

# FAITH + WELLNESS

RESISTING THE STATE CONTROL  
OF HEALTHCARE BY RESTORING  
THE PRIESTLY CALLING OF  
DOCTORS

**R. J. RUSHDOONY**



CHALCEDON / ROSS HOUSE BOOKS  
VALLECITO, CALIFORNIA

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Mark R. Rushdoony

Chalcedon/Ross House Books  
PO Box 158  
Vallecito, CA 95251

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Book design and indexing by Diakonia Bookworks  
Cover painting, “The Doctor,” by Sir Luke Fildes, 1981

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Library of Congress Catalog Card Number: 2015953035  
ISBN: 978-1-879998-74-2

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## THE NEED FOR A THEOLOGY OF MEDICINE

*Medical Report No. 13, published 1987<sup>1</sup>*

**IN EXAMINING THE** medical profession from a Christian perspective, it becomes apparent that the work of a doctor is closely related to Biblical faith. God is the Creator of all things, and the physical world is His handiwork. Man's body is destined to be resurrected and glorified, so that all men must regard their bodies as an important religious fact, made to serve God, ordained for a glorious and eternal life, but now temporarily under the harmful and limiting effects of the fall.

The relationship of medical practice to Biblical faith is an essential one. The very word "salvation" indicates this fact: it means deliverance, preservation, victory, and health, both material and temporal, as well as personal, national, and eternal. Thus healing, both physical and spiritual, is a ministry.

In Scripture, the two are closely linked. Whatever other help an infected man had (i.e., medical), his return to wholeness and health was seen as a religious fact. The priest, in Leviticus 14, pronounces the man healed and therefore again fit for his place as a covenant man worshipping in the sanctuary.

Long before psychosomatic medicine came into recognition, the Bible spoke of the inseparable tie of mind and body in matters of health. Thus Proverbs 17:22 declares, "A merry heart doeth good like a medicine: but

1. Published in 1987 as the original Medical Report No. 12, but overlooked when *Roots of Reconstruction* was being prepared. Thus, Report 13, "Medicine's Mechanical Model," was instead mistakenly listed in *Roots* as the twelfth Report. The *Roots* numbering has been retained for this book and this article has been re-numbered. — editor

a broken spirit drieth up the bones.” Again, “Hope deferred maketh the heart sick: but when the desire cometh, it is a tree of life” (Prov. 13:12). There is no escaping this fact of the unity of our being. Thus, medical practice is related to Biblical faith and is a ministry.

Likewise, the ministry of pastors, because it is a ministry of the healing, redeeming triune God and His Word, is inescapably related to medical practice. Its scope is greater, in that the pastoral ministry proclaims the healing of men and nations. Jesus Christ is the tree of life, and He is the only remedy “for the healing of the nations” (Rev. 22:2). In His incarnation, God the Son revealed the goal of His total plan of salvation by His miraculous healing power. He healed the sick, made the lame to walk, gave sight to the blind, and raised up the dead. In the case of Lazarus, the dead man had been buried long enough for putrefaction to have set in, but Jesus Christ made him alive and well. As God’s new Adam and head of the new and triumphant humanity (1 Cor. 15:45–49), Jesus Christ came to destroy the power of sin and death, a victory to be completed with His coming again (1 Cor. 15:22–27).

Thus, the goal of Christ’s Kingdom is to push back and destroy the power of sin and death in every realm. All things that exalt themselves against Christ must be cast down, and everything, even to “every thought,” must be brought into “captivity . . . to the obedience of Christ” (1 Cor. 10:5).

This is a far-reaching task, and one too commonly neglected. Many churchmen limit their task to “saving souls,” which is most emphatically important, but it is the starting point, not the sum total of the gospel. Similarly, many doctors limit their scope to a particular ailment before them and look no further. An occasional doctor will call attention to the religious aspects of medicine. One doctor I knew would often write out, on a prescription pad, verses such as Proverbs 17:22 for his patients. Over the years he helped several people thereby.

It should not surprise us that so many cults and quackeries flourish in both medicine and religion. By severely limiting and narrowing both medical and pastoral practice, doctors and pastors have in effect sent needy people to other kinds of practitioners for answers. No federal commission can eliminate such cults and quacks by regulations: they are meeting a created demand, because both medical and pastoral practices have neglected some of their areas of responsibility.

Many answers to the specific needs in this area must be made to cope with the problem. What follows is a specific and limited suggestion, a small starting point, towards coping with the problem.

Seminaries and medical schools are the place to begin. A very able lawyer once told me that it is a very rare law school that deals with the question, “What is law?” Instead, teaching is geared toward specific kinds of law, to enable the student to pass a bar examination, and to specialize then in a particular kind of legal practice. However expert he may be in his area, he still is likely to be radically ignorant of the meaning of the idea of law, or the idea of justice. Much of the current animosity towards lawyers has its root in this simple fact: however good the lawyer may be in his field, the meaning of law and of justice is not his concern. Since people look to lawyers as the instruments of justice, their indifference to the substantive aspect and nature of their calling leads to a hostility towards them. People feel that they somehow betray justice. Rightly or wrongly, this is the common view.

The same is true of ministers and doctors. When a pastor’s vision narrows down to his parish, his calling is betrayed. The pastor can never neglect his parish, but neither can he make it his world. A broader vision is necessary. The same is true of medical doctors.

There should be, in all medical schools, a course on the Biblical doctrine of salvation and all its ramifications. Psychosomatic medicine does not go far enough. There is a religious, a theological, dimension to healing and to health. To neglect this is to invite trouble. It is not at all surprising that holistic medicine, with its deep involvement with Eastern religions, was so influential a few years ago; many doctors became deeply involved with it because it met a need to relate medicine to a world and life view.

A surgeon told me recently that a very high percentage of malpractice suits have been found to originate, not in malpractice, but in failure to communicate with the patient. He added that some very poor doctors never got sued because of their ability to “communicate,” in their cases, to establish a rapport with the patient.

Much more can be said, however, about the failure to communicate. The word “communicate” is related to communion and community, and also to common. It comes from the Latin *communis*, commune, that which is common, or is shared. Men cannot communicate if they have nothing in common.

I once met a medical doctor, an abortionist I was later told, who was a charming and delightful “conversationalist” up to a point. He could please one with his wit and manners, but a two-way exchange with him was an impossibility. He could not communicate because he had nothing in com-

mon with anyone; he was, in ideas and morals, an anarchist, with no desire to have anything in common with others.

Communication presupposes a common language and a common faith. It requires that we recognize that we are, in Christ, “members one of another” (Eph. 4:25). Today we have a “communications gap” between the generations, between pastors and people, lawyers and people, doctors and people, and so on. This disintegration is due to the loss of a common faith. Few people today appreciate how extensively, no matter what his personal faith may have been, Shakespeare, in his plays, echoed the Bible, the *Book of Common Prayer*, and the language of the clergy. Church going (to the state church) was required, and all Englishmen had a common language of Christian faith and structure, whether or not they agreed with it. Much of Shakespeare’s greatness and power came from having such an audience and in speaking their language.

In our day, specialization is both a necessary fact of an advancing civilization and technology, and also an excuse for evading the responsibilities of community life. People isolate themselves in their homes or their offices in ignorance of one another, in deliberate ignorance. As a result, they replace communication with litigation.

It is thus necessary for doctors to know and to use the common language of Biblical faith. After all, some 60 million adults in the United States profess to be born again Christians. Paul tells us in Romans 1:18–20 that all men know the truth of God, but they hold the truth in their unrighteousness or injustice. Because God is the Creator of all things, the language of faith, admitted or suppressed, is the common language of all men.

This is why we need Christian medical schools, and doctors who are as Christian in the office and the hospital as they profess to be in the church.

The seminary too must enlarge its focus. (There have been preliminary efforts here, but not theologically sound ones.) The implications of the doctrine of salvation require us to apply the faith to every sphere of life and thought, including medicine.

Calling on the sick in hospitals is a routine and necessary part of pastor’s life. At times, in hospital history, there have been resident chaplains, just as now we see the development of industrial chaplains, an excellent step. Such a ministry has developed to meet a very real need and hunger.

But more is needed. Seminaries need to have a training course in the philosophy and theology of medical practice and medical care. Some years ago, an effort in this direction was made by Dr. Pedro L. Entralgo in *Mind*

*and Body: Psychosomatic Pathology: A Short History of the Evolution of Medical Thought.* Dr. Entralgo, then a professor at the University of Madrid's School of Medicine, discussed the history of medicine and its roots in religious and philosophical ideas. Contrary to other scholars, he saw ancient Greek medicine in a dead end of its own making, and Christianity as a rejuvenating force. None have followed up on Dr. Entralgo's study, to my knowledge. In 1964, Lord Brain, in *Doctors Past and Present*, titled his concluding chapter, "The Need for a Philosophy of Medicine." Such a philosophy, he said, would enunciate "general principles within medicine," but this in itself was not enough. It must also provide for "the criticism of medicine and its own general principles by means of the wider principles embodied in philosophy" (p. 251). In other words, if there are no acknowledged standards, there can be no effective criticism. Beginning with very different premises than mine, Lord Brain still saw the same need, for a common philosophical language within medicine. There needs to be, he said a philosophy of the organism, and a recognition that medicine must have a perspective on "the body-mind relationship." Some people, he admitted, would say, "Why bother with philosophical niceties?" In the short run, it might make little difference. In the long run, it would make "a profound difference, not only to individuals, but also to the whole of a culture whether the mind is regarded as being explainable in terms of neurophysiology or not" (p. 263).

A medical practice is a philosophy in action. However earnest, able, and professional the practice may be, if the philosophy of medicine is bankrupt, the practice will in time suffer. This has happened in law: the absence of a sound theology of law is harming the practice, even though it can be argued that the practice has a higher technical competence than ever before. Similarly, the clergy today is more "professional" and administratively competent than some previous generations, but its prestige is lower.

What we have been discussing is the key form of malpractice. A doctor may be a superbly competent abortionist, but a Christian must regard him as guilty of medical malpractice. In any and every field, in every profession, the first form of malpractice is to begin with a false premise. To practice medicine without a Biblically-grounded theology of medicine is to involve oneself in malpractice. A doctor may be a Christian in church, but if he is not a Christian in his office in his philosophy of medicine and healing, he will have failed in his calling.

## THE MEDICAL PROFESSION AS A PRIESTLY CALLING

*Medical Report No. 1, written March 6, 1974<sup>1</sup>*

ONE OF THE difficulties with the ancient Greek view of medicine, and of the modern view as well, has been its severe materialism. So far has this view been carried at times by some that, on one occasion, a reference was made to doctors as “glorified mechanics.” In a very limited sense, this is a very remarkable mechanic, but not all mechanics are surgeons! We cannot confuse the part with the whole.

The identity and the nature of the doctor have been very much confused in our era, as indeed are most “images.” It is important, therefore, to call attention to and revive the meaning of the doctor in the Biblical tradition. In terms of the Bible and Christian tradition, the doctor has a *priestly* role. His very area of concern, *health*, requires this. In the Hebrew-Christian heritage, the doctor, in origin a Levite, is concerned with *health*, and health is an aspect of salvation. The Latin word, *salve*, carries the same implication, and it is a fitting fact, in terms of the Bible, that our English word *salvation* has as its root the word of *health*. Salvation is total health, spiritual and material; it means, in its final form, the resurrection of the body; in its inception, regeneration; and in between, growth in terms of the principle of health, God in Christ. As a result, for Biblical faith, care of the body is a religious concern, and health a godly duty and blessing. The man who ministers to the body has thus a priestly calling, as does the man who ministers

1. Medical Report No. 1, “The Medical Profession as a Priestly Calling,” and Medical Report No. 2, “Liability Laws: Their Pagan Origin,” were derived from a talk given on Oct. 8, 1973, to a group of 220 doctors in Birmingham, Alabama. — editor

to the spirit. Both doctor and pastor have a priestly calling or ministry.

According to the Biblical doctrine of the fall, the whole man fell, and the whole of man is affected by sin. This means that the spiritual is not necessarily good. After all, Satan is a purely spiritual being! It has been Neoplatonism which has depreciated the physical and wrongly exalted the spiritual. The doctrine of the resurrection of the body means that total redemption is the Biblical doctrine: a new creation is the goal, in time and in eternity. *Healing* is thus religious, whether physical or spiritual in its areas of concern. The healing professions, whether medical or pastoral, are thus priestly callings.

There is, thus, although almost entirely forgotten now, a religious reason for medical privileged communication. Before discussing medical privileged communication, it is important to distinguish it from another form, where a lawyer or a spouse is concerned. Talking to a lawyer is legally, in effect, talking to one's own self; the lawyer is your "mouthpiece." The right against self-incrimination and torture means that the agent who speaks for us and represents us in court cannot be compelled to divulge that confidence we place in him. Similarly, a husband or a wife is an extension in a sense of our person, theologically, "one flesh" with us, and a similar protection is extended. The tyranny of modern Marxist and other totalitarian states is in part their denial of this immunity against self-incrimination and the privileged communications which are a part of this immunity.

Privileged communications to a doctor, priest, or pastor are different: they are religious communications. In confessing to a pastor, we are in effect confessing to God through the medium of His servants, and we seek spiritual healing and health. In talking to a doctor, a patient is in effect confessing, opening his physical being for examination, and again the purpose is healing and health. In both cases, the purpose is religious in the Biblical sense and a part of the redemptive process. The "confession" in either case is privileged communication and is closed to other men, and to the various agencies of man and the state.

The infringement of this privileged communication by the state is religious: the state usurps the place of God and claims the right to be privy to all that goes on between man and man, and between man and God, because it claims to be the acting god of this world.

It must be thus held that statist interference with either church or medicine is a very serious matter, a religious matter, and a threat to the freedom of man.

So seriously did the early church regard the priestly vocation of the doctor that, by the fifth century A.D., it became a popular requirement that doctors, like monks, be celibates. It is significant that this requirement of sacerdotal celibacy for doctors came some six hundred years before the same requirement was made of the priests. There were, of course, mixed motives in this requirement. The influence of Neoplatonism meant a depreciation of the physical life of man, and of sex, and hence an insistence on celibacy as a higher way of holiness. On the other hand, this high regard for doctors as holy and priestly men, because of their healing work, was Biblical and Hebraic to the core. Medicine was plainly seen as a holy profession.

Although the knowledge of its origins has been lost, this aspect of medicine still survives. Now, as through the centuries, the doctor hears many confessions having only a remote relationship to bodily complaints. I was told recently of a woman, in good health, who made an appointment for a checkup simply because, she said, "I just need to talk to Dr. ——— about my problems." This is nothing new: the overlapping of medical and pastoral offices is of long standing. Parishioners ask pastors medical questions to gain courage to face a doctor, and they ask doctors religious questions for counsel beyond a medical prescription.

The priestly and confessional aspect of the doctor-patient relationship has been neglected, because our age has become increasingly ignorant of its religious heritage. In spite of this ignorance, the religious character of the doctor persists, because it is inherent to his calling. People expect "something more" from a doctor and a pastor by virtue of their calling.

This is why abortion is so damaging to the image of a doctor. To be a hangman is a legitimate office, and, through the centuries, there have been executioners of various kinds who have been normal, everyday members of their society. However, if a priest or pastor had ever assumed the office of an executioner, the response would have been a most justifiable shock, and a sense of horror. The religious office of priest and pastor is concerned with saving men, not killing them. Even where the clergy must strongly assent to an execution, they cannot alter the character of their calling by becoming an executioner. The office of an executioner, however, is a legitimate and necessary one in terms of Scripture and its requirement of capital punishment. Abortion, clearly, is not: it is against Biblical law (Exod. 21:22–23), and it is murder. For those whose calling is to heal, to kill is a flagrant violation of their office, and it leaves psychological scars even with those who

seek abortion. (Anyone who has talked with or counselled women who believe in abortions and have had them, knows that their attitude towards their doctor is radically different from that of mothers who are against abortion. Such pro-abortion women will and do resent my views, but they view their doctors with contempt.)

The *trust* which is a doctor's necessity in his successful practice is a religious trust. A once popular painting showed a family doctor by a child's bed, *deeply concerned*. What many people forget, as they recall this painting, is that the doctor is *not* presented as having all the answers. He is very much concerned as he looks at the child, and this was seen by the artist as basic to the family doctor. He brings the children into the world, and their health is his concern. The parents regard the doctor with *trust*: he will do all that he possibly can, and no man can do more. The painter shows the doctor, not as a worker of medical miracles, but as a family friend and a medical pastor. Moreover, very clearly the appeal of this painting was due to the fact that the doctor had an *honored and loved status*. The picture has a strongly religious flavor, and it was a much-loved one because the doctor was seen as a man with a calling, an essentially religious vocation.

Medicine has made some of its most important advances since that picture was painted, but there has been some loss in the position of the doctor. Much of the loss is due to the decline of Christian faith in our society, so that men now come to a doctor with pagan demands and expectations, not in terms of the historic role of the doctor in Christendom.

The growth, too, of non-Christian materialism has led to false and rather mechanical views of medicine. If our car needs oil or gas, we add these things to the car; if we need a new fuel pump, we replace the old one. In like manner, some people expect cure-all dosages and changes and are resentful when the doctor cannot work miracles. Their expectation, however mechanical, is still religious, but it is in essence paganism, not Biblical faith.

This, of course, is the heart of the matter. There must be a return to a Biblical view of medicine as a *calling*, and as a priestly-pastoral calling, but there must also be a return to Christian faith on the part of the people, or false and unreasonable demands will be made of medicine.

Let us now examine another aspect of the medical profession, its general name of *doctor*. *Doctor* in Latin means *teacher*, from *docere*, to teach. This is why the great theologians are called doctors (or teachers) of the church; the doctorate at a university is that degree which ostensibly qualifies a man

as an advanced teacher. Very early in church history, *doctor* meant a teacher of Christian doctrine. This usage had deep roots in Hebraic and New Testament practice. The academic degree perhaps arose in the twelfth century, but, long before that, the term was common and applied to theologians.

The earlier term for the medical doctor was *physician*, a curer or healer, a natural philosopher, one expert in physics. In the Greek sense, a physician was somewhat more close to what we call a physicist than we now realize. As the physician has developed his calling in Western civilization, it has become necessary to take the root of the word and create a new noun, physicist, to name the practitioner of what was once largely the physician's province.

Moreover, while the yellow pages of the telephone directory may list him as "Physician," very few people nowadays ever use that term. It is too clinical, too impersonal; it still reeks of physics and the laboratory. The popular name for the physician has come to be a very personal one, *doctor*, teacher, a word allied with "Master" and "Rabbi" in the New Testament.

