

## IMAGO DEI AS A BASIS FOR THEOCENTRIC MEDICINE:

A CRITIQUE OF GENETIC DETERMINISM PERVAIDING TODAY'S  
ANTHROPOCENTRIC BIOMEDICAL MODEL OF MEDICINE

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## 1. INTRODUCTION: IMAGO DEI AS A COMMON GROUND OF THEOLOGY AND MEDICINE

Millard J. Erickson's proposal that Christian theology is not only biblical and systematic, but is also contemporary and practical in its relationship to issues of general culture and learning, it implies that every dimension of life needs theology.<sup>1)</sup> In a similar vein, Stanley J. Grenz answers his own question, "Who needs theology?" with the reply, "Everyone does."<sup>2)</sup> This broadly-stated relevance of theology to practical consideration is aptly illustrated in the medical realm of life.

The focus of medicine is humankind. Therefore the medical understanding of the nature of humanity has had direct bearing on the development of the medical field. The general theological concept of humankind as Imago Dei — created, fallen, and renewed — has important implications for medicine: creation gives a ground for human dignity; the fall is the cause for human disease and death; and redemption brings hope for transformation of the whole person in God's new heaven and earth. Nevertheless, it is rare that medicine is actually tested against such a theological underpinning. Because medicine serves humankind, it is assumed to be virtuous. There was,

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1) Millard J. Erickson, *Christian Theology* (Grand Rapids: Baker Books, 1998), 23 ~24.

2) Stanley J. Grenz, *Who Needs Theology?* (Downers Grove: Inter Varsity Press, 1996), 21

3) Franklin E. Payne, Jr., *Biblical Healing for Modern Medicine* (Augusta: Covenant Books, 1993), 14.

therefore, only minimal objection when doctors of the American Medical Association called abortion “sound medical practice,”<sup>3</sup> under the patronage of Supreme Court<sup>4</sup>. Thus the uncriticized power of white gown pervades society.

This trend of exempting medicine from criticism dates back to 370 AD, when Basil, Bishop of Caesarea, established a Christian position on science<sup>5</sup>. Certainly, as evaluated Christopher B. Kaiser, Basil made important contributions to a theoretical basis for Christian science, criticizing the dualism of Aristotelian natural philosophy, and setting forth foundational creational assertions that have guided through sixteen centuries of thought.<sup>6</sup> However, when Basil also emphasized the practice of medicine as an embodiment of the Christian tradition of science, he neglected to take into account the very dualistic Aristotelian influences that he had earlier criticized, paying attention more to the role of medicine as an instrument for practicing virtue. This despite clear indications of Aristotle’s influence on medical science: he received medical training<sup>7</sup>, taught medicine<sup>8</sup>, and deeply influenced

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4) Everett C. Koop, *The Right to live, The Right to Die* (Wheaton, Illinois, Tyndale House, 1976), 38

5) Christopher B. Kaiser, *Creation and the History of Science*, (Grand Rapids: William B. Eerdmans Publishing Co. 1991), 1-52

6) These assertions include: ① the comprehensibility of the world; ② the unity of heaven and earth; ③ the relative autonomy of nature. In addition to these three theoretical basis, Basil added one more tradition, practice of medicine, emphasizing as a practical aspect of Christian tradition of science.

7) John R. Catan, *Aristotle, The Collected Papers of Joseph Owens* (State University of New York Press: Albany, 1981), 170, 171.

medical science right through the Middle Ages<sup>9)</sup>. This oversight with regard to medicine began a trend that still exists in theology today.

An assessment of the theological assumptions behind medical practice is actually of critical importance because of the direct influence of worldview on decision-making in biomedical issues. Varying views of humankind —whether people are created as *Imago Dei*, or are merely the product of material evolution— will produce opposing opinions about, for example, the morality of human cloning. Likewise, a Christian view of disease and death or the whole person may also influence medical thinking about such issues as brain death, euthanasia, miraculous healing, or application of various medical technologies. On the other hand, the effects of worldly views of genetic determinism and anthropocentric medicine<sup>10)</sup> are already evidenced in today's medicine, through such developments as the Human Genome Project, in which human cloning has moved from the realm of fantasy into the world of potential reality. Thus, the focus of

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8) *The Zondervan Pictorial Encyclopedia of the Bible*, ed. Merryl C. Tenney (Grand Rapids Michigan: Zondervan Publishing House, 1975), s. v. "Physician."

