



LOMA LINDA UNIVERSITY

Loma Linda University
TheScholarsRepository@LLU: Digital
Archive of Research, Scholarship &
Creative Works

Update

Loma Linda University Publications

12-2000

Update - December 2000

Loma Linda University Center for Christian Bioethics

Follow this and additional works at: <https://scholarsrepository.llu.edu/update>



Part of the [Bioethics and Medical Ethics Commons](#), and the [Religious Thought, Theology and Philosophy of Religion Commons](#)

Recommended Citation

Loma Linda University Center for Christian Bioethics, "Update - December 2000" (2000). *Update*.
<https://scholarsrepository.llu.edu/update/62>

This Newsletter is brought to you for free and open access by the Loma Linda University Publications at TheScholarsRepository@LLU: Digital Archive of Research, Scholarship & Creative Works. It has been accepted for inclusion in Update by an authorized administrator of TheScholarsRepository@LLU: Digital Archive of Research, Scholarship & Creative Works. For more information, please contact scholarsrepository@llu.edu.

Update

Volume 16, Number 4 (December 2000)

The Rule of Double Effect: A Valuable Contemporary Resource

By Gary Chartier

What is commonly called the rule, or principle, of double effect provides a simple strategy for resolving a certain kind of moral conflict. The rule of double effect embodies the conviction that doing evil involves identifying with evil, making it part of one's own project in the world. And, according to the view of things presupposed by the rule, we identify with evil when we intend harm to ourselves or others.

The rule of double effect is also grounded in the realization, however, that our choices are sometimes ambiguous. Too often, they result in harm to us or others even as, at the same time, they benefit us or others. Can we choose well in such cases—can we avoid identifying with evil? Or must we “dirty our hands” in some way?

The rule of double effect reflects the conviction that we can retain our moral integrity in circumstances marked by painful conflict. We can do so if we acknowledge that we need not identify with every effect that follows from each of our choices. But this differs from some superficially similar positions that maintain that intent is the only thing that matters. For the rule expresses a particular understanding of human action that limits what I can plausibly be said to intend.

This kind of limitation makes good sense. It is possible in principle to deceive myself about the meaning of an action, or to be deceived by others. But a truthful apprehension of an

Continued on Page 2

David R. Larson Returns to Full Time Teaching

After nearly two decades of leadership in the Center for Christian Bioethics, David R. Larson has decided to return to full time teaching in Loma Linda University's faculty of Religion. He will begin a six-month sabbatical on July 1, 2001 after which he will continue to participate in the life of the Center, but not in an administrative capacity.

Jack W. Provonsha, James W. Walters and David R. Larson were among those who began formulating plans for the Center in the summer of 1982. In August of 1983 these propos-

als were approved by the LLU Board of Trustees. The Center “opened its doors” in January of 1984.

One of the Center's first public events was a Bioethics Grand Rounds featuring Robert Veatch of Georgetown University's Kennedy Institute of Ethics. Another was a national conference at LLU co-sponsored with The Hastings Center, then led by Daniel Callahan in the state of New York.

Over the years, Larson has served the Center as Associate Director (1984-1986), Director (1986-1991) and Theological Co-Director (1991-2001). Throughout most of the 1990s, the Center's Clinical Co-Director was Robert Orr who now serves in a similar capacity at the University of Vermont.

From 1982, when plans for the Center were being refined, until the present, Larson has been aided by three skilled administrative assistants. Counting the time she worked on plans for the Center while still employed by the Faculty of Religion, Mrs. Gwendolyn Utt served for a dozen years, from 1982-1995. Mrs. Marigene Sample served for five years, from 1995-2000. During the present school year, 2000-2001, Mr. Takano Kinjo, a recent graduate of LLU's M.A. program in biomedical and clinical ethics from Okinawa who is preparing his thesis for publication and himself for doctoral studies, is providing excellent leadership in the Center's office. ■

Inside this issue:

Visions of Justice and the Healing of Nations

by Roy Branson

Continued from page 1

action, and of the way it fits into the architecture of my projects in the world, does not permit me to attach just any intention to any action. I can tell myself that my intention as I speak about topics related to theology and ethics is to ensure that I receive an Academy Award this year. But I cannot reasonably believe that making public presentations about theology and ethics falls into any category for which Academy Awards are conferred, or that, if it were, my performance is of such high quality that I could realistically expect to be considered for it.

That, of course, is a relatively easy example. I cannot say that I intend something if I know that there is no meaningful way for my intention to be realized. What is perhaps the heart of the rule of double effect depends on the recognition that there are also times when I cannot say that I do not intend a particular outcome.

