but accurate enough estimates of how to satisfy the most and strongest desires of those affected by their decisions. Thereby,

they believe, an agent can do good for others without imposing on them the agent's own notion of what is good. However, one may wonder whether people should or even can act without making value judgments about which preferences ought to be respected. Perhaps some preferences, such as those of child abusers or racists, are so irrational that no thoughtful person would allow them to count in the balance. But what about those mildly irrational or biased preferences that we encounter daily? Consider the following case, which received much publicity in 1978 in the United States.

Thirty-nine-year-old Robert McFall needed a bone-marrow transplant; without it, he would die in a few weeks. The only relative who was found to be tissue compatible was his first cousin David Shimp, who was a good tissue match. But Shimp, at first cooperative, suddenly refused to be tested for genetic compatibility or to undergo the transplant operation. The latter could be done with little danger to Shimp, whose major risk would be the one-in-ten-thousand chance of death from anesthesia. The newspapers indicated that Shimp was influenced by his mother, who was said to have a grudge against McFall's side of the family.¹ Shimp denied this rumor, but let us suppose it was true. What would a preference utilitarian advise Shimp to do, assuming he could not change his mother's extremely strong preference that he not benefit McFall? If her preference was to count at all, it would seem to have to weigh rather heavily in the decision. This implication is troublesome. Although everyone might understand why Shimp would not want to go against his mother's wishes, few of us would think that her grudge should count heavily in deciding what would be the morally proper thing for him to do. But it would be difficult for preference utilitarians to eliminate the mother's preference from the moral decision without imposing some values. So even preference utilitarians have trouble avoiding the intramural utilitarian debate over what is intrinsically good.

Act and Rule Utilitarianism

McFall sued Shimp to compel him to undergo the operation, arguing (among other things) that laws in the Anglo-American tradition sometimes allow society to force one individual to help another. Judge John Flaherty said Shimp's refusal was "morally indefensible" but ruled against McFall anyway. Understanding that the judge's decision is consistent from a utilitarian viewpoint can help us understand another important division within utilitarianism, one that cuts across the differences over what is valuable. One side believes that the moral question is this: Which particular *action* will maximize the good in a given situation? This is called *situational*, or *act, utilitarianism*. The other side believes that the moral question is this: Which *practices* will maximize the good in that *type* of situation? The latter view, called *rule utilitarianism*, asserts that actions should follow rules—namely, those rules that would result in the greatest general good if everyone were to follow them. Judges and legislators who are utilitarians are generally rule utilitarians, because they have to worry about setting precedents and about mandating or allowing

¹ The information about the McFall/Shimp case, which is referred to throughout this chapter, is taken from Beauchamp and Childress (315-17) and Meisel and Roth.

a *type* of action, not just a single action. A rule utilitarian could justify Judge Flaherty's decision by noting that he was deciding not whether Shimp should give bone marrow to McFall but whether there should be a certain type of practice. And the practice he was considering was not the practice of giving bone marrow but the practice of coercing one person to give bone marrow to another.

Especially on matters of legal coercion, rule utilitarians are cautious about setting a precedent that would justify or stimulate a practice. Because professionals also worry about precedents and are very leery of situational ethics, the professional ethics espoused by utilitarian professionals tends toward the rule type. For example, utilitarian professional ethics will typically forbid breaking confidentiality even when, in a given situation, it looks as if to do so would maximize the well-being of all concerned. Rather, it will generally advocate a rule that includes exceptions to confidentiality (reporting communicable diseases, gunshot wounds, a serious threat to an identifiable person, and so on) and will forbid any breaking of this carefully qualified rule, no matter how well-intentioned such a breaking might be.²

Utilitarianism is primarily future-oriented. In fact, events that happened or actions that were performed before a given moral decision is made are morally relevant to that decision only if they affect the consequences that can reasonably be predicted to result from the keeping of them. This dependence of utilitarianism upon calculating future consequences seems to make utilitarianism a slim basis for establishing a relationship of trust. However, rule utilitarians point out that the consequences that must be considered in decision-making are the (hypothetical) consequences of everyone's making the same decision in a similar situation, not the consequences of a specific instance of keeping or breaking a promise. Thus their position on promise-keeping would not be situational, nor would it insist that promises be kept regardless of consequences. Rather, their position on promise-keeping would look something like their position on confidentiality (as stated previously), which would be consistent with a relationship of trust.

Rule utilitarians also reply to the charge that utilitarians cannot account for the belief that roles and special relationships are of moral importance. Shimp, for example, said he would likely undergo the operation if McFall were his own child. And most people think that the role of parent implies stricter responsibilities than the role of cousin. This belief seems to contradict simple (act) utilitarianism, because it seems independent of beliefs about the probable consequences of donating to one's child as opposed to donating to one's cousin. Rule utilitarians reply that parents' responsibilities to their own children are greater than their responsibilities to cousins

² For an instructive example of a rule-utilitarian policy on breaking confidentiality, see the majority opinion in *Tarasoff v. Regents of the University of California*. The ruling requires psychiatrists to warn a third party when they know or should know that one of their patients presents a serious threat of violence to that person. The minority opinion opposes this policy because it predicts that the duty to warn will interfere with therapy in a way that will actually increase net violence. Both opinions use what look like rule-utilitarian premises, but they disagree on the predicted consequences of the majority opinion. Excerpts from both opinions are reprinted in Mappes and Zembaty (119-27).

because of the good consequences of the rule that people should take more care of their own children than of their cousins.

Slippery Slopes

Since they apply a single-minded consequentialism to rules and practices, rule utilitarians often rely on “slippery-slope” arguments (also called “wedge” or “domino” or “camel’s-nose-in-the-tent” arguments). The logic of these arguments deserves special attention because they are probably the most common arguments found in medical ethics. They can be very powerful arguments, and, since they are frequently used by proponents of all moral theories, they serve as a universal kind of argument in debates on ethics. They go beyond the type of objection that a given policy will have immediate “negative fall-out” (Wennberg, *Terminal Choices*, 187), as when objectors to active euthanasia claim that practicing it would immediately cause a change in the traditional mission and identity of physicians. Slippery-slope arguments claim that, apart from any immediate negative aspects to a proposed decision or policy, the latter would put those who accept it on a “slippery slope” which would result in their sliding into a practice or condition that is bad. To use and evaluate such arguments, we must distinguish two very different forms of them (Beauchamp and Childress, 229). One form—the logical slippery slope—is to claim that a particular justification of a decision or policy also justifies something that is bad. For example, some people claim that if the prevention of suffering is justification enough for allowing people to die (acceptable to many people), it also is justification for killing them (unacceptable to many people). This form of the argument assumes that people should be consistent and therefore be willing to accept the implications of their positions. The second form—the empirical³ slippery slope—is to claim that a particular practice or activity will likely slide into becoming something that is bad. For example, many people fear that what we know about history, psychology, and sociology shows that the practice of voluntary euthanasia (acceptable to many people) could slide into the practice of nonvoluntary euthanasia (unacceptable to many people). Whereas the first form of the slippery-slope argument is based upon logical

³ Empirical beliefs are, roughly, those whose truth or falsity people try to determine through sense experience, either directly (by observation) or indirectly (by experimentation). They are often distinguished from conceptual beliefs (which are either definitions or claims whose truth or falsity depends on the meanings of words, as in “all bachelors are unmarried”), metaphysical beliefs (which go beyond sense experience or are presupposed by sense experience, as in “all events are caused” or “everything that exists has a sufficient reason for its existence”), and value beliefs (which are beliefs concerned with how the world ought or ought not to be or what is good and bad about the world rather than beliefs about the way the world is). There are philosophical difficulties with these definitions and with sharply distinguishing these types of beliefs, but it is often useful to distinguish debates involving mainly empirical beliefs from those involving, say, value beliefs. In the Tarasoff case cited in the previous footnote, the judges can be interpreted as agreeing on the value belief that people ought to follow rules that will maximize good consequences but disagreeing over empirical predictions about the consequences of everybody’s following a particular rule. When predictions are defended by appealing to history, sociology, or psychology, they can generally be classified as empirical beliefs. Many moral arguments can be reduced to differences over empirical predictions rather than differences over fundamental values, as the example in the previous footnote illustrates.

implications of arguments, the second form is based upon empirical beliefs about human nature.

These two types of arguments should not be confused, because evidence for or against one of them will be irrelevant to the other. For example, one cannot rebut the first argument—that a particular justification for allowing death also justifies killing—by appealing to the empirical belief that many physicians do the former without doing the latter. The first type of argument assumes not that people will actually practice what their positions justify, but only that consistency requires either accepting both (or neither) or changing the justification. Likewise, one cannot rebut the second argument—that voluntary euthanasia could lead to nonvoluntary—by pointing out that one can justify killing people when they request it without thereby justifying killing them without or against their request. This type of argument does not assume that a practice has to be thought justifiable before people will slide into it, so rebutting this argument requires evaluating the empirical evidence upon which it is founded. Although both types of slippery-slope arguments are powerful tools for evaluating positions, we must avoid the surprisingly common error of confusing the logical claims that support or rebut the one type with the empirical claims that support or rebut the other.