9) David C. Lindberg ed. *Science in the Middle Ages* (Chicago: University of Chicago Press, 1978), 401

10) I use this term, anthropocentric medicine, for covering broad concept of advanced medicine which is essentially materialistic and evolutionary and so deterministic genetically, and which is based on the sophisticated technology, especially on the knowledge of molecular biology. I adopt the term anthropocentric humanism of A. Holmes. He contrasts anthropocentric humanism with theocentric humanism in *Contours of a World View* (Grand Rapids: William B. Eerdmans Publishing Company, 1983), 17.

this paper will be the concept of Imago Dei: how has it become distorted in medical theory and practice, and how may this Christian concept be restored?

## 2. ANTHROPOCENTRIC MEDICINE AND IMAGO DEI

### A. Two-pronged Attack on Imago Dei: Genetic Determinism and Abolition of Responsible Free Will

Aldous Huxley's classic 1932 novel *Brave New World* describes the metaphoric utopia created by humanist science and socialism through the planned factory production of human beings. The author's revised 1946 preface expresses Huxley's horrible fear that his imaginary projections could actually be realized:

All things considered it looks as though Utopia were far closer to us than anyone, only fifteen years ago, could have imagined, then I projected it six hundred years into future. Today, it seems quite possible that the horror may be upon us within a single century.<sup>11)</sup>

Less than a single century after these words were written, technology has expanded to the point where cloning may be a serious scientific possibility. How could Huxley have envisioned such a development already in 1932, when the structure of DNA was not even discovered until the work of James Watson and Francis Crick in 1953? It is because the seeds of this technology had already been sown about 150 years

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11) Aldous Huxley, *Brave New World* (:Harper and Row, 1946), preface.

ago when evolutionism was introduced as a science. Huxley could foresee that some kind of human cloning could be the natural consequence of evolutionism's materialistic view of humankind.

Standing beside this biological foundation is a psychological view as well. Pavlov's conditional reflex has influenced 20th century psychology<sup>12)</sup>, including the work of Freud and Skinner, who adopted biological determinism as not only a working assumption, but also a basic philosophy<sup>13)</sup>. Meyers and Jeeves state that "to the question, 'will behavior be the same if all the determinants are the same?' both (Freud and Skinner) would answer, 'Absolutely yes.'" <sup>14)</sup>

Now, in 2000 AD, we face a "brave new world." Walter Isaacson says "it's time to ring in the century of biotechnology." With reference to the Human Genome Project Isaacson says, "We're just a few years away from one of the most important breakthroughs of all time: deciphering the human genome, the 100,000 genes encoded by 3 billion chemical pairs in our DNA." <sup>15)</sup> Such molecular biology with Human Genome Project, along with behavioral genetics and evolutionary psychology (sociobiology) comprise the three legs on which balances the stool of today's determinism. <sup>16)</sup>

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12) Ronald L. Koteskey, *Psychology from a Christian Perspective* (New York: University Press of America, 1991), 44.

13) David G. Meyers, Malcolm A. Jeeves, *Psychology Through the Eyes of Faith* (Christian College Coalition, HarperSanFrancisco: San Francisco, 1987), 66.

14) *Ibid.*

15) Walter Isaacson, "The Biotech Century" *Time* Jan 11, 1999 Vol. 153 No.1, 42  
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The advent of such genetic determinism leaves no room for the human responsibility that is essential to a Christian view.<sup>17)</sup> And without responsibility, there can be no sin. Instead human actions are determined either by what Erickson called social conditioning<sup>18)</sup> (for example, a poor environment) or by genetic conditioning (genetic errors). Thus all diseases, behavioral disorders (such as homosexuality)<sup>19)</sup>, or misdeeds (such as adultery) are seen to have a genetic basis. Why any need for prisons or other punishment, in such a view? The prisoner really needs only a hospital to correct his genetic abnormalities!