If I cause harm to someone else or myself while seeking a particular goal, was aware that harm would result from my actions, and could have achieved my goal without causing harm, then the harm is apparently gratuitous. It is hard to see why it might have occurred except because I desired it for its own sake—because I intended it. For instance: if I repel an attacker by

shooting her when I knew a simple push would be sufficient to protect myself, then I must have desired her death for some other reason. I must have intended it.

As always, things are rather more complicated than might first appear to be the case. There may be a reason I might desire some harm to occur even if I do not value it for its own sake. I might want it to occur because its occurrence is a necessary prerequisite to some other purpose of mine. Suppose I bring about some harm to someone else or myself, not because I like the harm, or regard its occurrence as a desirable state of affairs, but because the harm is a required condition for a good outcome to occur. It is still logically impossible for me to understand my action as not including the harm. The harm I am doing is part of my project, part of my choice. I identify with it.

To will—rather than simply to like, endorse, affirm, or value—an outcome, I must also will anything unavoidably necessary to the achievement of that goal. I cannot, for instance, will that I win a foot race without willing that I move my legs. I could, of course, will that I receive a prize for winning. But I cannot will that I win without willing that I move my feet because part of what it means to win a foot race is that

I am able to use my feet and legs to make my body move faster than any other contestant.

To take a more complicated example: suppose my stingy and selfish Uncle Charlie has an unaccountable fondness for me, and has made me his sole heir. His investment bank supports cigarette companies, firms that produce toxic waste, and arms manufacturers, and it makes a great deal of money. I have good reason to believe that I could subtly and undetectably worsen Uncle Charlie's heart condition, something that would likely lead to his death. As his heir, I, a thoroughly benevolent person, could then redirect his investment bank to worthy ends that would foster peace and justice across the globe.

If I pour the appropriate drops into Uncle Charlie's coffee, what is my intention? I am engaging in self-deception if I maintain that my intention is to foster peace and justice across the globe. My intention at best is to kill Uncle Charlie as a means of fostering peace and justice across the globe. I cannot simply say that I will peace and justice. I am (again, at best) willing peace and justice facilitated by the death of Uncle Charlie. Because his death is a consciously willed means to my long-term purpose, and an integral part of achieving that purpose, I identify with the harm done to him. I intend it. And so I will evil.

It is in light of considerations like these that the Western moral tradition has elaborated the rule of double effect. The rule holds that it is morally appropriate to perform an action that leads to harm for oneself or another only if the following conditions are met:

1. The action with a harmful consequence or consequences must be consistent with other moral standards. The rule of double effect is not a substitute for moral principles like the Golden Rule and its cousins. Even if the other conditions embodied in the rule are met, one must still love one's neighbor as oneself, treat others as one would have them treat oneself, act only in such a way that one's honestly characterized intention could serve as the basis for a universal rule. Whatever the formulation, the point is clear: I

Continued on Page 7

Update Volume 16, Number 4

Update
Volume 16, Number 4 (December 2000)

EDITORIAL ASSOCIATES Gayle Foster Dustin Jones	ADMINISTRATIVE COMMITTEE Gerald R. Winslow Chair Brian Bull Vice-Chair B. Lyn Behrens Gerald Ellis Richard Hart Joyce Hopp Odette Johnson David R. Larson Leroy Leggett W. Barton Rippon Carolyn Thompson Lois Van Cleve David Wren
SCHOLARS Jack W. Provonsha Founding Director David R. Larson Co-Director Ivan T. Blazen Mark Carr Deborah Craig Steven Hardin Richard Rice James Walters Gerald R. Winslow	
Office Supervisor Takanobu Kinjo	
GRADUATE ASSISTANTS John Hanson Elisha Injeti	

FAX: (909) 558-0336
Phone: (909) 558-4956
e-mail: takinjo@ethicscenter.llu.edu
Web site: bioethics.llu.edu

Letters to the editor and comments may be sent to:
CP 11121S, Loma Linda, California 92350

Visions of Justice and the Healing of Nations

by Roy Branson

Professor of History and Political Science
Columbia Union College

“If the world were to end with what astronomers call ‘death from above’ the first clue might come with the discovery—late tonight, let’s say—of a distant fuzzbball swimming against a field of stars.”¹