Deontological Ethics

The consequences (of actions) to which utilitarians appeal are those that have to do with producing the greatest general good. But deontologists—the proponents of the other main moral tradition in Western ethics—deny that our fundamental moral task is to produce good, much less the greatest general good. They typically believe that we are required primarily to respect the good that already has been created. Insofar as they appeal to consequences of decisions or actions, they refer to the effects of those decisions or actions on the *rights* of those affected by them. During his ruling in the McFall-Shimp case, Judge Flaherty said, “Our society is based on the right and sanctity of the individual....For a society which respects the right of one individual, to sink its teeth into the jugular vein or neck of one of its members, and suck from it sustenance for another member, is revolting.” This sounds like a deontologist talking. He opposes the coerced giving of bone marrow and presumably even the coerced giving of blood, regardless of the impact of his opposition on the general good, because individuals have the right to control their own bodies. Inherent in the deontological viewpoint is the belief that persons have certain rights and duties that may not be violated in the pursuit of the greatest general good, as well as the belief that even if finite agents could know enough about the future to be able to predict the consequences of their actions or rules,⁴ people should not do a little evil that more good may come. People may not treat members of the body politic the way they treat parts of their own bodies—by cutting off an arm or pulling a tooth to maximize the good of the whole—because members of society are not just body parts. They also

⁴ Since predictions about the consequences of actions or policies are highly debatable, one can claim that, although utilitarianism is simple in theory, it requires predictions that are too complicated for finite persons to make (Donagan, 199-209).

are individuals who are ends in themselves, with a uniqueness, a dignity, and an inherent worth that may not be aggregated into—or sacrificed for—“the masses.”

Like teleologists, deontologists have intramural debates that can yield rather different advice. First, some believe that there is only one fundamental moral principle whereas others believe that there are several of them. The most influential deontologist, eighteenth-century philosopher Immanuel Kant, thought there was only one basic principle,⁵ although he presented it in different versions. Two of Kant’s versions have become famous as separate principles.

One version states that our fundamental moral duty is to avoid acting in any way that we cannot “universalize”—that is, we must avoid any actions which we could not or would not allow everyone else in a morally similar circumstance to do. Thus we must be willing to be on the receiving end of our actions. Kant would say that Shimp may refuse to give bone marrow to McFall only if Shimp would be willing to have McFall refuse him a similar request. And Kant would say that McFall may try to coerce Shimp only if McFall would be willing to be coerced in a similar circumstance.

Kant’s second version, which is often used in professional ethics, states that all persons must be treated as ends-in-themselves and never merely as means to others’ ends. We may use others for our own ends, but only with their explicit or implicit permission. This version is often translated into the principle of respecting autonomy, because treating others as ends-in-themselves involves respecting their rationality and their status as choice-makers. Professionals who use this imperative as their highest or only moral principle will sometimes find themselves at odds with their colleagues, especially on the issue of informed consent, since utilitarians can often claim that more good would result if professional simply did what is in a patient’s best interest (perhaps manipulating the patient to agree), rather than incur the costs of trying to determine the patient’s own (sometimes dubious) thinking.

Many deontologists accept the principle of autonomy but believe that there are other basic principles as well, including the principle of beneficence (doing good for others). Of course, if a person holds more than one basic principle, those principles may come into conflict (in the sense that a person cannot fulfill all of them simultaneously). Medical professionals may experience this conflict, for example,

⁵ Kant called this “the categorical imperative,” conveying thereby that it applies unconditionally to all people, in distinction from those “hypothetical imperatives” that promise something if one follows them. “Never tell a lie” is a categorical imperative; “honesty is the best image” reduces to the prudential, hypothetical imperative that, if one is honest, one can expect a good reputation. Kant thought that the principle of “universalizing” (discussed in the main text) was necessary and sufficient for moral guidance. Today, many ethicists think of universalizability as just one of the defining marks that distinguish moral judgments from nonmoral judgments, such as judgments of taste and prudence. (*Nonmoral* judgments are not the same as *immoral* ones; the latter are bad moral judgments.) Other commonly cited defining marks of the moral realm are “over-ridingness” (moral considerations should have priority over all others), “prescriptivity” (moral claims prescribe rather than describe), and “taking a direct interest in the welfare of others.” The meaning of *moral* is one of those much-debated meta-ethical issues that we cannot discuss in detail.

when their patients' autonomous requests are not in their own best interests. Since it is very difficult to rank principles in a way that tells us what to do in every conflict, many ethicists simply call them *prima facie* principles, by which they mean that these principles are always relevant and important, but that sometimes one of them has to override another (Ross, 19-36). And since there is no algorithm or mechanical way of deciding which one overrides which, moral agents are sometimes forced to make agonizing decisions that will leave traces of regret, if not remorse, no matter what they do.

Rights and Duties

Debate over the basic moral principles is related to a second major difference among deontologists. Just as utilitarians differ on the nature of the intrinsic good, deontologists differ on the nature and range of rights and duties. Most agree that rights and duties are correlated in some way, so that if one person has a right, say, to be left alone, other people have the duty not to interfere. But there is much disagreement over what are the basic rights and correlative duties. Some deontologists restrict rights to “negative rights of noninterference”—rights not to be harmed. This position can reduce itself to a narrow individualism, in which nobody feels obligated to help anyone else except out of self-interest. However, negative rights can be interpreted as implying that, sometimes, not helping the helpless violates their negative rights. In other words, not helping the helpless can be a way of harming them, especially when they are related to others through special roles created by past events or action: should parents refuse to nurture their children, lifeguards refuse to save the drowning, or doctors refuse to continue treating their patients, their refusals to help could actually be interpreted as inflictions of harm. Events, actions, roles, and relationships that imply promises and create legitimate expectations can obligate one to help others simply on the grounds that omitting to fulfill a legitimate expectation can inflict as much harm as committing an action can. In fact, McFall's lawyer argued ingeniously (though futilely) that Shimp's undergoing the tissue-compatibility test created in McFall a legitimate expectation such that Shimp's later refusal caused a critical delay and thereby contributed to the acuteness of McFall's danger. This argument may be farfetched, yet it underscores the point that in some circumstances harm can be caused by omissions as well as commissions. Indeed, this point is sometimes used to argue that everyone has a right to a minimal level of medical care, not because providing it helps people but because not providing it harms them.

Some deontologists go well beyond the “do not harm” principle and claim that there are “entitlement rights,” or positive rights to assistance. They claim that the rights to education, legal advice, and medical care, for example, go beyond the right not to be interfered with and go beyond not being harmed; these rights imply that society has the duty to provide these goods to anyone who needs them or at least to provide some minimum amount of them. Thus “equal opportunity rights” can be used in arguments for society's obligation to help those who need medical care, not because society would harm them if it refused, but because society is obliged, at least to some extent, to help its members achieve equal opportunity in meeting life's demands.

Related to deontological debates over rights and duties are differences over how we know them and how we justify our beliefs about them. Appeals are made to divine revelation, to a “natural law” available to reason, to moral intuition, to the inherent demands of reason,⁶ to common sense, and to explicit or implicit contracts.

Contracts

Appeals to contracts are especially common in a pluralist, democratic society, because even those who deny that we can *discover* our rights and duties (in revelation, intuition, or reason) agree that we can *create* them by entering into contracts. To enter into a contract is to perform a symbolic action—whether written, spoken, or otherwise gestured—that changes moral reality; it literally creates responsibilities and privileges that did not exist before the interaction. How many of our moral or even legal rights and duties can be traced to our voluntarily entering into such contracts? Sometimes thinkers of a libertarian bent will try to restrict our rights and duties only to the contracts we explicitly accept, but more often they will include contracts we implicitly accept, such as the social contract we accept by using the privileges and resources of our society. The difficulty lies in specifying the rights and duties we have implicitly accepted. Pointing to an actual social contract, such as a constitution, helps to specify only our legal rights and duties. However, even those who are tempted to reduce morality to legality are troubled by the fact that legal constitutions can be and often should be changed. If such changes—or, for that matter, the original writing of constitutions—are to avoid arbitrariness, we need some guidance about appropriate laws and obligations. Sometimes contract theorists rely for this guidance simply on the enlightened self-interest of the contractors. In the seventeenth century, Thomas Hobbes argued that self-interested people should contract with an absolute sovereign, or else life would be nasty, brutish, and short. Today, thinkers in Hobbes’s tradition are more likely to be libertarians, arguing for a minimal state and for those minimal “side-constraints” (Nozick, 29), or negative rights and duties, that individuals would agree to so that they can pursue their own interests without bumping into each other’s rights too hard.

The problem with relying on self-interested bargaining in establishing rights and duties is that the agreed-on rules are likely to favor those in the strongest bargaining position, namely, the powerful and the gifted. In his influential book, *A Theory of Justice* (1971), John Rawls has developed an alternative version of social contract, one with a Kantian flavor. He argues that principles of social justice are acceptable insofar as they can be unanimously accepted in a situation of fair choice, a situation in which no contractor has an unfair bargaining advantage. Assuming that people do not deserve the strengths or weaknesses they receive at birth, Rawls argues that, since these are the very advantages or disadvantages that put people in strong or weak bargaining position, it would be unfair to choose principles when the contractors

⁶ Both deontologists (Gewirth) and utilitarians (R.M. Hare) have argued that reason itself demands their particular moral theories, theories that go well beyond those minimal negative duties that others have argued are all that reason can provide.

know each other's strengths and weaknesses. Principles chosen by self-interested contractors in such conditions would discriminate against the disadvantaged contractors. Since the latter do not deserve their disadvantages, such discrimination would be as morally arbitrary (and therefore as unjust) as discriminating against people on the basis of their color or caste.