The flaws in this line of reasoning are evident. As Stanton L. Jones says, evolutionary psychology may explain why we commit adultery but not why we don't<sup>20)</sup>. And what explanation does determinism give

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16) Ted Peters, *Playing God: Genetic Determinism and Human Freedom* (New York: Routledge, 1997), 29.

17) David M. Ciochi, "Human Freedom," in *Christian Perspectives on Being Human* ed. J. P. Moreland, David M. Ciochi (Grand Rapids; Baker Books, 1993), 106.

"Any theological anthropology faithful to the biblical text will affirm human moral responsibility. This in turn requires that the theologian take free will seriously...."

18) Millard J. Erickson, *Christian Theology* 492.

19) D. H. Hamer et al., "A Linkage between DNA Markers on the X-chromosome and Male Sexual Orientation," *Science*, 261(1993), 321~327. In this paper, they reported that gay gene was found. However, it was denied by other researchers reported in George Rice, Carol Anderson, Neil Risch, and George Ebers, "Male Homosexuality: Absence of Linkage to Microsatellite Markers at Xq28" *Science* 284 (1999), 665~667

for martyrdom and the ideals that lead to it? Victor E. Frankl denies Freudian determinism and asserts that humans are ultimately self-determining by presenting an illustration from the Auschwitz concentration camp: "After all, man is that being who has invented the gas chambers of Auschwitz; however, he is also that being who has entered those gas chambers upright, with the Lords Prayer or Shema Ysrael on his lips."<sup>21)</sup>

The views of genetic determinism pervade society. How, then, have those views affected medicine, and how have they distorted the Imago Dei in the name of medicine?

#### B. Distortion of the Principles of Medicine by Anthropocentric Medicine

Gareth Jones defines today's advanced medicine based on sophisticated medical technology as a "biomedical model."<sup>22)</sup> Certainly the technological approach does tackle disease. But, given its basis in biological determinism, Jones says the biomedical model "cannot take account of environmental, emotional, sociological and spiritual factors which, together, constitute the uniqueness of each person,"<sup>23)</sup> Does the

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20) Stanton L. Jones, "My genes made me do it: Evolutionary psychology may explain why we commit adultery but not why we don't" *Christianity Today* 39(5)(1995), 14~18

21) Victor E. Frankl, *Man's Search for Meaning* (New York: Pocket Books, 1963), 213

22) D. Gareth Jones, *Brave New People*, (Grand Rapids: William B. Eerdmans Publishing Company, 1985), 30.

23) *Ibid.*, 31.



biomedical model fulfill the true purposes of medicine? This question will be analyzed according to three widely-accepted principles of biomedical ethics, as suggested by T. L. Beauchamp and J.F. Childress<sup>24)</sup>, namely autonomy, nonmaleficence, and justice.

### 1) The principle of autonomy or respect for person

The principle of autonomy reflects the dignity of human beings, respecting a persons autonomous decision in medical practice. By all appearances, this principle seems to be adhered to, especially in developed western society, through such practices as informed consent, living wills, the right to be noticed, and respect for privacy<sup>26)</sup>

However, the development of molecular biology and genetics threatens to impede conformity to the principle of autonomy. For example, prenatal diagnosis of genetic diseases through amniocentesis may, in the name of eugenics or pragmatism, remove the right to live of a person with even a relatively mild disability. The affected person has no choice in his/her own survival. Yet another new technology, on the other hand, forces a different choice onto those who may not have the resources to make a responsible autonomous decision. For example, a woman who has an abnormal gene such as p53 or BRCA now needs to consider a total mastectomy even before any

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24) T. L. Beauchamp, J. F. Childress, *Principles of Biomedical Ethics* (New York: Oxford University Press, 1979)

25) Carol Levine ed., *Taking Sides: Clashing Views on Controversial Bio-Ethical Issues* (Guilford: Dishkin Publishing Group, 1991), Introduction, xviii-xx

26) *Ibid.*, xix

development of breast cancer because of the fear and anxiety of a potential future diagnosis coming too late to be treatable.<sup>27), 28)</sup> In both these cases, it is hard to assume that lay people can understand enough about the sophisticated field of molecular genetics to make such a practical decision.

