CHRISTIAN NORMS IN THE ETHICAL SQUARE:
AN IMPOSSIBLE DREAM?

MICHAEL MCKENZIE*

Richard John Neuhaus, in his provocative book *The Naked Public Square*, makes the case convincingly that traditional communitarian (and especially Christian) values have been progressively evicted from the realm of public political discourse. Increasingly, those who desire to work within the public realm must couch their arguments in individualistic and nonreligious terms. It is hardly stating anything novel to point out that the Bible is deemed irrelevant by today's political policy-makers. This political reality is also largely true in the field of ethics, making it difficult if not impossible to use Scripture as a source of norms for ethical discourse.

This "naked ethical square" has created a twofold dilemma for those whom I call Scriptural ethicists. By that designation I am referring to those who openly employ Scriptural values, reasoning and terminology for their normative bioethical principles as well as for the justification of those principles.¹ This dilemma consists in the fact that while the content of current secular ethics is seen as flawed (a point on which there is much agreement within the Christian community), access to the realm of ethical discourse has been effectually barred to such overt use of Christian Scripture. This is reflected in the study of bioethics, especially in both the current practice of medicine and in the major medical codes and guidelines.

It is not the purpose of this paper to say that overtly Scriptural methodologies are wrong, nor is it to make the point that a Christian methodology should be necessarily based only on effectiveness. That would certainly be in error. Scripture does counsel Christians to admonish and to warn others of un-Biblical behavior regardless of their response. Biblical critiques are also appropriate to counsel Christians—both those within and without the health-care field—to conform their behavior to Biblical standards.² Nevertheless there remains a problem of application within a more public realm: Can these critiques have any place within bioethical discourse in general? And, more pointedly, are they able to be effective voices for change in the

¹ Two such examples are F. Payne, *Biblical/Medical Ethics* (Milford: Mott Media, 1985), and J. Frame, *Medical Ethics* (Phillipsburg: Presbyterian and Reformed, 1988).

² Both Payne (*Ethics* 1) and Frame (*Ethics* 1, 7) make it clear that at least part of their intended audience is comprised of evangelical Christians. This paper, however, addresses whether or not these sorts of critiques have any chance of extending their audience and hence their influence.

* Michael McKenzie teaches at Northwest College, Kirkland, WA, and lives at 4303 S.W. 102nd Street, Seattle, WA 98146.
arena of ethical policy-making? Franklin Payne himself realizes that any ethical system must have relevance and applicability if it is to be of any value: “An ethic that cannot be concretely applied is useless.”

If an explicitly Scriptural ethic cannot be a voice for change, does this necessitate that any Christian ethical proposal be “translated” from any overtly Scriptural language into more “acceptable” (and secular) language? This would pose especially difficult problems for those Protestants who are less comfortable with natural-law theory than are Roman Catholics. It would also pose difficult problems for any Christian ethicist who desires to suggest a Christian ethical alternative that goes beyond such basic (and often ambiguous) Christian notions as being created in God’s image or following the golden rule.

Paul Ramsey illustrates the other horn of the dilemma. Ramsey also attempted to infuse the ethical square with Christian values. His approach could hardly have been more different from that of Payne and Frame—he was not afraid of either touting the “splendor of natural morality” or firmly eschewing *sola Scriptura* when doing ethics—but his ethics suffers from a fatal dose of ambiguity and uncertainty. Thus these two different ethical approaches illustrate the crisis within Christian ethics today: On the one hand the *Zeitgeist* inhibits direct Scriptural application within ethics in the public realm, while on the other hand to do away with such direct Scriptural commands seems to force a Christian ethics into accepting the crucial (and fatal) assumptions of ethical relativism. In my judgment this crisis will not go away, perhaps creating an unintended opening for a more “sect-like” Christian ethics (to use a term borrowed from Ernst Troeltsch).

To set the problem clearly before us, it is necessary to show the competing ethical visions, illustrate the resultant gap between them, and then point out the inherent difficulty facing those who would attempt to bring Scripture (or Scriptural values) into the ethical square. I will conclude the essay with a candid assessment of the future of Christian values within ethics.