According to this *New Yorker* scenario, the Jet Propulsion Laboratory near Pasadena, California would inform the world that “civilization might come to an end in three months’ time.” Only two weeks before it reaches earth, scientists determine that the approaching comet will hit near Bermuda in the North Atlantic. Soon it is bright enough to stand out in broad daylight. “In the last days,” says the article, “the comet dominates the sky as it does a billion nightmares.” Less than a day after impact, a tidal wave six hundred feet high hits Manhattan and submerges most of the earth’s coastal cities. Accompanying meteorites, acting like fleets of ICBMs, ignite conflagrations worldwide. Scattered enclaves of people might survive, living like Vlad the Impaler, but, intones the *New Yorker*, “a major comet impact would end human civilization.” The *New Yorker* explicitly connects its scientific evidence of what it calls “death from above” with apocalyptic literature. It quotes the eighth chapter of the Book of Revelation, and its account of “a great star from heaven,” falling upon “the fountain of waters,” from which “many men died of the waters.”

Like the *New Yorker*, many tabloids and academics typically identify the “Apocalypse” and “apocalyptic” with cataclysm, upheaval, mayhem, and death. Apocalyptic is invoked to describe not only the end of the Waco sect, but the *Apocalypse Now* of the Vietnam war, the miles of out-of-control fires set by the Gulf War, and the smoke rising from the ovens of the Holocaust. Krister Stendhal, once the dean of Harvard Divinity School, has said the book of Revelation provides a “script for a horror movie.”² Jürgen Moltmann follows his European theological colleagues in distinguishing “apocalyptic interpretations of annihilating end-times” from the “eschatological exposure” of powers within human history.³ For the masses—in both the media and the academy—the god of the Apocalypse is a cosmic Dr. Kervorkian—with an attitude. Apocalypse has come to mean war, chaos, “death from above,” annihilation.

But what is the relevance of apocalyptic when it is not equated with annihilation, but is known, as in the original Greek, as “unveiling,” or “uncovering”?⁴ What is the relevance of apocalyptic when it means the unveiling of the transcendent active in both time and space?

Bioethics and Vision

Bioethics did not announce its arrival trumpeting a salvation epic. Vision was not its preferred mode of discourse. Instead, bioethics began with a quite specific focus: the virtues of the individual physician. Andre Hellegers, who claimed to have coined the word “bioethics” in the late 1960s, was a physician and Dutch-born Catholic intellectual, who moved from the Johns Hopkins Medical School faculty to Georgetown. In 1972, he founded the Kennedy Institute of Ethics, one of the first two institutions devoted to the field he had named. Hellegers expected the new institution to be housed in the medical school of Georgetown University. Why? Because he anticipated that the Kennedy Institute of Ethics would concentrate on educating physicians to “recapture the Christian virtues of care.”⁵

Also in the late 1960s, Edmund Pellegrino, a physician, dean of two medical schools, and later the only lay person to serve as president of Catholic University, helped found humanities programs at medical schools across the United States. Pellegrino, who eventually became the third director of the Kennedy Institute, continues to urge bioethics to remain focused on individual virtue. “One starts always with one’s commitment to be a certain kind of person and then approaches clinical quandaries, conflicts of values and patient interests as a good person ought.”⁶

Protestant theologians and philosophers and others expanded the sphere of bioethics from the virtues of individuals to obligations. Tom Beauchamp, a graduate of a Methodist seminary before receiving a PhD in philosophy, has collaborated with James Childress, a Yale-trained theologian belonging to the Society of Friends, in producing five editions of the *Principles of Biomedical Ethics*, the bible of principle-based bioethics.

Robert Veatch, their colleague and the fourth director of the Kennedy Institute, openly draws parallels between the Protestant doctrine of the “Priesthood of all Believers”—a staple of his theological education at Harvard—and equality. Throughout his entire career, Veatch has championed the essential equality of persons who are patients (laity) and physicians (clergy). Although bioethics quickly expanded from virtue-ethics to obligation-ethics, it has taken longer for its old men to dream dreams and its young bioethicists of both genders to see visions. But there are more and more calls for bioethics to expand its scope.

Mary Midgley, the British anthropologist and philosopher, told bioethicists at the Hastings Center, in a 1995 lecture honoring Hans Jonas, that “imaginative vision isn’t a luxury.”⁷ Without it, she argued, not only

morality, but science would not exist. Tristram Englehardt, a physician and philosopher, has noted the need of bioethics, particularly when it is recommending public policies, to order principles and obligations according to some view of the whole, some “common moral vision.”⁸

William May, a theologian, has devoted his career to expanding bioethical perspectives through the metaphors and images of literature. He emphasizes that bioethics must be more encompassing than an ethics of obligation. Metaphors and images “do not operate as a manual for getting the decision maker out of exceptional moral binds.” Rather, a moral vision “makes moral behavior seem more like a rite repeated than a puzzle solved.”⁹

As these assertions indicate, virtuous practitioners of the healing arts are needed. Protectors of patients rights are necessary. But beyond the ethics of virtue and obligation people must glimpse a moral vision, a horizon of imagination that draws communities from perception of facts to concerted action. A sense of destiny leads to moral action, not only through convincing argument, but also through the lure of metaphor.

