COMPASSIONATE JESUS

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Rethinking the Christian's Approach to Modern Medicine

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To

Jesus

"The author and finisher of our faith,
who for the joy that was set before Him
endured the cross, despising the shame,
and has sat down at the right hand
of the throne of God."

—Hebrews 12:2

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Acknowledgments

I heard Rev. Dr. Joel Beeke preach for the first time at the Bolton Conference in Upton, Massachusetts, in the autumn of 2003. His sermon on the contrast between Mt. Sinai and Mt. Zion from Hebrews 12:18–24 was a firestorm to my soul. I literally trembled in my seat and wept over my sins as the terror of Mt. Sinai laid heavy upon me, but then Joel brought me to Mt. Zion and "to Jesus the Mediator of the new covenant." My heart fluttered, and my weeping turned to joy! I recall this *experiential* story for a couple reasons. First, Dr. Beeke's Spirit-blessed ministry has cultivated in me a longing to be, in his words, a "sin hater, Christ lover, and holiness pursuer," and, second, I am amazed at how the Spirit has blessed his work since 2003 (a mere ten years ago) at the Puritan Reformed Theological Seminary and Reformation Heritage Books (RHB). I am grateful for Joel's dedication and powerful witness to the Lord Jesus Christ, the transformative effect his ministry has had on my life through his teaching on experiential Calvinism, and for his willingness to publish *Compassionate Jesus* to advance the kingdom of God in the complex world of modern medicine.

Of course, serving alongside Joel is the team of dedicated, Christ-loving RHB staff members who made this book possible. Jay Collier works diligently behind the scenes on so many books at RHB; I am thankful for his philosophical and theological insights and for suggesting ways to make this book more accessible to the lay reader. I am so very, very, grateful for Annette Gysen. Her expert editorial work made this book clearer, and her queries helped me think more deeply about sensitive issues raised throughout *Compassionate Jesus*. There are some wonderful epitaphs on gravestones from the time of Puritan New England, and I think this one dedicated to the wife of a deacon fits Annette well: "She is a godly ornament of the Christian faith." Thanks to all at RHB for their willingness to take up and invest in this out-of-character project!

I am grateful for Dr. Anthony Van Grouw. His medical expertise, advice, and input were very helpful.

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Introduction

Frank, a middle-aged man, lay on the table in the cold electrophysiology lab.[1] Two weeks earlier Frank had died from a cardiac arrest due to an abnormal heartbeat (lethal heart dysrhythmia), but state-of-the-art medical care and an external cardiac defibrillator, a device that shocks the heart to restore a normal heartbeat, had brought him back to life. As a result, Frank had an automatic implantable cardiac defibrillator (AICD) placed in his body. When Frank's heart fibrillated, it quivered because of electronic disorganization and did not pump effectively, so the AICD would treat future dysrhythmias by detecting them and delivering a jolt of electricity to depolarize his heart. The goal of the electrophysiology team during this procedure was to recreate the heart condition that caused Frank to die and monitor how the AICD responded.

I was one of the critical care nurses on the team, and my role was to assist in the procedure by monitoring

1. In this book, names and identifying details have been changed to protect the privacy of individuals.

Frank and defibrillating him externally if the AICD failed. I applied the large adhesive defibrillation pads to Frank's chest and back. These external pads detected the rhythm of Frank's heart, and I would use them to shock him if needed. "Beep…beep…beep…." The cardiac monitor on the external defibrillator came to life.

"Frank," I said, "I am going to start an IV in your right arm and give you a sedative to help you relax."

Nervously, Frank replied, "OK."

"Next, I am going to place this computer mouse-like device over your AICD, and the cord will be connected to this computer. This will allow us to monitor, control, and adjust your AICD. You will also see some new faces joining us. The anesthesiologist you met earlier, the representative from the company that made your defibrillator, and, of course, Dr. Jones."

As I was talking to Frank, Dr. Jones and the other personnel walked into the lab. Dr. Jones went to Frank, placed his hand on his shoulder, gave him a reassuring smile, and then looked over at me. "Chris, is Frank ready?"