The Canadian scholar (and humorist) Dr. Stephen Leacock once wrote an amusing account of his profound embarrassment because of his doctoral degree in literature. On board a ship to Europe, he was called when a medical emergency arose because he was on the passenger list as, "Dr. S. Leacock." He had to explain to a surrounding group eager to see a sick passenger revived that he was not a *medical* doctor, and the incident was painful. People seemed to feel that a teacher had no right to use the title of doctor! This is indeed a very interesting and remarkable development. Popular usage has taken the title of doctor from those who are literally doctors or teachers and given it to physicians. Physicians still list themselves as physicians in the telephone directory, but virtually everyone speaks of them as doctors.

There is a long history behind this designation, and it is a Christian one. It was once commonplace in many areas to call all older pastors, "Doctor." This is still true in some parts of the United States. Travelling as much as I do, I quickly became aware of this fact: as I approached fifty, I found that in certain parts of the country, I "graduated" to "Dr. Rushdoony"! The term "doctor" in this tradition is very much in the tradition of the New Testament usage of "Master" or "Rabbi": it designates a respected teacher whose word brings healing. It was in this custom that one came to Jesus asking, "Good Master, what good thing shall I do, that I may have eternal life?" (Matt. 19:16). In this same custom, people approached the physician, ask-

ing, "Tell me, doctor, will I get well?" The physician in the Christian world thus became a *doctor*, one on whose word and act men depended for healing.

The modern professor is losing his hold on the name of *doctor*. His word has no teaching and healing character, and the religious orientation of his office is gone to a large degree. The continuing Christian regard for the religious character of medicine has made the name of *doctor* the common one for physicians. (The Biblical tradition is equally strong in Jewish circles in this respect. Doctors and rabbis have a high standing, and one of the most coveted of callings for a Jewish boy is that he become a *doctor*.)

There is thus a remarkable history, a religious history, behind the medical practitioner. Important as the medical school may be to medicine, and as far-reaching as twentieth-century advances in medicine may be, the *doctor* in the minds of Western men is more than a scientist or a scientific technician: he is a *doctor* with all that the word means in Christian tradition.

Any departure from that tradition and faith means a serious dislocation in the meaning and practice of medicine, and a major problem in public relations. The paganization of medical practice has meant a change of attitude from trust to distrust, and the rise of something out of pagan antiquity, the liability suit. These and other factors indicate that the image of the doctor has suffered to a degree. The reasons for this change are deeply rooted in the general crisis of our culture, in the humanism which so heavily governs our era.

Reconstruction thus must begin in the hearts and minds of all men. It requires a clarification of issues and a development of basic motives. Medical practice cannot, by its very nature, escape religious implications and overtones. If these are pagan, there are very serious consequences for doctors. It will be our purpose to develop the historic Biblical faith and meaning of the *doctor* in the Biblical faith.

## LIABILITY LAWS: THEIR PAGAN ORIGIN

*Medical Report No. 2, written April 10, 1974<sup>1</sup>*

**VERY COMMONLY, HISTORIANS** praise ancient medical practice and declare that its corruption was the fault of Christianity. Prior to the rise of Christianity, medicine was supposedly making steady progress, and it was the Christians who brought this to a halt. The decline, however, in ancient medicine began in the third century B.C., long before the birth of the church (J. Beaujeau, "Medicine," in Rene Taton, ed., *History of Science: Ancient and Medieval Science from the Beginning to 1450* [New York, NY: Basic Books, 1957, 1963], p. 365). According to Dr. Entralgo, it was in fact Christianity which rescued medicine from sterile presuppositions (Pedro L. Entralgo, *Mind and Body: Psychosomatic Pathology: A Short History of the Evolution of Medieval Thought* [New York, NY: P. J. Kennedy & Sons, n.d.]).

In the pagan tradition, the doctor was a god or a semi-incarnate agent of a god, such as Asklepios. Medicine was an occult practice; medical practice in the healing tradition of the Asklepieia of the Greeks was by oracles. Asklepios was the chief Greek god of healing; he was also the first Greek god to be received into the Roman Pantheon, indicating the importance of healing to the Romans.

Because paganism saw medical practice as a form of divine manifestation, it expected too much of the doctor. The gods being very powerful, it followed, that when the gods chose, they could do almost whatever they would. Thus, if an agent of the gods did not heal you, it meant ill-will on

1. Medical Report No. 1, "The Medical Profession as a Priestly Calling," and Medical Report No. 2, "Liability Laws: Their Pagan Origin," were derived from a talk given on Oct. 8, 1973, to a group of 220 doctors in Birmingham, Alabama. — editor

his part, because all the resources of the god were his to command. The result was the pagan doctrine of the physician's liability: *liability was seen as commensurate to power, and thus the doctrine of total liability was common to paganism*. If the patient died, it was assumed to be the doctor's fault, because his power to heal was proportionate to his god's power. A doctor who lost his patient could lose his life, or at least his right hand.

This does not mean that such executions or mutilations were commonplace, although they did occur. The ancient physician was also a good psychologist who could deflect blame and break with his patient before death.

In the 1940s, when I was for eight-and-a-half years on an American Indian reservation, I saw this ancient method in practice. The medicine men claimed occult powers, and they never lost a patient (in those days). As astute men, they could see a patient slipping away, and they recognized the patient's awareness of his condition. They would provoke a quarrel, in which the fearful and doubting patient would be manipulated into being the aggressor, and then would terminate treatment saying, in so many words, "So you don't want me. It's the white doctor you want, is it? Well, go to him and see if he can do you any good, but don't say I didn't warn you what would happen if you doubted me and left me." The medicine man would then leave in indignation, and the hapless patient would be taken to the white man's doctor, usually to die. As a result, the white doctor acquired a poor reputation whatever his skills, and the medicine man a remarkable statistical record of no lost patients! No one could then accuse the medicine man of evil intent, and, as for the white doctor, everyone knew, who trusted in medicine men, that all white men were anti-Indian in some degree.

The ancient pagan doctor operated on the same premise: he claimed occult and semidivine powers, and he was thus exposed to an equally great liability. His liability was not that of a man but of a semidivine being.

Moreover, it was precisely the element of naturalism in pagan antiquity which led to this view of the physician. There was no true doctrine of a transcendent God, but only of gods who were divinized heroes, so that men could point to the grave of Zeus, for example, and various cities claimed association with him during his lifetime. The pagan doctrine was formalized in Pliny's statement: "Deity only means Nature." The hero, who through his power, or the physician, who through his knowledge of medicine, commanded nature was thus in some sense a divine being and had a measure of infallibility. His liability then was not the liability of a man but of a superman, a hero, or a divine being. The result was a paradox: the more

naturalistic the pagan physician became, the more he saw himself and was seen by others as a godlike being. Thus, the doctor of the Greco-Roman world, the more his practical knowledge grew, the more authoritarian he became. He readily turned also to charms and amulets, because magic was seen as a means of controlling nature. Hebrew medical history, because it did not confuse God and nature, avoided on the whole the peril of occultism and magic. Because the modern world so greatly idealizes Greek civilization, it failed to see the serious and unavoidable defects in its politics, philosophy, or medicine.

Our concern now, however, is with the liability concept. Limited liability is a modern concept, one which has become common only in the last 125 years. There are serious defects in the concept, which cannot be dealt with here (see R. J. Rushdoony, *Politics of Guilt and Pity* [Nutley, NJ: Craig Press, 1970], pp. 254–262; and R. J. Rushdoony, *The Institutes of Biblical Law* [Nutley, NJ: Craig Press, 1973], pp. 104–106, 273–274, 463–467, 627, 664–669). The idea of limited liability leads to socialism in that it does not eliminate liability but simply transfers it from the individual to the group. The idea of unlimited liability, however, is of two kinds. *First*, in the Hebraic or Biblical tradition, liability is unlimited, but it is not total. Man is not a god; he cannot at any point be ascribed total responsibility for all things. To expect more of a man than a man can do, or to expect inerrancy and infallibility, is a serious error and puts an impossible burden on men and society. The human factor is thus inescapable. Men can do their best, and no more. Applied to medicine, this doctrine means that, when I choose a doctor, I cannot expect him to work miracles. Moreover, I am responsible for choosing him, so I cannot complain if his abilities are not equal to the medical problem. There is a difference between criminal action and human inadequacy. The implications of this Biblical concept were enormous. The pagan doctrine of total liability receded, and, until the recent revival of paganism, liability suits were a rarity.

*Second*, in the pagan tradition, total and unlimited liability falls on the doctor. Any and all failures by the doctor to heal represent criminal intent or negligence and hence require prosecution in terms of criminal law. Thus, whether it was the Code of Hammurabi, Greek law, or any other pagan tradition, the failures of the doctor had a place in criminal law. Aristotle's lectures to his students were private and esoteric, unlike his published works, and he claimed descent from Asklepios. Such a claim meant special powers and secret knowledge. Instead of magic being an early aspect of

medicine, which fell by the wayside as rationalism developed, magic was a late development which arose with rationalism. L. Bourgey admits that in Greece, for example, "This magical kind of medicine was not part of the original tradition and its full development occurred very much later" (L. Bourgey, "Greek Medicine from the Beginning to the End of the Classical Period," in Taton, *History of Science*, p. 245). Again, in the twentieth century, we have seen, simultaneously, a return of magic and occultism, and also of severe malpractice suits against doctors. These malpractice suits commonly imply the pagan approach to medical liability and an ancient pagan distrust of the medical practitioner.

Because historians write from the presupposition of the myth of evolution, they discard much data. In approaching medical history, they see magic as an early phase which was later abandoned as rationalism developed. The fact is that the two grew side by side. Bourgey merely notes this fact and ignores it. Others note with surprise that Homer's *Iliad* has a sounder knowledge of medicine than the more advanced Greek civilization of later centuries, when both rationalism and magic flourished.

What was the relationship of the two, and why is it that our age, ostensibly emancipated, is turning again to magic and to a magical demand from doctors? The rationalism involved in both cases is of a particular kind. It was a naturalistic rationalism which, as Pliny later stated it, reduced God to Nature, and expert man to the status of the expression of the powers of Nature. Aristotle's esotericism and his science are inseparable. Because there was nothing beyond Nature for Aristotle, this meant that an understanding and control of Nature placed a man above the common herd. Knowledge was power to be used to control man, and to train elite man. When Alexander the Great, whose tutor Aristotle had been, heard of the publication of some lectures of Aristotle, he protested, saying, "How shall we be any better than the rest?" Aristotle assured him that the esoteric aspects of his science were still secret: "The private lessons are both published and not published. Nobody will be able to understand them except those who have had the oral instruction" (Benjamin Farrington, *Greek Science: Its Meaning for Us*, vol. 2, [Penguin Books, 1944, 1949], pp. 15-16). Alexander's self-deification is a development of the implications of the Greek and pagan traditions. An inscription under a statue of Alexander read, "I hold the earth." A similar motto could describe the Greek scientists: "I hold the sciences." Magic, whether in its sophisticated or naive and primitive forms, is the attempt by man to control man, nature, and whatever powers may

be. Because *power and control* were so basic to ancient medicine, the practitioner was feared and distrusted.

Certain strands in modern psychology are in this ancient magical tradition of *power and control*, as witness the behaviorists and B. F. Skinner's *Beyond Freedom and Dignity* (1971). There have also been elements of this in medical research, but medical practitioners, whatever their personal faith, have not been much affected by this pagan tradition.

The Biblical faith, as it entered into the mainstream of history, altered the idea of medical practice. Because *salvation* is basic to Biblical faith, and salvation means healing, physical and spiritual, a new emphasis was added. Moreover, because it is so central to Biblical faith "to know the Lord," it became important in ancient Israel as well as in the Christian tradition to acquire *knowledge* of God and all His works. Christian and Hebraic civilizations have thus been unique in their emphasis on learning, on knowledge.

Practically, what this meant for medicine was an emphasis on *knowledge and healing*. A long struggle ensued, as medicine sought to cast off the sterile and pagan presuppositions of Greek medicine, and the result has been a remarkable one. The doctor has become, like the rabbi and the pastor, a priestly figure in this tradition, as against the godlike magical practitioner of paganism. One of the first results of this changed status of the doctor was the end of total liability and a regard for the doctor as one who sought to help men rather than to exercise power and control in and over them.

The return of paganism has seen a return of the pagan attitude towards medical liability. In 1973, some ten thousand medical malpractice cases were filed in the United States. Granted that many of these were nuisance suits filed by people ready to exert pressure on an insurance company, still it must be said that, while thirty years ago insurance companies had their share of such suits, they virtually did not exist where medical practice was concerned. Juries were not favorable to suits against doctors in those days; they are today. Then the doctor was viewed with trust, now too often with suspicion. It would be interesting to know where those suits were filed. The *Journal of the Medical Association of the State of Alabama* says that a few states account for well over half of these cases, and California for twenty-five hundred pending medical malpractice cases. California is a state in which the modern mood dominates, and magic and occultism flourish. I would suggest that the other states in which medical malpractice cases

flourish will be similar to California in their modernity and magic, and that the cities which show the most cases will have a like complexion. I suspect that more conservative and “churchy” areas of strong Christian faith will show the least number of such cases, or virtually none.

The claims which go to trial are only one in ten, which means that the malpractice suit is still largely a nuisance, although an ugly one. In many areas, the main function of the malpractice suit is to damage the reputation of the doctor, and of medicine in general, whether or not it goes to court, and whether or not the plaintiff loses. With all too many people, in malpractice suits, the doctor cannot win. Common observations by such people include the following: “The doctors all stick together, so you can’t prove anything against a doctor because no doctor will back you up”; “Mrs. Doe has never been the same since that doctor got ahold of her, but try and prove anything against a doctor,” and so on and on.

The attack on doctors is fed by a stream of statements from “medical experts” and medical school faculty members, who try to promote their goals for medicine by berating the practitioner. In the past month, I saw two newspaper articles citing medical experts on the backwardness of practicing doctors. A lawyer, Truman Hobbs, writing on “Fire, Pestilence, Flood, and Medical Malpractice Suits” in the March 1974 *Journal of the Medical Association of the State of Alabama*, quotes Dr. Paul Hawley, former director of the American College of Surgeons, as stating:

One half of the surgical operations in the United States are performed by doctors who are untrained, or inadequately trained to undertake surgery.

Dr. Hawley no doubt has in mind a high standard of surgical practice as his standard, so that, in terms of his ideal, half of the operations and doctors represent an unacceptable standard in his eyes. If, however, his statement were taken at face value, it would mean that a lot of butchery goes on in the name of medicine. This I refuse to believe. I am sure most doctors can point to inadequate practitioners, but such practitioners are a minority. The overwhelming majority of operations are successful and represent a practicing competence, if not an ideal one.

Such statements as that of Dr. Hawley have their place as an in-group nudge for improved standards and up-to-date competence. But, in an age already given to demanding perfection and total competence from doctors, it is a rather dangerous statement to make, in that it leads to highly erroneous conclusions.

Implicit in the idea of total liability is a demand for total competence to overcome all problems, and a suspicion of failure. During the years that I was a missionary and a pastor, because of my unusual situations, I had an unusually large number of hospital and sick-bed visitations to make, and more funerals in a few years than most pastors have in a lifetime, a few hundred or more in all. I talked with many, many seriously ill and dying people and was often startled by their insane (and that is the necessary word) demand for miraculous healing. Men and women in their eighties, having had a long and full life, will insist that the doctor is somehow worthless or malevolent because he does not restore them to health. I found this out, because as I tried to prepare them for death, all their hidden hatred would then spill out.

To cite another example, a woman whose family business it was to make orthopedic shoes, found, in the many years of this business with her father and then alone, that there were almost no satisfied customers. What the patients actually wanted from their doctor and from the orthopedic shoemakers was a removal of all their disabilities, and anything short of that they resented. What they hesitated to tell the doctor, they told the hard-working woman, Mrs. L. S., as she tried to help them. What they wanted, she quickly recognized, was magic, and, lacking that, they manifested an ugly and vicious disposition.

The pagan patients of old tolerated no failures. The doctor's life could be demanded for failure. The modern mood is on the same track of total liability. As a result, the demand is for more and more control over medicine, and more and more legislation to ensure that the patient gets all the benefits and the doctor all the penalties. Medical practice has never been more competent, and yet the hostility grows.

Is this an overstatement? I do not think so. The reaction of one substantial businessman (who is not on our mailing list) to our Chalcedon Medical Report No. 1 was one of the most intense anger and rage. The man, a modern irreligious individual, regarded the report as a fraudulent attempt to prop up a group of blood-sucking leeches, and so on and on. He especially resented, with more than a little anger, the title of the report, "The Medical Profession as a Priestly Calling." The medical profession, he held, had to be treated as civil servants, kept firmly in line and made fully liable for all their mistakes.

Doctors are today still much loved by those who, in the Hebrew-Christian tradition, see them as healers with a priestly function. Those who see

the doctor in pagan terms as one whose goal is *power and control* regard the doctor with hostility.

Medical practice cannot, by its very nature, escape religious implications and overtones. It must thus recognize its religious presuppositions and develop them. It must recognize that medical practice offers more than medicine: it offers a personal and pastoral function in relationship to healing.

Over six months ago, my daughter and son-in-law moved from this area to a community over fifty miles away. They return here regularly for three reasons: to visit us, to attend church, and to see their doctor. This is not an accidental correlation. It is basic to the Biblical tradition and its concept of the doctor.

## THE MEANING OF LIABILITY

*Medical Report No. 3, written October 5, 1974*

**THE CONCEPT OF** liability is in essence a religious and theological question. Because our age is one of religious syncretism, confusion, and doubt, there is a corresponding confusion in the realm of ideas, and the doctrine of liability in particular is an area of uncertainty and doubt.

It is important to begin by differentiating between some basic varieties of liability, because the word *liability*, like the word *government*, covers a wide field of contradictory and conflicting instances.

The first kind of liability to recognize and understand is *total liability*. This is exactly what pagan thought required of the doctor, a total liability for all consequences on the assumption that the doctor was a god. As a god, therefore, the pagan doctor was totally liable for all consequences that befell a patient. Some years ago, I saw examples of this among the older generation of Indian medicine men. They claimed total responsibility for good results and only avoided liability for bad results or consequences by ascribing them to a distrust by the patient, or to outside forces working against him. In much pagan practice, not even this way out existed: the medical practitioner had total liability for all consequences of any kind. A god, it was held, has total power in a given sphere belonging to that god; therefore, anything that happens to that doctor's patient is his fault, because he is identified with the healing god.

Total liability is an untenable idea for man. It ascribes to man powers which are beyond man, and it places an impossible burden on medical practice. Unfortunately, the idea of total liability is a recurring force in our civilization.