I. METHODOLOGIES OF CURRENT SECULAR BIOETHICISTS

In the field of bioethics there is little on which it can be said there is absolute agreement. Still, the two texts I have chosen as representative of the tradition are squarely within the mainstream and are definitive examples of current bioethical norms and methodologies. Also, both are commonly used to instruct undergraduate premedical students as well as graduate students in bioethics.

Beauchamp and Childress discuss four major principles that are the source of all bioethical norms: respect for (patient) autonomy, nonmaleficence, beneficence, and justice. The authors point out that although these

---

3 Payne, *Ethics* 60.

principles “do not provide a complete system for general normative ethics, they do provide a sufficiently comprehensive framework for biomedical ethics.”5 In Beauchamp and Walters nonmaleficence is subsumed under beneficence, leaving three general principles: respect for autonomy, beneficence, justice.6 It is important to note that in both works these principles are considered “sufficiently comprehensive” for bioethics—that is, all rules, ethical judgments, and actions must flow from the above three (or four) principles.7

1. **Autonomy.** An autonomous person is defined as one who “acts in accordance with a freely self-chosen and informed plan.” Or, looked at another way, an autonomous action is one that is “not subjected to controlling constraint by others.” The concern here is that the patients be able to “determine their own destiny,” to be able to make their own medical decisions without coercion, manipulation, or undue persuasion. Thus the emphasis is not on the content of the patient’s decision: As long as the patient is given ample case information the main duty is negative—that is, the patient should not be kept from making his or her own decision.

2. **Beneficence (and nonmaleficence).** Beneficence is concerned with the “doing of good and the active promotion of good, kindness, and charity.” In various circumstances it may include “any form of action to benefit another . . . [and that helps] . . . others further their important and legitimate interests.” Of course the important question of what is meant by “good,” “kind,” “charitable” and “legitimate” is never really addressed by the authors. Both works are full of qualifications and caveats, urging the reader to use his or her own reason to define the concepts.

Nonmaleficence is observed as a negative duty following the traditional *Primum non nocere* (“Above all, do not harm”).8 Whether or not it is recognized as a separate principle, its content remains negative in its application: A doctor should not harm his patient. Once again there are no set standards to define just what “harm” means. For example, neither text would dream of defining abortion as harmful *per se* and hence maleficent. Consequently the physician has great latitude for definition, and where that latitude ends, that of the patient begins (autonomy again).

---

5 Beauchamp and Childress, *Principles* 15.
7 See Beauchamp and Walters, *Issues* 28; Beauchamp and Childress, *Principles* 15. More specific rules such as truthfulness, promise keeping, privacy rights, and others are derived from these basic four principles. These principles will not be treated comprehensively. Instead we will discuss them only enough to point out that the reasoning process involved invariably leads to a variety of ethical “solutions,” that there really are no firm sets of inviolate rules that bioethicists can use in their reasoning process, and that the end result is actually quite relativistic. The citations in the next two paragraphs are taken variously from Beauchamp and Walters, *Issues*, or Beauchamp and Childress, *Principles.*
8 Beauchamp and Childress, *Principles* 120.
3. Justice. The problem of a plurality of opinion is nowhere more evident than in the case of attempting to define justice. Definitions are so diverse, so wide-ranging, that Beauchamp and Childress state that “it has proved an intractable problem to supply a single, unified theory of justice that brings together our [the authors’] diverse views.”

Mentioning the ancient dictum “To each his due,” the authors bring in such diverse concepts as desert and fairness in an attempt to add substance to the definition, but we are still left in much the same dilemma as before. Terms such as “desert” and “fairness” are never clearly defined, leaving the physician and/or patient to fill in what they believe should be the proper definition for the particular situation.

Most bioethical dilemmas come about when a particular case presents competing principles—for example, autonomy versus beneficence. In these types of cases, these texts give no real moral direction at all. Of course this dissatisfaction is heightened when the authors fail to rank the principles. They put it this way: “We have argued for a pluralism of moral principles, equally weighted in advance of information about particular circumstances.”