Thus, Rawls argues, a situation of fair choice would be one in which "no one knows his place in society, his class position or social status, nor does anyone know his fortune in the distribution of natural assets and abilities, his intelligence, strength, and the like" (*Justice*, 12). The contractors would know that various types of people—brilliant people and retarded people, healthy people and sickly people, religious fundamentalists and atheists, rich and poor, black and white, male and female, and so on—would be in the community, but a hypothetical "veil of ignorance" would prevent each of them from knowing which type of person he or she is. Thus the self-interested contractors would have to treat all other contractors as ends-in-themselves, because no contractor would know which type of person he or she was until after the contract was agreed on and the veil of ignorance lifted. McFall and Shimp would know that sometimes people would need bone marrow from others and that sometimes the needy would be tempted to coerce the others to give it, but they would have to agree on a policy about bone-marrow transplants (or, at least, principles on which the policy would be based) without knowing whether they would be donor or recipient or neither. Rawls argues that under these hypothetical but fair conditions, two basic principles would be unanimously chosen (*Justice*, 60):

First: each person is to have an equal right to the most extensive basic liberty compatible with a similar liberty for others.

Second: social and economic inequalities are to be arranged so that they are both (a) reasonably expected to be to everyone's advantage and (b) attached to offices and positions open to all under conditions of fair equality of opportunity.

These principles have become quite influential because they seem to avoid the difficulties of restricting our morality to self-interest, autonomy, or utility, basing it instead on a hypothetical contract that rational people can accept. The first (and primary) principle calls for strong liberty rights, or negative rights of noninterference. The second principle calls for a limit on how much advantaged people can exploit or ignore disadvantaged people; the latter have entitlement rights (or positive rights to be helped), especially to those community resources that give them a more equal opportunity to meet life's demands. This principle can be used to argue that all persons have the right to a minimum level of medical care.

Of course, not everyone agrees with Rawls. Is it possible, some wonder, for actual people to don his hypothetical veil of ignorance and make contractual decisions independent of the particularities that are so central to their identities and viewpoints? Socialists wonder whether the amount of inequality he allows is compatible with the central human value of solidarity. And libertarians sometimes call his view "fairness fascism" (Engelhardt, *Foundations* 2nd ed. 81) because he is willing to use state

coercion to finance his vision of equal opportunity, rather than restrict the state to the nightwatchman job of protecting the minimal negative rights on which libertarians believe everyone can agree. Rawls has recently restated his view as a political conception rather than a moral doctrine, that is, as a way of deciding which laws are necessary for a peaceful pluralistic society in which conflicting moral and religious doctrines are backed up with a public language and procedure for settling disputes (*Political Liberalism*). However, he retains his emphasis on equal opportunity and thereby exemplifies how the social-contract tradition can plausibly defend both negative and positive rights.

Principlism

Given the difference between moral theories and the diversity of ways that each of them can be developed, one might think that in pluralistic society there would be no hope for consensus when professionals and institutions try to apply moral thinking to the problems in professional ethics. Actually, there is often more agreement than one might expect when specific cases are discussed. Although sometimes this consensus may be due to “affable eclecticism” (Pellegrino, “Metamorphosis,” 1161), more of it is due to the fact that one can reach overlapping decisions with different theories. For example, we noted earlier that Judge Flaherty’s decision in the McFall-Shimp case could be justified on both rule-utilitarian and deontological grounds. Moreover, different theories can provide overlapping middle-level principles that can be treated as a sort of common-denominator set of *prima facie* rules for moral-conflict resolution. Indeed, since 1979 the medical ethics text most often used in medical schools and workshops is *Principles of Biomedical Ethics*, now in its fifth edition. In it, a rule-utilitarian (Tom Beauchamp) and a deontologist (James Childress) sketch four principles that they show are essential and helpful in thinking through most case studies. Two of the principles—*benevolence* and *nonmaleficence*—are old friends of medical professionals since they come right from the Hippocratic tradition. Another is *autonomy*, which medical professionals increasingly agree must be attended to, whether out of high-minded respect or out of sheer self-defense against malpractice lawyers. The fourth is *justice*. Well before the huge publicity over national health care plans medical professionals knew that they had to get involved in the debate over the distribution of services or else they would leave it up to legislature, lobbyists, and MBA’s to make morally and medically weighted decisions about access. So all four principles are recognized by most medical providers as important to their profession. These principles, say the authors, can be derived from a variety of basic theories and, in turn, can yield at least three types of rules: *substantive* rules such as those protecting confidentiality; *authority* rules such as those providing for surrogate decision-making; and *procedural* rules such as those determining how to distribute scarce resources (e.g., use of lottery) when the substantive and authority rules are insufficient (39). These principles and rules are then “specified and balanced” (28) when making particular judgments. At a minimum, such an approach provides a common framework and vocabulary to discuss disagreements and to search for consensus.

One criticism of this *principlism*, which the above approach is often called, charges that the four principles have become a mantra whose ritual incantation can become an eclectic and relativizing obfuscation that substitutes for the sort of unified moral theory needed in order to know *how* to balance the principles (Clouser and Gert). Another set of complaints makes almost the opposite charge: it is too theoretical for actual medical decision-making, which is more a matter of skilled and caring professionals discerning the relevant nuances of extremely complex situations whose perplexities are too variable for the quasi-legalistic application of a few principles.⁷ In the later editions of their book, Beauchamp and Childress respond to these criticisms and often ecumenically try to incorporate them (and their convergences) into their approach. We believe that many of the above theories and alternative approaches can be seen as one-sided developments of the Christian covenantal ethics we discuss next.

Covenantal Ethics

The biblical story of creation, fall, and redemption gives Christians a framework for understanding history and human nature; this framework in turn provides a perspective for cultivating appropriate moral virtues and understanding appropriate moral principles. For Christians, the central moral questions have to do with the appropriate responses to God's creative and redemptive activity and to the activities of those creatures who image God. Christians believe that imaging God involves our being created in essential relationship with God, with our own selves, with other persons, and with the rest of creation (see appendix).

Many Christians, especially those in the Reformed tradition, think that the idea of *covenant* best conveys the moral nature of these relationships.⁸ One should not

⁷ The *Kennedy Institute of Ethics Journal* 5.3 (September, 1995) is a theme issue on "Principlism and Its Critics" that includes most of the principal critics and defenders. Pellegrino ("Metamorphosis") summarizes some of the emerging alternatives to principlism: 1) virtue-based theories, in which the character traits of professionals are nurtured in a way that inclines them to see and pursue the ends of medicine; 2) ethics of caring, in which the psychology of care-givers is deemed as important as their technical training; and 3) casuistry, which focuses on concrete cases, looking for relevant analogies to and disanalogies from other particular cases about which we have clearer intuitions. Another alternative is communitarianism, in which the focus is on promoting communal values rather than allowing autonomy to trump them. Pellegrino notes that having all these alternatives, combined with our cultural temptation toward skepticism and nihilism, will likely give us a period of crisis. He hopes that we can appeal to "the universality of the phenomena of illness and healing and on the proximate and long-term aims of medicine" ("Metamorphosis" 1162) to survive the crisis and at least have a way of ordering the relevant principles and virtues. Thus he provides a rich version of what we called the older, non-utilitarian form of teleology. In *The Virtues in Medical Practice*, he and Thomasma argue that the phenomenon of illness and the aims of medicine show "beneficence in trust" (53) to be the primary obligation in medical ethics. In *The Christian Virtues in Medical Practice*, they discuss how the theological virtues such as charity, combined with a Christian worldview, illuminate such values as autonomy in a distinctive way. Although they do not give a detailed analysis of the main issues in medical ethics, they demonstrate that distinctive virtues and theological beliefs of communities and individuals can greatly influence both the meaning and the application of what might look like the "common" principles of beneficence, autonomy, etc.

⁸ Joseph Allen's *Love and Conflict: A Covenantal Model of Christian Ethics* is an excellent discussion of covenantal ethics. See also G. Beach's "Covenantal Ethics," W. May's "Code and Covenant" and

assume that social contract theory is a modern secularization of covenantal ethics, even though the idea of covenant has a long and rich biblical and theological history. We could more accurately see much of covenantal theology as a critique of contract theory (Lovin 242). Both covenantal and contract theory emerged in reaction to (the demise of) earlier feudal and monarchist views that had little room for voluntariness in political and moral obligation. Such concepts as *covenant*, *contract*, and *compact* were used interchangeably because they emphasized law as based on historical agreements. What eventually became a distinctly covenantal tradition differed from what eventually became a distinctly contractual tradition not so much on the role of voluntariness in agreements as on their *grounding*. The Puritans criticized the contract theorists for thinking that the social contract could be based simply on the desires motivating the contractors. Instead, thought the Puritans, since people are sinful, their desires had to be adjusted and not simply accommodated. And the way to do that is a covenantal upbringing that shapes the sort of character one can trust to discern the common good and provides the sense of vocation one can trust to promote it (Lovin 244-245 and 253-255).

