



**A Serious Christian Journal of Life
and its Significance**

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Verba Vitae
**A Serious Christian Journal of Life
and its Significance**

Verba Vitae is committed to bringing the classical Christian tradition into conversation with life issues now confronting us. Modeling the reasoned *logos* of the theological tradition, *Verba Vitae* explores the truth-claims made by thinkers and examines the grounds upon which these assertions are made.

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Introduction

Christian Medical Ethics in a Secular Medical Environment

IS MEDICINE EVER MERELY TECHNICAL? What happens when questions of treatment and refusal, suffering and care, dependence and dignity, life and death move from abstract debate to the bedside, the intensive care unit, the clinic, the laboratory, the pastor's study, or the public square? How should clinicians, patients, families, pastors, and congregations respond when decisions must be made amid fear, uncertainty, and limited knowledge? And what do those decisions reveal about our understanding of the human person and the goods medicine exists to serve?

This summer issue of *Verba Vitae* takes up the theme “Christian Medical Ethics in a Secular Medical Environment.” The essays and reviews gathered here neither retreat from the complexities of contemporary medicine nor substitute slogans for careful judgment. Instead, they invite readers to consider the goods medicine properly serves, the limits it must acknowledge, the suffering it can alleviate, and the persons entrusted to its care. Throughout the issue, particular attention is given to Lutheran resources for such reflection: vocation, the distinction between the Two Kingdoms, the theology of the cross, natural law, and the abiding confession that every human life is received from God and lived *coram Deo*.

Dan Lioy opens the issue by bringing the doctrine of the *imago Dei* into the intensive care unit, where human dignity can be obscured by sedation, machinery, incapacity, fear, and profound dependence. His essay insists that a loss of agency is not a loss of worth. Drawing on Genesis, Jeremiah, and Matthew, together with the Lutheran doctrines of vocation and the Two Kingdoms, Lioy interprets clinical service within secular institutions as faithful participation in God's preserving care. The clinician does not confer dignity upon the patient but serves a dignity already given by the Creator.

Dennis Bielfeldt's “Consent Is Not Enough” then examines both the moral achievements and the limitations of informed consent. Consent is indispensable because medical treatment ordinarily requires the authorization of the person upon

whose body medicine acts. Yet authorization alone cannot establish that the action is medically good or morally justified. Autonomy must therefore be situated within a richer account of the patient, the physician, the ends of medicine, and the responsibilities arising from embodied creaturehood. Choice matters, but it does not create the good; consent may permit an intervention, but it cannot by itself determine whether that intervention ought to occur.

Eric Brinkert's "Living Well and Dying Well" develops a constructive Lutheran framework for medical decision-making. Medicine is received as a gift and used as a tool, but it is not elevated into an absolute good before which every other good must yield. Treatment must instead be discerned in relation to the Christian's vocations, the responsibilities those vocations entail, and the goods they are ordered to serve. Such discernment resists both the rejection of medicine and the demand that medicine preserve biological life at any cost.

Roland Weisbrot turns from clinical decision-making to pastoral care in the face of euthanasia and medical assistance in dying. He attends carefully to the reasons people give for seeking death and to the fears that often lie beneath such requests: loneliness, suffering, loss of control, dependency, and the belief that one has become a burden. His essay asks how pastors may shepherd the faithful without minimizing suffering, abandoning moral clarity, or allowing the language of autonomy to obscure the neighbor's need for presence, consolation, and hope. The pastoral task is not merely to prohibit a course of action but to accompany the suffering person with truthful speech and enduring care.

Roni Grad brings the issue to the beginning of human life. His essay argues that the human zygote and preimplantation embryo must not be regarded merely as biological material, as instruments for other ends, or as entities whose worth depends upon later development or social recognition. The embryo is instead to be received as a neighbor whose life calls forth protection, love, and service. By bringing embryology into conversation with philosophical, legal, exegetical, and theological reflection, Grad presses the reader to consider what becomes of Christian neighbor-love when the neighbor is microscopic, hidden from view, and unable to make any claim in his or her own defense.

The two book reviews carry the issue's argument beyond its immediate clinical settings. Tony Seel's review of Jim Belcher's *Cold Civil War* considers whether a renewed public philosophy might resist political polarization and restore the possibility of meaningful civic deliberation. Although Belcher's book is not principally a work of medical ethics, Seel's attention to natural law, public reason, Christian witness, and the Lutheran doctrine of the Two Kingdoms bears directly upon the conditions under which Christian moral claims may remain intelligible within a secular society. Medical ethics is never isolated from the wider moral culture in which medicine is practiced.

Benjamin Parviz's review of Charles Camosy's *Living and Dying Well* returns explicitly to physician-assisted killing. Parviz commends Camosy's appeal for a counterculture formed by hospitality, dependence, presence, and compassion, while also identifying the need for Lutheran readers to ground such resistance more explicitly in their own biblical, sacramental, ecclesial, and vocational resources. Opposition to euthanasia cannot rest merely upon the assertion of a rule. It must take embodied form in communities capable of receiving dependency, accompanying suffering, and refusing to abandon those whose lives have become difficult, costly, or unproductive by the standards of the surrounding culture.

Readers will therefore find in these pages neither a rejection of medicine nor an uncritical embrace of every possibility medicine places before us. They will find arguments to test, distinctions to ponder, pastoral counsel to receive, cultural assumptions to examine, and theological resources to recover. The contributors share the conviction that Christian faith does not make medical ethics less rigorous but more fully attentive to the reality of the person; not less responsive to suffering but less willing to define the sufferer by suffering alone; not less engaged with secular institutions but more capable of serving faithfully within them.

Medicine remains a profound human good, but a penultimate one. It can diagnose and treat, relieve pain, restore function, accompany the dying, and preserve life. Yet technical capacity alone cannot tell us which lives possess value, what suffering means, or what human beings owe one another. For these questions, medicine requires an account of creation, moral obligation, human dependence, and final hope that it cannot generate from within its own practices.

May this issue of *Verba Vitae* lead its readers toward a richer understanding of life, medicine, and the neighbor before God. May it also strengthen clinicians, patients, families, pastors, and congregations to serve human life with wisdom and courage, to accompany suffering with compassion and truth, and to bear witness to the hope that neither illness, dependency, nor death can finally overcome.

Dennis Bielfeldt
General Editor, *Verba Vitae*



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