Very different is another concept, *unlimited liability*. The idea of unlim-

ited liability means that I am completely responsible where I have responsibilities, to the reasonable limit of human ability. Thus, if I, through my negligence, am responsible for an accident, I am fully liable for the accident I have caused. My liability does not go beyond my own failure. Unlimited liability goes hand in hand with a belief in human responsibility. The criminal is guilty of his crime, and the criminal must make restitution. The friends and relatives of the criminal, who have no complicity in his offence, have no liability in his offense, nor does his community. Unlimited liability has been basic to Christian civilization and prevailed legally until the mid-nineteenth century. It began to erode as the doctrine of responsibility began to erode, and as environmentalism began to replace it.

The result was the doctrine of *limited liability*. Responsibility does impose burdens; it makes us liable for the consequences of our acts. We reap their harvest, both good and bad, both profit and loss: this is unlimited liability. Limited liability says, however, that “society” is also responsible, so that the criminal’s crime is partly society’s fault, and the successful man’s profit is also partly society’s profit, and thus both must be shared. In the business world, it means that our liability is limited to the degree of our investment, not to the degree of our responsibility. A negligent board of directors and shareholders may wipe out a company, and in the process also ruin many suppliers and default on numerous notes, but they are only responsible to the extent of \$500 or \$5,000, or whatever else they have in shares, no more. One corporation which collapsed recently wiped out thousands of people, but the owner came out a million dollars richer: his liability was limited. Limited liability, whether in the world of business, crime, or elsewhere, is a product of modern humanism.

These three concepts, *total liability*, *unlimited liability*, and *limited liability*, are the theoretical and religious presuppositions which undergird men’s thinking as they come to the practical questions of legal liability, how liability is viewed in law and the courts. Very obviously, men will react differently as judges, lawyers, and plaintiffs in terms of which of these three concepts they affirm. Unless these three areas are clearly differentiated, men will be arguing and reasoning at cross purposes.

Our discussion of *legal liability* will be a simple one, not geared to the precision of law but to an elementary understanding of what we must know with respect to law.

There are thus three types of liability that concern us in this context: *tort liability*, *criminal liability*, and *contract liability*.

The premise of liability is that, when a person damages another, wilfully and intentionally, without just cause or excuse, there is ground for action, because the law presumes responsibility and liability, and also that, within the sphere of human action, where there is a wrong there is a remedy. The damage involved is damage which results from an unlawful act.

*Criminal liability*, while broadest in scope, perhaps, is most readily understood. *Contract liability* is breach of contract, or a negligence in the performance thereof. A *tort* is any wrongful act, but not a breach of contract, for which a civil action is required rather than a criminal action; a tort liability is a civil wrong which is independent of a contract. A tort liability results when a man by act or omission disregards or fails in his duty. The three main areas of duty which fall under the law of torts are, "to abstain from wilful injury, to respect the property of others, and to use diligence to avoid causing harm to others." An offense which is punishable by law but is not a ground for civil action is not a tort.

In recent years, in varying degrees, doctors have been liable for all three types of liabilities.

In California especially, medical malpractice suits have succeeded in terms of an old English tort-law case and its doctrine of *res ipsa loquitur*, Latin for, "the thing speaks for itself." The origin of this doctrine is from an old lawsuit in which an English customs official was hit on the head by several sacks of sugar falling out of a warehouse window. On the grounds that such an incident obviously indicated negligence, a judge remarked, "*Res ipsa loquitur*." Practically, this means that it is unnecessary to prove negligence: the thing speaks for itself. In medicine, this means that the burden of proof is shifted to the doctor, who must prove his innocence. *Res ipsa loquitur* ostensibly applies only when (a) an injury takes place which is only a product of negligence, (b) control of the situation was exclusively in the hands of the person from whom damages are sought, and (c) the complaining party was free of any contributory negligence. In the sacks of sugar case and others like it, this doctrine has an important place, but it is difficult to see any validity in medical malpractice cases. The patient is not accidentally in the doctor's care, nor is he without responsibility in his choice of doctors and the treatment he consents to. It is questionable as a whole whether or not tort liability has any significant place in matters of medical liability.

The same is true of contract liability. It must be emphatically denied that contract liability applies to medicine. The fee paid to the doctor is not a contract to heal: the doctor is not a god. Just as attending a church,

whether voluntary or a requirement of membership in some cases, is not a contract for salvation, so a medical fee is not a contract to heal. (Recently, one man sued for recovery of his tithe to the church, on the ground that he had not received from God that which he had hoped to gain.) Implicit in almost all medical tort cases, and explicit in all cases based on the idea of an implied contract, is the idea of total liability, the old pagan idea that the doctor is a god and therefore total in his powers within his jurisdiction, as well as infallible in his knowledge and abilities therein.

It is no accident that medical malpractice suits have vastly increased precisely now when medical practice has so greatly improved. The reason is that at the same time, there has been a paganization of our culture, and the medical progress has made it easier for a pagan mentality to demand perfection from physicians.

The contract mentality is very commonplace. It is normal nowadays, in our major urban areas especially, to hear people say something like this: "The surgery, hospital, and everything else cost me \$2,500, and I'm hardly any better than I was before." The speaker can be someone of seventy-five years who should be grateful that he was kept alive. Ask them, "You didn't expect to be made young again, did you?" and the result is only resentment.

The doctor *cannot* guarantee health, nor can he guarantee healing. He cannot even guarantee to bring the best available knowledge and skill to bear on a particular illness, because no doctor is omniscient, and no patient can legitimately expect his doctor to be the outstanding practitioner with regard to a particular ailment.

Such unreasonable expectations have their origin in a resentment against aging and dying, and this resentment manifests itself in hostility against the clergy and against doctors.

An important factor is the intrusion of the state into medicine. A very important question, not our concern at present, is whether the state has any more jurisdiction in controlling the medical profession than it does the clergy. Is it not possible that doctors can better govern themselves than the state can? Is it not possible, too, that the often-repeated charge that doctors always stick together has reference to a defensive action against a growing illegitimate intervention by the state and its courts?

Such questions are relevant to still another question: The laws against quacks are many, and they vary from state to state. All the same, an important question arises: do not some of these laws imply that the failure of the quack is a contract liability? Much study is needed here, but it is

at the very least open to question that laws against quackery establish in some cases dangerous implications, namely, that good medical practice is a contract obligation which the quack fails to live up to. The consequences of such legal action against quacks are alive with booby traps for legitimate medical practitioners. The attempt, in fact, in some malpractice suits is simply a move to demonstrate that the doctor is a quack because he has not healed, or because his work has not been perfect. There should thus be a careful reevaluation of laws against pseudomedical practitioners: are they establishing in some cases highly questionable legal precedents which can be used, or are being used, against honest doctors?

The very fact that we are now talking about “National Health Insurance” is significant. Granted that all such proposals do not mean that health is guaranteed, the very language of such proposals is implicit with such ideas, and the expectation of an increasing number of people is in line with such faulty understanding.

Our culture today is different from all others in that we have isolated people from sickness and death. There was a time, especially before World War II in the country, and before World War I in the city, when serious illnesses and deaths were seen in the home. Retarded children were less institutionalized and more often worked into the normal routine of farm or small-town life. Family members, relatives, and friends helped with digging the grave, and, after the service, filling it. (I have done this more times than I can remember. At a funeral in zero weather, a turn at the shovel was a good way of keeping warm.)

Except in a few areas, this is now gone. The overwhelming majority of people have rarely seen death, have never coped with serious illness in the home, and the new pornography is any honest treatment of death. In some rest homes for the aged, no reference is ever made to death. If someone dies, the nurses and staff say that Mrs. Blank was taken to “the hospital.”

As a result, death has been an “outsider” to our culture; science, it is popularly believed, will some day soon eliminate death. Hang on long enough, and someone will come up with a cure for what ails you, will reverse aging, and even overcome death. In John F. Kennedy’s day, much was said about “the revolution of rising expectations.” Precisely when men are gaining the most they are expecting and demanding more. In fact, they expect *everything* as their right: cradle-to-grave security, perfect health no matter how they live, the elimination of all human problems while they themselves become insufferable problems, and much, much more.

A very important aspect of this “revolution of rising expectations” is the refusal to take anything less than perfection, the insistence on the best of all possible worlds *now*. The doctor is a prime scapegoat in this situation. He must take his fee as a contract to heal, or else his patient assumes the right to complain and to sue. Health is assumed to be a commodity to be purchased like any other item.

It is significant that, at the same time that malpractice suits have arisen, in the 1930s, and especially since 1950, *environmentalism* has also flourished. Environmentalism holds that we are a product of our environment; if Johnny is delinquent, his home, community, church, and school are to blame. Man is assumed to be a *product rather than a producer*, and responsibility is accordingly shifted from the individual to the environment. The influence of environmentalism on religion, psychology, education, and politics has been enormous. It has weakened or eroded the ideas of sin and guilt and replaced Christianity with sociology. The basic tenets of environmentalism have been imbibed even by small children. In my study, *Intellectual Schizophrenia*, I cite an instance where a small boy, a third-grader at most, was a problem to every Sunday-school teacher. During a vacation school session, he pushed one very patient teacher to the point where she lost her temper and self-control. The boy, afraid that punishment was finally about to overtake him, threw up his arms defensively, covering his face, and cried out, “Don’t you hit me! Don’t you hit me! What I need is love and affection.” The child had learned his lesson well in terms of modern thought, not individual responsibility but a radical environmentalism.

As areas of the United States most readily adopted in education and everyday life the environmentalist philosophy, they also adopted a limited liability philosophy, and a proneness to malpractice suits set in. Environmentalism means *at best* limited liability, and in its extreme, *no* liability by the individual: someone else or something else, the environment as a totality, is to blame. The more environmentalism flourishes, the more readily total liability is ascribed to the environment. In environmentalism, the environment functions as a god. In medical matters, the doctors functions as the environment, and increasing liability is transferred from the individual to the doctor.

Practically, this means a different kind of patient increasingly. Forty years ago, it was quite common for people in bad health to say, “Well I’ve only got myself to blame for this.” Now, one hears increasingly, “You would think the doctors could come up with something to take care of

me.” Between the two there is a vast religious difference, a greatly different concept of liability and responsibility, and a different approach to the doctor.

The roles of heredity, responsibility, and self-control and discipline in matters of health, healing, and recuperation are now too little appreciated by the average man, especially in the more modern areas of the country. One doctor, in a city of 243,000 in a smaller state with a large percentage of foreign-speaking people, has had only two malpractice suits in over thirty years; both cases involved tourists from one of the biggest cities in the United States. In both cases, this able doctor encountered people with a radically different philosophy of life.

The solution thus does not lie within the legal realm, although the three forms of legal liability cited are very important for the doctor to understand, since they are everyday issues in our courts. The root lies elsewhere, in the philosophical premises of the liability concept.

In this realm, we have cited the three kinds of liability: total, unlimited, and limited. The idea of limited liability, as we have seen, is in varying degrees a denial of individual responsibility and can thus be a very limited liability. Ironically, limited liability and total liability are related concepts and they go together. They transfer powers from God to the created order in one area, and deny human powers in another; the environment replaces God, and man ceases to be responsible man, created in the image of God and fully accountable to God for all his acts, and to man under God for his offenses against man. The inability of people to cope with life and death makes them ready to lash out against what their current beliefs regard as the responsible agency. For the majority of those under age forty, politics is the answer and the problem. Although politicians are no worse than the average citizen and usually a little better at least, the younger citizens ascribe to the politicians an undue liability for the state of the nation. Employees who think nothing of stealing from an employer or defrauding a corporation become pharisaically indignant if a politician acts no differently. They have transferred liability for the state of the nation to the politician, and, for themselves, they operate on very limited liability.

In medical malpractice, 53 percent of the claimants are over age forty, although only about 33 percent of the population is over forty. The hope of the younger element is politics; the hope of the older element is in medical miracles. Both live in a dream world, and both are destroying the real world.

However, heart attacks, once uncommon except among older people,

now are increasingly in evidence among men in their forties, thirties, and even twenties. The result is that a sick expectation with respect to medical liability is growing among the younger, politically-oriented citizenry. The underground press, and the porno-press, increasingly treat the doctor as an enemy. The deeply ingrained Neoplatonism in our culture (discussed in my study, *The Flight from Humanity*) leads to a highly erroneous hatred of success and wealth, and a hostility, therefore, to any material success by a doctor. (We will, in a subsequent report, discuss the philosophy of medical fees.)

All of this has serious repercussions: ideas do have consequences. In one major city, very prone to malpractice suits, a doctor, an anesthesiologist, had to retire, because his insurance fees were beginning to approach his net income when he reached the age of fifty-two. This is an extreme case, in an extreme situation, but it is an indication of a trend in our culture. It is a product of a religious change, and it means that none of us, least of all the doctor, can be indifferent to the philosophical and theological issues of our time.

## THE MEANING OF RISK MEDICINE

*Medical Report No. 4, written June 22, 1976*

**AN ASPECT OF** the current malpractice crisis which many neglect is the fact that, with some notable exceptions, it is all too often the better doctors who get sued.

But this is not all. Malpractice suits are in particular an American phenomenon to a large degree. This does not mean that Americans are more prone to litigation than other peoples by any means. In some areas, Americans are indeed more prone to litigation than are other peoples, and one of these is medical practice, but this is not true in all areas, nor is it true of all parts of the United States. For example, one California doctor has a malpractice insurance fee of \$26,000, whereas an urban doctor, of comparable age and practice in another state, pays less than \$400. Malpractice suits are rare in the second state, and common in California. Why? Certainly, there is no residential neurosis which turns Californians, most of whom were born in other states, into a litigation-oriented people. Since World War II began, the population of California has quadrupled because of the heavy influx of people from other states. Thus, a very high percentage of the people suing doctors are ex-residents of the East, South, and Midwest. What is the connection, then, between malpractice suits and California?

In order to understand the relationship, let us remember, *first* of all, that American medicine is, on the whole, still the freest of any nation of consequence today. We can and must regret and oppose the steady encroachment of statist controls over men in every area of life, including medicine, but we cannot deny the great measures of freedom which we still enjoy. American medicine is in process of being socialized, but, as it still

exists, it is the product of freedom and enjoys a measure of freedom still.

A *second* fact about American medicine is that it is the most innovative. Whether in surgery, drugs, or other fields of practice, American medicine has manifested a high degree of enterprise, initiative, and advance. American doctors who study or travel abroad find here and there examples of a high excellence and pioneering practice, but, by and large, the leadership remains with American medical practice. Many may contest this fact, but the practical situation is this: a regular stream of foreign dignitaries and personages do come quietly to the United States in order to consult a doctor or undergo surgery.

There is, moreover, an American predisposition to the innovative which is a stimulus to innovation in every area of life, thought, and activity. Americans believe in progress; they demand development and improvement. Foreigners who reside in the United States for a time are startled by the American appetite for innovation and progress. However Americans may indulge in a nostalgia for the past, or talk about a yearning for simple living, when they act and spend their dollars, they demand innovation and progress.

This temper is no less true in medicine than in any other area. It is commonplace to hear Americans express the hope and belief that a new drug or a new treatment will eliminate this or that disease or condition in a few years. Americans demand progress and victory in every area of life, including medicine. A common question asked of doctors is some variation of this: "Will they have a new drug or treatment soon to take care of my condition?"

*Third*, this demand for innovation and progress means that American medicine is the most vulnerable of any, because it continually moves out onto a high-risk frontier. People are not ignorant of the fact that new drugs often have serious side effects. World War II stimulated a vast amount of emergency surgical and drug innovations, and it was obvious then that new drugs can cause trouble. The idea that the drug companies represent a vicious conspiracy on the public, working to foist improperly tested drugs on them for a quick profit, is a false one. This does not mean that the testing programs of the drug companies are sound ones, nor does it deny that improper testing occurs. The central fact is that Americans demand innovative medicine, including new drugs, and the drug companies cannot survive if they fail to meet this demand.

More than a few doctors have told me that many of their patients would

best be served by a simple prescription: rest and sleep, and, at best, an aspirin tablet or two as well. But patients demand more. They are unwilling to believe that simple health care is the best remedy; they want a miracle pill. For example, heart patients are commonly told to lose weight and exercise, as well as to take some prescribed medicine. What such patients do most faithfully is to take the pill; the rest is gradually forgotten by many. Americans have more faith in innovative medicine than in sensible health care. Doctors did not create this condition or frame of mind. Most speak against it, but it prevails.

As a result, doctors are highly vulnerable. Most Americans, where their health is concerned, are guilty of consistent malpractice in taking care of themselves. They are totally tolerant of *their* lifetime health malpractice, and yet highly intolerant of an occasional real or imagined malpractice by a doctor. They forgive every kind of health malpractice in themselves, and they forgive nothing in doctors.

Modern man wants salvation in a pill, or in a treatment. I can recall all too many occasions over the years when men, for example, have become greatly excited or hopeful because some new treatment would supposedly restore their lost potency and make them nearly young again!

Thus, this American love for innovation and progress has, on the one hand, made American medicine highly prone to advance and success, and, on the other, highly vulnerable to intense disappointment, disillusionment, untested recourses, and malpractice suits.

American medicine has a proneness to experiments, which means both dramatic advances and sometimes disappointments.

*Fourth*, we must turn now to California. From 1940 on to the present, a remote American state has become the most populous one. It has, during those years, experienced a great burst of prosperity. It has also been marked by an aura of confidence, optimism, and generosity. Fundraisers look to California as a prime area of giving. Workers up till now have received better pay in California, whether farm workers or hospital employees.

The newer California hospitals have tried to make their rooms have an air of restfulness and hint of a holiday rest. Californians have developed an intolerance for failure, defeat, or anything but the best. Prosperity has created a strong vein of perfectionism, and a rebellion against anything else. The readiness to innovation is greater in California than elsewhere, and, hand in hand, there goes a readiness to complain and protest against anything short of the imagined perfection.

As a result, Californians make a very heavy demand on their doctors, consult them very frequently, depend on them, and also sue them.

Moreover, this mentality is not restricted to Californians; they are merely “ahead” of others in manifesting it, and acting on it.

The result, of course, is that this mentality frustrates the very thing it most wants, innovative medicine. In all too many cases, where a short time ago doctors took risks and often saved lives, they now take two courses. They refer the patient to another doctor, who may himself do something as evasive. Or else, they terminate hope by taking no chances. In a short time, I have encountered several instances where doctors have simply refused to attempt risky surgeries or treatments of seriously ill patients because the dangers of failure and malpractice suits were too great.

But risk is basic to medical progress. Whether people like it or not, it is precisely the risky cases which so often prompt medical progress.