"All set," I replied.

The anesthesiologist talked to Frank a moment and started to inject a milky anesthetic into the intravenous port in his right arm. Frank was unresponsive in a matter of moments. Then the anesthesiologist inserted a plastic apparatus in Frank's mouth and started to administer oxygen. He assessed Frank and told Dr. Jones that we were ready to proceed with the testing.

The electrical engineer from the defibrillator company pushed some buttons on the bedside computer linked to the AICD via the wand. "Dr. Jones," said the

representative, "I am going to start pacing the heart." Dr. Jones gave a nod.

"Beep…beep…beep…." The beeps on the monitor sounded closer and closer together until finally we heard one long "beeeeeeee…."

"Clear!" said Dr. Jones.

We heard a *snap* as the AICD sent a jolt of electricity through Frank's heart, and we watched his body flop on the table. Then there was a seeming eternity of silence as we gazed with anticipation at the flat line on the monitor. Then, one by one, heart waves appeared, and the reassuring "beep…beep…beep…" started.

The word that describes my early years in the medical profession, when I had many experiences like this one, is intensity. I was a highly charged individual who lived for code blues, but all of that has since changed. It all started in 1989 when I enlisted in the army. I went to the recruiter an installer of heating and ventilation ducts and came out a medical specialist. I took the army aptitude test and qualified as a 91B, the job equivalent of a civilian emergency medical technician (EMT). I went off to basic training in South Carolina and then on for advanced medical training in Texas. The army stationed me in Germany, and I served a mechanized infantry company as its medic. After discharge, I worked as a medical technician at the Veterans Administration Medical Center (VAMC). While I worked at the VAMC, I became acquainted with some men working as nurses. Motivated by their example and military tuition reimbursement, I enrolled in a nursing program, graduated, took the exams to become board certified, and officially entered the nursing profession.

All of this was nearly a quarter of a century ago, but now, instead of a career in the intense scene of critical care, I am counseling and caring for people at the end of their lives.

My calling to the pastorate led me into the world of hospice and palliative care, and it caused me to think more deeply about modern medicine in light of Scripture.[2] Years before my calling to the pastorate, the Holy Spirit used a fellow student in nursing school to lead me to Jesus. By God's grace, I was born again through my friend's persistent witness, and a few years later, I sensed a call to the ministry. During this time, I continued working as a nurse in various capacities, but I also enrolled in a theological school. After completing these studies, I was encouraged by the elders at the church I attended to apply to seminary. Eventually, I graduated from seminary and was ordained. I served a congregation in Pennsylvania, and then the Lord burdened my heart with a desire to unite my medical and theological education and experience.

My burden stemmed from two major issues. First, my medical education and work in the health-care field exposed me to a worldview distinct from modern medical science that is radically antibiblical. I call this worldview *modern medicine*, and it is different from medical science. Modern medicine possesses guiding philosophical principles, whereas medical science is merely an empirical method. All the sciences require a philosophical

2. *Palliative care* is specialized medical care for people with serious illnesses. It focuses on providing patients with relief from symptoms, pain, and the stress of an illness. Unlike hospice care, it is appropriate for patients at all stages of diseases and for those suffering from curable and chronic diseases.

foundation to build on, and medical science is no different. Modern medicine has chosen to build its science on the pillars of naturalism, humanism, agnosticism, and evolution. As I pursued my theological education and continued to interact with the health-care field, I started to see how these underpinnings challenged supernaturalism, theism, absolutism, and redemption, major pillars of the Christian faith. I also encountered numerous Christians accepting these modern medical assumptions at varying levels.