Thus the budding bioethicist is left to his own resources (more specifically, his reason) to arbitrate between competing principles and to decide on the correct course of action. In reality the secular texts advocate a situationalist approach that is to be carried on within broad boundaries of patient autonomy, beneficence and justice. The ethicist must conduct a constant juggling act.

II. METHODOLOGIES OF THE SCRIPTURAL ETHICISTS

Not surprisingly the content of this sort of ethic—what it is that ought to be done—comes straight out of Scripture. Payne: “A methodological starting point has to be necessarily evangelical and inseparably two-fold: regeneration (palingenesis, Titus 3:5) and inerrant, infallible Scripture.”

The content of a proper medical ethic is to come directly from the Scriptures through sound exegesis. “Scripture is sufficient to answer all questions of ethical principle and moral practice, if only we learn the act of fitting to our situation that which Scripture offers either in principle or example.” It is important to note that the “principles” to which Payne is referring are not secular equivalents arrived at by naturalistic routes of

---

9 Ibid. 256. Obviously there are many different kinds of justice—distributive, social, legal, to name a few—but even at the most basic level within the bioethical field there is little agreement on what should be the constitutive elements of the concept.

10 Justice as fairness is a concept borrowed from (among others) J. Rawls, A Theory of Justice (Cambridge, 1971).

11 As is now obvious, they cannot. Their lack of any set of objective truth values is telling at this point. They are hoping for a bioethical system of checks and balances in which the worst abuses of one principle will be canceled out by an appeal to another.

12 Beauchamp and Childress, Principles 222.

13 Payne, Ethics 61.

14 Ibid. 67.
reasoning. They are, instead, matters of competent exegesis: “the extension of the letter of the law to cover the spirit of the law.” Thus the Bible always remains the source of all medical/ethical norms.

John Frame is likewise concerned to keep Scripture uppermost as the source for normative bioethical principles. Such principles are found only in Scripture, and the Christian ethicist’s task is to seek diligently the proper (and Biblical) way to apply the Biblical norm(s). “As a general principle, I begin (as all Evangelicals must) by reiterating sola scriptura: Scripture alone is our ultimate authority.” Frame’s well-known “perspectivalism” indeed gives his treatment a richness that Payne’s lacks. But, as Frame himself points out, the three perspectives are not to be thought of as separate from Scripture. “Therefore studying Scripture, studying the situation, and studying the person are not three separate studies, that is, three studies with distinct subject matters. Rather, they are the same activity carried out with different emphases or foci.” Here again, norms and values have but one source: the Bible.

As is already clear, application is a matter of matching the proper Scriptural principle to the context at hand. But this is not a matter of translating Biblical norms into acceptable language. There is really no intermediate stage of that sort. In forming a bioethical methodology Payne is clear that a proper bioethics must always utilize Scripture as its normative principle: “Developmental priority must be Scripture, then the church, then systematics, then ethics and morality.”

For Frame, methodology is likewise a matter of working through both the situational and existential factors of the situation, then applying the proper Scriptural principle. As noted above, application is but one emphasis of the ethic: Scripture retains its normative status throughout the process. Thus both men are clear that the Bible and the Bible alone is both the source of normative principles and the guide as to how those principles are applied.

It is likewise clear that the ultimate justification for the utilization of Biblical norms comes from the Bible itself. Both ethicists are theological presuppositionalists—that is, an infallible Scripture is assumed as the sole starting point, and from that point ethical norms are derived. For Payne this is labeled “a presuppositional choice.” For Frame, who is solidly within the Van Tilian presuppositional camp, method “begins” with Scripture. This methodology of justification makes it clear that neither ethicist would ever attempt to use secular terminology or reasoning to ground his position. Thus

---

15 Ibid.
16 Frame, Ethics 4.
17 The “normative perspective” focuses on Scripture, the “situational” on the context or situation, and the “existential” on the personal moral agent.
18 Frame, Ethics 5.
19 Payne, Ethics 62.
20 See Frame, Ethics 19–32.
21 Payne, Ethics 22.
22 Frame, Ethics 4. His presuppositional stance is more clearly spelled out in Doctrine of the Knowledge of God (Phillipsburg: Presbyterian and Reformed, 1987).
the beginnings of the chasm between secular and Scriptural ethicists are already apparent, dimming the chances of any ethical “transactions” between the two camps. To illustrate vividly the dichotomy between the two ethical systems, let us now take up the ethical dilemma of suicide as one example of the great methodological gulf that confronts us.