The ethics of virtue and obligation each assume a somewhat larger context. Bioethics focused on cultivating the virtues of doctor and patient, particularly compassion and love, envisions medical practice conducted within a culturally and morally integrated community—something like Our Town, 19th century Salt Lake City, or perhaps even the early Holy Roman Empire. Alisdair McIntyre and Stanley Hauerwas, who eloquently stress the centrality of virtue, lament the passing of harmonious communities that hold in common a “thick” view of the good. Hauerwas celebrates religious communities that sustain the metaphors and rituals of the narratives that give these communities identity. Interestingly, even Robert Veatch has recently been willing to abandon something so central to the ethics of obligation as informed consent if professionals and lay persons are both part of communities that permit them to find “value pairings” based on “the most fundamental worldviews.” The models for such communities are religious sects or denominations with shared “deep value systems.”¹⁰

Veatch, and the many others who have devoted the last twenty-five years to translating moral principles into bioethical rules and norms, have themselves recognized that the ethics of obligation assumes a dominant image. Veatch, for one, has explicitly given William May, a theologian, credit for showing how a bioethics specifying rules and norms, arising out of moral contracts, emerges from the important image of covenant. For May, the contractual negotiations of an ethics of obligation are a thin reflection—sometimes even a distortion—of the biblical covenant, with its portrayal of divine gift and human response.

Bioethicists have also found resources in the biblical tradition. Those concerned with an ethics of virtue emphasize narratives forming communities, particularly the New Testament Gospels reflecting and shaping the Christian Church. Those articulating an ethics of obliga-

tion have been shaped by the image of covenant emerging from the Pentateuch. But bioethics has not fully embraced an ethics of vision, nor drawn the poetic visions of the biblical tradition firmly into its canon—particularly the dramatic vision of apocalyptic literature.

The Apocalypse of Apocalypses

The most influential expression of these expressions of the apocalyptic vision is, of course, the Apocalypse, or Revelation, of John. Of all the Christian apocalypses it most incorporates expressions of the cosmic drama in the canonical Hebrew prophets. The Apocalypse of John is the coda of the biblical canon. In second-century writings, it is quoted more than any other book in the New Testament.¹¹

The vision of John’s Apocalypse is universal. It is a cosmic drama concerned with cosmos as well as kairos, with creation as well as history. Generations of commentators have collapsed apocalyptic into eschatology—concern about the end-time. Actually, apocalyptic is the genus, eschatology the species. The Society of Biblical Literature Genres Project defines apocalyptic as literature that discloses “a reality which is both temporal, insofar as it envisages eschatological salvation, and spatial, insofar as it involves another supernatural world.”¹² In his pivotal study of apocalyptic, *The Open Heaven*, Christopher Rowland demonstrates that glimpsing heaven now was as central to John and the other apocalyptic writers as peeking into the future. “Apocalyptic is as much involved in the attempt to understand things as they are now as to predict future events.”¹³

John places earth between the temple/court/palace above, with its thousands times ten thousands singing “blessing and honor and glory and power be unto him that sitteth upon the throne” (Rev 5:13), and the abyss/chaos/lake of fire below, the dark, dank, doomed realm of the dragon (Rev 20:2-3, 10). Of course, John’s universal perspective also places temporal reality in a present between a past that includes the death of Christ and the original Eden, and a future that restores Eden as the luminous New Jerusalem. The perspective is all-inclusive.

The Apocalypse of John is also dynamic. Time and space have what Leonard Thompson calls “soft boundaries.”¹⁴ True, the heavenly realms are transcendent, but John ascends to heaven, and angels descend. Christian congregations reverberate to the singing of the heavenly hosts. True, the future comes after a wiping away of present structures, but the future perfect state can be recognized as a city, filled, not with grotesque, hybrid creatures, but people with recognizable, resurrected bodies. Previous social roles can be recognized. In John’s vision, even time and space are permeable to each other. The future city, transcendent to us in time, resembles heaven, transcendent to us in space. Most importantly for ethics, the apocalyptic vision assures us that the moral choices we make here and now have cosmic and eternal significance.