Covenant is a central motif in the Bible. Indeed, the Bible's unifying theme is the covenants between God and God's people. Sometimes God covenanted with people simply by promising to do or not to do certain things. Thus God promised Noah and all living creatures not to destroy the world with another flood (Gen. 9:8-17), promised Abraham to make of him a great nation (Gen. 12:1-3), and promised David to establish his line forever (2 Sam. 7:11-17). These covenants did not specify the appropriate human responses, but in the covenant at Sinai (Exod. 19:1-9; Deut. 4:1-14) God reminded the people of past deliverance, promised that they would be God's holy people, and then stated the law that would shape them as a distinctive people. Whenever the law was treated as a commercial contract, as a way of earning salvation rather than as a way of being a responsive and holy people, the prophets had to remind Israel that multiplying the animal sacrifices and the rituals and obeying the letter of the law while violating its spirit were no substitute for being loving, just, and merciful and living in a spirit of thanksgiving to God. These reminders did not prevent Israel from violating the Sinai covenant, and eventually Jeremiah prophesied that God would make a new covenant with his people, one in which the law would be written on their hearts, one in which God would forgive them their iniquity (Jer. 31:31-34). The New Testament (or New Covenant) specifies the establishing of this gracious covenant through the life, death, and resurrection of Jesus and teaches that Christians can participate in it by becoming disciples of Christ. The apostle Paul constantly has to warn the church that discipleship is not a matter of obeying the letter of the law but of forming one's character out of gratitude to God and in accord with those virtues (especially charity) that mark a peaceful body of Christ. Thus the Bible portrays covenantal ethics as the appropriate response to God's creative and

Physician's Covenant, R. Veatch's "Case for Contract" and *Theory of Medical Ethics*, B. Brody's "Legal Models," D. Sturm's "Contextuality and Covenant," and John Hare's "Commercial Contracts and the Moral Contract" are important contributions to covenantal ethics as it applies to medical practice. Paul Ramsey's *Patient as Person*, which is often thought of as the beginning of academic medical ethics (Jonsen, "Birth of Bioethics," 3), resonates with covenantal thinking.

reconciling work, a response that involves accepting one's call to discipleship, to the rewards and responsibilities of being a member of God's body in the world.

Covenants and Contracts

Human covenants are not all-encompassing, as is the call to discipleship, and their origins are not as one-sided as is God's covenanting with us. But human covenants, such as those between husband and wife, parents and children, and teacher and student, share at least three features with God's covenants (Joseph Allen, 32; Beach, 113). First, they are rooted in events or actions, in gifts given or in mutual entrustments whereby persons become vulnerable to one another. Second, covenanting puts people into moral community with each other, a community in which both the common good and the good of each individual member are sought. Thus individuals' identities are shaped by their communities—they *are* their caring relationships—and communities' identities are shaped by the individuals the communities encompass. Third, covenants, with their identity-shaping privileges and responsibilities, tend to endure over time and are influenced by new developments in unspecifiable and open-ended ways. Moreover, the actions and events that affect the covenantal relationship are perceived and described differently than they would be without the covenant. Consider, for example, how spouses become vulnerable to each other in the identity-shaping covenant of marriage and how the sickness or success of one of them is perceived and responded to in ways influenced by the nature of the marriage. Of course, the entrusting in most covenants is not as intimate or wide ranging as that in marriages, but even the weaker covenant among citizens of a nation, for example, can affect how past and current events are perceived and how appropriate responses are determined.

These three features of covenants distinguish them from contracts or at least from the commercial contracts most familiar to us.⁹ Notice that *voluntariness* plays a somewhat different role in covenants than it does in contracts. Covenanting with

⁹ John Hare ("Medicine and Covenant" 20) correctly points out that a Kantian version of the moral contract is closer to our notion of covenant than it is to commercial contracts. Veatch has developed a Kantian version of contract theory for medical ethics that he thinks avoids the dangers of crassly commercial contracts, locates a primordial social contract within a transcendent moral standard, and provides a contract that is as morally rich as any covenant while being relieved of its theological baggage (*Theory*.) But May (*Physician's Covenant*) thinks that even Veatch's enriched contract is still too individualistic and too slim in metaphysical resources for inspiring us to help others in hard times and under the threat of death (126):

We drive hard bargains and give the needy short shrift because we find ourselves not in an original position of ignorance but in the thick of the race—beleaguered by competitors, creditors, deadlines, demanding patients, and threats of disaster, disease, and death. Imagining an ideal state does not curb the beast of self-interest within us or the dread upon which it feeds: the fear that our competitors will do us in or that we will slide into the vortex of decay and death with the powerless if we get too close to them. Aggressive self-interest rules us because it seems to answer to the threat of death.

This quotation from May underscores that it is the grounding and not just the content that distinguishes covenants from most contracts. The notions of covenant and contract are open-ended enough that it would be difficult to legislate terminology, but the distinction between the two types of relationships is socially and morally important regardless of how they are labeled. Notice that nothing said implies that all contracts are written or that all covenants are unwritten.

marriage vows, for example, is often perceived not as mere choice but as appropriate response to earlier shared experiences. And parents who have heard the frustrated cry “I didn’t ask to be born” know that the parent-child covenant is not completely voluntary either; it evolves as a response to events that not everyone asked for. Since how we respond to these events is not predetermined, the character of the covenant will be shaped by our freedom, but the demands that elicit the response are often outside our control. Thus the covenant model recognizes that responsibilities are not just voluntarily contracted between individual atoms, between autonomous selves that reach out to one another when it suits mutual self-interest. Rather, the corporate and historical dimensions of our existence cause some responsibilities to *bear down* on us, eliciting certain commitments that are seen as appropriate and demanded. We saw that rule utilitarians and deontologists sometimes try to underscore this aspect of morality by referring to the *role-relatedness* of responsibilities; “my station and its duties” are different when I’m a wife, when I’m a mother, and when I’m a stranger.

Contracts usually *state explicitly* the relevant rights and obligations of all parties involved, but anyone who has thought about writing up a marriage contract or a contract between a pastor and a congregation knows the difficulty of explicitly stating in contractual language what are really covenantal responsibilities. Some of them might be easily listed, such as who does the dishes or how many Sundays a pastor must be in the pulpit, but it is impossible and ludicrous to specify the meaning of “fidelity through sickness and health, for better or for worse,” or the amount of time a pastor must spend with each bereaved family.

One of the reasons that those bonded in covenant cannot explicitly list all the rights and duties of those in the covenant is that, since covenants generally involve elements of gift and indebtedness, there is often an incommensurability between the gift and any efforts to pay for it. William May cites an example from William Faulkner’s novel *Intruder in the Dust* (May, *Physician’s Covenant* 120): a black man saves a white boy’s life, and the boy tries to compensate by giving him all his money—seventy cents. It is not the small amount that is ludicrous; what is ludicrous is the boy’s trying to make money commensurate with the gift he received. Even saving the black man’s life from racists, which the boy later feels obliged to do, is not so much a payment of the debt as a recognition that the gift established an ongoing covenant of mutual helping. If there are limits to the mutual privileges and responsibilities of those in covenant, they are more likely to be realized in a concrete situation than stated in a document.

Often the effort to calculate our covenantal responsibilities—to interpret them contractually—results in a paradoxical maximizing and minimizing of them. We noted that the Old Testament prophets had to warn Israel repeatedly that maximizing the number of animal sacrifices and rituals was still to undervalue their debt to God for life and salvation. And the apostle Paul had to warn the Galatians that depending on law obedience (which certainly seemed an improvement over animal sacrifices and rituals) paradoxically undervalued both the gift and the debt. If salvation has to be paid for, then it is no longer a gift. The only appropriate response in the covenant

of grace is to dedicate one's whole life, promptly and sincerely, out of gratitude and love. Of course, our covenants with each other are not as all-embracing as our covenant with God, but they are analogous. Parents, for example, might be almost as insulted by a child that tries infinitely hard to earn their love through perfect obedience as they would be by one who tries to substitute conniving ritualistic flattery for obedience. Parents would say of both children that they are trying to prove the wrong thing, that they should think of themselves as beloved children in grateful covenant, not as hired servants under calculated contract. Of course, children and parents have responsibilities toward each other, as do spouses and friends. But when these responsibilities have to be addressed in terms of legalistically stated rights and duties—as they sometimes do—we know that something has gone wrong with the covenant and that it is being reduced to a contract.

Implicit in what was earlier listed as the third feature of covenants is another reason why it is difficult to reduce covenantal responsibilities to explicit contractual obligations: since many covenantal relationships endure over time, they have a changing character, depending on events, decisions, and developments. To contradict a line from Shakespeare, love is not love with alters *not* when it alteration finds. At least the expression of love must change—as a child grows, for example, or as a relationship develops. In a covenantal union, the question is not what are the child's, parent's, spouse's, friend's, or patient's eternally valid rights; the question is what are his or her temporally changing needs and gifts, and how can I appropriately respond with help, love, respect, or discipline? So covenantal living shapes responsibilities, and responsibilities shape covenantal living, and both are shaped by events that impinge on them, but it is extremely difficult to legalistically list the ways in which this happens.

We saw that parties to a contract can be treated as ends-in-themselves and not merely as means to others' ends. Since they voluntarily enter the contract, they are respected even when others think that violating their decisions would be in the best interests of those who made them. We noted that it is this feature of contracts that leads some moral theorists to use the contract as an appropriate model for moral relationships in a pluralistic society that democratically assumes all persons are equal. Covenantal partners are also respected as givers and hearers of reason and as ends-in-themselves. However, covenantal thinking does not base this respect on the assumption that those in covenant are always equal partners. Equality may be a *goal* in covenants, but it is not always a *starting point*, because conditions such as illness, immaturity, and differing expertise can make covenanted people quite unequal. Even if they are equal in dignity and worth, they are not always equal in their ability to express that dignity and worth. So the inequality of people is as relevant to covenantal responsibilities as is their equality. The increased vulnerability of one partner automatically implies greater responsibility on the part of the other. Therefore, covenanting can be very different from the sort of bargaining for a contract that exploits the vulnerability of the other party.