Even more, wars have been an unequalled stimulus to medical progress. During wartime, doctors in the armed forces have been required to perform risky surgeries, and experiment with drugs and techniques, in an unprecedented way. Wars, with all their horrors, have as a beneficial by-product, medical progress. This does not justify a war; what it means is simply that *risk* medical practice is basic to medical advance. Many elderly people, as well as young, are today able to walk and function normally because of orthopedic advances made in recent wars. Doctors serving on war duty have an opportunity to see in a short span of time a variety of medical emergencies most doctors never see in a lifetime. As a result, a remarkable amount of improvisation, innovation, and high-risk medical practice is routine. The world came out of World War II with worse problems than those facing it in 1939, bad as those were. Neither Korea nor Vietnam has eased our world crisis. However, we have come out of those wars with notable medical advances. Not only countless war veterans but untold numbers of civilians are alive today only because of the new developments made possible by the high-risk medical practice of wartime medicine.

There is, of course, a difference between wartime and peacetime practice. A common factor remains, however. It is risk medicine which more often saves lives, and which makes medical progress possible. Where risk medicine is abolished, medical advance is also abolished.

As a result, whether by malpractice suits or by socialist controls, where risk medicine is inhibited or ended, there medical progress is also inhibited or ended.

Risk medicine is then also banished, in effect, to either slave-labor camps or to prisons, and it accomplishes little in either because it is also increasingly dehumanized.

Innovative medicine does mean sometimes dangerous as well as risky medical practice. Innovative practice can lead to sometimes good and sometimes bad results. To deny the right of the one is to deny the right of the other. Criminal practice is one thing; risk medicine is radically different. Malpractice suits, the Food and Drug Administration, some hospitals, and some medical societies, are all saying to both, whether they recognize it or not, that they are the same.

Moreover, a society which wants good innovations and *no* risks is asking for the impossible. It is denying the freedom to progress. It is saying in effect that there must be heaven only, and no possibility of hell. To deny the possibility of failure is to deny the reality of success.

This attitude is the same as that fostered by “progressive education” in many state schools, the no-grading policy. Several teachers have reported to me at various times on the consequences of such a philosophy. One or two, who insisted on trying to fail or expel a student, came close to being themselves expelled and were overruled. The results of such a no-grading policy are a lack of incentive to learn on the part of most, an inability to see the difference between right and wrong, and an indifference to standards. In such a school, only one door is open, to promotion. One teacher reported that students who are functional illiterates (but still being graduated) feel that society owes them the best of everything. Such students are the products of a no-risk philosophy. Themselves failures, they tolerate no failure in society, in politics, medicine, or elsewhere: what they want must be delivered to them.

In varying degrees, this is the philosophy of modern men everywhere. It is productive of malpractice suits, and it is also productive of revolutions. Such an attitude is in fact the product of a great cultural revolution, the rise to power of humanism in the modern world. What appears in malpractice suits is but one tip of a huge iceberg.

The result is, of course, that there are no easy answers to the malpractice crisis, unless one accepts a growing socialization and control of doctors, together with a minimum-risk practice, as a solution. A minimum-risk or no-risk practice will solve no problems, nor will it result in contented patients. It will, in fact, harm doctors greatly in the long run.

The simple fact is that we are at a turning point in civilization. The

course of Western culture shifted slowly after 1660 from a Christian to a humanistic foundation. With the French Revolution, that shift became open and explicit. Since World War I, the world has been seeing the triumph of humanism, and the suicide of civilization. We are at a turning point in the history of the world. The malpractice crisis is one facet of a world crisis and man's deep rebellion against everything that makes for order.

Very plainly, this means that there is no return to the 1930s and 1940s. Our yesterdays led to our todays. Only the suicidal can afford noninvolvement in the great task of a new foundation for civilization. The foundation must not be institutional; it cannot be either church or state without unhappy consequences. It must be theological, and it must be Christian.

Because the role of a medical practitioner in the Biblical tradition is a priestly one (as against the pagan tradition, with the doctor as a god), the doctor must be directly involved in rethinking the foundations of culture and society. Not only a man's mind but his society are involved in his well-being. As a result, the doctor cannot afford to neglect the problems of society. The problems of society not only make his patients ill, or give them ulcers, but they also infect and harm medical practice. The sickness of our society is damaging man's view of medicine and of healing.

It is also damaging the medical schools. Racial quotas are always bad, and they have never been more in evidence than now, and applied in the name of equality and tolerance. I have seen a letter from a medical school, rejecting, without examination, all out-of-state applications other than those from Blacks, Mexicans, and Indians. It has been reported to me that discrimination exists in medical schools against the sons of doctors, and the report came from an authoritative source, within a school. I have seen a very superior student, a doctor's son, rejected, and a mediocre student, with an unstable recent past, accepted. This medical school trend in some respects poses a graver threat than the malpractice suits. The indications of discrimination against the sons of doctors indicates a desire to break with the past and create a new kind of doctor.

A major aspect of this problem, in the medical school, the courts, and in the minds of men, is that a new philosophy of medicine is at work. What men believe will govern what they do. There is an essential relationship between faith and action. We must not confuse this element of faith with *professions* of faith. Thus, most Americans profess to be Christians; when their articles of faith are closely examined, it becomes clear that they are instead humanists. Their actions therefore manifest their humanistic faith.

The philosophy of medicine which is increasingly in evidence has its roots in a humanistic faith. In this humanistic philosophy, the doctor in socialist states must report to the state on whatever the state wishes to know about his patients. The state claims the right of God to know everything that transpires in every area of life. The idea of a privileged communication between doctor and patient is therefore seen as an antisocial act against society and the state, and it is punishable as a crime.

For humanism, medical practice is a social or public service. The doctor, like the politician, the bureaucrat, and the mailman, is engaged in serving "the public," which in practice means the civil government. As a result, the doctor, if not actually made a part of a civil service, is still subjected to civil control. He may, indeed, lack some of the rights which civil service employees enjoy.

Medicine, it is argued by humanists, is too important to the life of the public and the welfare of the state to be uncontrolled. In order to make social justice possible, medical services and personnel must be allocated and planned, or else we have an unequal distribution of services. Like the police, doctors are a necessary social agency, it is declared, and therefore must of necessity be under state jurisdiction.

This philosophy of medicine has led, in a number of countries, to socialized medicine. There are no appreciable malpractice suits under socialism, or none at all, if the socialism is an "advanced" one. To sue a doctor would then mean suing the state, and this is rarely possible. Complaints against doctors of course abound under socialized medicine. The difficult conditions imposed by state requirements make adequate medical examination and treatment almost impossible. The state creates the problem, and the state then punishes the doctors as though they were responsible.

In the United States, the philosophy of socialized medicine is very prevalent, but we are not yet into fully socialized medicine. Some politicians and all humanists insist, therefore, on seeing the very fact of medicine's limited freedom as the problem. A frame of mind is created whereby medical practice and doctors are seen as a conspiracy against the public. It is in centers of liberal, humanistic faith, such as San Francisco and nearby areas, that the malpractice syndrome has flourished. Malpractice suits are a rarity, on the other hand, in Bible-Belt cities: the temper of such communities is not yet congenial to such suits.

In any case, however, for doctors to seek a remedy to the malpractice crisis by going to the state is a serious error. It has been statist pressures

which have led to the present degree of state control. From sources within various civil agencies, it is clear that the malpractice crisis was welcomed by the state and federal governments. Their readiness to hear the doctors' requests had all the same symptoms of the wolf's happy reception to Little Red Riding Hood. The doctors had previously dealt with the state, in every negotiation, from a position of strength. Now they were negotiating from a position of crisis and weakness. Predictably, the results have not been encouraging to doctors.

The medical schools increasingly exemplify a humanistic and statist doctrine of medicine. The state and its courts increasingly move to require it. This, more than malpractice, serious as that crisis is, represents the real problem.

For the doctors to be free, they must have a philosophy of medicine and a faith that makes for freedom. Instead, medical practice has moved in the other direction. It has been assumed that the state knows best what medical practice should be: the state licenses doctors, a civil authority passes on drugs, and so on. Are civil servants competent in such areas? If the civil authorities can govern medical practice, why not religion, and all things else? What special competence of jurisdiction does the state have in areas other than the administration of law with the respect to crime and the like?

Is it the state or God who is the overall umbrella, under whom all things exist? Are we not returning to ancient paganism, where the only government was by the state? Are we forgetting that there are other alternatives?

It is these alternatives which we must explore. Simply to fight off attacks is a strategy of retreat: it has no future. The philosophy of medicine must be rethought if doctors are to be free.

## DOCTORS AS STATE PROPERTY

*Medical Report No. 5, written May 31, 1977*

**ONE OF OUR** most common and more dangerous fallacies is the idea that the real and important world was born with us. Like so many historians, we read the present in terms of the present, forgetting that the past lives all around us and in us. Our legal structures have a long history; we are ourselves genetically the product of the ages. Behind every moment and event are a multitude of yesterdays. We can never understand the present without knowing, first of all, the past. It is therefore highly impractical to neglect the past. As Disraeli observed, "Practical men are men who repeat the blunders of their predecessors." They regard themselves as realists, because they focus on the present, and they thereby manifest their historical blinders and their proneness to blunders.

Anyone who reads legal documents will soon find more than a small hint of mustiness in the language, and with good reason. The language of law is full of ancient terms that go back to the Roman Empire, and to pagan antiquity. Take, for example, the word *fee*, used by both lawyers and doctors. In its remote origin in Old High German, it meant cattle, and is related to the words *fief* and *feudal*. A fee, among other things, meant tending property held under a feudal overlord, or a payment to an overlord. The term in law is still in essence feudal, and behind its feudal meaning stands a world of pagan religion and politics. In its usage in law today, the word *fee* has reference to the ownership of property, as *fee simple*, and that pagan world unknown to most moderns continues to exist in the laws governing their property *and themselves*.

It is important, therefore, for us to understand that pagan world and

its faith. Basic to that faith was the belief that divinity in essence resided in the political order. The ruler, the office, or the people or state were held to be divine. Civil government was thus entirely a religious function, the central religious institution of society. The state was god walking on earth, as a modern philosopher, Hegel, restated it for modern theory. All religious allegiance and obedience went to the state and its ruler. The people and all that they owned were the property of the state.

In the Old Testament, Molech worship is very strongly condemned (Lev. 20:1–5). The word *Molech* is very simply the word for *king*. The worship of Molech meant that the state or king owned the land and the people as his property. Apparently, children were “baptized” into this faith by being passed over the fire before the king’s image, to signify their total dedication to the state. If occasion demanded it, they could be sacrificed to the state. At all times, the property, families, income, children, time, and lives of the subjects were subject to the draft of the state. Molech worship, like most forms of Baal worship, was the deification of the state and its claim to sovereignty and overlordship over man. We can understand from this why God so strongly condemns every form of this faith in His law.

Feudalism was a varied and diverse way of life. Many strands within feudalism represent ancient European paganism; others are clear manifestations of Biblical law. Serfdom, for example, began on the imperial estates of Rome and was inherited by feudalism, and was thus emphatically not original to it. Our concern here is with an unhappy and pagan heritage feudalism has passed on to us.

The terminology of property laws and of state powers is to this day feudal and pagan. This affects our lives and persons. We think of ourselves as *citizens*, which indeed we are, because we have suffrage, but we forget that, in our property and persons, we are also *subjects*. We hold our land today in *fee simple*; this is an ancient term which means that we have the right to pass our real property on to our heirs, or to sell it at will. These are the “rights” to real property which we purchase. The real title belongs to the state, whose socman or tenant we are. Our title is by free and common socage, not an absolute or allodial ownership. The state can tax, regulate, control, condemn, or expropriate our land. It can govern our persons similarly. Jonathan R. T. Hughes, writing *The Governmental Habit*, observes rightly: “It would surprise most American landowners today, as it often does those who cannot meet their property taxes, to learn that the state owns the land outright. Owners in fee simple have possession only of rights

in real estate: this phenomenon is part of what historians call the English heritage” (pp. 15–16).

When the American colonies were settled, the king of England, like other European monarchs, alone had an absolute possession of land. All lands in their realm, or any area over the seas explored and occupied by their subjects, belonged to them. As a result, the American colonies, and all the lands therein, were held by the colonists in fee simple as tenants under the monarch.

The colonists, it should be remembered, were strong Christians on the whole. Many were fleeing from the English religious settlement. As far as possible, they tried to introduce Biblical law, but the crown was hostile to too much of this. In effect, two gods cannot coexist, so that the British Crown was hostile to Biblical law. When, under Cromwell, the missionary to the Indians, John Eliot, tried to reconstruct Indian Christian villages in terms of Biblical law, his effort was condemned when Charles II came to the throne. Eliot’s book advocating Biblical law was ordered burned by the public hangman.

As a result of all this, the ancient legal principles of paganism, basic to European monarchies, were written into American legal documents. After the War of Independence, there was an increasing rebellion against the older concepts, so that, by the early 1800s, Chancellor Kent, in his *Commentaries on American Law*, could speak of them as relics. The language remained, Kent held, but the older meaning was gone.

The language, however, was there in the law, and the law is the law. The states were the first to make use of the language. In Illinois, the state claimed the right to overlordship and thus the right to regulate commerce within the state. (In the war some few years later, between state rights and federal rights, both sides were talking an essentially pagan language. The same was true of the early anarchists who were talking about individual rights. All were making man their god, statist man, or individual man.) The Illinois case, *Munn v. Illinois*, finally reached the U.S. Supreme Court, and Illinois won. The decision cited the practices “in England from time immemorial” to justify its argument. The language has survived; now its meaning was fully set forth.

Why had this past returned? Why was the old concept of fee, fief, so-cage, tenancy, and statist ownership so clearly in focus after a lapse of perhaps fifty to seventy-five years, depending on the state?

The answer is religious. As the faith of men began to change, their

social order changed to match their faith. Their faith began to look more and more like the old paganism that had long held the world and even Christendom in bondage.

In terms of Biblical faith and law, the state is not the lord or overlord: God alone is Lord. The original and basic confession of faith in the early church was simply this: “Jesus is Lord” (Phil. 2:11; 1 Tim. 6:15, etc.). The conflict of Christianity with Rome was over lordship. Rome was ready to grant religious freedom and licensure to Christianity on two conditions. *First*, the church must confess that Caesar is lord. This meant that every area of life and thought would be subject to the control and regulation of Caesar or the state as man’s basic lord, authority, and power. This meant the control of religion, medical practice, trade, wages and prices, and all things else. All things were to be under the jurisdiction of Caesar or the state. Rome could choose to regulate or deregulate at will. This was and is an assertion of the omnicompetence of the state, the belief that human wisdom and more is incarnate in the state, so that what men cannot do for themselves, the state can do. The early church refused to acknowledge Caesar as lord and instead proclaimed Jesus Christ as Lord. Conflict was thus inescapable.

*Second*, Rome was ready to recognize Christianity as a licit or legal religion provided also that it would be subject to licensure and taxation. Again, the early church refused. The right of licensure and taxation meant a confession of Caesar’s overlordship with respect to Christ. Caesar was a subject of Christ the King, not Christ of Caesar. The right to license meant to acknowledge that Christ’s Kingdom was the property of Caesar. The word *license* comes from the Latin *licere*, to be permitted, to be for sale. The licensee would thus be the property of the licensor.

The clash was so real and intense, that, before the clash began in the form of persecution, the early church wondered whether any obedience to Caesar was possible. St. Paul’s answer to this was that the Christian way is not warfare and revolution but regeneration. Hence Christians must, up to a point, obey Caesar, not in agreement, but in obedience to God. Thus, obedience is “for conscience sake” (Rom. 13:5).

The state, Paul told the Romans, is *first*, “ordained of God” (Rom. 13:1). It is therefore God’s creature. It is God who is the true Lord, not Caesar. The claims of Caesar are thus invalid. However, the state does have a legitimate function under God, and this must not be overlooked in the disagreement and struggle.

*Second*, this legitimate function of the state is to be “the minister of God . . . to be a terror . . . to the evil” (Rom. 13:3–4). The state is thus emphatically a *ministry of justice* whose function it is to punish crime and to ensure social order by protecting people from external and internal enemies.

*Third*, the state is thus clearly limited to one realm, justice. It has no overlordship, no right to govern religion, health, education, welfare, and other areas of life. These and other areas are outside the competence and the jurisdiction of the state.

*Fourth*, the taxing power of the state, very limited in Biblical law, is thus with reference to its legitimate functions. No more than the church has a right to control the state, medicine, agriculture, or anything else, does the state have legitimate authority from God to go outside its realm. From the Biblical perspective, it is as wrong for the state to do these things as it would be for organized medicine to attempt to control law enforcement, education, marriages and family life, baseball, and art. Each sphere of life is a law sphere under God, interdependent with other spheres but never lord over them.

*Fifth*, basic to Biblical faith and law is the declaration, often stated and summarized in Psalm 24:1, which declares, “The earth is the LORD’s, and the fullness thereof; the world, and they that dwell therein.” The earth and all its fullness, and all the inhabitants thereof, are the property of God, not the state. God’s laws must thus govern the earth, its use, conservation, and development. If man is not subject to God, he will become the subject of Molech. If we do not follow the Lord, we cannot complain if Molech claims us: we have created him with our apostasy.

*Sixth*, the Biblical doctrine of vocation or calling makes it clear that *all* of life as well as every kind of work or calling is in essence religious. It is either done to the glory of God or to the glory of man, usually ourselves. In either case, it will be subject to law. Man cannot live without law. His life must be circumscribed by law; he lives in a universe ruled by law, his physical being moves to laws not of his making, and he is inescapably a creature for whom life and law are almost identical and clearly inseparable. Man can only be oblivious to law in death.

Medical practice cannot exist outside a world of law. The question thus is, which world of law? The answer to this is a religious answer. If we are humanists, we cannot escape the present dilemma of medicine. It is the creature of the state, and doctors are state property. Their work is licensed by the state and subject to the regulation and examination of the state. In

a Christian social order, only criminal medical practice would be within state jurisdiction.

Why should the state regulate or license medical practice? Does it have more wisdom to do so than do doctors? State control is irrational but religious: it is grounded on the faith that the state has an omniscience as well as a total jurisdiction. Medicine was for centuries unlicensed by the state. The state entered into the picture in the United States in part by the ostensible revelation that some medical schools were incompetent. A restudy of the data would probably show that these few schools contributed little to the actual practice of medicine as against the better schools. Certainly, we cannot say that the present and growing regulation of medical schools in terms of equalitarian principles is contributing to the welfare of medicine. The problem was created by humanism, and the humanistic remedy is compounding the problem. It should be noted that state licensure, regulation, and control can protect medicine and doctors, but in the same way that slavery protects slaves. There are benefits, but the loss is a vital one.