The dynamism of John’s vision does not attempt to clarify moral problems by reducing them to manageable

size. Apocalyptic attempts to improve perception by expansion and allusion. John is not trying to make ethical judgment of moral action easy, but true to the vastness and richness of a moral universe.

John's vision of justice strips bare the pretensions of the whore/Babylon/Rome. As unremittently as any Hebrew prophet, John rhetorically overturns the empire's oppressive political, economic, and social power: The "kings of the earth" who have been seduced by her power are doomed, "the merchants of the earth," who "have grown rich from the power of her luxury," who profit from trafficking in "slaves—and human lives;" and the ship owners, who "grew rich....by her wealth" (Rev 18:3, 13, 17-19, 23 RSV). John culminates the Hebrew-Christian bias towards the vulnerable and oppressed.

John's rhetoric is passionate, what Elisabeth Schussler Fiorenza describes as "theo-ethical rhetoric," filled with a "symphony of images."¹⁵ Worshipers, hearing and repeating the Apocalypse in church services, are drawn into condemnation of the evil empire, its oppression, its ostentatious wealth, its blasphemous pretensions to ultimate authority. John's metaphors strip Rome of its glamour and legitimacy. Taunts and threats carry out surprise attacks, execute frontal assaults. John draws his congregations into a revolution of the imagination.

Martha Nussbaum, a philosopher steeped in Greek drama, values the great, classic works of the imagination because they engage the passions so deeply we actually take moral action. "The link between passion and the deliberately undertaken, she says, is forged by the imagination."¹⁶ For her, the imagination is crucial to morality because it moves the passions, which are nothing less than forms of belief.

Is a belief empty of passion really a belief? If we see an outrage perpetrated against a vulnerable person and feel nothing, do we really believe an outrage is being committed? If we do or say nothing to protest ethnic cleansing, do we really believe it is morally reprehensible? Through the metaphors, images, and poetry of the imagination, the apocalyptic vision engages us to go beyond recognizing a moral wrong to believing strongly enough to actually do something.

The apocalyptic vision aims to ignite the passions. But the Apocalypse of John suggests that its most powerful word is not condemnation of evil, but evocation of the good. The dazzling color and music of goodness allure us, alienating our affections from horrifying images of evil. The greatest gift of the Apocalypse of John the Revelator is to gather together the visions of the good society throughout the Jewish and Christian traditions and declare with Ezekial, Second Isaiah, Paul, and the writers of the synoptic gospels that there actually is a moral order; visions so dazzling, so piercingly vivid, that we are

drawn into participating in the healing of the nations.

The power visions of the apocalyptic vision may lie behind some other visions not usually associated with it. The universality of apocalyptic and its commitment to a perfect, just society may lie behind the Enlightenment's vision of a community of equals, where all are endowed with certain unalienable rights.¹⁷ An Enlightenment so certain, so passionately committed to the importance of that vision helped to inspire democratic and socialist revolutions throughout three centuries.¹⁸ Social reforms, such as the abolition of slavery, were directly fueled by the apocalyptic vision. The Civil War has been called the American Apocalypse.¹⁹ Jürgen Moltmann has said that the United States, founded on the Declaration of Independence, the constitution, and the Bill of Rights, "a country—and the first country—for all humanity," committed to gathering in people from all the nations, "makes this political experiment a messianic experiment."²⁰

"Those with an apocalyptic vision oppose the tyrannies of disability and disease, not to coerce the arrival of the city of God, but to enact His ideal civilization."

Of course, the more these sweeping moral, social, and political movements are laid at the feet of apocalyptic, the more bloody the "healing of the nations" sounds. Contemporary commentators insist that it is crucial to see how John identified the prototypical apocalyptic figure of the conqueror with Christ, "the

Lamb that was slaughtered."