Thus professionals who have a covenant model for their relationships with their clients or patients can respect the latter's autonomy, even when it is diminished, by caring about their clients' or patients' vulnerability rather than exploiting it. Moreover, such professionals will recognize that individuals are in covenantal *solidarity* with others and will sometimes use that solidarity to pursue an individual's best interests when that individual's choice-making is impaired. That covenantal solidarity can be an avenue to an individual's best interest is simply a recognition of the communal dimension of personal existence. Deep, caring relationships are not just a secondary feature of individual atoms; "no man is an island," and we *are* our caring relationships. They shape us and help give us our identity. So covenantal ethics recognizes both that we are essentially social beings and that all of us are unique individuals with a worth and a dignity of our own. And, in a theistic context, it recognizes that the appropriate response to each unique individual includes both the disposition toward nurturing love and the disposition to stand back and respect an individual giver and hearer of reasons as one created in God's image (see appendix).

Inclusive and Special Covenants

Not all covenants are the same. It is useful to distinguish between "the inclusive covenant" and "special covenants" (Joseph Allen, 39). Christians believe that they are in covenant with God and with all of creation. From this *inclusive* covenant flow the responsibilities and privileges of being a child of God, a neighbor to anyone we meet, and a steward over the rest of creation. This covenant is formed solely by God's gifts of creation and redemption, although we must use our freedom in responding to these gifts. God provides guidance but also takes the risk of not forcing the obedience that is the fulfillment of our freedom. Membership in *special* covenants is more limited than that of the inclusive covenant. Many special covenants arise out of voluntary agreements between people, although, as with the inclusive covenant, we are born into some special covenants that we did not originally make. Thus the membership of some covenantal communities, including those of family, congregation, and even a physician's family practice, can be enlarged or reduced by birth, adoption, or death without everyone's so choosing.

The privileges and responsibilities of special covenants are sometimes solely a matter of mutual agreement, but often they are dictated by the inherent nature of the relationship and the needs and opportunities that arise as the covenant endures across time. Although health professionals have the responsibility for deciding and announcing the goals of their practice and the guidelines they will follow, the nature of their relationship with ill or dying persons dictates that their goals and guidelines must also be shaped by the distinctive situation and needs caused by illness, as well as by the progress of their patients through their life spans. And if the medical profession fails to serve the distinctive needs of the dying by deciding that curing is its only goal, it neglects its responsibility by not appropriately responding to events.

Covenantal and Philosophical Ethics

We can now notice how the main currents of Western ethics, summarized in the previous section, incorporate important aspects of covenantal ethics, even if they do so in one-sided ways. First, covenantal ethics implies ideas about the natural end of human existence and about the virtues appropriate to that end. In this way it is similar to the ethics of the ancient Greeks, who held the first version of teleological ethics we summarized. Of course, in covenantal ethics the end is not an Aristotelian ideal of rational contemplation, as it was for many of the Greek philosophers. Although reasoning is important to how we image God, it serves more as a *means of caring* than as an intrinsic good. The virtues of a thoughtful steward must be conducive to more than just the life of the mind. Second, covenantal ethics is interested in doing good, an emphasis reflected in utilitarianism. Of course, to do unto others as you would have them do unto you is not simply to maximize preference satisfaction, but it certainly is more than a morality of side constraints that merely respects others' negative rights. And "love your neighbors" does not imply that love is an intrinsic good the production of which must be maximized, but it certainly does imply a concern for our neighbors' happiness and welfare that goes beyond simply not treading on them. Moreover, covenantal ethics recognizes the inherently social nature of persons, another emphasis we see in utilitarianism. Although it does not reduce an individual to an expendable part of the whole, it does see that a person's welfare is often best sought in conjunction with the welfare of those whose deep, caring relationships help constitute that person's identity. Although it does not find it expedient that one person should die for the people (because it avoids doing evil that good may come), it does allow numbers to count when considering a just distribution of basic goods. Third, the deontological viewpoint has an affinity with covenantal ethics. Members of a covenant are valued as unique individuals. Being revered as imagers of God, they are respected as ends-in-themselves. This means that their autonomous choice-making can count for more than others' ideas of what is good for them, that what deontologists call their *rights* must be respected, although covenantal ethics is more likely to talk about reverence, respect, dispositions, and responsibilities than about contractual rights and duties.

Although covenantal responsibilities derive from gifts and mutual entrusting and therefore cannot be reduced to contractual duties, contracts can have at least two important subsidiary roles. First, many of our interactions are meant to be carefully limited to certain privileges and obligations. When we buy a car, we want a very explicit statement about what is covered by the warranty and what we must do to keep the warranty valid. We do not necessarily expect or desire to begin a vague covenant of mutual entrustment with the dealer. Limited contractual negotiations are perfectly acceptable, even when mistrust is not an issue, because they help all participating parties to be very clear about the details of strictly limited interactions. Probably some professional and therapeutic relationships should be limited in a tightly contractual way, but it is sad when all professional and human interactions are so treated.

The second subsidiary role that contracts can play derives from the fallen character of human entrustments. The most important and well-intentioned of covenants can break down because of sin, ignorance, or incompetence. As we will notice later, when breakdowns occur, we should think first of restoration and reconciliation rather than compensation and punishment. But sometimes the rupture cannot be healed, and people begin talking through third parties, such as malpractice or divorce lawyers. At such a point, the bare bones of the covenant must be examined—not for resuscitation but for guidance about the minimal duties and privileges implied in the earlier entrustment. Even when the covenant does not rupture, fallen spouses, preoccupied parents, overly busy professionals, confused clients, and rebellious children sometimes need to be reminded of the minimal claims that can be made, claims that can be asserted as rights rather than requested as charity. Thus a covenantal model for the moral life recognizes that contractual rights-and-duties thinking, even of a minimalist sort, plays several legitimate roles in our social and moral life, though it will never imply that these minimal rights and duties are sufficient for the moral life.

Covenantal Virtues and Responsibilities

Precisely what are the basic Christian covenantal dispositions and responsibilities? There is no easy way to classify or even list them. Christians have always felt that the list of cardinal virtues inherited from the ancient Greeks—prudence, justice, courage, and temperance—was incomplete, and they have added the theological virtues of faith, hope, and love. However, patience, piety, reverence, humility, gratefulness, trustworthiness, and fidelity also seem to be important Christian virtues, and it is not clear that any of them is simply implicit in any of the other virtues just cited. Moreover, prudence can be in tension with love, and patience with justice (and so on), so a list of virtues or principles—even a complete list—would not yet be a ranking of them. Yet only a ranking of them would enable one to avoid the moral perplexity that occurs when one's virtues or principles come into conflict. And, of course, the meanings of such terms as "prudence," "humility," and "love" can be quite unclear and can vary quite widely. These difficulties imply that Christians probably would find it impossible to agree on an ethical system that would provide a clear-cut answer to all moral problems.

Still, Christians are not without guidance. First, Jesus reaffirmed the old covenant's assertion that love is fundamental (Deut. 6:5). Moreover, he emphasized that love for God cannot be isolated from love for neighbor (Matt. 22:37-40; Mark 12:29-31). Second, by linking this injunction with the parable of the Good Samaritan, Jesus made it clear that love is a responsibility of the inclusive covenant and is not to be restricted to special covenants. The scope of a Christian's love must extend to strangers and not just to family and friends. Third, the apostle Paul reasserts the primacy of love but also notes that faith and hope are important Christian dispositions (1 Cor. 13:13). This addition is important because it underscores the points that what persons believe love (or morality) requires of them will depend on what they believe is really going on in the world and that the latter belief is decisively influenced by their religious faith and hope. For example, the belief that those whom we love are

imagers of God will condition how we love them; in particular, we will discern the relevance of respect and humility in our caring for others.

This point can be generalized: covenantal ethics is loving response to those with whom we are in caring relationships, and the appropriateness of our responses (response-abilities) is discerned in the context of our religiously influenced beliefs about human nature and history. Distinctive beliefs about creation, fall, redemption, and resurrection can condition our decision about what is appropriate caring. People without these beliefs can care for others, of course, but determining the appropriate caring response can be greatly affected by whether one's ultimate hope is in God or in, say, science.