III. SUICIDE: THE GREAT GULF EXPOSED

For Beauchamp and Childress the issue of suicide is framed within the conflicting principles of beneficence and autonomy. Despite the authors’ claim that no ethical principle has priority (see above), it is often the case that autonomy is the de facto deciding principle. In fact, in a case of a patient suffering from a terminal disease the burden of proof actually rests with those who would claim that the physician or family has a right to intervene to prevent the patient from committing suicide. The authors contend that it is “rarely appropriate to intervene beyond efforts at dissuasion in an autonomous act of suicide on the grounds that it is morally unjustified.” Beneficence is relegated to a minor role. It may in fact necessitate only a “temporary intervention.” In other words, if the contemplated suicide is perceived as an autonomous act, the proper and moral course of action for outside parties is to step aside (of course, using their methodology we can never be sure).

This contrasts sharply with the position of the Scriptural ethicists. For Frame the moral dilemma of suicide is to be addressed entirely within the bounds of Scripture: Those who commit the act are always seen as disobedient, as breaking the commandment against murder and taking for themselves the prerogative that belongs only to God. In fact, their competency is in question:

For example, according to the Bible, those who wish to take their lives seek to violate God’s standards and thus are not fully competent. Physicians should not help such persons carry out their suicidal intentions, and all who are involved with such persons should take every necessary step to prevent them from killing themselves.

Also it is here that the supernatural nature of this ethic breaks in most strongly. For non-Christian patients suffering from terminal illness, Frame insists that the “broadest possible opportunity for evangelism” be given

---

23 Part of theological presuppositionalism is to presuppose God in all that one does. Thus there is a sharp dichotomy between the believer and the unbeliever as to their respective epistomological starting points. This undergirding theological methodology is consistently maintained, making it highly unlikely that bioethical common ground can be reached on any substantial issues for any length of time.

24 Beauchamp and Childress, Principles 226.

25 Ibid.

26 Ibid. 227.

27 Frame, Ethics 69.

28 Ibid. 40.
them. The reasoning is obvious: No matter how great the pain or suffering of the patient upon his deathbed, if he dies rejecting Christ, the suffering becomes eternal. Thus in caring for the potentially suicidal patient the caregivers cannot step aside to allow the act. Because of the very real possibility of eternal consequences, they must intervene.

It is obvious that the two positions now occupy two opposite poles on the bioethical spectrum. Also, because of the secularization of the ethical square it is clear that a physician who is also a Scriptural ethicist has little opportunity to defend his case using the very same Scriptural principles that he is nonetheless bound to defend.

For example, let us say that the physician is treating a suffering terminal-cancer patient who has declared his wishes to have all this misery ended. The patient is in a public hospital setting in which there are three doctors who have the shared authority to decide the best method of treatment. Because of the extreme suffering of the patient two of the attending physicians are considering whether to give the man the extra dosage of morphine he desires. The dosage would be arranged so that the patient could take it himself, thus avoiding (at least superficially) the question of active euthanasia. It is clear that the man is in agony, and it is equally clear that the morphine will in all probability kill him. Because of the strenuous objections of one of the physicians (who is a Scriptural ethicist) and the uncertainty of the other two doctors, the patient is denied the morphine and dies a torturous death three months later. The two physicians, after watching the man’s agony, become quite angry with their dissenting fellow doctor and approach the hospital ethics committee to propose a policy allowing terminal patients who are in grievous agony to voluntarily commit suicide. The ethics committee agrees to hear their proposal.