In addition, unrestricted access to genetic technology may be subject to eugenic abuses, with parents choosing children with smarter genes or other supposedly desirable traits.<sup>29)</sup> In this regard, Patric Perreira asserts that the following four areas should be restricted in applying medical technology: sex selection for non-medical reasons; research involving genetic alteration of germ-cells or zygotes; prenatal diagnosis for "susceptibility" genes; and attempting to enhance normal human traits<sup>30)</sup>. Such limits presume a need to restrict a personal right to autonomy. In this regard, John M. Frame suggests the use of the phrase "personal responsibility" instead of "autonomy," since the word autonomy "almost invariably connotes lawlessness, which is the opposite of mans responsibility to God."<sup>31)</sup>

The concept of privacy inherent to the autonomy principle is also

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27) Morrow M. "Identification and Management of the Woman at Increased Risk for Breast Cancer Development," *Breast Cancer Res Treat* 31(1994): 53

28) Margaret Lock, "Breast cancer: Reading the omen," *Anthropology Today* 14(4) (Aug 1998), 7~16

29) David B. Jerkie et. al., "The I, Q. gene?" *Time* 154 (11) (Sept 13, 1999)

30) Patrick Ferreira, "Moral Issues in Genetic Counselling," available from <http://www.ethics.ubc.ca/brynw/genlit.html#cloning> accessed 8 October 1999.

31) John M. Frame, *Medical Ethics: Principles, Persons, and Problems* (Phillipsburg: Presbyterian and Reformed Publishing Company, 1988), 38

threatened through technological advance. If a health check now required for securing a job, buying insurance, or even getting a marriage certificate were to be replaced by a genetic test, then private information unknown even to the applicant himself could be revealed.

Thus, anthropomorphic medicine, lacking a balanced view of humankind, seems to fail to keep the principle of autonomy in medicine.

## 2) The principle of nonmaleficence or the principle of beneficence

"I will never use (medicine) to injure or wrong them. ... I will not give poison to anyone though asked to do so. ... I will not give a pessary to a woman to cause abortion...keeping myself free from all intentional wrong-doing and harm."<sup>32</sup> The principle of nonmaleficence is represented in this part of the Hippocratic oath, as well as through the well-known words *primum non nocere* (first of all, do no harm). The principle of beneficence asks for more active involvement in doing good for improving health or reducing pain from disease. These principles are also threatened by anthropocentric medicine, because of the risks involved with the use of molecular biology as a tool not only to treat diseased genes, but also to manipulate inferior genes.

There may be two dimensions to maleficence: intentional and unintentional. When genetics is applied to medical practice, as, for example, in gene therapy for a cancer patient, ignorance or limitation

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32) Hippocratic Oath. Quoted from Nigel M. de S. Cameron, *The New Medicine: Life and Death After Hippocrates* (Wheaton: Crossway Books, 1991), 25

of knowledge may result in unexpected maleficence. Such results may be justified through assessing a risk-benefit evaluation. However, we must realize that the gates for eugenic use of genetics will easily be opened, as evidenced in the processes of legalization of abortion by the Supreme Court of the United States<sup>33)</sup> and physician-assisted suicide by the court of Oregon.<sup>34)</sup> When the Human Genome Project is complete, there will be potential for creating an evolutionary hierarchy based on genetic contents of individuals. This can lead to use of genetics for enhancement of normal human traits instead of for disease control, and the commercialization of the genetic enterprise.<sup>35), 36)</sup>

Can we expect such dire results? Past history gives clues about humankind's propensity to damage Imago Dei. For example, the abuse of ultrasonic technology for sex-selection abortions in several Asian countries has resulted in a severe disparity of the male/female sex ratio.<sup>37), 38), 39)</sup> Genetic determinism has also played a role in historical attempts at genocide, as asserted by Robert Williamson: "Both Hitler

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33) Everett C. Koop, *The Right to live, The Right to Die* 37~38.