Are there any rights and responsibilities that ought to be recognized by all people, regardless of their theological beliefs? Yes; we have already seen that some covenantal privileges and responsibilities coincide with the minimal rights and duties recognized by the narrowest of contractual traditions. They can be thought of as inalienable rights and strict duties, such as the right to life and the duty not to inflict harm on others. Perhaps things have gone wrong when we need to *claim* rights or duties or when we need to *coerce* others to recognize them, but things do go wrong. Moreover, there are certain covenantal elements so fundamental to persons and societies that everyone recognizes them. For example, the basic elements of the inclusive covenant—rights and duties concerning life and liberty—are listed in almost all national constitutions. In the Western world, the most easily agreed-on rights and duties tend to be the negative ones of noninterference and not inflicting harm. Perhaps this agreement reflects a one-sided individualism that posits the individual as prior to community rather than in relationship with it. It may also reflect the view that in a peaceable pluralist society, liberty should be impinged upon and harm should be inflicted only to protect the innocent from being harmed. As we noted earlier, this view can extend the notions of liberty and harm enough to recognize that sometimes a failure to help the helpless is an infliction of harm, as when parents fail to nurture children or professionals fail to abide by a contract. Thus the most basic covenantal privileges and responsibilities often overlap constitutionally recognized rights and obligations. Of course, most of the responsibilities that covenantal people would discern as appropriate in a given situation could not even be listed in a constitution, much less enforced by the state.¹⁰

¹⁰ Confusion can result when the fierce Western defense of rights and freedoms is combined with a very broad Marxist notion of what those rights and freedoms are. This can be seen in certain United Nations documents, such as the Universal Declaration of Human Rights, which combines Western notions of equality before the law and prohibition of torture and arbitrary arrest (Articles 5 and 9) with full-blown positive rights to leisure and holidays with pay (Article 24), and the Constitution of the World Health Organization, which in its preamble claims that “complete physical, mental, and social well-being” is “one of the fundamental rights of every human being.” A covenantal model of individuals in community will certainly recognize that the leisure and well-being of everyone is part of our inclusive covenantal responsibilities but will hesitate to make those responsibilities into strict rights and duties enforceable by the sword-power of the state.

Beyond the Call of Duty

Some have argued that, even if covenantal responsibilities are not *legal* duties, they are *moral* duties (Prior 86), and that for a Christian there is no such thing as going beyond the call of duty. Like the reformers who so heavily influenced Puritan covenantal theology, Joseph Allen rejects Aquinas' distinction between God's *commands* (ordinary morality) and God's *counsels* (sermon-on-the-mount exhortations for saints to go the second mile) because it threatens the doctrine of justification by faith alone. Heroic deeds like the famous example of a soldier falling on a hand grenade to save his buddies do not earn merit, or else it is conceivable that saints could save themselves and even build up a bank of merit that others could draw on. Down that road lies the abuse of selling indulgences that so disturbed the reformers. So one might infer that all the responsibilities of covenantal love are duties (Allen, 127):

In a Christian context “second mile” should be understood to mean “over and beyond what is institutionally required,” and not “over and beyond what love requires.” If by the strict requirements of covenant love a person ought to have gone the second mile—ought in the case of the grenade to have attempted to fall upon it—then that person is to be blamed for not having done so.

Thus Allen insists that we always have a strong (though not absolute) duty to give priority to the interests of others (116). This ethic is even more demanding than a maximizing utilitarian ethic, one which obliges us to always do the action that has the best results for the general good. Utilitarianism at least allows me to take my own interests directly into account: I count for no more than one, but I do (directly) count as one of those affected by my actions. However, Allen allows my own interests to count only indirectly as a means to the interests of others. He does provide a powerful account of how our own interest can promote the interests of others, going so far as to note that our own happiness is one of the contributions we can make to others (125). The implication seems to be that sometimes we may (must) seek our own happiness, not, however, as a *right* but as a *duty*, albeit an indirect one. It is debatable whether this is a refreshing or an appalling implication, but it seems to be one shared by any ethic that makes it a *duty* to do the best one can.

More plausible is Gregory Mellema's (*Beyond the Call of Duty*) careful analysis of this debate and his argument that, far from collapsing all responsibilities into duties, we should recognize seven categories of actions, including “supererogatory” actions, the performance of which is praiseworthy but not obligatory.¹¹ Especially relevant to

¹¹ Mellema recognizes seven moral categories of *actions*—prohibited, offensive, quasi-offensive, permitted, obligatory, quasi-supererogatory, and supererogatory—but illustrates them in a way that is conducive to virtue or character ethics. Going the second mile is morally recommended rather than obligatory, and fully virtuous persons have developed the sort of character such that they do what is recommended and they do it willingly (139). A person who only sometimes goes the second mile may do something quasi-supererogatory (because we are morally blameworthy if we adopt a disdainful attitude toward supererogation and develop a disposition to never go the second mile [119]). As Mellema notes,

covenantal ethics is Mellema's sensitivity toward the reformers' worries about self-righteousness (52) and toward the dangers of either becoming smug when one regularly exceeds duty or becoming a Pharisee who fulfills all duties, but does no more than those duties (119-22).

In this spirit, probably the best way to think of covenantal responsibilities is to picture them on a spectrum, with minimal, legally enforceable ones at one end of the spectrum and, at the other end, those requiring heroic sacrifice for the sake of another's well-being. In the middle will be responsibilities such as truthfulness and civility that are morally mandated but not legally enforceable unless they are part of special roles or contracts. Throughout the spectrum, both the awesome respect appropriate toward imagers of God and the nurturing compassion appropriate toward the vulnerable should be sufficient motives for covenanted people. But at one end the state's sword power (its right and duty to use coercion, including its power to tax) provides added motivation, whereas at the other end the power of gratitude and the inspiring stories of good Samaritans and shepherds who lay down their lives for their sheep must be sufficient incentives. To coerce all covenantal responsibilities would be not only unworkable (imagine trying to strap down David Shimp for a bone-marrow transplant) but also destructive to the covenantal responsibility and disposition to freely nurture and respect others out of gratitude, love, and awe. To equate covenantal responsibilities with legal duties or even moral duties would constrict moral character and risk substituting law for grace and gratitude.

Of course, accepting that point hardly tells us *which* responsibilities go *where* on the spectrum. Which ones are duties and which ones are "response-abilities" that go beyond a narrow sense of "ought"?¹² Trying to answer this question reveals that a covenantal model sometimes seems to provide more heartfelt *motivation* than clear-headed *guidance*. Being grounded in gift, entrustment, and relationship, a covenantal model often gives one a more lively "why" for action than a specific "what." Entrustments, mutuality, gifts, creation, and redemption provide a firm foundation for fidelity, gratitude, grace, stewardship, and service. The result is a powerful, but sometimes rather vague, urge to be responsible and to respond appropriately.

This emphasis on motivation rather than content can be an advantage. We need not go so far as St. Augustine's dictum—"Love and then do as you will"—to realize that nurturing character with narratives, symbols, images, and role models can provide more ability to discern appropriate response than does training in casuistry or skill in verbal hairsplitting. But sometimes "indeterminate earnestness" (May, *Physician's Covenant*, 142) can be dangerous when even the saints are finite at best and foolish at worst. Thus, friends and families, to say nothing of wider covenantal communities, sometimes must appeal to fairly specific rules, rights, and duties. Since a covenantal

praiseworthiness or blameworthiness is a matter of degree. Hence his listing of multiple categories is in the spirit of the "spectrum" approach.

¹² Sometimes the notion of "should" is used in a way that is broader than either "ought" or "responsibility." One cannot legislate terminology here but the use of "response-ability" is meant to indicate at least that there are praiseworthy responses that go beyond duties.

ethic is always nurtured in community, we may hope that a covenantal community will serve as a guide and inspiration to its individual members, sometimes calling them to go beyond duty and other times protecting them from self-denigrating sacrifice.

A few weeks after Shimp refused to give him bone marrow, Robert McFall died. (Whether the bone-marrow transplant would have saved McFall was uncertain.) His last request was that his family forgive Shimp. When Shimp heard about McFall's death, he said, "I could throw up right now. I feel terrible about Robert dying, but he asked me for something I couldn't give. That's all I can say now. I feel sick." (Beauchamp and Childress, 316). We may infer that, although not all was well in the McFall-Shimp extended family, in both Shimp and McFall there remained a sense of covenanted relationship and the discerning of appropriate responses to each other's needs. One may wonder what might have happened if, instead of using the strong but limited arm of the law (for which he should perhaps have sought forgiveness from Shimp), McFall had appealed to covenantal considerations. If so, McFall might have come to recognize that Shimp was in caring relationship not just with McFall but also with Shimp's mother and his wife (who reportedly was upset that Shimp underwent the initial tissue-compatibility test without asking her). The task of reconciliation, then, would have been perceived as more subtle and much wider than the task of aiming the law at Shimp alone. Of course, including Shimp's mother and wife in an effort at reconciliation might not have resulted in a favorable outcome, but then neither did the lawsuit. At least a less legalistic appeal could have highlighted the fact that people both show and shape their characters and self-identities as well as influence their futures by their responses when others' lives and needs impact upon their own. When it is really a gift that is being requested (and not a refraining from harming), appeal to covenantal discernment rather than a legalistic reinterpretation (that would allow coercion) is not only more appropriate; it is also less likely to leave a bad taste.

Biblical Guidance

Christians, of course, use the Bible to think through the responsibilities not only of the inclusive covenant but also of the most important of the special covenants, such as those between parents and children, wife and husband, and even physician and patient. The Bible guides us in appropriate response to God's actions as well as in obedience to God's commands and in imitation of God's example. So when we consider God's covenantal caring, we consider it as an example we are commanded to imitate, and we also consider the appropriate response to it. We see not only that God's love is an inclusive love that binds us together in community but also that it is an individuating love that is affectionate toward each of us in our uniqueness. It is portrayed as a mother's love: "Can a woman forget her nursing child, or show no compassion for the child of her womb?" (Isa. 49:14). Now, a mother's love cannot be reduced either to a self-giving, self-sacrificing love (*agape*) or to a love that is drawn out by and takes delight in its object (*eros*). So, too, a covenantal relationship that is all philanthropic self-sacrifice, that is noble pity without empathy or liking for the

other, is not as godlike as it is sometimes thought to be. Another point is that just as a mother loves each child as an individual who, in an important sense, is irreplaceable, so the divine shepherd is portrayed as being concerned about the one lamb that is lost and not just about the ninety-nine that are safe in the sheepfold.