When our Scriptural ethicist comes before the committee, how is he to argue his case against this new proposal? If he attempts to ground his argument in Scripture—as Scriptural ethicists say he must—the effect upon the committee members will be minimal, to say the least. The medical square is just as pluralistic and naked as the public square: One’s own religious beliefs are just that—his own. If he attempts, say, to declare that such a patient is incompetent due simply to his desire to commit suicide (following Frame), he will meet with medical and legal realities that say otherwise, and he will get nowhere. If he attempts to justify his case using such already-accepted norms as beneficence or nonmaleficence, he has neglected Scripture and is now reasoning on “secular” premises. Even more pointedly, when he is asked by the committee why his view of beneficence should be accepted over the “respect for patient autonomy” touted by the other physicians, to persuade the committee he must fall back on arguments that will be accepted by those in the square—that is, he must

29 Ibid. 23.
30 Presuppositional theologians are clear that there are only two alternatives: reasoning from Biblical grounds, or reasoning autonomously. Payne calls any “intermingling” of Christian and naturalistic principles “appalling” (Ethics 61).
justify even the secularly-accepted beneficence argument by “reasonable principles.” Now we are far indeed from *sola Scriptura*.

Both of the Scriptural ethicists I have utilized in this essay fail to appreciate the extreme difficulties of their position in this sort of case.31 Ironically, both indeed see that there are two sharply opposed ethical systems in the world. Payne acknowledges that the world is divided into two camps, the believers and the unbelievers, and that each promotes a radically different system of bioethics.32 In the same vein Frame notes again and again that his views (which represent Scripture) are not what are now accepted by either the medical or legal communities: He is saying what “ought to be, not what is.”33 Both, however, really give us no way to bridge the gulf between these two differing ethical camps as they present themselves within the decision- or policy-making sphere. The Scriptural ethicist will constantly be involved in disputes with those who differ diametrically with him: The end result will be conflicts that he has little chance of winning.

IV. ETHICS FROM *AGAPÊ*: THE LESSONS OF PAUL RAMSEY

In the discipline of Christian ethics, one does not travel very far before encountering the writings of Paul Ramsey. He was such a prodigious writer that Charles Curran could say that “no one has written more [on political and medical ethics].”34 Writing from within the Christian tradition, Ramsey does not neglect Scripture when formulating his ethics. For Ramsey, Scripture is part of the “religious foundation” of Christian ethics.35 The biblical norm of *agapê*, which is one of the cornerstones of his ethics, must be discovered “in the strange, new religious world of the Bible.”36 It is my contention, however, that Ramsey’s hermeneutic can provide no moral anchor for his ethics. Also, his ethics rest upon an inherently unstable amalgamation of reason, Scripture and tradition that can give no moral certainty for those working within the public ethical square.

Ramsey’s hermeneutic refuses to see the Bible as a literal sourcebook of ethical norms. As Scott Davis says, “At no point does Ramsey contemplate biblical literalism as a theological method.”37 For instance Ramsey pulls no punches disagreeing with Jesus and the gospel writers’ eschatology. Their views were mistaken and “of the general type.”38 As Ramsey puts it:

31 This type of case is quite common. For instance, how would a Scriptural ethicist make his case to a hospital board that is considering making a new policy that would expand the number of abortions performed at the hospital?
33 See Frame, *Ethics* 25 n. 18, 39, 40, 46 n. 36.
36 Ibid.
37 S. Davis, “*Et Quod Vis Fac*: Paul Ramsey and Augustinian Ethics,” *JRE* 19 (Fall 1991) 34.
38 Ramsey, *Ethics* 27.
This has to be said, so let it be said forthrightly: few contemporary Christians accept the kind of kingdom-expectation Jesus considered of central importance, and rightly they do not. Literal eschatological belief in the end of history, as Walter Rauschenbusch remarked, is nowadays “usually loved in inverse proportion to the square of the mental diameter of those who do the loving.”39

Ramsey sees this nonliteral hermeneutic even utilized by Jesus himself (proving, apparently, that Jesus was not always mistaken). It was the Sadducees who were the early literalists. Jesus was able to cut through such burdensome literalism to lift agapē above the law:

Evidently Jesus was willing to count heavily upon something more than the literal words of Scripture. He did not always condemn “the traditions of men” but frequently employed it in his teaching, for example, in his permission of labor to help the ox out of the ditch on a sabbath.40

In fact Ramsey goes so far as to say, “Love led him [Jesus] to be downright unconcerned about laws he had been trained to cherish.”41 I think Ramsey is clearly wrong in attributing such attitudes to Jesus. But the point here is to show that Ramsey is quite comfortable rejecting the literal wording of Scripture whenever he perceives it conflicting with divine love (agapē).