34) David Neff, "What Really Died in Oregon." *Christianity Today* 42 (12 Jan 1998), 16~17, See also CT News, *Christianity Today*, (17 Nov 1997), 64

35) C. Anderson, "Genomic project goes commercial." *Science*, 259: 300~302, 1993

36) Opinion "A Challenge to Genetic Transparency," *Nature* 393(6682)(May 21, 1998), 195

37) Lennart Bogg, "Family Planning in China: Out of Control?" *American Journal of Public Health* 88(April 1998): 649

38) Nicholas Eberstat, "Asia Tomorrow, Gray and Male," *The National Interest*, 53(Fall 1998):56~65.

and Stalin held a determinist view of genetics and certainly used these to justify acts of genocide against particular ethnic groups, but one could say the same of any act of 'ethnic cleansing'." <sup>40)</sup> Anthro-pocentric medicine doesn't deny evolutionary hierarchy among either races or between individuals: thus it has no inherent limits to eugenic selection, contributing to the destruction of Imago Dei. Therefore anthropomorphic medicine does not adequately restrict maleficence in medicine.

### 3) Principle of Justice

The principle of justice in medicine calls for the equal distribution of medical resources, because each human being is equally deserving of access. The policies of social security and the development of the medical insurance system in some developed countries contribute in some way to the maintenance of the principle of justice. However, even these countries suffer from the unjust distribution of medical resources, as fewer people benefit from the advancement of medical technology.

Sir Gustav Nossal warns of four dangers of the bioscientific revolution: increasing cost, depersonalization, overspecialization, and

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39) '94.7.2 A joint report on commemorating the Day of World Population of the Department of Health and Social Affairs and Korean Family Planning Association. July 11, 1994. available from <http://www.welfare.or.kr/library/library02/text/127.txt>, accessed 8 March 2000

40) Robert Williamson, "What's new about genetics?" *Journal of Medical Ethics* 25(1999), 75~76

spectacularization.<sup>41)</sup> Because of limited supply and high costs, just distribution of medical resources is distorted. This situation has been well described as “Better and better medicine for fewer and fewer people.”<sup>42)</sup>

A further disparity lies in the amount of money spent on medical research versus disease prevention. For example, the United States spends \$110 billion/year on its so-called “medical Vietnam”<sup>43)</sup>, searching for a cancer cure (called magic bullet), while minimal resources are directed to prevention of cancer.<sup>44)</sup> The primary fruit of

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41) Sir Gustav Nossal, “Speech at the 29th Congress of the International Hospital Federation,” in Tokyo in 1977, Director of the Walter and Eliza Hall Institute of Medical Research in Melbourne, Australia, requote from David J. Seel, *Challenge and Crisis in Missionary Medicine* (Pasadena: William Carey Library, 1979), 3~4.

42) “Position Paper on Health Care and Justice,” *Contact* 16, Christian Medical Commission, World Council of Churches, Geneva, August, 1973, 3~4, requote from David J. Seel, *Challenge and Crisis in Missionary Medicine* (Pasadena: William Carey Library, 1979), 10.

43) Peter Barry Chowka, *Cancer and Politics: The War Goes On* available from [http://www.nutritionsciencenews.com/NSN\\_backs/Sep\\_97/politics.html](http://www.nutritionsciencenews.com/NSN_backs/Sep_97/politics.html): Internet accessed 8 Mar. 2000

“Since 1971, according to official figures, over \$1 trillion has been spent on conventional cancer research and treatment in the U. S. The current cost is at least \$110 billion a year—over 10 percent of all U. S. medical expenditures and 2 percent of the entire Gross National Product.”

44) Robert Sharpe, *The Cruel Deception* (Wellingborough, U.K.: Thorsons Publishing Group, 1988), 47. Requoted from Robert Ryan, “Cancer Research - A Super Fraud?: The Orthodox ‘War on Cancer’ Has Failed” available from <http://www.pnc.com.au/~cafmr/online/research/cancer.html>: internet; accessed Mar. 10, 2000. “A 1986 report in the New England Journal of Medicine

this investment? The dubious benefit of gene therapy, at a cost so enormous that hardly any country on earth will be able to afford it.

