Principles of Christian Excellence in Medical & Dental Practice

As Christian care-givers in the dental and medical professions, we commit ourselves to the following principles:

- We will do no harm to our patients by acts of either omission or commission.

- We are dedicated to the prevention and relief of human pain and suffering.

- We hold all human life to be sacred as created in God's image.

- We respect the confidentiality of all communications exchanged with our patients.

- We affirm the standard of honesty in all circumstances.

- We believe that our patients have the right to be carefully taught about all aspects of their disease and treatment so that they may give consent that is properly informed.

- We pursue excellence in dentistry and medicine through advancement of research and education.

Because we follow the example of our Lord and Savior Jesus Christ who came to earth "not to be ministered unto, but to minister and to give His life," we are dedicated to the service of all persons regardless of the state of their economic resources or the nature of their illness. In circumstances where their care is beyond our own resources, we will intervene on their behalf as advocates of adequate care.

We desire to maintain a quality of relationship with our patients which will bespeak our availability for counsel as well as care.

Approved by the House of Delegates
Passed unanimously
May 3, 1991. Chicago, Illinois.

Explanation

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Medicine is necessarily a moral enterprise. Practicing medicine involves making decisions, and many of those decisions must be made between good and bad; between right and wrong. It thus seems intuitive that a clinicians moral understanding and ultimate world view will influence how he or she makes those decisions.

Some maintain that the profession of medicine has its own internal morality which can provide guidance to clinicians as we wrestle with these moral questions. Such an internal morality, they claim, can be found in historical oaths and codes, and in the teachings of one generation of clinicians to the next. Others maintain that the morality of medicine is external to the profession; i.e., the medical profession is amoral, and each clinician brings to the practice his or her own morality. The idea here, in effect, is that medicine

is more of a technique than a profession per se. Still others maintain that the profession of medicine used to be more monolithic in its foundational beliefs, but modern pluralism has made those foundations obsolete so that individual clinicians must now grapple with moral issues without professional assistance.

Many Christians believe that medicine does, in fact, have an internal morality. Historically, however, it is clear that such an ethical foundation of modern medicine arose within the polytheistic culture and belief system of ancient Greece, and was probably first articulated in the Hippocratic Oath (c 500 BC). At its inception, this Hippocratic ethos of medicine was a minority perspective. It was a call to reform a profession that had up to that point no firm moral base. The Hippocratic ethic clearly affirmed several enduring principles such as using appropriate means to benefit the sick, limiting the means and ends of medicine to exclude killing patients, protection of the vulnerable patient (confidentiality, proscription of sexual impropriety), etc. But perhaps the most important aspect of that ethic is the concept that the clinician is responsible both to a divine power and to the patient. The practice of medicine involves a vertical (transcendent) as well as a horizontal relationship. This Hippocratic ethic gradually became the dominant ethic of the practice of medicine because its because it precepts are essentially consistent with the Christian ethic.

Members of the Christian Medical and Dental Society believe being a Christian should have a profound influence on how we approach the practice of medicine, how we view the individual patient, and how we make decisions. Whether that morality is internal to the profession of medicine and just happens to be consistent with the teachings of Jesus, or whether it comes purely from within the individual, it is vitally important to recognize the inherent moral dimension of the practice of medicine and to articulate the necessary guiding principles. It was with this concept in mind that the Ethics Commission proposed the statement on Principles of Christian Excellence in Dental and Medical Practice in 1990 which was subsequently passed by the House of Delegates in 1991.

Bibliography

Pellegrino, Edmund. "Educating the Christian Physician: Being Christian and Being a Physician", in On Moral Medicine. Ed. Lammers, SE and Verhey A. Grand Rapids, MI: Eerdmans, 1987.

Christian physicians are called to a ministry in medicine which integrates the roles of competent scientist and authentic Christian healer. They must guard against the increasing tendency to dichotomize the spheres of medicine and Christian faith. In doing so, they must take caution against both esteeming too highly the achievements of medicine over against the role of faith and against demoting the role of medicine to the level of suspicion or mistrust. Christian physicians must seek to actively harmonize their faith and their medicine; for them, the two must remain inextricably linked.

Tournier, Paul. "The Meaning of Medicine," in On Moral Medicine. Ed. Lammers, SE. and Verhey A. Grand Rapids, MI: Eerdmans, 1987.

Physicians are fundamentally servants of God as they bring about healing and wholeness, protect the weak, and regard death as being within the context of the Resurrection of Jesus Christ. Healing and the restoration of wholeness in patients are manifestations of God's great mercy and love which he freely extends to fallen humanity. Further, in providing their services indiscriminately, physicians model the compassion exemplified by Christ and obey his commands to care for even the least of these (Matt. 25:40). Finally, by interpreting death from the perspective of Christ s resurrection, physicians may provide hope to their suffering patients as well as sustain their own.

Hollman, Jay. "How a Christian Thinks about Medical Ethical Issues." Introduction to New Issues in Medical Ethics. Bristol, TN: CMDS, 1995:1-14

The editor of this CMDS publication begins the book by contrasting secular and Christian world views and their logically deduced principles. He then applies these two perspectives to scientific discoveries, medical ethics and public policy.

Mohrmann, Margaret E. "God Is One: The Temptations of Idolatry," in Medicine as Ministry. Cleveland, Ohio: The Pilgrim Press, 1995.

Christian physicians must commit themselves to resisting the temptation to idolize the practice and power of medicine. They must recognize the pervasive idolatry of life and health as absolute goods and seek,

instead, to both understand and convey a theological understanding of life, health, and death. They must proclaim God, and a trust in Him, to be the absolute good--one which transforms the way in which we view life, health, and death. Thus, it is essential that Christian physicians commitment to Christ permeate their practice of medicine.

Pellegrino ED, Thomasma DC. The Christian Virtues in Medical Practice. Washington, DC: Georgetown University Press, 1996

The authors, both Roman Catholics, have written a series of books in a project of developing a coherent moral philosophy of medicine. Earlier works include: A Philosophical Basis of Medical Practice, For the Patient's Good, and The Virtues in Medical Practice. In the current work, the authors examine virtue-based ethics and propose a theological view of medical ethics which helps the Christian physician reconcile faith, reason, and professional duty. They attempt to balance theological ethics, based on the virtues of faith, hope, and charity, with contemporary medical ethics, based on the principles of beneficence, justice, and autonomy. The result is a clinical ethic which centers on the virtue of charity and is manifest in practical moral decisions.