Agapē (Ramsey frequently labels it “loving one’s neighbor”) is the overriding motif of Ramsey’s ethics. It is this idea of divinely-inspired love (wherever and whatever its source) that serves as the lens through which to view the Bible. If a command found in Scripture is in accord with agapē, then for Ramsey it is our word for today. If it is not, then it may be subsumed under any explicitly agapic commands (or, as we have seen, it may even be discarded). Consistently, Ramsey’s search for agapē goes extra Scriptura: Nothing in Ramsey’s ethics rules out finding ethical norms or rules in secular philosophy or morality in general. But natural justice, like the text of the Bible, must be shaped and formed by agapē. Ramsey labels his own system as a “mixed agapism: a combination of agape with man’s sense of natural justice or injustice.”42 There can be no “basic ethical principle other than or independent of the ‘law of love.’ ”43

Regarding how Scripture might fit into Ramsey’s ethics, David Kelsey points us in the right direction. He sees “three different places in the course of a theological argument where an appeal to the Scriptures might be made.” These three places are Scripture as data, Scripture as warrant, and Scripture as backing.44 I see Kelsey as correct also when he centers the hermeneutical question around the issue of authority: “Scripture is the authority for what is said in theology when it . . . authorizes certain

39 Ibid. 35–36 (italics mine).
40 Ibid. 52.
41 Ibid. 57.
43 Ibid. 105.
theological judgments.” For evangelicals, for instance, Scripture serves as the ultimate authority. As John Jefferson Davis says,

The teachings of Scripture are the final court of appeal for ethics. Human reason, church tradition, and the natural and social sciences may aid moral reflection, but divine revelation, found in the canonical Scriptures of the Old and New Testaments, constitutes the “bottom line” of the decision making process.

Although we have learned that Ramsey does not view matters in this fashion, the picture of Ramsey becomes more focused when we examine the idea of authority through one of Kelsey’s three loci.

The key difference between Ramsey and evangelicals is whether the actual words of Scripture can be used as warrant in theological ethics. The warrant is what links the argument’s data to the conclusion. It is the defining moment in the argument. Certainly most evangelicals would cite Scripture as the warrant for their theological argument. Like Davis, Frame labels Scripture as the “ultimate authority” in making ethical judgments.

According to Kelsey, for Rudolph Bultmann, however, Scripture could not act as warrant unless it “express[es] in a theological statement the self-understanding of a man participating in eschatological existence restated in existential terms.” Likewise Kelsey sees Karl Barth using the “risen Lord,” as found in the Biblical witness, as warrant. For Barth the appeal to authority is made to the God who has made himself known in the totality of the Biblical witness. This is where true authority is to be found. Thus Kelsey can say that neither Bultmann nor Barth used Scripture as warrant. Clearly, Ramsey’s hermeneutic falls into the same camp as both Bultmann and Barth: Authority is found outside the literal text of Scripture itself. It is located in the agapically-guided human judgment that compares any rule of conduct to a preconceived idea of neighbor-love (found in the Bible or not).

Clyde Holbrook calls Ramsey’s use of *agapê* an example of an “existential posit.” The existential posit is an irreducible posit that can have “no court to which to repair beyond itself by which to defend the authority of its claim to validity.” Laying such tortuous language aside, what emerges is the ultimacy of this category of posit. Since *agapê* serves in such a fashion in Ramsey’s ethics, it is no wonder that divine love is seen by Ramsey as superordinate to literal words of Scripture whenever any conflict between the two is perceived.