Hospitals were once all Christian institutions, and medical practice has a Biblical framework of faith. It had a freedom under God, because freedom is from and under God, not the state.

Modern men and modern doctors are state property. They may grumble at being sheared periodically, or sacrificed to suit the state, but, in essence, most are getting what they have asked for by their daily lives. They are statist in faith. The slave may grumble about his working conditions, but he is simply property, and he will be used as such. If he wants a real change, he must work for his freedom.

Medical practice is a vocation, either a vocation under God, or under the state. I have received reports from readers of what happens to doctors and nurses without a godly sense of vocation. I will not go into an account of these: they are a familiar story, and they will be a more common one, unless a Christian sense of vocation is restored to medicine. Meanwhile, they are a source of major concern to conscientious doctors and nurses.

They are also a concern to politicians, who use a certain type of medical "horror story" to attack all American medical standards. For an example, let us look briefly at a prominent politician's work of a few years ago, Senator Edward M. Kennedy's *In Critical Condition: The Crisis in America's Health Care* (1972).

Superficially, the book is both very convincing and very vulnerable. First, Kennedy's title is hardly a fair one. The words "critical" and "crisis"

set the stage for a highly selective and prejudicial argument. Senator Kennedy himself has received excellent medical attention for his own critical conditions, and he shows little appreciation for his own excellent care in his highly selective stories. In dealing with dental services, he quotes the testimony of Dr. Powell E. Beilin, first deputy commissioner of the New York City Health Department, concerning the quality of dental care given to Medicaid patients in New York City. According to Dr. Beilin, “Our working statistic based upon four and a half years experience in this town is that about five to ten percent of the practitioners represent abusers” (p. 162). Let us assume that something resembling this is true of doctors. Would we be right in assuming that such men, given private practice or socialized practice, would still be of the same character? As Christians, we must hold that it is not environment that determines character, but character which determines environment. Moreover, a certain type of character is drawn to a congenial environment. Kennedy is right that some doctors are mercenary, thoughtless, and uncharitable. But does working for the federal government remedy these sins? If so, the men of the Internal Revenue Service should be notable for their unselfishness, thoughtfulness, and charity. Senator Kennedy assumes that the federal government can by legislation provide a substitute for moral character. This is the grand illusion of modern politics.

*Second*, Kennedy wrote of the wealth of doctors and the “enormous salaries” in the health insurance industry (pp. 13, 180). In view of Kennedy’s private wealth, such an argument is an amazing example of Pharisaism. Kennedy’s senatorial salary alone, with all its fringe benefits considered, makes him far wealthier than almost any doctor.

*Third*, Kennedy’s economic sense was sadly in error when he wrote, “When you go to a doctor in Great Britain, you pay nothing” (p. 222). There is no more costly means of payment than by taxation. No man ever pays more for anything than when he gets services from the state.

It would be easy to go on in this vein, and to hold Senator Kennedy’s arguments up to ridicule. This is not my intention. At the critical point, Kennedy is on firm ground, basic ground and neither he nor his associates can be answered except on the same grounds. Kennedy concluded his study by declaring, “We have a choice of conscience to make in America” (p. 252). Precisely! This is the key, the choice of conscience. What are the choices? The question is one of lordship. Who is the lord? Who governs man’s life, conscience, and calling?

The *first* answer is the state, the ancient god Molech. This is clearly Senator Kennedy's choice. Whatever his nominal profession, his religious faith is statism. There is no hint in him of the medieval reliance on Christian healing foundations, hospitals, and the like. For him, state action is the moral answer. Most men today agree with him. They only protest when their own ox is gored. An associate of President John F. Kennedy rightly criticized the president's critics as hypocrites, because the typical critic went to public schools, going there on a school bus on a public highway; he attended college on the G.I. bill, bought a house with an FHA loan, started a business with a loan from the Small Business Administration, retired on Social Security, and then sat back to criticize the welfare recipients as freeloaders. Such critics deal with issues, not principles. They stand, not on principles, but on pragmatic purposes.

The *second* answer is by anarchists, or autarchists, who hold that not the state but man is the lord. Man is the absolute and is responsible to none. Again, this view has many followers, who, as a matter of conscience, resist statist encroachment and work for what they regard as a truly free society. From a Biblical perspective, this position too is wrong. Man is a creature under God, whose true freedom is in God and God's law. But too often the only answer to statism which doctors have made is anarchism.

The *third* answer of conscience is the Biblical one. Kennedy is right: "We have a choice of conscience to make," but his choice is altogether a false one. Medical practice must again become a priestly calling under God. The source of true moral character is in God alone, not in man, and a sound conscience, which is basic to every calling, and certainly to medical practice, is a product of Christian faith and growth.

Doctors are today state property, as we all are. Some men see the answer in anarchism, in self-ownership. The Biblical answer is that we are the Lord's and no man, nor any institution, has the right to usurp God's property, nor can we alienate what is rightfully the Lord's. St. Paul's warning is especially timely: "Ye are bought with a price; be not ye the servants of men" (1 Cor. 7:23).

The roots of our problem lie not only deep in the past, but also deep in our own hearts.



## SOVEREIGNTY AND MEDICAL PRACTICE

*Medical Report No. 6, written September 27, 1978*

**AT FIRST GLANCE**, the question of sovereignty seems unrelated to medical practice. Indeed, for those who view medicine as a purely technical practice of a particular type of scientific skill, the question of sovereignty is an unrelated one. The luxury of such insular thinking is, however, becoming increasingly impossible. The world, and especially the state, now leaves no man alone. The claims of humanistic statism all over the world increasingly imply that no private, restricted, or exempt domain can exist. All things are subject to the control of the state. Even in the United States, far freer than most of the world, a man in Pittsburgh, Pennsylvania, had to go to court to defend his bone marrow from expropriation by a sick cousin. It apparently did not occur to the court that there are limits to the court's jurisdiction. In Ohio, a devout Christian farmer was arrested for placing his daughter in the only available Christian school, one located next to his farm. But the school is Amish, and the farmer is not, and hence his arrest! The amount of paperwork required today of every kind of organization in order to meet state, federal, county, and city requirements is now past measuring, even by tons. On all sides, we are confronted by a multitude of regulations, laws, controls, agencies, bureaus, and statist employees whose business it is to govern and control us. And medical practice is no exception to this will to control.

What we are talking about is the exercise of sovereignty. Although we are all confronted at every turn by the exercise of statist sovereignty, very few people concern themselves with the meaning of sovereignty. A sovereign is one who possesses supreme authority, and sovereignty is the state of being sovereign and exercising supreme authority.

When we talk about sovereignty, we are talking about a religious fact. Another word for sovereignty is lordship. The word “lord” appears in the Bible as a designation of the triune God. In the Koine Greek, lord, or *Ku-rios*, means God, sovereign, or absolute property owner. In the Hebrew of the Old Testament, one of the words for “lord” is Baal, a general term used often for the Baalim, or false gods, of the Canaanites.

One of these Baalim was Molech, or Melek, also appearing as Moloch, Milcom, and Malcolm. The word simply means “king.” Moloch worship was worship of the state and its ruler as god. It declared that all peoples within the state, their families, properties, possessions, and lives, were the property of the state. Moloch worship apparently included a form of dedication service, whereby children were passed over a fire before an image of the king-god to indicate that they belonged to him, and, if need be, would be sacrificed to him. Such a sacrifice could be an actual human sacrifice in an emergency, or the lifelong possession of the child or man by the state. The condemnation of Moloch worship in Scripture is a repeated one, and is one of the most severe condemnations of Scripture (see Lev. 20:1–5). The sovereignty of the state is thus bluntly condemned by Scripture and regarded as an extreme form of idolatry and a particularly evil one.

However, it is precisely this fact, sovereignty or lordship claimed by the modern, humanistic state, which now confronts us at every turn. It is a form of ancient paganism, Moloch worship, Roman emperor and state worship, and more. The philosophy and cult of the state as sovereign, the state as god walking on earth, came into its own with Georg Wilhelm Friedrich Hegel (1770–1831). In his *Philosophy of History*, Hegel declared:

The only thought which Philosophy brings with it to the contemplation of History, is the simple conception of *Reason*; that Reason is the Sovereign of the World; that the history of the world, therefore, presents us with a rational process . . . On the one hand, Reason is the *substance* of the Universe; viz., that by which and in which all reality has its being and subsistence. On the other hand, it is the *Infinite Energy* of the Universe . . . That this “Idea” or “Reason” is the *True*, the *Eternal*, the absolutely *powerful* essence; that it reveals itself in the World, and that in the World nothing else is revealed but this and its honour and glory—is the thesis which . . . has been proved in Philosophy, and is here regarded as demonstrated.

For Hegel, this faith in reason was religion and philosophy. It was also his

politics, because he saw reason incarnating itself in the state and exercising its sovereignty through the state.

The implications of this faith are far-reaching, and they make ancient Moloch worship look like a mild example of statism by comparison. *First*, Reason replaces the God of Scripture as lord and sovereign over all things. There is now a new god, and his name is “Reason.” *Second*, reason comes into its own in elite men; hence such doctrines of elitism as the dictatorship of the proletariat, the Fuehrer principle, the democratic consensus, and other like examples of modern political theory, all born of Hegel. Thus, the revealed truth for mankind comes from elite rational man. *Third*, reason and men of reason find their incarnation in the state, so that the modern state is god walking on earth, and the true voice of that state is elitist rational man. *Fourth*, man’s visible sovereign is not the God of Scripture but the new god of humanity, the humanistic state.

Now let us consider some of the facets of sovereignty. *First*, sovereignty means absolute and total government. The Bible is emphatic that God the Lord governs all men and things absolutely, so that not even a sparrow falls apart from His will. The very hairs of our head are all numbered (Matt. 10:29–31). We live and move and have our being entirely in God and His government (Acts 17:28). For the state to claim sovereignty or lordship means to claim the total jurisdiction of God over all our lives and activities. Whereas Scripture speaks of God the Lord as “our refuge and strength, a very present help in trouble” (Ps. 46:1), the state as lord becomes a very present oppressor, a tyrant. Remember, the original meaning of “tyrant” is one who rules without God and His law.

*Second*, the Bible tells us that God is the one who ordains and predestines all things (Acts 15:18; Rom. 8:30, 9:8–24). This is an aspect of lordship. Thus, the state which claims to be sovereign must therefore aim at total control and planning, i.e., the ordination and the predestination of all things by man. (I live in a county whose “big city,” Angels Camp, has a population of 2,700. A “master plan” handed to the county supervisors “from above” calls for a total plan which governs still nonexistent things such as city alleys! Such plans are good examples of humanistic attempts at predestination.) All over the world today, the various nations are busy playing god and trying to exercise lordship or sovereignty by their master plans.

*Third*, another attribute of lordship or sovereignty is omniscience; a god knows all things. Hebrews 4:13 says of God the Lord, “Neither is there any creature that is not manifest in his sight: but all things are naked and

opened unto the eyes of him with whom we have to do.” God’s knowledge of all things is a total and absolute knowledge. When the state claims sovereignty, the logic of its position requires that a like total knowledge be acquired concerning all men and things, and the result is the inquisitive and prying state which aims at knowing all in order to govern all. God’s omniscience is totally righteous and good. The state’s attempts at omniscience are totally evil and corrupting.

*Fourth*, a fundamental principle of Biblical law, as well as of Biblical song, is that “The earth is the LORD’s, and the fullness thereof; the world, and they that dwell therein” (Ps. 24:1). We, the earth, and all things, are God’s property. We cannot be used by other men or by the state as property: we are the Lord’s. But the state claims us as its property when the state claims to be sovereign, and we become things to be used and resources to be exploited. We become, then, the property of a pretender god, a grand inquisitor and tyrant.

*Fifth*, God reserves to Himself the right to set the boundaries of man’s rule, including man’s civil tax (Exod. 30:11–16; 1 Sam. 8:7–18). God limits His own tax to a tithe, or tenth. When the state claims to be sovereign, it claims all and often takes all, either by open confiscation in Marxist states, or by confiscatory taxation (income taxes up to 120 percent in some cases). The individual has no “rights” against a sovereign state: he is simply state property.

*Sixth*, in Scripture God the Lord (or sovereign) reserves to Himself the power to determine law and to regulate courts, as well as to define justice or righteousness. The modern state believes that it can make better laws than God and thus sees itself as the true god over man. (Sadly, too many churchmen believe in the state as god and prefer the state’s laws to God’s law.)

Enough has been said to make it clear that sovereignty is a very relevant matter to medical practice, as to all things. We are confronted at every turn with the rival claims to sovereignty, the sovereignty of God verses the sovereignty of the state. How we deal with these rival claims will determine our future. The words of Elijah are still timely, more than ever so: “How long halt ye between two opinions? if the LORD be God, follow him: but if Baal, then follow him” (1 Kings 18:21). Men get the God they follow.

The new god, meanwhile, is very much concerned about medical practice. It is anxious to “correct” all the “evils” therein. Now it is easy at this point to become justly indignant over statist interference and to document

statist corruption as against the far lesser degree of faithlessness in medical practice. Such indignation is futile, however. It is true that the evils in medical practice are small matters when compared with the massive corruptions of the various levels of civil government. Books are not lacking to document civil, governmental corruption. In my own library, I have many such volumes. Significantly, the corruptions of twenty years ago look pallid compared to those of today. As power is concentrated in the modern state, corruption goes up proportionately. However, documenting corruption is a futile task, on the whole. Why?

*First*, men are not saved by a vision of evil but a vision of the good. Progress and sound change have never been achieved by means of a knowledge of corruption and evil but only by a strong knowledge of the good and a mandate, calling, and mission to assure its triumph. Muckracking can cater to a prurient interest and lead to Pharisaism. Many Americans, including doctors and ministers, gain a cheap and pharisaic sense of self-righteousness by damning Washington, D.C. The Kingdom of God, however, cometh not by denunciation but by faith and righteousness.

*Second*, the basic faith of our age, statist humanism, is not challenged by accounts of corruption. It is an article of faith for modern man that the truest and best government is not from God and a Christian conscience, but by reason incarnated in the state. Thus, the common answer to corruption is more statist controls! As a result, we get more controls and less freedom. Hegel's religion is not challenged by the exposes of corruption.

*Third*, modern man believes in salvation by the state, not by Jesus Christ. As a result, he looks to the very agency which is oppressing him for answers to his problems! For modern man to look to the humanistic state for answers to his problems is like a bleeding victim of an assassination attempt to ask his assassin for surgery! The knife in the hand of the tyrant state is not a surgeon's knife.

The question of sovereignty is thus at heart a religious one. Who is man's lord, the triune God, or the state? There are many who reject either alternative. Their answer, humanistic to the core, is the sovereignty of individual man. This position, known by a variety of names, such as libertarianism, anarchism, autarkism, and the like, pits the sovereignty of the individual against the sovereignty of God, or of the state. Man is held to be his own god and absolute. No values exist outside the will of man. The logic of this position was pushed to its extremes by the Marquis de Sade. This faith holds that reason is incarnate, not in the state, but in man. If

there is no law outside or beyond sovereign man, this means that man is not only beyond good and evil, since all things are good and evil in terms of their relationship to him and their definition by him, but sovereign man is also beyond health or sickness. Mary Baker Eddy saw man as an aspect of cosmic mind or reason and hence beyond sickness and death. After all, sovereignty and perfection go together. Perfection is an attribute of ultimacy and sovereignty; they thereby claimed some kind of immortality, so that the monarchy became a corporation. The king might die, but he also lived on as a continuing corporation in his heir. Hence, the ancient cry, "The king is dead. Long live the king!" In his brilliant study of political theology, the late Ernst H. Kantorowicz, in *The King's Two Bodies*, wrote:

That the king is immortal because legally he can never die, or that he is never legally under age, are familiar stage properties. But it goes further than expected when we are told that the king "is not only incapable of *doing* wrong, but even of *thinking* wrong: he can never mean to do an improper thing: in him is no folly or weakness" (Sir William Blackstone). Moreover, that king is invisible, and, though he may never judge despite being the "Fountain of Justice," he yet has legal ubiquity: "His Majesty in the eyes of the law is always present in all his courts, though he cannot personally distribute justice" (Blackstone). (Kantorowicz, p. 4)

The modern state has taken over the ancient sovereignty of kings; in doing so, it has avoided the bold language cited by Kantorowicz while still claiming all the ancient powers of sovereignty and expanding their application. The facade now is that sovereignty is exercised in the name of the people; the reality is that the modern power state exercises sovereignty *over* the people.

Sovereignty is a religious question, and our problem today with the tyrant state is at heart a theological problem. Because our perspective today is humanistic, we feed the growing tyranny of the state by our assent to a humanistic view of life.

A sovereign requires that his "arms" or agencies stand with a certain immunity. In a key text, our Lord reminds us of this fact:

And when they were come to Capernaum, they that received tribute money came to Peter, and said, Doth not your master pay tribute? He saith, Yes. And when he was come into the house, Jesus prevented him, saying, What thinkest thou, Simon? of whom do the kings of the earth take custom or tribute: of their own children, or of strangers? Peter saith unto him, Of strangers. Jesus saith unto him, Then are the children free. Notwithstanding, lest we should

offend them, go thou to the sea, and cast an hook, and take up the fish that first cometh up; and when thou hast opened his mouth, thou shalt find a piece of money: that take, and give unto them for me and thee. (Matt. 17:24–27)

Our Lord declares His immunity to taxation and control, while setting forth a temporary and expedient submission. On this, and numerous other texts, the church based its immunity to controls, taxation, licensure, and regulation. As an aspect of the king's sovereign work, it was beyond any regulation by all save the king Himself.

The immunity of the medical profession has the same foundation. Salvation in the Bible means literally health, health of life in relation to God, and also health of body, since the body is God's creation. The Biblical roots of medical practice are in the Levitical ministry. The relation between patient and pastor or doctor is immune from man's controls and intervention, because it is a facet of God's ministry to man's total life.

Where the faith which is the foundation of that immunity wanes, that immunity wanes also. This is our problem today, and we cannot alter the decline without having a reversal of faith, from faith in the sovereignty of the state to faith in the sovereignty of the triune God.

Of course, we must remember that immunity does not disappear; it is transferred to the same locale as sovereignty. Because sovereignty is now an attribute of the state, immunity now is also an attribute of the state, its courts, officers, and congresses. Immunity follows sovereignty. As our Lord notes, "Then are the children free." *Under any form of humanism, the immunity of doctors is lost and is rootless at best.* The medical profession thus has as much at stake in affirming the sovereignty of God as does the church!