Moreover, God's love endures over time, failing not even when we are unfaithful. Isaiah portrays God as our husband, who is definitely hurt by our unfaithfulness but whose instinct for reconciliation heals the rupture: "For a brief moment I abandoned you, but with great compassion I will gather you" (54:7). When contracts are broken, we think first about justice, compensation, and punishment; when covenants are ruptured, we think first about restoration, reconciliation, and healing. Reconciliation, of course, is not mere indulgence, and healing can involve the painful resetting of broken bones or the traumatic excising of cancerous growth. Finally, God's love seeks to meet our fundamental needs, especially when we are most vulnerable. The parable of the good Samaritan is just one example of the biblical bias toward those who need care; God does help those who help themselves, and does not condone laziness, yet God's care is especially for those who cannot help themselves.

When we use the divine covenant as a model for human covenants, we must remember that we are neither gods nor messiahs, and a relationship in which one finite person is expected to be or tries to be the lord and savior of another is doomed to idolatry, exhaustion, and disappointment. Moreover, grounding our covenants in the divine covenant can sometimes provide such a rich sense of covenantal obligation that the covenant becomes a merger, rather than a relationship. It is true that our problems often result from our sense of obligation being too minimal. And, since the use of images is such a powerful tool in character training, it is appropriate to see the Cross and its sacrifice as the central Christian symbol. But some special covenants seem especially prone to encourage a "savior" mentality in which persons lose themselves in a bottomless pit of others' needs, as those in therapeutic and professional relationships with others can discover. Some feminists have argued that women tend to be so socialized for self-sacrifice, especially in such covenantal roles as wife, mother, nurse, and teacher, that they not only lose (or fail to develop) their unique selves while fulfilling the needs of others, they also feel guilty for not doing more.¹³ If one does not have a self to sacrifice, then one may have an indirect duty to develop more individuality and self-realization. Christian feminists have argued that to develop the mutuality necessary for genuine relationship, we should emphasize the Trinity (properly understood) as much as the Cross when appealing to symbols that inspire the life of agape (Andolsen). *Relationship* is central to a covenant, and it is lost when this alternative to individualism degenerates into the loss of the very individuality that is necessary for mutuality, a mutuality in which the harmony is more counterpoint than unison. A covenantal model for ethics must nurture the sort of self-respect that prevents service, sacrifice, and sense of obligation from overwhelming the self-identity and commitment to one's own projects that allow for true community.

¹³ Joseph Allen, who so closely associates one's obligations with others' needs, is also sensitive to this problem (118).

The divine covenant is not simply a model; it expresses a reality that motivates and conditions all other covenants. To lose this transcendent context for our human covenants is to lose an important motivation for living up to the responsibilities of the inclusive covenant and an important restriction on our special covenants. Thus Christians have a motive for loving and respecting one another and also a locus for ultimate loyalty and fidelity that avoids the pitfalls of giving ultimate allegiance to finite creatures, who cannot carry such weight.

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Appendix: Created in God's Image

During the 1960s, civil-rights marchers would sometimes carry signs saying “God made me and God doesn't make junk.” This message is a good place to begin. The biblical story of creation, fall, and redemption tells us that what is happening in our world is not a struggle for survival among the fittest of animals that randomly developed from a chance coalition of atoms. Instead, we were made—by a God who does not make junk. Remembering both that we are creatures and that God declared the creation to be fundamentally good is enough to help us avoid both the self-deification and the self-debasement that are common though contradictory tendencies of secular thinking. But to understand our place in creation and to avoid lowering ourselves to mere stimulus-response mechanisms or to machines made of meat—a reductionism that is all too common in science and medicine—we must constantly recall the biblical theme of being created in God's image (Evans, “Healing Old Wounds”). This theme establishes some “control beliefs” (Wolterstorff, 67) about how we should perceive ourselves and other persons, beliefs that can have great importance for how we relate to others and for our ideas about health and human flourishing.

What is it to be an imager of God? One way to answer this question is to notice that the Bible portrays God as making people in God's image *after* the creation of the other animals, and to infer that we image God in and only in the way we are different from the rest of creation. One can combine this inference with the observation that God does not have a body and conclude that the way we image God can have nothing to do with our bodies. This conclusion would then lead us to look for creaturely features that are non-bodily and are unique to persons. If we conduct this search within an intellectual tradition that interprets biblical talk about flesh, body, soul, and spirit in terms of the dualisms deriving from Plato and Descartes, we may too quickly

¹⁴ The first edition of this essay appeared as Chapter Three in *Christian Faith, Health, and Medical Practice* (Grand Rapids: Eerdmans Publishing Company, 1989), which was coauthored by Hessel Bouma, Douglas Diekema, Edward Langerak, Theodore Rottman, and Allen Verhey. The chapter was drafted by Edward Langerak and revised in light of extensive and helpful comments from the coauthors. This current edition was first written in 1996 to be part of the second edition of the book, an edition that has not yet appeared. Some parts of this version borrow from Langerak's “Duties to Others and Covenantal Ethics.”

infer that to be made in the image of God is to have an immaterial and immortal soul that loosely resides in a disease-prone mortal coil.¹ Fortunately, this view will conclude, a person's true essence—the real “I”—is the soul, which is immune to the diseases of the body and which can be graciously saved from the sin that infects it. The consequence is that the health of the body is perceived as distinctly secondary to the health of the soul. Medical missionaries subscribing to this view may be tempted to use the wonders of modern medicine mainly as a means to an end—perhaps as miraculous signs that confirm the truth of the message, or perhaps as a means for getting sick people to listen to the preaching of the Word, or perhaps even as a witness of what Christian discipleship involves—the real goal being the salvation of souls.

This view goes well beyond and largely against much of what the Bible teaches about imaging God. First, the initial inference is invalid: the fact that God created God's imagers last does not imply that they image God solely in their uniqueness. It may just as well imply that something about them enriches or transforms, in a God-imaging way, some of the very features and capacities they share with other creatures. And the fact that God lacks a body is compatible with our imaging God in a fundamentally embodied way. God may have chosen to incarnate God's own image in bodies, in a way analogous to that in which an artist uses material to convey to us a nonmaterial element, such as the mysterious amusement in the smile of the *Mona Lisa*.²

Second, the anthropology required by the previously mentioned inferences contradicts what we know about human nature. We share some of our finer features with animals, and it has turned out to be difficult to specify a human capacity that is not, in some sense, possessed by some other species. Some researchers have argued that playfulness, imagination, deceptiveness, friendliness, tool making, reasoning, language using, the expressing of emotions, the capacity to mourn the death of others, and perhaps even having a self-concept—capacities that were once thought to be uniquely human—have been discovered in other species (Midgley, 203-317). Of course, there is room for debate about these “discoveries” in animals, and, in any case, there may be uniquely human ways of exercising these capacities—ways that have to do with imaging God. But we have no biblical or scientific reasons to think we image God only in those features we do not share with other animals. Moreover, it seems that we image God in a fundamentally embodied way. What we know about biology and how it relates to the choice-making involved in stewardship and covenantal love implies that human beings need brains *and bodies* to carry out these God-imaging activities. We do not merely *have* bodies; we *are embodied* as

¹ This view is not that of many, perhaps most, Christian theologians today, who believe that the Bible is best interpreted as implying that persons are unified wholes rather than conjoinings of two separate types of substances. For discussions of the Bible's language about persons, see J.R. Nelson's *Human Life*, Hoekema's *Created in God's Image*, C. Van Peursen's *Body, Soul, Spirit: A Survey of the Body-Mind Problem*, and Cahill and Farley's anthology *Embodiment, Morality, and Medicine*. See C. Taliaferro for a defense of dualism that avoids devaluing the body.

² This analogy comes from discussions with Harry Boer; see his *An Ember Still Glowing: Humankind as the Image of God*.

organisms whose integrated functioning involves God-imaging capacities, perhaps as a characteristic that emerges when the organism's functioning reaches a certain level of complexity and integration.³ Some Christians might even say that human beings *are* bodies, that what we essentially are dies with our bodies, though some of these same Christians may also have the hope of being resurrected as spiritual bodies. This view generates some interesting questions about personal identity with respect to bodies (If I completely disappear at death, is it *I* who will be resurrected, or a replica of me?), and it also contradicts the belief of many Christians that we exist in some sort of intermediate state between death and resurrection. This latter belief seems to imply that, at a minimum, God can separate some aspect of persons from their original embodied state and sustain them at some level of existence while they await spiritual bodies.⁴

For purposes of this essay, we need agree only on two things: first, that the resurrection hope implies that, in some significant sense, death is not our end, and, second, that the embodied way by which we image God implies that our physical health is directly and importantly related to what God calls us to be and do. In other words, we must avoid any dualism that suggests that the real "I" is separate from the body, that ill health affects the body without affecting the person, or that the image of God in the person is a soul serenely unconcerned with and unaffected by death.