James Gustafson’s treatment of hermeneutical models is instructive for the light it sheds on the difficulties of employing such a hermeneutic as

---

49 Ibid. 9.
50 Ibid. 17.
52 Ibid. 43.
Ramsey’s. Utilizing his different models we can begin to focus more narrowly on the issues and problems that have arisen. When Scripture is given a “moral use” within ethics, Gustafson distinguishes four models. The first—which he labels “most stringent”—sees Scripture as a source of “moral law.” Here Scripture is perceived as propositional revelation directly applicable to decision-making: Scripture is moral law to be applied and obeyed. Gustafson sees this approach as simplistic, and he, not surprisingly, locates fundamentalists and evangelicals here. Clearly, from what we have seen of his hermeneutic Ramsey does not utilize this model.

The second model might be labeled the “moral ideal” model. This model compares the ideals of the Biblical witness with those of persons and groups. As Gustafson points out, this model has its own difficulties: For example, how is one to evaluate the various ideals found in the Bible? The third model might be called the “analogy of action” type. Here actions are deemed right or wrong on the basis of whether they are analogous to similar situations in the Bible. This model is obviously subject to the same difficulties as the second: Which actions ought to be truly analogous? Both of these last two models have deliberately cut off any appeal to the literal words of the Biblical text as a possible way out of the dilemma. Thus, since there is no real hermeneutical canon of Scripture interpreting Scripture, one is left with competing ideals and competing analogies with no standard by which to judge them. Clearly, Ramsey’s approach has affinities with both these models—leading us to Gustafson’s last model.

The fourth model is the “mixed” approach. This model attempts to realize the fact that

Scripture witnesses to a great variety of moral values, moral norms and principles through many different kinds of biblical literature: moral law, visions of the future, historical events, moral precepts, paraenetic instruction, parables, dialogues, wisdom sayings, allegories. They are not in a simple way reducible to a single theme; rather they are directed to particular historical contexts.

Gustafson argues that this model best takes account of the complexities involved. Thus we are not surprised that he himself favors this model. But the difficulties are not solved. They have been merely shifted. Who determines what is binding moral law? Are all laws equally binding? Which Biblical materials are to be taken as historical? As Gustafson points out: “The obvious problem with this [model] is its looseness.” Quite so.

How exactly does Ramsey balance Scripture with other sources of moral norms? Clearly, as we have noted, Ramsey brings his agapic spectacles to

54 Ibid. 441–442.
55 Ibid. 442.
56 Ibid. 443.
57 Ibid. 454.
58 Ibid. 444.
the study of the Bible. Just as clearly, he makes room for secondary sources of norms (e.g. man’s moral experience generally). This allows for the ultimate role to be given to agapé without love’s having to go it alone. The result of this role for agapé is a hermeneutic that cannot use Scripture as it is used by evangelicals—that is, as warrant. For Ramsey that sort of literalism infringes upon agapé itself. In my judgment Ramsey’s combining of agapé with the “splendor of natural morality” places him squarely within the same (“mixed”) hermeneutical model. Thus, we are not surprised that both thinkers eschew sola Scriptura as a grounding for ethics,59 both are not loath to praise natural morality, and both are drawn to this mixed hermeneutic because of its embrace of the notion of complexity.60

Hence the same basic criticisms that I directed at Gustafson—and that he himself raises at times—apply to Ramsey as well. The mixed model’s looseness is its undoing. With no accepted criteria for separating moral prescriptions from nonmoral Biblical materials, ethicists run the risk of going off in quite different directions (as Gustafson and Ramsey often do). Thus this model is not only very loose. It is also vague as to any direction or orientation for the ethicist.