Moreover, a humanistic order finds the old immunities offensive and a challenge. We have, thus, the numerous and rapidly increasing (but not publicized) legal trials and persecutions of Christian schools, churches, missionary agencies, and the like. We have also the baying of the statist hounds after doctors as the great enemies of man, as bloated profiteers in human misery. The savage hostility to doctors and clergymen is a growing factor in our time. As "holdovers" of a Christian order in their immunities, they are a threat to the brave new world of humanism.

Paul Tillich, normally a poor guide, was all the same clear when he defined religion as ultimate concern. All men are inescapably religious because they are created by God and thus are religious creatures. Their lives are governed by their faith, by their ultimate concern. This can be a de-

based concern or a God-centered faith, but man is in any case inescapably religious. Now, to talk about sovereignty is to talk about our god; this god can be the state, ourselves, or the God of Scripture. Wherever our god is, there, too, is sovereignty, authority, morality, and ultimacy.

Our lives are governed by our faith. A false faith gives us a false sovereign, a false morality, and a false way of life. Dr. James F. Jekel, of the Department of Epidemiology and Public Health, Yale Medical School, has had some telling things to say about this. Writing on “The Coming Revolution in Health Care,” in the *Journal of the American Scientific Affiliation* (vol. 30, no. 3 [September 1978]: pp. 116–123), Dr. Jekel declares:

We are in the midst of a revolution in the assumptions, goals, and methods of health care. Assumptions seriously being questioned include: (1) that scientific medicine is largely responsible for our current level of health, (2) that scientific medicine will markedly extend our life expectancy beyond current levels, (3) that the biomedical model is a satisfactory guide to medical practice and research, (4) and that most health care is provided by professionals. There is increasing concern that the current approach to health care is causing physical, social, and cultural harm and that the current direction cannot continue for cost reasons alone.

The Scriptures inform our current dilemma by emphasizing (1) that health is the result of a way of life and not a product that can be purchased from healers, (2) that we must be as concerned with improving the quality of life as with extending its length, and (3) that health care is best when provided in the context of the family and immediate community.

Dr. Jekel is not trying to downgrade medical practice. Rather, he is stripping it of the humanistic expectations which have led people to demand impossible things from doctors. Humanism believes that man is sovereign and is therefore capable of anything. If the doctor cannot deliver instant miracles at the demand of the humanist, he is somehow a villain. But Dr. Jekel makes it clear that in Scripture, “health is the result of a way of life and not a product that can be purchased from healers.” That way of life, he makes clear, means not only sound rules of physical hygiene, but a sound view of life. As Solomon observed, “A merry heart doeth good like a medicine: but a broken spirit drieth the bones” (Prov. 17:22). (Dr. James J. Lynch, of the School of Medicine, the University of Maryland, has written on this in *The Broken Heart: The Medical Consequences of Loneliness*, [New York, NY: Basic Books, 1977]. I am grateful to Dr. Collin E. Cooper, M.D., of La Canada, California, for calling this book to my attention.)

The humanist, because he expects man to become god in action, is disappointed wherever he turns. By the very nature of the case, all things fail him. He turns then in wrath against all whom he finds to disappoint him, and doctors are a key target.

Senator Curtis has called attention to the unreasonable hostilities against doctors, and the fact that the horror stories do not represent the truth about medical practice. In the United States, 169 million people have surgical insurance, forty-eight million Medicaid. Most, thus, are covered. Of all Americans, only eight-tenths percent of one percent during the course of a year have medical expenses of over \$5,000; 87 percent of these are covered by medical insurance. Moreover, as of 1975, the United States had over one million hospital beds. Also, the total picture is one of growing improvement. Do these facts impress the humanists? The answer is an emphatic *no*. The humanistic state, as the new god, wants total jurisdiction over all things, including medical practice, and it also wants perfection. But who can deliver perfection?

The sovereign state by its very nature becomes a controlling and obliterating state. The state also declares in its own way, "Thou shalt have no other gods before me," and it seeks to destroy all who stand in the way of its claim to total sovereignty.

In this struggle, if the doctor stands in terms of humanism, and in terms of a purely personal desire to be free and uncontrolled, he is religiously defenseless and easily attacked as "socially irresponsible."

If the doctor stands rather in terms of a full-orbed Biblical faith, in terms of the sovereignty of God as against the sovereignty of the state, then he gets to the heart of the matter, and he stands in strength. As John declares, "For whatsoever is born of God overcometh the world: and this is the victory that overcometh the world, even our faith (1 John 5:4). Moreover, as Paul reminds us, "If God be for us, who can be against us?" (Rom. 8:31).

## THE PRINCIPLES AND PRACTICE OF QUACKERY

*Medical Report No. 7, written May 24, 1980*

**AT THE BEGINNING** of the 1950s, I had a very searching conversation with a treasured friend. Whenever I was in his area, I stayed at his home, and we talked until one or two in the morning. He was almost twice my age; he was a surgeon of national stature, and taught at the medical school of a major university. I guided Dr. G. C.'s theological reading; he guided me in far broader fields.

One evening, I spoke with great interest of a popular writer on medicine, Paul de Kruif was his name, as I recall it, and of the medical miracles he was forecasting. I then commented on the apparently remarkable results a doctor one hundred miles away was getting with some of the newest wonder drugs. At first, G. smiled, but, finally, he opened up to me as a friend in need of correction. This other doctor was moving into quackery, he said flatly, and all the new wonder drugs which promised to revolutionize life in the post-World War II era were close to being quack medicines.

He asked me to recall the old-time medicine men and their quack medicines. One ad I recall seeing had a long list of ailments which it declared it could heal. The list included tuberculosis, female complaints, rheumatism, impotence, and many, many more things.

The difference between a quack doctor and a good one begins with a sense of limitation. A quack medicine and a quack doctor both promise too much. A sound medicine offers limited help for a limited and specific problem. It offers no miracles and works none. It cannot replace good hy-

giene, sound nutrition, and healthy habits. The wise doctor makes no large promises; he knows how limited his role is, and yet, *within those limits, very important*. The more we demand of a doctor or of a medicine, the more likely we are to fall prey to quackery.

Dr. C. expressed both skepticism and fear concerning the new “wonder drugs.” At best, he held, we have only the most preliminary and cursory of reports on their results, effects, and side effects. He was fearful that too great a trust in the new medicines, and too uncritical an attitude, would turn medical practice into the dangerous vagaries of quackery. To expect too much of doctors and medicine was to leave oneself wide open to trouble, and it was like preferring a Ponzi pyramid scheme to an old-fashioned, conservative bank.

Not too much later, another fine doctor and friend told me rather wearily one evening that he had all too many unnecessary patients. They came to him daily for “wonder drugs,” when a little rest and/or an aspirin would do them more good. If he did not prescribe one of the newest “miracle” drugs, they were annoyed, and they regarded him as a doctor who was not “up” on his medical practice.

I thought of these things very much of late, as I regard various accounts of the harm wrought by a variety of “miracle” drugs, of the ugly consequences of IUDs, and the birth control pill, and then Christopher Norwood’s article, “The Hormone Babies: A Condemned Generation?” (*New York*, 13, no. 20 [May 19, 1980]: pp. 49–55). About ten million mothers-to-be were dosed over a period of years with human sex hormones, including DES (diethylstilbestrol). The girls born of such mothers are prone to a rare genital cancer, and the boys to genital abnormalities, including microphallus, according to Norwood and others.

The saddest fact of all is that this is but one “miracle” drug among many. Worse yet, the doctors are the sole “villains” in the story, and all doctors are equally condemned, the promiscuous “wonder” drug dosers and non-dosers alike. Even worse, the appetite is for much more quackery. On a recent trip, I sat in an airport waiting room, awaiting the announcement of my flight. Two women behind me were talking randomly and apparently drifted into a discussion of some loved one’s illness. Then came a sentence which, of all the talk, alone interrupted my reading and caught my attention: “You’d think the doctors could come up with some medicine to take care of that!” People demand quacks and quackery, because of their own bad character.

As a result, we have quackery all around us, in the church, the school, and in politics. Quackery in the church is not limited to the cults; it is present wherever men offer something short of God's Word as the bread of life. In the state schools, we have educators promising us the best kind of education as their stock in trade, while turning out thirty million functional illiterates in America. Politics, of course, is our most fertile ground for quackery, because it is for most people the central area of life. No old-time medicine man promised as much as our quack politicians: cradle-to-grave security, health care for all, the abolition of unemployment, and almost anything and everything else one can think of. We live in the Golden Age of Quackery, and, instead of merely giving an Oscar to our top quacks, we have been giving them the White House with increasing frequency. Quackery is in great demand.

On a plane trip recently, I glanced through a few of the available magazines, after completing my planned reading. I encountered a hostile note concerning doctors, and a "news" report on expected breakthroughs with "wonder" drugs which would in a few years solve many problems and give us longer, healthier, problem-free lives. The two items go hand in hand. If you expect miracles from doctors, you will be disappointed, and you will demand quacks, not doctors.

Dr. David Ehrenfeld, professor of biology at Rutgers University, has described much of modern humanistic and scientific thinking as not only arrogant but as "magical." Modern man is substituting the word *magic* for *science* in his thinking and identifying the two. (David Ehrenfeld, *The Arrogance of Humanism* [New York, NY: Oxford University Press, 1978]). As a result, he approaches every discipline with unreasonable demands and a belief in the possibilities of total control by man. I recall, shortly after the 1971 earthquake in Los Angeles, listening day after day to the comments of people in checkout lines and elsewhere. One comment was, "Why doesn't the government do something about it?" i.e., why doesn't the federal government spend enough money to learn how to eliminate all earthquakes? No doubt, the same hope prevails concerning floods, tornados, and other natural disasters!

One patient, aware that he was going to die, asked of a nurse plaintively, "Can't they do something about it?" Instant miracles are demanded by men when they need them. Thus, we live in an age of quackery.

The problem is at heart theological. The theology of all who demand humanistic miracles is that of Genesis 3:5; as sinners, they see themselves

as gods, and they want life to move at their behests. The writer, Ambrose Bierce, married one of the most beautiful women in the San Francisco Bay Area. In addition, Mollie Day was the daughter of one of the wealthiest men of that part of the state. Not too many years later, in 1888, he left her, after discovering that she had kept some letters from a man who loved her, although she had never been involved with him or returned his affections. Life had to be on Bierce's terms, and his wife could not have even a keepsake or thought apart from him. Later, Bierce, fearful of old age, went to Mexico to join Pancho Villa's rebels (and die), and he was never heard from again.

Life becomes an impossible burden for those who play god. Trifles become crises, and life becomes a continual problem and an unending burden. We are all familiar with people who have everything, and are miserable. We are also familiar with people who do not have everything, and are also miserable. Such people want life on their terms. If things go contrary to their will, no matter how trifling, they are miserable. They resent a world they never made, and yet the only world any man can live in is God-made, not man-made. Their attitude is, "I do well to be miserable," as though the world will stop in its tracks to satisfy them, when the world sees that they are offended.

Such egocentricity (or sin) is a fertile ground of quackery. These men demand impossible things and require that they be given them. It was one of the most successful of all con-men, Weil, who said that he never "conned" any man who did not first of all have larceny in his heart, and expected to take advantage of him; they had one thing in mind, their own expectations and satisfaction, *not reality*.

The prevalence of quackery means a departure from reality into fantasy and magic. It means a denial of God's world in favor of the world of imagination. It is no accident that the prevalence of evolutionary thought has coincided with the return and prevalence of magic. Both presuppose a world of chance rather than God's sovereign creation and His laws. Magic and evolution enthrone chance and deny any meaning beyond man. If Christianity is weak or wanes, magic and quackery will prevail. Eric von Kuehnelt-Leddihn, in *The Intelligent American's Guide to Europe* (Arlington House, 1979), describes how a journalist in Iceland attacked him furiously for his religious "superstitions," such as belief in Christ's resurrection, the Virgin Birth, and so on. Half an hour later, the same man whispered to him, pointing through the window of his library: "You see

that man there? Beware of him! Several weeks ago he changed himself into a bull and chased me across the fields” (p. 202). Why not? If you believe in chance, you will believe that anything is possible, except God, who is the antithesis of chance.

The problem of quackery is thus at root a religious problem. The elimination of quackery must begin from the pulpit, and it must be carried out in every field, beginning with the church and politics. The problem, however, is more than an ecclesiastical one. The doctor himself must have a realistic perspective of his role, and that of medicine. Medical practice is a calling, and it must be practiced under God. The principles and practice of quackery are magical, although they pass as science, and Christian medical practice must avoid them.

### THE RETURN TO MAGIC

Some years ago, in the 1920s, a liberal, non-Christian writer and editor, Kenneth Burke, predicted that the modern world would see a return to a belief in magic and occultism. He did not welcome this: he was simply setting down what he believed was inevitable.

His reasoning was clarity itself. Modern man has rejected God and the supernatural. In doing so, he has not rid himself of his hunger for miracles, for grace, and for superhuman power at work in society. This hunger, Burke reasoned, will create an appetite for and lead to a revival of, occultism and magic. Men will seek grace and power from below.

Let us extend this thinking further. Men have rejected, in the twentieth century, God, the Father, the Son, and the Spirit. Having denied supernatural power and authority, they seek to replace this same need by humanistic ones. The political leader in our day succeeds most who invokes a father image and has “charismatic” qualities. The result is a twentieth century proneness to dictatorship, authoritarian politics, and the rule of men rather than laws. Men have transferred their religious devotion from God to their political leaders, and candidates for office set forth a salvationist politics. An atheistic or humanistic populace turns its political leaders into religious leaders, and it pins hopes on the political process which politics can never realize. The result is widespread disillusionment and cynicism. The failure of modern politics is inevitable: it can never deliver what the people demand of it. The more it tries to be what the people try to make it to be, the

greater its failure and the resulting disillusionment and bitterness.

The same false expectation, disillusionment, and hostility can be found in other areas, notably medicine. One doctor's wife, weary of listening to women patients talk about her husband with unrealistically high faith, said that at times she was tempted to answer: I think my husband is a very good doctor and a fine man, but I happen to know that he is not God! Exactly. No age is unbelieving; it may be ungodly, but its beliefs are no less intense; they are, rather, falsely directed. It is this false direction which predisposes people to quackery: they expect and demand from everyone, children, husbands, wives, doctors, politicians, clergymen, and scientists, more than they can honestly deliver. They want humanistic miracles.

It should not surprise us that the press and the public speak of the post-World War II medicines as "wonder" drugs. The original and basic meanings of "wonder" are (1) a prodigy, and (2) something supernatural. Both meanings underlie the popular usage of the word as applied to drugs, and they underscore the falsely religious expectation with which people approach medical aid. Similarly, "bionic man" is not only a television person but a popular belief. Few stop to think that bionic additions are inferior: they cannot replace good health and sound health practices. Eyeglasses, after all, are a "bionic" addition and definitely inferior to good eyes! So, too, medicine is, like eyeglasses, at times a need, but it is never a "wonder"; its true scope is limited though important.

The roots of quackery are in false religion, and in a humanistic faith in man, and man's products.

## STATIST MEDICINE

*Medical Report No. 8, written June 26, 1980*

**AN IMPORTANT BOOK** published recently is Alexandr Podrabinek's *Punitive Medicine* (Ottawa, IL: Karoma Publishers, 1980). The author is now serving a sentence of exile in Siberia. This is a careful and documented account of the use of psychiatry for political purposes in the Soviet Union.

Notable opponents of the communist regime are discredited by being sentenced to mental institutions, there to be drugged and tortured into submission. The psychiatrists act on orders from above. They justify this prostitution of their profession by saying that no man in his right mind would speak out, take a stand against, or contradict and challenge the state system and the official ideology. To them, "normalcy" and mental health mean living with the system. To question or fight the system is for them not a normal act nor a sensible one; hence, it is a sign of mental problems.

Thus, mental health is defined by conformity to the Marxist order, not by a sound mind in relationship to God, and to men in and under God. Normalcy and mental health become whatever the state decrees and does. Such a definition is very close to that of the Western democracies and their schools; men are group-directed, subject to group dynamics, and are trained to regard the behavior of those resisting the group as "deviant." (One mother of an intelligent boy, whose father was a noted scientist, was called to the public school to discuss her "deviant" son. His "problem," which brought him under suspicion, was a preference for reading over playground horseplay.) The group is the norm; society determines standards and mental health. The Marxists have simply put this humanistic standard

under more disciplined direction: not the group, but the state, determines normalcy and mental health.

As a result, we have what Podrabinek calls “legalized lawlessness” (p. 99), the newer psychiatric “hospitals” are less evil (p. 34), but all grow in perversity with time, and sadism becomes the order of the day among doctors and guards (pp. 30ff.). No doubt, the courage of the resisters is a reproach to them, and intensifies their sadism and evil. Added to this is the fact that orderlies use patients for sexual perversions (p. 31).

The Soviet definition of mental health as conformity leads to strange diagnoses such as these: “She is suffering from nervous exhaustion caused by justice-seeking”; “You have schizo-dissent”; and so on (p. 78). “Soviet psychiatry does not allow any opportunity for conscientious refusal to adapt” (p. 77).

Very aptly, Juliana Geran Pilan calls all this “The Shame of Soviet Medicine” (*Reason* magazine, January 1980). The problem is not restricted to psychiatry but is common to all medicine in Marxist countries. For example, venereal diseases are dogmatically called “bourgeois.” How can a bourgeois infection exist in a socialist paradise? It not only exists but is very widespread, although not acknowledged. No statistics are given on venereal disease; it has supposedly been abolished. Because it has been abolished, there are no clinics to treat it. The unhappy patient must go to the “dermatology” clinics for treatment! Dermatologists visiting the Soviet Union are assumed to be specialists in venereal diseases.

The same is true of narcotics. The newspapers like to write about “The Absence of Addicts in the Soviet Union: One More Proof of the Superiority of Communism over Capitalism.” All the while, the use of drugs flourishes, and a drug culture is very real (see Yuri Brokhin, *Hustling on Gorky Street*, pp. 74, 121).

The point is clear. Diseases and problems do not “exist” unless the Marxist state allows them an official existence or recognition. Medical training is controlled; doctors and psychiatrists are controlled; hospitals are controlled; drugs, like all medical practice, are a state monopoly. The medical profession serves the state, not the patient. Doctors are a part of a bureaucracy which has a state-controlled life and conscience.

*Punitive Medicine?* Of course. It cannot be otherwise. As Podrabinek notes: “Punitive medicine is a tool in the struggle against dissidents who cannot be punished by legal means” (p. 63).

The most serious mistake we can make is to treat punitive medicine as

a Soviet aberration. We should instead see it as the logical conclusion of all socialized medicine.

