



Reading the Bible in the Strange World of Medicine

Allen Verhey

Wm. B. Eerdmans,
Grand Rapids, MI, 2003,
407 pp., \$35 (paperback)

The author of this book is the Evert J. and Hattie E. Blekkink Professor of Religion at Hope College in Holland, MI. His phrase concerning the “strange world of medicine” refers to what he sees as a lack of communication between, on one hand, people of faith who are immersed in scriptural tradition, and, on the other hand, science-oriented medical professionals whose thinking has been shaped by a philosophy of utilitarianism (aimed at goals deemed socially useful) and a technology-driven “secularization of bioethics.” It is rare that ethicists concerned with medical questions ground their reflections in Scripture.

The bioethical issues surveyed here are the Human Genome Project, abortion, genetic engineering and “alternative reproductive technologies” (ART), physician-assisted suicide, care of at-risk infants, and the assignment of medical resources.

Verhey’s book is essentially an appeal to the Christian community to enter the debate concerning reproductive issues. The author retrieves from their scriptural origins a set of ethical principles to guide decision making. He is concerned about the gulf between technologically based medicine and faith-based bioethical decision making.

The author has aimed his book not at academics, who are philosophical ethicists, but rather at the broader community—pastors and health care professionals who seek bridges between the world of faith and the reality of the laboratory. Verhey’s approach might be described as a homiletic reflection that attempts to retrieve from the heritage of Scripture a common set of principles, such as the dignity of the person and life as God’s gift.

Verhey, who is neither a physician nor a health care expert, identifies himself as a Calvinist thinker, evangelical in his tradition. A general Christian readership, including Catholics, will find his approach to Scripture consistent with theological premises concerning the dignity of the person created in the image of God, as described in Genesis, and with a philosophy of the person shaped by belief in redemption and resurrection, as described in the New Testament. Verhey insists that Scripture cannot be read literally because it often offers diverse perspectives on the same

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topics, depending on the time of its composition. He acknowledges that many contemporary medical questions could never have been anticipated by the writers of Scripture.

Although the author does not review the historical-critical method of Bible study, cite feminist scholarship, or explain how Christians can resist anti-Semitic interpretation of the Gospels, he does not contradict enlightened academic trends of the last 30 years.

Verhey’s book shows the weakness of Christian seminary formation, its lack of reference to the Old Testament. The traditional Christian paradigm of creation/fall/incarnation/redemption/resurrection, when placed like a cookie cutter over the scriptural record, results in an emphasis on the first two chapters of Genesis—and then a leap to the New Testament. Verhey does discuss a passage in Job and several Psalms, but he mostly overlooks the narrative tradition of the Hebrew Scriptures, including the stories about healing (e.g., the bronze serpent and the healing of Naaman the Syrian, in Numbers; and the Elijah and Elisha traditions, in 1 and 2 Kings). It is unlikely that Verhey’s book would resonate with Jewish readers involved in health care.

The first 150 pages of *Reading the Bible in the Strange World of Medicine* are drawn from seminary-style lectures on the biblical theology of the person, reading Scripture, engaging in prayer, the

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discerning community, and the sources for a spirit of religiously inspired compassion. Sections could be used as resources for a mission-effectiveness office in a Catholic hospital, faith-based texts for units in a clinical pastoral education program, or homiletic suggestions for a hospital chaplain. The book's second half is very helpful in explaining to laypersons the scientific procedures and fundamental values that would be involved in the genetic engineering of a "perfect child."

The author does a generally sympathetic analysis of the Catholic position on abortion, commenting at length on Margaret Farley's analysis of "good faith" and "bad faith" on both sides of the debate. Verhey endorses the ethical principles regarding human sexuality; fidelity in marriage; and the integration of genetic parenthood, gestational parenthood, and responsibility for children's upbringing as described in the Congregation for the Doctrine of the Faith's *Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation* of 1987. He proposes the existence of alternative ethical positions consistent with a Scripture-based ethic, such as exceptions for abortion in cases of rape, incest, or a diagnosis of anencephaly—although not for a diagnosis of Down syndrome, in which cases, Verhey argues, "the community must share the burdens of caring for such children."

Verhey's chapter on abortion is the one that best integrates Scripture as a foundation for ethical principles; it effectively uses passages about women in the ministry of Jesus. A weaker effort is the author's treatment of ART; he provides explanations of the various scientific procedures involved, but gets mired in repetitive denunciation of the commercialization and commodification of embryos. A chapter that challenges the premises justifying physician-assisted suicide appeals to the principle of life as God's gift. On the other hand, a discussion of Judas's suicide in Matthew and Luke is uninformed by recent New

Testament scholarship. The final chapter, called "The Good Samaritan and Scarce Medical Resources," is a humane, coherent essay that I could imagine reading before attending a meeting in which a hospital board of trustees was to discuss allocation of the budget.

Some cautions should be kept in mind in using this book. Verhey assumes that a prayerful reading of and reflection on the same biblical texts will unite the community of faith around bioethical questions and result in harmonious discernment. However, the hurly-burly world of health care is different from the comparatively serene world of the pulpit, the retreat center, and the denominational college classroom. Increasingly, the people who form the decision-making bodies in U.S. bioethical debates represent different scientific, educational, philosophical, and political persuasions, as well as different religions, different medical and cultural histories, and different ethnicities. We find ourselves in a health care setting that affirms diversity. The question is, how much diversity can this book speak to and support?

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