For example, I encounter Christians who unwittingly embrace a view of the person that does not recognize the existence of an immaterial soul, or mind, to use a modern term. Modern medicine sees the brain as the substrate to the mind, so it assumes a view of the person called materialism, or monism. This view is over against the traditional Christian view, which is dualism (materialism/immaterialism [Gen. 2:7]). One major implication for Christians who embrace this view is an assumption that medical technology that analyzes the brain (a material entity) can provide information about the mind (an immaterial entity). In essence, Christians who believe this is possible are accepting that medical science has created a device that could be considered a "soul detector." Most Christians would think this sounds silly. Yet the determination of death (i.e., the absence of a soul) in an unresponsive individual depends partly on data gathered from an instrument called an electroencephalogram (EEG) that records the lack of electrical activity in the brain. The ethical implications for accepting this as an indicator of death are serious for Christians, as I will point out in a later chapter.

I also encounter Christians who have adopted the pervasive mindset that it is God's will for them to pursue aggressive, life-prolonging medical treatment to extreme ends. In a book unrelated to the subject of health care, focused on basic Bible doctrine, titled *Great Words,* by Rev. Jack L. Arnold, the author says, "We use all means at our disposal to prolong life." This assumption reflects the view of some in our contemporary culture, but not of the Bible. Jesus' pursuit in life was not to live as long as possible; rather, it was to do the will of His Father (Matt. 26:39). In fact, He willingly accepted His death at the relatively young age of thirty-three! The Bible instructs us repeatedly to remember our mortality and prepare for death (Luke 12:15–21; James 4:13–15), and it does not suggest we prolong our life at all costs; to do so may lead to the idolatrous worship of our life and to embracing medical practices that are unethical, a topic we will consider in chapter 1. Today, I find that many Christians live for this life because they believe God wants them to live on, using "all means at [their] disposal."

The choices Christians make are a matter of the heart, and I know from experience how difficult decisions regarding medical treatment are. There are no easy answers to life-and-death questions. My goal in this book is not to impose my convictions on others but rather to help Christians rethink how they are using modern medicine. In this book, I will show repeatedly how a biblical approach to medical science conflicts with modern medicine and how this poses serious challenges for Christians today. Both the worldview of modern medicine and Christianity offer definitions of our humanity,

explain why we get sick and die, hold out healing and hope, and speak about the hereafter, but because the foundations for their belief systems are completely different, they cannot help but clash. As with all things in the world, Christians need to "walk circumspectly" (Eph. 5:15) and not be led astray through "philosophy and empty deceit, according to the tradition of men, according to the basic principles of the world, and not according to Christ" (Col. 2:8). This is no less true when Christians engage the world of modern medicine.

In light of the prevalent philosophy of modern medicine, it is time for Christians to step back and ask themselves this question: What did the apostle Paul really mean when he wrote, "For to me, to live is Christ, and to die is gain" (Phil. 1:21)? Are we to assume this was simply a Christian cliché thoughtlessly penned by the great missionary apostle? Did Paul really mean that it was better for him to die than live? The context for the passage indicates the latter. In verse 23 he wrote, "I… desire to depart and be with Christ, which is far better." Paul preferred to die, not because he desired death, but because after he died, he would be with Jesus.

This should cause us to pause, reflect, and ask ourselves if we share this same aspiration. Do we really believe it is better for us to die than live? It is easy to say "to live is Christ, and to die is gain" when we are healthy, life is going well, and death is not around the next corner, but what about when we are face-to-face with death? Will we still say, "For to me, to live is Christ, and to die is gain"?

Paul recognized that the medicine of his day—and there was an elaborate medical system even then—did

not have the answers humanity longed for, nor does the medicine of our day. Jesus did—and He still does! The sad reality is that while Christians today believe this is true, their actions sometimes testify to the opposite when it comes to medical or surgical treatment. In my twenty years' experience in the health-care field, I have encountered many Christians who seek curative treatment to extreme ends. Their actions say to scoffing unbelievers, "I live for myself in the name of Jesus, and I avoid my death at all costs." For Christians whose hope is really in the ability of modern medicine to heal and prolong life, Jesus is only a miracle man or coping aide. Death has no advantage for them, and by their choices they demonstrate that they do not live for Christ in the here and now. This recurrent observation compelled me to write this book.