Richard B. Hays, who makes the apocalyptic vision central to his highly acclaimed work, *The Moral Vision of the New Testament: A Contemporary Introduction to New Testament Ethics*, points out that "the Lamb that was slaughtered" appears twenty-eight times in Revelation. He quotes David L. Barr, who says that "The Lamb is the Lion. Jesus is the Messiah, but he has performed his messianic office in a most extraordinary way, by his death...We must now give a radical new valuation to lambs; the sufferer is the conqueror, the victim the victor." Hays is convinced that rather than the blood-soaked "Battle Hymn of the Republic," that inspired the northern armies in "America's Apocalypse," marchers of America's nonviolent civil rights movement captured the essence of "The Lamb that was slain" in Revelation with their haunting hymn, "We Shall Overcome." "Overcome" is the word used by the King James Version to translate the Greek word translated in other versions as "conquer." Those who would truly emulate the Christian Apocalypse of John are willing to challenge the evil powers even if resistance demands sacrifice.²¹

The Apocalyptic Vision and Bioethics

"So now, Theophilus, here is the truth concerning those about which we have studied." I am not the apostle Luke, nor a physician—just a student of ethics. But we are supposed to be arriving at an "orderly account" of the connection between an ethics of vision, of which apocalyptic is the most dramatic, and bioethics. What rel-

evance, for example, does an ethics of vision have for the persistent problem of death and dying? The answer begins with alternative bioethical approaches.

An ethics of virtue would—and has—stressed the importance of health professionals developing greater compassionate care for the dying. The moral ideal is for health professionals to be loving enough to help dying patients reach acceptance of their impending deaths. The hospice, for example, is the communal expression of the virtue of love for the dying. With regard to the dying, Elizabeth Kubler Ross and Cicily Saunders embody the virtue of compassionate love.

An ethics of obligation claims—and if necessary, demands—the rights of the dying patient. Among other claims, the competent patient has the right to be fully informed about his or her condition and treatment options; the right to stop “extraordinary” treatment; and now, it is being insisted by some, the right to be assisted by a physician in committing suicide. More carefully put, the claim is not the positive right to be assisted, but the negative right of a physician to not be interfered with if the physician assists a person to commit suicide. Although many less flamboyant and irascible are just as adamant about the necessity of recognizing the rights of the dying on a variety of issues, in the mind of the public, the obvious representative of the ethics of obligation regarding the dying is Dr. Kervorkian.

Note that from opposite sides, the ethics of virtue and the ethics of obligation focus on the doctor-patient (or health professional-patient) relationship. Since its emergence in the 1960s, this remains bioethics’ primary concern. The ethics of vision expands that focus. For an ethics of vision, death, not just the dying patient, becomes the concern. The ethics of vision looks at powerful, maybe hidden agents of death. The agents causing death on a large scale may prove to be so numerous and their relationship so complex, that the task of identifying them appears daunting. But an ethics of vision never permits the moral task to shrink into insignificance. If necessary, resources are summoned to challenge the agents of death. Not surprisingly, given the expansive scope of their perspective, an ethics of vision seems particularly relevant to those concerned with public health. Those in public life most typifying a moral concern beyond the reaches of traditional bioethics would include Ralph Nader, Mothers Against Drunk Driving, and David Kessler, former director of the Food and Drug Administration.

Ralph Nader persists in revealing the unnoticed corporate causes of avoidable deaths—auto manufacturers, food companies, and drug manufacturers. Mothers Against Drunk Driving shame states and local governments into adopting laws that save teenage lives. David Kessler began taking steps to restrain the largest advertisers and highest contributors to U.S. political campaigns, the multinational tobacco corporations, who seek out youngsters and women to fill their quota of 3,000 new smokers a day in the United States, 1,000 of whom they know will die from smoking-related causes; and who profit in the billions of dollars from the 3,000,000 people,

worldwide, who die each year from tobacco-related causes.

But what relevance does a specifically apocalyptic vision have? The more expansive the threats of death, the complexity of its origins, the more powerful its agents—over-population, hunger, eradication of natural resources, ethnic hatred—the greater the temptation to turn away, to seek distraction in the trivial, in cynicism, and sometimes in exhausted despair.

The cosmic scope of apocalyptic vision vividly reveals powerful threats to order. Even more importantly, the imaginative power of the apocalyptic vision gives us confidence that we are a part of a world and history in which chaos is overcome with order, oppression with justice, evil with good. In the face of death and fate, those with apocalyptic vision always have the confidence to ask, “so what do we do?”

Those with apocalyptic vision experience moments of song and worship as intimations of God’s glory. Those caught up in the drama of the ages continue to act on behalf of the endangered, weak, and vulnerable. Those with apocalyptic vision oppose the tyrannies of disability and disease, not to coerce the arrival of the city of God, but to enact his ideal civilization. The apocalyptic vision of a luminous city of health and harmony, “where death and mourning and crying and pain will be no more” (Rev 21:4), makes opposition to the forces of death and dying a sacrament, a participation in the overcoming of chaos in God’s healing of the nations.