What the Bible says about the image of God reveals a number of important points. First, it gives embodied human beings a special moral status, as Genesis 9:6 makes clear, by prohibiting murder because persons are imagers of God: "Whoever sheds the blood of a human, by a human shall that person's blood be shed; for in his own image God made humankind." Wrongfully spilling human blood is viewed as the iconoclastic desecration of God's image. In fact, even cursing persons is forbidden because it is a contradiction to praise God and curse God's image: "With [the tongue] we bless the Lord and Father, and with it we curse those who are made in the likeness of God...this ought not to be so" (Jas. 3:9-10). And the Heidelberg Catechism (Q. and A. 105) forbids insulting our neighbors in deed or in thought as well. In other words, not just certain behaviors but certain attitudes are unfitting toward other human beings. Or, to put it positively, some of the attitudes we have toward God we should have, in a derivative way, toward God's imagers. Thus, some of the same kind of fear

³ Of course, one can talk about "my body" just as one can talk about "my mind." I can move my body, and I can change my mind. But in both cases it is I as an embodied mind that act. It is not just my face that frowns; I frown, though I need a face in order to do it (Sprague, 47). See W. Hasker (72-76) for a theory of how a person's God-imaging capacity could be an emergent phenomenon, one that is produced by but is distinct from (and not reducible to) the brain's neural activity.

⁴ W. Hasker (74-75) argues that the emergent mind could be a self-sustaining substance of some sort, just as the gravitational field of a black hole (or collapsed star) continued to exist after the star's matter apparently disappears. Christians, of course, can appeal to sustaining activity of God to argue that some aspect of a human being is *separable* if not *separate* from the body (Evans, "Separable Souls"). John Cooper ("Dualism") argues that the Bible and Reformed creeds teach at least this sort of minimal dualism. In *Body, Soul, and Life Everlasting*, Cooper gives a very helpful survey of the dualism Debate in biblical studies, theology, and philosophy, making a persuasive case for a "holistic dualism" that is biblically instructed, consistent with what science tells us about subatomic indeterminacy, and avoids the pitfalls of Platonic dualism. See also Taliaferro for a persuasive defense of "integrative dualism."

we have toward God is also appropriate toward those who bear God's image. Experiencing the fear of God should not be reduced to being scared, but it should be associated with feelings of reverence and awe, feelings elicited by God's goodness, majesty, and authority. It is true that creatures who image God should be valued and loved; love of God and neighbor, after all, is Jesus' basic ethic. And seeing our neighbors as being God's image can help us love them, even when they are otherwise unlovable. As John Calvin advises, we should "...look upon the image of God in them, which cancels and effaces their transgressions, and with its beauty and dignity allures us to love and embrace them" (*Institutes* X.vi.31). But it is equally important to notice that Christian love is influenced by awe for the nature of its object—an imager of God. "Sanctity" is a term many religious persons use to characterize that which elicits their reverence. As Richard Stith writes, the sanctity of personal life calls for a love that has a "stand-backish" element and not just an urge to value, to nurture, or to control:

Reverence, by contrast [to valuing], eschews domination. It steps back before the "sanctity" of that which is revered, and thus necessarily before every particular which has sanctity. A limit is given to us and to our schemes of domination. We can no longer destroy and rebuild as we wish, but must accept and accommodate being, even the being of individuals. If I revere human life, if I say it has sanctity, then rather than making and controlling it, I acknowledge and defer to it, I let it be (p. 6).⁵

Thus, those who image God are to be loved reverentially, even deferentially, a point that will be relevant when we discuss such topics as violating a person's right to informed consent or killing a person out of love. Of course, there may also be secular reasons for reverencing the sanctity of persons and perceiving them as having a dignity beyond price (Kant, 103), but the biblical theme of being created in God's image implies that the basis of a Christian's disposition toward people is fundamentally a religious feeling and responsibility.

The second biblical point to notice is that God's decision to create human beings in itself designated their suitability for a specific role: "Let us make humankind in our image, according to our likeness; and let them have dominion over the fish of the sea, and over the birds of the air, and over the cattle, and over all the wild animals of the earth, and over every creeping thing that creeps upon the earth" (Gen. 1:26). The psalmist celebrates both the human role and the special nature of those called to it:

⁵ Stith himself seems to contrast reverence with love, as if the sanctity of life were a religious or moral disposition separate from that of loving one's neighbor. But reverence can also be interpreted as a quality of the type of love appropriate to persons. The phrase "sanctity of Life" comes out of the Hindu tradition, where it refers to all life. As L. Smedes argues, Christians should probably use the phrase "sanctity of personal life" (*Mere Morality*, 105). Sometimes, especially in the Jewish tradition, "sanctity" is interpreted as infinite value (see H. Brody, 249; Veatch, *Theory*, 30). In addition to confusing the distinction between valuing and revering, this interpretation would seem to imply that one could never risk one's life no matter how small the risk or how great the potential benefit, and that no costs or pain should ever be spared in squeezing one more minute of life out of a person's dying process. It is more coherent to think of personal life as *incommensurable* with mere valuing or pricing than as valued infinitely or at an infinite price.

“You have made them a little lower than God, and crowned them with glory and honor. You have given them dominion over the works of your hands; you have put all things under their feet” (Ps. 8:5-6). The implication of these passages is that God did not arbitrarily select a species of creatures for special status, conferring on its members an “alien dignity.”⁶ Rather, we human beings are specifically constituted for the role of representing God both in the sense of *mirroring* God as rulers and in the sense of being God’s *delegates* and having authority to be stewards over creation. Since our suitability for this stewardly role requires the capacity for reflective choice-making, one should infer that we image God by virtue of our being givers and hearers of reasons, beings who not only make choices but also reflect on them and make choices about our choices, who not only have desires but also have desires about our desires, who not only evaluate but also evaluate our evaluations, who not only think but also think about our thinking. These capacities, in turn, require not just consciousness but self-consciousness, the sort of “reflexivity” (Van Leeuwen, 127) which provides us with the freedom and creativity that enable our choices to be more than previously determined responses to stimuli. Other organisms may, in some sense, think and choose, but the integrated functioning of the human organism provides for a reflexivity that provides much of our capacity for choosing how to choose. With this capacity comes the responsibility to exercise it in the way that our good and wise creator intends, and consciousness of this responsibility is the foundation of our moral sense. So an important part of imaging God is recognizing and accepting the exhilarating freedom and the sobering burden of making moral judgments about proper stewardship. Indeed, our freedom and responsibility, which are related to our self-consciousness and capacity for deliberation and evaluation, can be said to make us “created co-creators” (Hefner, 326), a status that must be kept in proper perspective so that neither the creativity nor the creaturehood be denied.

The third biblical point to note about the image of God is that God’s imagers were created both male and female, implying both that stewardship will be exercised in community and that communities will be created in part through human sexuality. As with other creatures, this sexuality is natural and instinctive, but in self-reflective humans it is also controllable by the very stewardly responsibilities and moral sense by virtue of which we image God. This responsibility is part of the larger responsibility that we have toward one another as communal individuals—that is, as individuals whose identities are not just those of individual atoms but are constituted by deep, caring relationships with one another. We are not simply individuals who happen to have relationships with other individuals; in an important sense we *are* those relationships. Our identities can overflow into others because our relationships involve not just the capacity to sympathize, to feel *for* others, but also the capacity to empathize, to feel *with* others, to transcend ourselves and “get inside” the viewpoint

⁶ “Alien dignity” is a phrase used by some writers (Ramsey, “The Morality of Abortion,” 72; Thielicke, 231; D. Callahan, “The Sanctity of Life,” 186-87; Verhey, “Body and Bible”; Lebacqz, “Alien Dignity”) to convey the idea that it is our relationship with God rather than our inherent worth of characteristics that gives us special status. Everyone can appreciate the point that our dignity is not earned; it is bestowed by God’s love. And it is wise to use “image” as a verb to indicate that “*imago dei*” is not a substance that we have; it does involve relationship (Hall, 98). However, this relationship is granted to creatures whom God created with a nature and characteristics specifically suited for it (Smedes, 163).

of others. We are “embodied” not just as individuals in physical bodies but also as “relatives” in a moral and spiritual body of which we are members. The depth, creativity, and character of these caring relationships are in turn shaped by our ability to symbolically interact with each other. We do not merely exchange signs but we communicate by infusing these signs with infinitely rich and textured meanings, meanings that can be passed on and developed into profoundly interesting and distinctive cultures. Genesis portrays Adam’s naming of the creation as the beginning of his caring for it. This caring involves our ability to envision reality, to imagine how it might be different, and to use aesthetic and moral sensitivity to desire and create changes in it (Gaylin, “In Defense”). These characteristics enable us to converse with God, and they presumably have to do with why God wants to converse with us, although they may not entirely answer the psalmist’s question “What is man that thou art mindful of him?” (Ps. 8:4).

So the Bible implies that human persons are all in a fourfold relationship: we are in relationship with God as created representatives, with the rest of God’s creation as stewards, with each other as community members, and with ourselves as self-reflective creatures. And these relationships interpenetrate and condition one another: it is as self-reflective, free, and responsible beings that we recognize our caring relationships with others, our stewardly relationship with creation, and our creaturely but imaging relationship with God. Losing sight of any one of these relationships or misconstruing its character will warp¹⁵ the rest of them, as we will notice when discussing the covenantal ethic that flows from these relationships.

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¹⁵ As will tend to happen in our fallen condition; we still represent God, but too often in a twisted way. Fallen nobility can often be recognized both as nobility and as fallen (Cornelius Plantinga, 11).

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