The disparity between nations in access to medical resources is so great that the principle of justice is almost obliterated. Missionary doctor David J. Seel says that “one computerized transaxial tomography (CT) costs enough to build 10 to 15 Primary Care Centers which can cheaply eradicate communicable diseases, and care for 90% of the health problems in rural areas of developing countries.”<sup>45)</sup> Seel adds the words of health planner H. B. Richter: “Is there electronic equipment to fight hunger or illiteracy?”<sup>46)</sup> Only \$750,000 (compared to the American cancer research expense cost of \$110 billion/year) would pay for vitamins and health workers to provide Vitamin A for all children under 5 in Ethiopia, vastly reducing blindness and mortality rates<sup>47)</sup>.

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assessed progress against cancer in the United States during the years 1950 to 1982. Despite progress against some rare forms of cancer, which account for 1 to 2 per cent of total deaths caused by the disease, the report found that the overall death rate had increased substantially since 1950: “The main conclusion we draw is that some 35 years of intense effort focussed largely on improving treatment must be judged a qualified failure.” The report further concluded that “... we are losing the war against cancer” and argued for a shift in emphasis towards prevention if there is to be substantial progress.”

45) David J. Seel, *Challenge and Crisis in Missionary Medicine* (Pasadena: William Carey Library, 1979), 10.

46) *Ibid.*

47) Magic capsule for treating Vitamin deficiency, UNICEF News, available from <http://www.unicef.or.kr/cgi-sys/netboard.cgi?id=unicef&num=10> accessed on Oct. 8 1999(Korean)

As medical technology becomes more and more sophisticated, disparity between nations will result not only from financial constraints, but also from technical inequities. The gap in technological capabilities has become too great to transfer technology from a developed country to an under-developed country. Y. G. Kim's remark on technology can be applied to today's anthropocentric medicine: "Underdeveloped countries lack the ability utilize new technology unless a better means for transferring advanced technology is developed."<sup>48)</sup>

It is no surprise that when the focus of medicine has deviated from Imago Dei to technology itself, then the principle of justice is also severely distorted.

### **C. A Worldview Comparison of Anthropocentric Medicine and Christianity**

A Christian worldview has a backbone of Imago Dei as generated (Creation), degenerated (Fall), and regenerated (Redemption and Consummation), while deterministic biomedicine has its own parallel value system. Both systems have humankind as their subject; therefore it is possible to compare the two according to the Biblical worldview.

#### 1) Generation

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48) Young G. Kim, "Advanced Technology and Christian Response" *Integrative Studies* 20 (Dec. 1993), 128. (Korean)



The Christian basis for human dignity and value is the knowledge that humans are created by God in his image (Imago Dei, Gen. 1:26-27), and that he maintains and preserves us through providence (Ne. 9:6; Col. 1:7). Only in proper relationship to God do we experience full humanity.<sup>49)</sup> Humankind continues to reflect the image of God even after the fall (Gen. 9:6). And we continue to live in God's providence. This is the biblical ground of human dignity.

Deterministic medicine, on the other hand, being essentially evolutionary and materialistic, has no room for a Creator in generation, but rather espouses the chance process of evolution by natural selection. Paul Kurtz, a notable representative of humanism, denies the existence of God, as well as his creative and providential acts, and the reality of absolute truth. In the Humanist Manifesto II, he says, "No deity will save us; we must save ourselves.. Humanism can provide the purpose and inspiration that so many seek; it can give personal meaning and significance to human life."<sup>50)</sup> Kurtz replaces the seat of God with human beings and requires religious belief in humanism by saying, "But views that merely reject theism are not equivalent to humanism. They lack commitment to the positive belief in the possibilities of human progress and to the values central to it."<sup>51)</sup> Under the influence of this humanism, medicine has become an

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49) M. J. Erickson, *Christian Theology*, 534~535.

50) Paul Kurtz, Edwin H. Wilson, *American Humanist Association*, "Humanist Manifesto II" available from <http://www.infidels.org/org/apha/documents/manifesto2.html>: Internet; accessed 8 Mar. 2000.

51) *Ibid.*

anthropocentric religion.