Compassionate Jesus: Rethinking the Christian's Approach to Modern Medicine addresses what it means for Christians to live for Christ while they make use of modern medical science and how death is still great gain for them. Amazing advancements have been made in medical science in the last century, and, as a result, modern medicine has developed its own distinctive character and philosophical approach to illness, disease, and death. In the twenty-first century, hospitals, not churches, have become the places most people in the United States look to for healing and hope. This is tragic, because the church provides the only answer for everlasting healing and hope. Jesus has a lot to say about the way we understand and use medical science, and from His teaching we are able to develop a compassionate health-care model rooted in His redemptive work that is relevant today—a

model based on assumptions radically different from those of modern medicine.

A shift has occurred today, and somehow aggressive, life-saving medical treatment that developed in the 1970s has become associated with compassionate care, even in the Christian mindset. Perhaps this shift is rooted in the Good Samaritan law, which requires health-care professionals to do everything in their power to save and prolong life, but this is not what Jesus taught in the parable of the Good Samaritan. In the story, Jesus spoke about a man showing compassion for someone in a medical crisis by tending wounds, managing suffering, providing for needs, and facilitating a safe environment. The emphasis is not on aggressive procedures to prolong life at all costs but rather compassionate intervention to treat suffering and symptoms. Throughout the Gospels, Jesus communicated that He was the true cure for illness, disease, and death, and He taught us to show compassion. The aggressive agenda of modern medicine challenges Jesus' answer to illness, disease, and death in many ways. So it is the Christian's responsibility to answer this challenge by advancing Jesus' "health-care agenda" in the United States and abroad.

The Christian recognizes that nothing happens by chance. Behind every illness, disease, tragedy, and death rests the triune God's eternal plan of redemption, which is the foundation for true health, wellness, and life. No life experience is a random, fortuitous event that catches God by surprise. How all of this unfolds in time is a great mystery to us, but the Bible is emphatically clear: God has planned every illness, disease, and tragedy we will

experience in life—and even the very moment we will die (Eccl. 3:1–11; Eph. 1:3–14). Therefore, our goal in life is to study this plan in light of Scripture and connect our lives to it repeatedly in order to experience true healing and hope. Put simply, our mission in life is to align our will with the will of God and use medical and surgical treatments as the instruments He intended them to be. Jesus prescribed prayer to help us do this; prayer is God's medicine. It is through the activity of prayer we enter into the presence of the Father and Son, motivated by the Holy Spirit, to express our heartfelt desires, bear one another's burdens, and seek wisdom to understand the triune God's purpose for our lives as we come face-to-face with affliction, calamity, and our mortality.

Spirit-dependent prayer will make us bold in the face of death. Indeed, we will be able to confess with Paul that death is "great gain," and we will use modern medical science the way God intended—we will "live for Christ." This is the ultimate goal for this book. Jesus teaches us that death is a positive transition for the Christian, but for those who trust in modern medicine, it is the beginning of eternal hopelessness, sickness, suffering, and death. Hell awaits those who do not live for Christ. Jesus has entrusted the Christian with an unpopular mission to warn people about hell, expose the false teachings modern medicine offers in its place, and proclaim boldly His exclusive resurrection answer to death and hell.

Throughout this book, I will encourage readers to rethink their approach to modern medicine. In chapter 1, I will develop a Christian worldview for modern medical science, giving the name of this approach

compassionate health care. In the second chapter, I will consider the advances of medical science and the blessing they have been for many, but I will also consider some of the challenges these advancements pose to Christians. In chapter 3, I will consider how to use modern medical science biblically and develop principles to engage modern medicine today. The fourth chapter focuses on prayer, first by considering the example of Job, and then moving on to provide suggestions on how to pray in the midst of illness, disease, and death. In the last chapter, I will consider the modern hospice movement in the United States and some of the major challenges this movement poses to Christians at end of life.

It is time to step back and rethink our approach to modern medicine in light of biblical teaching and sincerely ask ourselves two important questions: (1) Are we living for Christ in the midst of a medical crisis? (2) Do we really see our death as great gain as we look in hope to Christ? It is my prayer that *Compassionate Jesus* will help us answer these questions and equip us to live for Christ, even in the face of illness, disease, tragedy, and death.