References

- 1 Timothy Ferris, “Is This the End?” *New Yorker*: 44-45, January 27, 1997.
- 2 Krister Stendahl, *Paul Among the Gentiles* (Fortress Press: 1976), 39.
- 3 Jürgen Moltmann, *The Coming God: Christian Eschatology* (Fortress Press: 1996), 146.
- 4 Norman Cohn, *Chaos, Cosmos, and the World to Come: The Ancient Roots of Apocalyptic Faith* (Yale University Press: 1973), 163.
- 5 Cited by Richard A. McCormick, “Theology and Bioethics: Christian Foundations,” in *Theology and Bioethics: Exploring the Foundations and Frontiers*, ed. Earl E. Shelp (D. Reidel Publishing Company: 1985), 25-113.
- 6 Edmund D. Pellegrino, *For the Patient’s Good: The Restoration of Beneficence in Health Care* (Oxford University Press: 1988), 123.
- 7 Mary Midgley, “Visions, Secular and Sacred,” *Hastings Center Report*, 25, no. 5 (1995), 23.
- 8 H. Tristram Engelhardt, Jr., “Moral Content, Tradition and Grace: Rethinking the Possibility of Christian Bioethics,” *Christian Bioethics* 1, 29-47.
- 9 William F. May, *The Physician’s Covenant: Images of the Healer in Medical Ethics*, (The Westminster Press, Philadelphia, 1983), 13-

¹⁰ Robert Veatch, "Abandoning Informed Consent, *Hastings Center Report* 25, no. 2 (1995), 5-12.

¹¹ Norman Cohn, *Cosmos, Chaos and the World To Come: The Ancient Roots of Apocalyptic Faith* (Yale University Press: 1993), 212

¹² John J. Collins, "Introduction: Towards the Morphology of a Genre," *Semeia* 14, *Society of Biblical Literature*, 1979, 9.

¹³ Christopher Rowland, *The Open Heaven: A Study of Apocalyptic in Judaism and Early Christianity* (Crossroad: 1982), 2.

¹⁴ Leonard L. Thompson, *The Book of Revelation: Apocalypse and Empire* (Oxford University Press: 1990), 81-86.

¹⁵ Elisabeth Schussler Fiorenza, *Revelation: Vision of a Just World* (Fortress:1991), 117-39.

¹⁶ Martha C. Nussbaum, *Love's Knowledge: Essays on Philosophy and Literature* (Oxford University Press:1990), 339.

¹⁷ Jurgen Moltmann, *The Coming God: Christian Eschatology* (Fortress Press: 1996), 145.

¹⁸ Norman Cohn, *The Pursuit of the Millennium* (Oxford University Press: 1990) especially the preface and the conclusion.

¹⁹ James H. Moorhead, *American Apocalypse: Yankee Protestants and the Civil War, 1860-1869* (Yale University Press: 1978).

²⁰ *Ibid*, 175-77.

²¹ Richard B. Hays, *The Moral Vision of The New Testament: Community, Cross, New Creation: A Contemporary Introduction to New Testament Ethics* (Harper San Francisco: 1996), 173-84.

Double Effect

Continued from Page 2

must be sure that I am acting in conformity with the Golden Rule and other applicable standards before I can even inquire about the compatibility of my proposed choice with the rule of double effect.

2. The harm that results from my action must be unintended. A simple test here would be to perform a thought experiment: if, even by means of some occurrence conceivable only in science fiction or fantasy, the harm could be avoided, would I be satisfied? This test is not foolproof, of course. It is important to ask directly whether what one really wants is the harm one is bringing about. If it is, one has identified with the harm, and so willed evil.

3. The harm that results from my action must be proportional—that is, it must be no greater than the minimum required to achieve the good outcome that is the real purpose of the action. For instance, to use an earlier example, if I defend myself against an attacker by shooting her when a simple shove would have protected me adequately, the harm I've done is disproportionate. Respecting the rule of

proportionality isn't a matter of weighing the benefit to be achieved by the act against the harm to be avoided. That kind of weighing is impossible. It's not so much like comparing apples and oranges as it is like comparing apples and operas. The two can't be put on the same scale and weighed against each other. Respecting the rule of proportionality is simply a matter of acting in a way that results in no more harm than is necessary. It is a way of ensuring that the harm one does is not gratuitous, and quite possibly, intended.

4. The harm that results from my action must be a direct result, in parallel with the good outcome I am trying to achieve. The harm may not be a means to the good outcome. This is the point of discussing the rule of double effect: a single action leads directly to two (or more) results, one of which does not involve harm to oneself or someone else. Only if the outcomes are distinguishable, and one wills the harmless outcome, can one be said not to identify with the harm to which one's action leads.