## 2) Degeneration

According to the Bible, Imago Dei has been spoiled by the fall of humankind. This concept presumes the existence of free will, as humans have the ability to choose their actions. And, as Erickson says, "To be fully human, one must accept the responsibility of self-determination."<sup>52</sup> The fall of man resulted not only in separation from God but also introduced suffering, disease, and death.<sup>53</sup> Therefore, as F. E. Payne says, the biblical standards of health are not fully attainable in this earthly life<sup>54</sup>, because Satan has some power in this world. Dr. Seel emphasizes that we need to have outrage for evil, as Jesus did, noting that the word *embrimaomai* in John 11:33 (translated deeply moved in spirit and troubled) means to snort in spirit.<sup>55</sup>

Deterministic medicine, however, does not acknowledge the powerful and destructive force of sin resulting in physical, psychological, and spiritual consequences. The genetic determinist sees the cause of disease and death to be merely a biological genetic phenomenon, while psychological determinism ignores the human sinfulness that may be responsible for mental illness. Both of them

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52) Millard J. Erickson, *Christian Theology* 492.

53) Gen. 3: 16~19.

54) Franklin E. Payne Jr., *Biblical/ Medical Ethics; The Christian and the Practice of Medicine*, (Milford, Michigan, Mott Media, 1985), 81.

55) quoting from F. Schaeffer's analysis, requoted from David J. Seel, *Challenge and Crisis in Missionary Medicine* (Pasadena: William Carey Library, 1979), 58.

neglect the concept of the whole person as a being with Imago Dei. Because anthropocentric medicine does not accept the reality of fallen humanity, it cannot be the instrument of a correct pathogenesis or diagnosis, or of an appropriate therapeutic prescription.

These failures precipitate increased dependency on reason and technology. Bob Goudzwaard says what technology can do it must do. Technology needs constant development<sup>56)</sup>, while explaining the process of idolization of technology by fallen man. In other words, Jacques Ellul uses the terms self-augmenting or self-perpetuating for the characteristics of technology<sup>57)</sup>. Patric Dixon, who demonstrates a fervent devotion to human cloning, says, The lesson of history is that whatever is possible will be tried somewhere by someone at some time, but this is no excuse for sitting back.<sup>58)</sup>

### 3) Regeneration

According to biblical doctrine, regeneration is not a work that human beings can achieve. The purpose of the cross of Jesus is to rescue fallen humanity. Through the cross, we can restore the Imago Dei from our sinfulness and conquer the evil power of Satan. Jesus showed many visible evidences of recovering Imago Dei through his healing ministry on earth, which gave a picture of the Kingdom of

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56) Bob Goudzwaard, *Idols of Our Time* (Downers Grove: Inter-Varsity press, 1984), 21~22

57) Jacques Ellul, *The Technological System*, (New York: Continuum, , 1980), 209

58) Patric Dixon, <http://www.globalchange.com/clonech.htm>: Internet; accessed September 28 1999.

God. Ultimately, the Imago Dei will be completely restored in the day of the consummation of the Kingdom of God. This will happen when we enter the new heaven and earth, as God says, I am making everything new! (Rev. 21:1~5). The biomedical model of materialistic and deterministic medicine does not include a belief in this paradise, requiring instead some new powerful leader to guide people into the utopia that they want. Paul Kurtz continues to demand a commitment to anthropocentric humanism as a religion, expressing an optimistic view of the future:

Reason and intelligence are the most effective instruments that humankind possesses. There is no substitute: neither faith nor passion suffices in itself. Using technology wisely, we can control our environment, conquer poverty, markedly reduce disease, extend our life-span, significantly modify our behavior, alter the course of human evolution and cultural development, unlock vast new powers, and provide humankind with unparalleled opportunity for achieving an abundant and meaningful life<sup>59)</sup>

Another well-known humanist, Y. H. Krikorian also treats humanism as if it is a religion, saying there is no realm to which the methods for dealing with Nature cannot be extended. The faith we need is the faith that alone promises salvation, is the faith in intelligence.<sup>60)</sup>

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59) Paul Kurtz, Edwin H. Wilson, "Humanist Manifesto II"