The advocates of socialized medicine believe that such a step would bring more medical care to the poor and needy. The fact is that, at least in the United States, the poor have usually had more medical services rendered to them than any other class. The fact of their poverty has made them the recipients of free services, or subject to very nominal fees, and hence they have more readily used doctors.

But the problem goes deeper. Ostensibly, socialized medicine will serve the people. Senator Edward M. Kennedy, in his book, *In Critical Condition: The Crisis in America's Health Care* (1972), sees socialized medicine as "the choice of conscience." "The government" will supposedly have a conscience and a concern for the poor which doctors ostensibly lack. Private practitioners, whom he sees as grasping businessmen, will somehow all become Good Samaritans when the federal government controls them. His picture is a passionate, selected, and extremely partial one. It is also very unrealistic.

There is no reason to believe that socialized medicine anywhere will serve the people any better or as well as private practice. On the contrary, it will serve the federal government. Let us remember, after all, that the Sixteenth Amendment (the income tax) was voted into the U.S. Constitution in the name of helping the poor! The income tax was to be limited to "soaking the rich" and distributing the wealth. It would make a freer and happier America possible. The worker would come into his own, and there would be a better America for all.

There is no reason to suppose that a socialized and federalized medicine will be any more benevolent than the Internal Revenue Service. The IRS, after all, was created with at least equal idealistic motives. Anyone who can think of the IRS as the people's friend today does indeed have mental problems! Socialized medicine will be no better than the IRS, and potentially far worse. Anything and everything which puts us into contact with a powerful state and its bureaucracy is dangerous, and socialized medicine will place us in a very close relationship to that power-state: at pregnancy and childbirth, in ill health and accidents, for a variety of required medical examinations, and much more. Also, as euthanasia becomes an accepted practice like abortion, the more the state knows about you, the less safe you are.

Already, of course, the hand of the state is very heavy upon all doctors. Medical schools are extensively subsidized and thereby federalized.

Because of funding, the medical school looks as much to Washington, D.C., as it does to the general practitioner, or the surgeon, and their problems. Hospitals are also serving the state and are more ready to displease doctors and patients than federal authorities. What the state controls serves state purposes.

Thus, Alexandr Podrabinek's *Punitive Medicine* gives us merely the avant-garde aspect of the new medical practice, socialized medicine.

It is a very logical development. The state is a punitive agency or institution. Its purpose is to punish or to vindicate. Its basic and truest instruments are the courts, the police, and the military. Their purpose is to punish or to vindicate. The life of the state is geared to punitive action. St. Paul, in Romans 13:1-4, makes it clear that the true function of the ministry of justice (the state) is to be a terror to evildoers. The state is the agency of coercion. The church's function is to educate; industry's function is to produce; and the medical professions' function is to heal. To place the healing arm of society under the coercive or punitive arm is the height of folly and unreason.

No realm taken over by the state has escaped its coercive and punitive nature, to the detriment of its original function. Thus, before the states in America took over education, the United States had the world's lowest illiteracy rate and a remarkably capable populace. Today, after a century and a half of Horace Mann's evil "reform," state control of education, we have our highest illiteracy rate in history. Jonathan Kozol, in *Prisoners of Silence* (1980), gives us some very alarming estimates, from federal and other sources. The Office of Education estimates that 57 million Americans are unequipped to carry out the most basic tasks. This means over 35 percent of the entire adult population. Some place the figure as high as 64 million. Perhaps 23 to 34 million of these are illiterate; the rest can barely function. Illegal aliens, who may number as high as 8 million, are not in these statistics at all. Kozol is a liberal, a concerned liberal. How does the teachers' bureaucracy deal with all criticisms of its incompetence? With evidences of illiteracy among teachers themselves? Typical of its reaction is an article on the "New Right's Attack on Teachers" in the *Tennessee Teacher*, April 1980. Well, it is all an ugly conspiracy! "Since we as teachers believe in public education and in professional dignity, then surely we see the New Right as very wrong—a dangerous threat to the freedoms we inherited and continue to espouse." A bureaucracy calls itself the vessel of freedom! This is 1984 and Newspeak indeed! It is also the voice of monopoly and unreason. Coercion

remains in the public schools, because they are agencies of the state: compulsory attendance laws, the persecution of Christian schools, and the like. But education is disappearing.

There is no reason to believe that socialized medicine will be any better. It will rather become *punitive medicine*.

Thus, the problem is not merely a Soviet problem: it is our problem as well.

The sphere of the state is the ministry of justice, according to the Bible. Its activities are properly punitive, and its jurisdiction must be limited to those areas which are legitimately punitive. Healing is not one of these. When the state takes over all areas, coercion prevails in all areas. As a result, because no independent, uncoerced, and free voice exists, corruption prevails. Brokhin noted that the chief stimulus to labor in the Soviet Union is the bribe. Without it, the economy would collapse (p. 97). As Brokhin further observed: "There will never be a Watergate-style scandal in the Soviet Union. No party boss ever has been or ever will be brought to trial and jailed for bribery, corruption, or theft. If one corrupt high official were ever sent to jail, all the rest would have to go too, almost without exception" (p. 102). Where charges of corruption are made in the Soviet Union they are a facade for a personal vendetta, or for coercing dissent.

American life—and medicine—needs to be preserved from statist controls. Punitive medicine is not an agency of healing but an aspect of total terror. Those who seek it should be viewed with distrust. At the very least, they suffer from moral and intellectual myopia.

## THE CRITICISM OF MEDICAL PRACTICE BY DOCTORS

*Medical Report No. 9, written November 27, 1981*

**IN RECENT YEARS**, more than a little dissatisfaction with the medical profession has been forthcoming. More than a little of this has come from physicians themselves. True, the political criticism, from men like Senator Ted Kennedy, has been very much in evidence, but, apart from that, physicians themselves have been vocal in their criticism.

Over the years, some of the most readable books of current interest have been written by physicians. Because medical practice involves crises and drama, doctors' lives and tales make good reading. It is not an accident that, together with Westerns, detective stories, and crime dramas, medical tales provide a high proportion of television fare. After all, it would be difficult to develop a television series around dental practice, or accounting! Medical practice lends itself to drama—and also for that very reason to more public interest and criticism. It can be argued that there are as many problems in dental practice, and more in accounting, but who is interested in critiques of dentists and accountants? (Accountants tend to favor the Internal Revenue Service in preparing your returns to avoid too many audits, and hostility to their clients, which could put an accountant out of business.) Thus, doctors get an undue amount of attention, both pro and con, because of the very nature of their calling. Like politicians, they are very much in the public eye, whether they like it or not.

The sharp criticism of medical practice by physicians is a relatively new thing, but a very important factor. Without necessarily agreeing with the

criticism, we need to welcome it as a healthy development. State control over medical schools and medical licensing was a very serious step in the history of American medicine. Whatever short-term benefits these steps may have brought about, they were fateful in that the basic premise of socialized medicine was thereby granted. The state was no longer limited to the control of medical practice which had become criminal; it now controlled all of medical practice in principle. In recent years, the state has moved toward using the potential powers gained when its controls over medical schools and licensure were established. Some men, like Dr. M. R. Saxon, M.D., of Aurora, Illinois, have not only written and spoken against this trend, but have taken practical steps against it, as well. There is a growing awareness among many physicians of the basic issues in state controls.

Thus, some of the medical critics are clearly in the ranks of greater freedom and self-reform. One such doctor is Robert S. Mendelsohn, M.D. (*Confessions of a Medical Heretic*, 1979), whose concern for freedom led him to be a witness for Rev. Lester Roloff, in Austin, Texas, in a trial with respect to the attempt of the state to control Roloff's ministry to delinquent children.

A very different book is by Dr. John S. Bradshaw, a British surgeon, *Doctors on Trial* (1978). Dr. Bradshaw presents his book as a simulated trial of his profession before a judge, and he presents an array of testimonies, pro and con, before rendering a *guilty* verdict. Bradshaw does call attention to the overuse of drugs, high-technology medicine, the Tuskegee case, the Willowbrook case, and more.

Another similar work is by Keith Alan Lasko, M.D., *The Great Billion Dollar Medical Swindle* (1980). Like Bradshaw, Lasko (a California doctor) calls attention to a great deal of medical malpractice. Some of the areas he covers deal with methadone, hypoglycemia, impotence, vasectomy, mastectomy, hysterectomy, gallbladder stones, herpes, cancer, hospitals, drugs, ambulances, and more. His book is much more informative than Bradshaw's, and is an exceptionally thorough statement of areas of serious problems. Like Bradshaw's book, it is marred by too much hostility and an element of self-righteousness. He is more honest than Bradshaw, in that he states his premises openly and plainly: "the major reform needed for the U.S. health care system is the removal of the profit motive from medicine" (p. 226). Dr. Lasko then raises the pertinent question: can our bungling, inept, and corrupt federal government, "the same federal government that

gave us Amtrack, the Postal Service, the swine flu fiasco, the Vietnam debacle, the Bay of Pigs, and the Veterans Administration, not to mention the national defense mess, the energy crisis, the ‘war on poverty,’ and the ‘war on cancer,’ give us a good national health care administration?” (p. 227). Lasko’s answer is an amazing one: “if America is to survive, one has to assume that some leadership will eventually surface in Washington, D.C.” (p. 228).

Why does one have to assume that? On the contrary, those nations in past history who have looked to the state for salvation have perished for that very reason. Would it not make much more sense to set the doctors free from controls and allow the free market to give us good medicine?

Contrary to Dr. Lasko’s belief, “[t]he profit motive” does *not* disappear when the state takes over the economy, or aspects thereof. Profit in the form of graft and corruption then skyrockets, even as services decline. Socialism replaces a normal and healthy profit motive with massive fraud and corruption. Many, if not most, of the evils Dr. Lasko attacks in his profession are the products of federal intervention into medicine, which has made possible the proliferation of the needless (state or federally paid) surgeries he criticizes. Those of us who are not on Social Security, Medicare, medical insurance, or what have you, seem to need far less surgery or hospital care! We still belong to the old order of freedom, not subsidy.

All the same, it is necessary to call attention to a very important point made by the various medical champions of socialized medicine, the need for a higher moral standard among doctors, and less surgery, prescription, and practice for money’s sake. Up to a point, we can and must agree with this. But let us look more closely at this objective.

The goal of the advocates of socialized medicine is that doctors become socially concerned and moral, and they believe that this can be accomplished by legislation. We are dealing with a false doctrine long condemned by orthodox Christianity, salvation by law. Its premise is anti-Christian, and its success is impossible. The idea of socialized medicine is even less workable than was Prohibition.

The hope of making doctors moral by law has in it some very seriously faulty premises. Two of these concern us at the moment. *First*, it is assumed that profit is evil, a premise we cannot accept. Moreover, it is curious that, even in Marxist countries, no successful attempt is made to eliminate the profit motive for artists and writers. The facts of quality and market control and market receptivity cause problems, very obvious ones.

True, the Soviet Union does try to subsidize subservient writers and painters, but, somehow, the better writers sometimes get published, at home or abroad, and are far more successful. Also, the independent painters build up an underground market. The controls do not militate against profit: they militate against quality. In medical practice, free choice does often reward a good “bedside manner,” but it also rewards quality, and it gives the decision-making power to the consumer-patient rather than the state. The state usually rewards subservience, and its choices are less to be trusted than the individual’s, as witness almost everything the state does.

*Second*, while we can legislate morality to a degree, i.e., we can have laws against murder, we cannot by legislation change the heart of the murderer. Legislation is legitimate if it legislates against a crime, but it is presumptuous, dangerous, and false if it legislates against the innocent man as a potential criminal. It is the murderer who must be controlled, not the innocent man. The assumption of socialized medicine is that physicians constitute a socially dangerous and/or derelict element which must be controlled.

As this point, let us look again at Dr. Bradshaw’s indictment (and conviction on paper) of the medical profession. In his concluding paragraph, Bradshaw speaks of the need to create a new society. This goal requires something we now lack: “the philosophy, the religion, needed for the establishment of such a society” (p. 313). It would appear that what Dr. Bradshaw has in mind as the philosophy or religion of the future is a humanistic statism. He does bring his doctors to the bar before a British judge in New York City!

Acts 3:6 tells us of the incident before the Temple when St. Peter healed a lame man, saying, “In the name of Jesus Christ of Nazareth rise up and walk.” Today, all too many doctors and politicians, seeing the sickness within the medical profession, are trying to say, “In the name of the state, I command thee, rise up and walk, and be whole.” It does not work!

Without accepting the strident critique these doctors make of their profession, we can grant them certain of their arguments. The medical profession does need healing, but healing from what?

The rise of very hostile criticisms of the medical scene, doctors, hospitals, medical schools, and more, is a fairly recent thing. It did not exist to any appreciable degree before World War II, and it has become prominent since ca. 1960. We can thus say that it has risen in part at the same time as federal intervention into medicine was stepped up dramatically. In fact, it

has developed together with Medicare. Very bluntly, the common opinion is that doctors fought it bitterly, but, when they found that it could be exploited financially, they did so. As some doctors have plainly said, there is truth to this charge.

An even more important issue is abortion. Travelling as I have very extensively across country, and talking to people on planes, in terminals, and at meetings, a curious fact has come to my attention. The pro-life and the pro-abortion people both have strong convictions on the question of abortion, but they are agreed on one thing. They do not trust “most doctors.” It took me a while to realize this, and it came out only accidentally and/or unconsciously from pro-abortion people, but abortion has affected their view of doctors. Such a person will go to a doctor for an abortion, but can you trust a man with your life who takes life for money? A man who sees no evil in taking life? Psychologically, this has taken a fearful toll on the public image of doctors.

Let us assume that an American Clergymen’s Association existed, with all clergymen in the United States in it, or most of them, and all members were state-licensed. Let us further assume that this ACA either declined to take a stand against abortion, homosexuality, and adultery, or approved of these things. Would not every person in this country look askance at the clergy, whether or not they approved of these things?

Here we come to the heart of the problem. Psychiatry has “dropped” homosexuality as a perversion or as evidence of some disorder. The homosexuals gained a bit from that judgment, but psychiatry lost disastrously; it gained public contempt. Medical societies recognize abortionists as physicians in good standing, and every doctor is hurt by that recognition. He who recognizes murder as legitimate is classed with the murderer.

Bradshaw is right in seeing the need for religion, although we cannot agree with his argument (before a court!) or his religion. The religion of statist humanism has been bought by too many doctors; they simply balk at the logical conclusion of their faith. Their moral dereliction can no more be cured by socialized medicine than alcoholism can be cured by a warehouse full of whiskey.

The problems raised by the medical critics of physicians, and by the political critics as well, are at heart moral problems. The state cannot minister to any of those problems. Moreover, our society as a whole is morally and religiously derelict, and it needs a truly Biblical faith to be renewed. Prescriptions for the medical profession which neglect, overlook, or side-

step this fact are dangerous. For men like some of our current senators to present themselves as the bearers of a moral solution to the problems of health care is Pharisaism of a most flagrant variety. However, in every age, Pharisaism is a most popular religion. The only effective answer to it is a truly Biblical faith.

## DIVISION AND SEPARATION

*Medical Report No. 10, written February 14, 1985*

**SOME YEARS AGO**, in the mid-1950s, I visited briefly with a prominent pastor in a major city. The church of which he was the minister was probably the most important, or nearly so, in that city in terms of its membership, influence, and financial power. Its members were prominent business and professional men, and, socially, membership in the church was an asset. The witty and urbane pastor was a popular after-dinner speaker. As a serious speaker, he had a knack for raising all the right questions, and the possible answers, without coming to an open commitment to any one answer. His impressive study had a little sign, intended to be humorous, which read, "Take your troubles to God, but bring me your cash." As anyone with painful problems found out, there was more truth than humor in the sign: the man wanted no people with embarrassing problems in his congregation.

What made the supposedly humorous sign so repulsive was that the ministry is not intended by God to be profit-oriented, although Scripture requires that those who labor in the ministry be very well rewarded. The motivation, however, must be the Lord's work. A priestly calling, i.e., a sacred vocation, requires a noneconomic motivation. The pastor in question was a modernist of sorts, i.e., with no great convictions about what he believed and what he disbelieved in Scripture. His motivation, hence, was hardly likely to be a Biblically sound one.

Over the years, we have seen divisions and separations in the churches over the issue of faith. Within Protestantism, the line of division is quite extensive now between the modernists and the orthodox or fundamentalists. Such divisions are beginning to enter into Catholic circles; in at least

one city, the telephone “classified” listings carry two classifications: “Catholic Churches, conservative,” as against the liberal ones. Some laymen say the division may go further.

All this is by way of indicating that this line of separation is no longer limited to the churches. State schools versus Christian schools is another, and there are more. There are growing hints of a like division in medicine between those who see medical practice as a business and those who see it as a priestly calling and ministry.

Two illustrations will indicate the problem. One of our Chalcedon staff men suffered a very serious accident in mid-1984. Rushed to a hospital, with his life perhaps at stake, the surgeon asked first, not content with what the receptionist may have ascertained, “Before we begin, can you pay for this?”

Currently, one of our Christian-school teachers has a daughter (married and in her twenties), who has suffered some kind of internal rupture, is in a very critical condition, and losing grasp of consciousness. Rushed to the hospital, she was told by a doctor, “If you can’t pay, you’ll have to endure the pain.” And wait she must, and, we hope, surviving, until her grandfather and some of us guarantee the cost.

Nowadays, many such stories can be told. If they make you angry, remember how deeply angry and offended many fine doctors also are, often more so than the rest of us. They see such men polluting medical practice, and all too many hospitals a party to this evil.

The fact is that, never before have hospital and medical bills been more provided for in our history. By 1975, 48 million Americans had Medicaid care, and 168 million had surgical insurance. The numbers have increased. Moreover, few people face large medical expenses totalling over \$5,000 a year, and 87 percent of these will be covered by medical insurance. Moreover, by 1975, there were over one million hospital beds in the United States. Since then, the situation is even better.

It is very true that both state and federal medical aid is very slow in reaching doctors and hospitals. The same is true of private health insurance. In both statist and private spheres, endless forms must be filled out, and much red tape ensues. Papers get lost, and some doctors’ secretaries grow very weary of making out fresh copies of old claims. More than a few believe that federal, state, and private insurance or aids are deliberately stalling on payments in order to hold funds longer.

Such things are minor problems, however. The real evil lies elsewhere.

In the twentieth century, many clergymen have simply sidestepped the requirement to believe in God's Word and to take their ordination vows seriously. They seek clerical status without the responsibilities and the faith thereof. Saint Stephen called all those of false faith, "betrayers and murderers" (Acts 7:52).

Now, within the ranks of physicians, a division like that within the church and education is in evidence. There have been divisions and break-ups in some clinics over these issues.