These four requirements—consistency, unintendedness, proportionality, and directness—yield an acronym, CUPiD, that encapsulates the principal requirements embodied in the rule of double effect.

Is the rule of double effect of any practical value in contemporary clinical practice? Health care professionals may be its most frequent users today, though it also underlies many of the rules reflected in the so-called "just war" doctrine. But even health care professionals are often skeptical about its worth.

I believe the rule is worth retaining. It embodies a rejection of the tempting consequentialism that makes each of us a little god responsible for the fate of the entire universe, and a corresponding affirmation of the particular that has long been a hallmark of excellent medical practice. It makes clear what refusing to identify with evil looks like. It offers a way to do good and to be good in the face of the ambiguities each of us faces in a sinful and chaotic world.

Note

The understanding of the rule of double effect I elaborate here derives from Germain Grisez, *Toward a Consistent Natural-Law Ethics of Killing*, 15 *AM. J. Juris.* 64-96 (1970) and Joseph M. Boyle, *Toward Understanding the Principle of Double Effect*, 90 *Ethics* 527 (1980). For alternate views, see, eg., Warren Quinn and Philippa Foot, *Morality and Action*, (Cambridge University Press: 1993), pp. 175-97; Lucius Iwejurn Ugorji, *The Principle of Double Effect: A Critical Appraisal of Its Traditional Understanding and Its Modern Reinterpretation* (1985) Volume 245 (Peter Lang Publishing: 1985); Jeffrey M. Ross, *Proportionalism and the Principle of Double Effect* (MA thesis, Graduate Theological Union, 1994).

Gary Chartier, PhD

Gary Chartier earned his doctorate in theology at Cambridge University. He will graduate from the UCLA Law School in May 2001.

Learn to minister in the clinical setting

Master of Arts in Biomedical and Clinical Ethics

This degree provides you with an excellent opportunity to explore various traditions of ethical thought, gain clinical experience in a medical setting, and develop critical skills for applying theory and values to contemporary moral and social issues.

Studying with experienced faculty in a highly research-oriented medical environment, you will learn how to balance a theoretical understanding of ethics with its practical application.

Polly Sprague, DDS, MA
graduate, 1998
MA Biomedical and
Clinical Ethics



"The individual attention given to me by the faculty encouraged me in the areas of critical thinking and writing. But most importantly, compassion and commitment to each patient was both modeled and taught."

Contact us for more information

Loma Linda University
Coleman Pavilion
Suite 11121S
Loma Linda, CA 92350

Phone (909) 558-4956
Fax (909) 558-0336
gsample@ethicscenter.llu.edu
<http://ethics.llu.edu>



About LLU

Loma Linda University is a Seventh-day Adventist educational health-sciences institution with 3,000 students located in Southern California. Seven schools and the Faculty of Religion comprise the University organization.



Students from more than 80 countries around the world and virtually every state in the nation are represented in Loma Linda University's student body.

Religion is an integral part of Loma Linda University's role as a health-sciences institution, and is vigorously supported by the University's faculty, staff, students, and administration.

Amy Stumpf, MA
graduate, 1995
MA Biomedical and Clinical Ethics

"I cannot think of a more valuable blend of disciplines!"



Master of Arts in Clinical Ministry

The program in clinical ministry is especially valuable as preparation for careers in chaplaincy and other fields of ministry. It will enhance your capability for providing effective counseling and ministry for those who are in crisis.

The emphasis of Loma Linda University and Loma Linda University Medical Center on whole-person care provides a unique dimension for this master's program in clinical ministry.

Scott Winters
student,
MA in Clinical Ministry

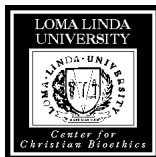


"I have a new understanding of ministry which has broadened my vision of helping meet others' spiritual needs. I have not found another ministerial degree that offers so much diversity in academic study combined with invaluable clinical experience."

Contact us for more information

Loma Linda University
Griggs Hall
Room 220
Loma Linda, CA 92350

Phone (909) 558-8433
Fax (909) 558-4856
mhung@som.llu.edu
<http://ministry.llu.edu>



CENTER FOR CHRISTIAN BIOETHICS
LOMA LINDA UNIVERSITY
Coleman Pavilion, Suite 11121S
Loma Linda, CA 92350

Change Service Requested

NONPROFIT ORG.
U.S. Postage
PAID
Loma Linda
California 92350
Permit No. 6