60) Y.H. Krikorian, Naturalism and the Human Spirit Quoted from Arthur F. Holmes, *Contours of a World View* (Grand Rapids: William B. Eerdmans Publishing Company, 1983), 20

This demonstrates how anthropocentric medicine of today has become a religion that requires commitment, and directs believers to a prescribed way of living. Goudzwaard is right when he realizes that it is conceivable then that the means to progress which our own hands have made the economy, technology, science and the state have become such forces today, imposing their will on us as gods.<sup>61)</sup>

The above comparison draws an analogy between anthropocentric medicine and religion. This review shows that each aspect of Christian religion has a parallel doctrine in anthropocentric medicine. Arthur Holmes calls anthropocentric medicine quasi-religion<sup>62)</sup>, and Payne says that medicine is inherently religious<sup>63)</sup>. With its loss of the concept of human beings as Imago Dei, it is ironic that this man-centered, technological religion of medicine has become a dehumanized religion.

### 3. CONCLUSION: SERVING GOD vs. PLAYING GOD

The concept of Imago Dei presupposes a relationship with God as essential to human nature. It also implies that the cross of Jesus is the

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61) Bob Goudzwaard, *Idols of our time* 13.

62) Arthur F. Holmes, *Contours of a World View* (Grand Rapids: William B. Eerdmans Publishing Company, 1983), 33

63) Quoted Jay E. Adams, *The Christian Counselor's Manual* (Grand Rapids: Baker Book House, 1975) in Franklin E. Payne, Jr., *Biblical Healing for Modern Medicine* (Augusta: Covenant Books, 1993), 13~14

complete revelation after which we should pattern our lives<sup>64)</sup>. A spoiled Imago Dei can be recovered through the cross as Jesus lives in me (Rom. 8:10; Gal. 2:20). Just as the cross has the two dimensions of vertical and horizontal, so does being human in the image of God have the two dimensions of relationship with God (vertical) and with fellow humans (horizontal). Imago Dei, therefore, requires servanthood to God and stewardship to fellow humans.

Today's medicine needs to restore these relationships. As we reviewed, the anthropocentricity of medicine itself resulted in the ironic deviation from human beings. Therefore, restoring relationship requires the recovery of theocentricity in contemporary advanced medicine. Jesus teaching of the greatest commandment begins by emphasizing the Lordship of God:

The most important (commandment) is this: Hear, O Israel, the Lord our God, the Lord is one. Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength. The second is this: Love your neighbor as yourself. (Mark 12: 29~31)

This Lordship of God should also come first as the ground for theocentricity in medicine.

James J. Walter asserts that since being created Imago Dei connotes the ideas of stewardship and cocreatorship, humans should not play God.<sup>65)</sup> Norman Geisler highlights the two contrasting views of

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64) M. J. Erickson, *Christian Theology*, 534.

biomedical issues to which any biomedical model reduces: the anthropocentric approach (using medical advances to play God), or the biblical approach (using medical advances to serve God)<sup>65</sup>. As the apostle Paul says:

For although they knew God, they neither glorified him as God nor gave thanks to him, but their thinking became futile and their foolish hearts were darkened. Although they claimed to be wise, they became fools and exchanged the glory of the immortal God for images made to look like mortal man and birds and animals and reptiles(Rom. 1:21~23).

This is an apt biblical picture of fallen man, who, needing some kind of religious belief, use anthropocentric medicine as a sort of priest to guide them to their hoped-for biomedical technopia.

Jesus demonstrated a life of stewardship and servanthood. Through his healing ministry, he obeyed and followed the will of God as a steward, and served human beings as a servant (Luke 9:11; Mark 10: 45) This is what medical personnel should pattern themselves after Jesus, the complete revelation of Imago Dei. Since Christian hope lies not in a biomedical technopia, but in the consummation of Gods Kingdom, we will not be disappointed in our hope that the spoiled Imago Dei will through God's power be completely restored to its creation wholeness.

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65) James J. Walter, "Theological Issues in Genetics" *Theological Studies* 60(1999), 124~134

66) Norman L. Geisler, *Christian Ethics: Options and Issues* (Grand Rapids: Baker Book House Company, 1990), 179.

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