Abortion is murder, and it is murder of a particularly repulsive sort. Many nurses report on the horrors which are commonplace in the medical practice of abortionists. Any pro-life group can give us a vivid account of what these are. These horror stories, however, are not necessary when it comes to assessing these doctors.

A doctor's calling is healing and health. The word for salvation in the Latin is *salve*, "health," and both Old and New Testaments speak of salvation as the total health and restoration of man, in all his being, into the fullness of life in the Lord.

For a doctor to become a murderer is to turn his vocation upside down. It involves, not failure or incompetence, but a reversal of all moral order. It turns his calling into a perversion.

It thereby alters the relationship of the patient to the doctor. That relationship, with all its privacy and privilege, is intended to be a healing one. It is a medical form of the confessional, and its purpose and goal is healing. A false confessor, whether in the church or in medical practice, is a great evil, and a menace to the life of the one who seeks healing.

The minister and the medical doctor are ministers of life and healing. In the absolute sense, Jesus Christ is "life" (John 14:6), and Satan is the destroyer of life (Rev. 9:11, *Apollyon*, meaning "destroyer"). This line of division is basic to the Bible. It undergirds the meaning of creation, and God's joy in creating. God, in answering Job's friends, speaks of His joy in all creation, in the wild ox, the grass, the wild goats, and all His handiwork. He tells us that, in the creation week, "the morning stars sang together, and all the sons of God shouted for joy" (Job 38:7). Those who go against God and His law sin against their own life or soul and reveal thereby a love of death (Prov. 8:36). True faith is a celebration of life.

When the minister and the physician are faithful to the Lord of life who is Himself absolute life, they are healers, and their work is then a ministry of healing. They are a ministry of health in the fullest sense of the word.

Our devastating social dislocations have roots in the failures of ministries. Where the man in the pulpit, and the man in the clinic or hospital, becomes a minister of death, the whole society is adversely affected. The ministries of life have then been poisoned.

Our world today is marked by a love of death and a hatred for life, and hence its anti-Christianity, and hence abortion. Igor Shafarevich, a mathematician within the Soviet Union, wrote, in Alexander Solzhenitsyn's *From Under the Rubble* (1974), on Marxism as a hatred of man, of religion, of the family, and of life itself; he documented the determined will to death of Marxist man. Earlier, an American psychotherapist, Samuel J. Warner, in *The Urge to Mass Destruction* (1957), analyzed the modern world's craving for an apocalyptic disaster and end. He saw an operational correspondence between Satan and such modern thinkers as Nietzsche. Writing in the easy years of post-World War II optimism, he saw the sickness of modern man's soul, and the crises ahead. He saw man facing two roads, the road to death, and the road to life, and our modern world as predisposed by its philosophies to death.

Warner did not envision (or speak of) abortion or euthanasia, but, very clearly, these are major milestones on the road to death.

We cannot and must not say that physicians have caused this. They reflect the false morality of our time. However, a major Biblical premise is that, the greater the responsibility, the greater the culpability and the guilt. Our Lord says, "For unto whomsoever much is given, of him shall be much required: and to whom men have committed much, of him they will ask the more" (Luke 12:48). In Leviticus 4, we are told that the sin of a priest is the most serious in any society and requires a greater atoning sacrifice. No matter where the source of an infection in the life of any society may come in, ministers, teachers, and doctors, because theirs is a priestly calling, bear a greater guilt if they fail to have a ministry of life.

In recent years, the areas of strength in our society have been those areas where, in church and school, a separation and a division has taken place. This separation and division can and has taken two forms. On the one hand, it can mean breaking away to create new entities and a renewed faith. On the other hand, it can mean cleansing a body or group of all false members in order to restore health.

It should be remembered, to hark back to the two illustrations of medical malpractice cited earlier, that the problem is not money but a false faith. Saint Paul tells us, as does our Lord, and the law, that "the laborer is wor-

thy of his reward.” Moreover, those presbyters who are faithful and able, are “worthy of double honour,” i.e., double pay (1 Tim. 5:17–18). Nothing in the Bible can justify underpaying anyone, and, the more important the work, the better should the reward be. On the other hand, the Bible is clear that men should work in terms of their calling. A businessman has a right to his profit, and the consumer to honest goods. But, while in some callings a profit or an “increase” is a proper goal, this is not true of all. It is not money itself, but “the love of money (which) is the root of all evil” (1 Tim. 6:10). There is nothing wrong with money itself, but it is the love of it which is very evil. It warps and perverts both man and society.

The Biblical linkage between the love of money, death, evil, and Satan is not an accidental one. When we serve Mammon, we cannot serve God (Matt. 6:24, Luke 16:9, 11, 13). One nurse once described abortion to me as “the biggest financial bonanza ever to hit medicine.”

Morality is an issue of life and death, and inescapably so. God declares that the moral alternatives involve blessings or curses (Deut. 28). Current attempts to eliminate the moral question are particularly evil. To call abortion personal freedom, or a woman’s “right” to control her own body, is to evade morality and to choose death. Doctors are no less involved in this invasion. *Newsweek*, January 14, 1985, cited a prominent obstetrician and gynecologist who now avoids most abortions, referring them to area clinics. He is increasingly reluctant to perform abortions. But, he insists, “I don’t like abortions. It’s not a moral question—I just have a bad feeling about it. It’s always a strain” (p. 26).

This demoralization of life is basic to the evil infecting medical practice, and all of us. To reduce a question of life and death to a matter of how we feel (do we have good feelings or bad “vibes” over it?) is to separate ourselves from God’s world and its moral order. It is to choose death.

The division between life and death is a matter of reality. Death entered the world because of man’s sin, his moral separation from God. When men bring death to unborn babes, they have chosen death in a particularly evil fashion. No man or society can be indifferent to the social consequences of such a choice. It is an invitation to judgement and destruction: it is social suicide.

## MEDICINE'S MECHANICAL MODEL

*Medical Report No. 12, written January 27, 1988<sup>1</sup>*

**EVERY AREA OF** life and study has its presuppositions, its starting points. Whether it be science or politics, certain axioms or paradigms of thought form the premise of all life, study, and research. A false premise can become progressively more dangerous for men and nations. It is thus essential that presuppositions, paradigms, or axioms be analyzed, to determine whether or not they are true or false.

The medical model of Western culture is centuries old. Its roots are in Greco-Roman thought, in paganism, and, although Christian influences are present and at times have been strong, the pagan element is now dominant.

Dr. Magnus Verbrugge, M.D., in *Alive* (Ross House Books), has shown how costly it is for science to bypass the Biblical view of life. Scripture tells us that God created man out of “the dust of the ground,” and by the miracle of His ordination, man “*became a living soul*” (Gen. 2:7). The word *soul* means *life* or *living being*, not the Greek idea of spirit. The key to the definition of man is not material or immaterial but life. Man is created life, and, if he separates himself from God by sin, he dies (Gen. 2:17). Our Lord says, “I am the resurrection, and the life: he that believeth in me, though he were dead, yet shall he live: and whosoever liveth and believeth on me shall never die” (John 11:25–26).

Life is thus a religious fact, inescapably so. To forget this is dangerous.

1. The original Medical Report No. 12 was “The Need for a Theology of Medicine.” However, when *Roots of Reconstruction* was being compiled, that article was overlooked and “Medicine’s Mechanical Model” was mistakenly listed as Report 12, despite being the thirteenth article. The *Roots* numbering has been retained for this book. — editor

The pagan, *mechanical* model does ignore this fact. In my student days, textbooks declared consciousness to be an “epiphenomenon” and dismissed it together with the fact of life as vague, imprecise, and nonscientific questions. The implications for medicine from the time of the Greeks have been very serious and are now becoming deadly.

The *mechanical* model sees the body as a material and even mechanistic thing. We all know how to deal with mechanical things to some degree. An automobile will not run without gasoline, so we add gasoline, and all is well. When it requires oil, we add oil lest the motor burn up. When mechanical parts wear out or malfunction, we exchange them for new parts.

This is the dream and concept which governs much of modern medicine. It also governs fiction and films. A few years ago, a popular television series featured a bionic man; when his parts malfunctioned, he went to a medical “shop” to have them repaired or replaced. This is, of course, a silly dream. All of us, as we get older, become partially “bionic” as we wear spectacles or glasses to see better, or a hearing aid to hear better, or even a wig or toupee to look better! But no man in his right mind prefers his “bionic parts” to the living parts he was born with.

There is, however, much, much more to the mechanical model than this. The mechanical model produces not only a distorted medical practice but a dangerous one. The idea of man being a person created in the image of God is bypassed. Life is no longer seen as a religious fact but a legal definition, as Dr. Charles Rice has pointed out. In matters of abortion, the courts now determine what constitutes a person, and an unborn child is now not legally a person: he is defined as a piece of tissue. Many millions of people affirm this, and they are logical, given the presuppositions of modern thought. Only because they are the creation of God does their conscience still trouble them.

Because of the mechanical model, euthanasia is now practiced in many parts of the world. The elderly are seen as old, worn-out models, now useless, and fit only for the human junk pile. Given their presuppositions, i.e., the mechanical model, this idea is logical.

At the same time, medical practice is pursuing this mechanical model with intense zeal. The spare parts idea is cultivated—aborted babies are a source of raw materials, and the dying are cannibalized for spare organs. Both the moral factor and the fact that the body works to reject these alien parts are sidestepped. Somehow, the spare parts idea is going to be made to work. There are hints here and there that this kind of medical practice

is not the wonder-working breakthrough that the press would have us believe. In any case, increasingly, some people feel that they have a “right” to spare parts when they need them. (On one trip, I was told of the pressures put on some heartsick and grieving parents to sign over their child’s body for parts while the child was still fighting for life. One wonders: given the contempt for life shown by some of these medical men, can they be trusted with the life of a perhaps dying child whose “parts” can be used elsewhere?)

In the Netherlands, the elderly are increasingly afraid to go to the hospital, lest they be “put to sleep,” or killed. In the United States, some older people are promising their husband or wife never to send them to a hospital if they become seriously ill.

This should not surprise us. Given the mechanical model, doctors and families will alike show less and less respect for life.

What is urgently necessary, therefore, is a strictly Christian model for medical practice. This will take time and serious thought to develop. It must begin with systematically Biblical presuppositions, and with humility. We have had nonmechanical models, such as holistic medicine, but these are still alien to Scripture and heavily influenced by Oriental mysticism. It is strange that some who resent any reference to the Biblical model are still ready at times to experiment with such things as acupuncture! They prefer any answer by man rather than one by God; the ultimacy of man’s word seems to be their presupposition.

Time is running out. Given the mechanical model, what is to prevent some tyrants from declaring various groups of people to be nonpersons? Marxism and fascism have already done this, politically and medically. With abortion, the democracies have followed suit. Nothing is more foolish than to believe that either time or ideas will stand still. They move on, and the mechanical model in medicine means a variety of deadly possibilities. Today, most people believe in the medical model and are constantly “popping pills,” taking drugs, as the answer to their problems. They believe that adding some pills to their system will be like putting gasoline in a car’s gas tank; it will make them go. Many *demand* pills from their weary doctors in the confidence that some additive to their inner machinery will solve their problems.

Of such illusions are evils and tyrannies made!

## THE CHURCH AND MEDICAL ETHICS

*Medical Report No. 11, written February 27, 1985*

**IN ONE SENSE**, to speak of *medical ethics* is a misnomer; morality is not a localized matter. God's law is valid in every area of life and thought, so that what is true in economics, politics, the ministry, and the family is also true in medical practice. *Right* and *wrong*, *good* and *evil*, do not change in nature from one calling to another.

In another sense, however, *medical ethics* is a necessary concern if seen as a concern to apply the one unchanging moral law of God to a particular sphere of life, medical practice. From this perspective, medical ethics has never been of more urgent concern to the church.

To begin with, both the church and medical practice have a common concern, salvation. The word *salvation* is in New Testament Greek *soteria*, which means deliverance, preservation, safety, victory, and health. When we are saved, we are rescued from the death of sin into the life and health of our new humanity in Jesus Christ. Salvation in its totality means the fullness of health, spiritually and physically. This is why it culminates, in the world to come, with our perfect sanctification, and, with the end of the world, with our resurrection bodily.

Our English word *salvation* reflects this fact. It comes from a Latin word meaning *good health*, (*salve*, the adverb; *salveo*, the verb, *salvus* the adjective; and *salus*, health, welfare, prosperity, deliverance, soundness, or preservation).

In the ministry of our Lord, both aspects of salvation are very clearly evident. Paul says, "if any man be in Christ, he is a new creature (or, creation): old things are passed away; behold, all things are become new" (2 Cor. 5:17).

Our Lord tells Nicodemus that a man must be born again of the Spirit (John 3:2–5). But this is not all. Our Lord tells us that He brought physical and social health and healing to men: “The blind receive their sight, and the lame walk, the lepers are cleansed, and the deaf hear, the dead are raised up, and the poor have the gospel preached to them” (Matt. 11:5).

For Christians, healing, i.e., medical practice, is a religious practice and salvific activity. This means that medicine is a priestly vocation and calling. For this reason, historically, the church has fought for the sanctity of the confessional. What is confessed to a pastor is a confession made with a healing of the soul in mind; the pastor hears at God’s command to administer the Word of God to the sick soul. This is privileged communication; it is between man and God and is related to private prayer. The same is true of all communications between a patient and a doctor: it is a form of confession for the purpose of healing. The doctor is God’s agent in the process, and the communication is privileged. Because in recent years we have forgotten this religious character of doctor-patient relations, we have allowed the state to make inroads on its immunities.

Next, we must remember that, while God’s moral law is the same for every man and for every calling, there are God-imposed limitations of functions in the various spheres. One example is the death penalty; it applies to all men in all callings and spheres of life, but not all men can apply it. In Scripture, all but one of the basic powers, control of children, property, inheritance, education, and welfare, are given to the family, and the death penalty is withheld. The church has important powers, but not the death penalty. The same is true of medical practice, of *healing*. Like the church, medical practice must concern itself with restoring and strengthening life, with fighting off death rather than execution. For the church or the doctors to embark on a program of executions is thus immoral and offensive. On the other hand, given our current situation of lawlessness and crime, for the state to restore and use the death penalty is emphatically a moral step. We can and must do as citizens things we cannot morally do as doctors, and vice versa.

All callings are under God’s law and are required to obey it, but each domain or sphere has a limitation of duties and of powers. For medical practice thus to *kill* means a fundamental violation of God’s moral order. This means, *first*, that doctors must not be executioners, killing men because they may truly deserve to be executed. This is the state’s function, not the doctor’s. This means, *second*, that what is forbidden to the state, to kill

the innocent, is doubly forbidden to doctors, i.e., euthanasia and abortion, for example.

*Third*, for any sphere to exceed its God-appointed area is to play god. The power to kill is not given to the family; it is the realm of nurture, not of death. The same is true of the church; for the church to usurp the power of family or of state would be to deny its calling and to play god. The doctor has a related role. As we have seen, medical practice is a religious, a priestly vocation because it has to do with health. To take human life by abortion or euthanasia is a violation of the calling to heal.

But this is not all. There is a relationship, too, between medical practice and the family. Despite the present anti-Christian trends in medicine, the term *family doctor* still survives. Like the family itself, the family doctor has a nurturing role, to nurture life.

Medical schools seem to have forgotten this fact. Medical offices seek increasingly to be impersonal and scientific, cold in their appearance and their crisp methodology. Physicians fail to understand why their profession is often held in disrespect. *First*, the casual acceptance of murderers, i.e., abortionists, as fellow colleagues in medical associations certainly does not make for a moral regard for doctors. The old saying, “He who lies down with dogs will rise up with fleas,” is a valid one. Pro-lifers and pro-abortionists may disagree as to the percentage of those in opposition to abortion and euthanasia, but, whichever figures we take, it is a very sizable body of people, many, many millions. On the whole, the moral outrage of millions of people is shared by too few doctors. This most certainly works against the entire profession.

*Second*, when medical offices cultivate a scientific air which is sterilized against personal kindness, the results are hardly conducive to good “public relations.” The answer on the part of some aggravates the problem. It is no remedy for a doctor to start calling patients he meets for the first time by their first name. It is a public relations ploy, and it is demeaning and condescending. Public relations ideas are no solution to a failed sense of vocation.

The sense of vocation, of a calling, is needed in medicine, and in every area of life. Here again a major problem is a false view of science. Students are given “scientific” aptitude tests. The tests tell them what they should be, not their personal goals and sense of mission, something now becoming rare. The school counselor adds insult to injury. If the student’s aptitude test indicates that he is fitted by abilities for medicine or for engineering,

he is then told of the job situation in his field. Does it seem overcrowded at the moment? He is urged to look towards some of his secondary aptitudes. Thus, the two prime factors or considerations are, *first*, what a supposedly scientific test tells him, and, *second*, what supposedly scientific surveys of that field say about job opportunities. Given this process, the amazing thing is that we have as many good doctors, dentists, lawyers, etc. as we do! Science has preempted the doctrine of calling with the idea of scientific determination. In the process, life has been made barren.

How important this point is was made apparent in a recent letter from Philip Spielman. A notable figure in Berkeley, California, in arguing for abortion, objected to the argument that abortion kills *persons*. The term *person*, he held, escapes definition. It is, as some hold, a verbal fiction, and the only way to know what a person is, is to define the term legally. Such a perspective means that people of any age or race can be declared non-persons and denied the right to life. Charles Rice, a professor of law, has called attention to the fact that the legal groundwork for such a step has already been laid.

In one sense, the Berkeley man was right. If we do not know God as the supreme Person, we have no grounds for defining anyone as a person. We then become simply a fortuitous concourse of atoms, coming from nowhere and going nowhere. Then, too, life is simply an epiphenomenon, not a reality.

There can thus be no medical ethics if there are no Biblical ethics. If we undermine God's law-word, we undermine all areas of life and thought, and every vocation. To restore and improve medical ethics, we must restore and develop Biblical ethics, God's law-word, within the realm of the church. The church is where the crisis began, and the church is where we must begin the restoration.



## GENERAL INDEX

Four indexes have been provided: General, History, Scripture, and Works Cited. Some names, organizations, places, and events that are indexed in the History Index may have been omitted from the General Index, as the entries would be more helpful in the former.

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This index is not arranged conventionally. When groups of general entries are not sorted alphabetically, they have been sorted in a loose chronological order. These general entries precede and are separated from dated entries by a short line break (———). Dated entries are sorted chronologically, with a few exceptions. These dates are based on the indexer's research, with deference given to the dates the author gave when provided. The dates in this index are for the reader's convenience but are not to be relied upon as an infallible record.

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