Such is the point of Charles Harris.61 He says that agapé, by its very nature, must be ambiguous as a basic moral principle for guiding moral action. An agapist must bring in “moral principles not derived from the basic principle itself” with which to address moral issues. These principles (Harris calls them “adventitious”) may indeed seem to have little to do with the basic principle itself.62 Since, as we have seen, Ramsey refuses to get these principles from the text of Scripture itself, Harris is right in his criticism of the way Ramsey sees agapé. Ramsey refuses any specific appeal to Scripture as warrant, preferring instead to link what he sees as the basic Scriptural message of agapé with principles obtained through insights garnered from a relative natural law. Ramsey spends a great deal of time equating a literal reading of Scripture with legalism. And it is this legalism that Ramsey sees Jesus and true agapé as decisively abrogating.63 For Ramsey—and Ramsey’s Christ—rules, laws and norms are all to be compared to the “law of love.” If they do not have their warp and woof in agapé, then clearly they have no force.

To conclude this section let us take up the threads of Ramsey’s hermeneutic as seen through Gustafson’s eyes. As I mentioned above, the two ethicists should be seen as belonging to the same broad category of hermeneutical models. Any differences that exist should be viewed as belonging to the same broad category of hermeneutical models. Any differences that exist should be viewed as family squabbles rather than serious differences. This can best be illustrated by

60 Of course, evangelical ethicists are also quick to admit that many ethical issues are complex. But Gustafson and Ramsey are focusing the notion of complexity on Scripture itself: Literalism is equated with simplisticism.
62 Ibid. 242.
63 Ramsey, Ethics 46–52.
examining how Ramsey and Gustafson view their own (and each other's) hermeneutical types.

According to Gustafson, there are four sources that test the adequacy of a Christian ethics. By looking at these sources we can fruitfully compare both men's ethics as they are influenced by Scripture. These four sources assess the ethics with respect to

(a) its use of the Bible and Christian tradition; (b) its philosophical methods and principles; (c) its use of scientific information and other sources of knowledge of the world; and (d) human experience broadly conceived.

Gustafson admits that his ethics relies more heavily on (c) and (d) than "traditional Christian ethics has." He also specifies how Ramsey’s ethics is more "confessionally Christian" than his own system, how Ramsey's use of Scripture is more authoritative, and how Ramsey's ethics is capable of much more "moral certainty" than his own ethics. This last judgment is a result of Gustafson's viewing Ramsey as consistently (and deontologically) driving toward agapé. The difficulty here—and this is really at the core of my disagreement with Ramsey—is that Gustafson's assessment tells us more about the state of Gustafson's own ethics than it does about any certainty of Ramsey's. Of course, since Gustafson’s search for moral norms relies more on science and human experience “broadly conceived” than Ramsey’s ethics (both obviously subject to rapid and severe flux), the former’s conclusions must always remain tentative. The more narrow the acceptable limits for ethical norms, the fewer options from which to choose, the more certain the ethical conclusions. However broad some would desire to paint Scripture and the Christian tradition, they still possess more limits than either “other sources of knowledge of the world” or “human experience broadly conceived.” Those last possibilities, which Gustafson does stress more than Ramsey, are virtually limitless.

But can there be any real certainty in Ramsey’s own ethics? As we have seen, he disavows sola Scriptura. He is open to searching for (and finding) ethical norms in natural morality as long as they agree with his idea of agapé. But this method does not answer questions. It merely raises them. Why must Ramsey see an inevitable conflict between a literal reading of Scripture (i.e. Scripture as warrant) and agapé? Is neighbor-love so obviously the overriding principle in Scripture? What about the principle of divine justice? Striking at the heart of the matter, how is Ramsey to decide which action best fits agapé and which does not? Clearly, Ramsey’s ethics

---

64 In Gustafson's own writings see Ethics From a Theocentric Perspective (Chicago: University of Chicago, 1984) 143. The interaction between the two men is found in P. Ramsey, “A Letter to James Gustafson,” JRE 13 (Spring 1988) 71–72.

65 Summarized in Ramsey, “Letter” 72.

66 Gustafson, Ethics 144.

67 Ibid. 85–86.

68 Ibid. 86.

69 Ibid. 93. Ramsey agrees with Gustafson's summary of their differences; see “Letter” 73, 78, 80.

70 Gustafson, Ethics 143.
suffers the same fate as Gustafson’s: Ethical conclusions must always be accompanied by caveats. Neither thinker’s ethics is overburdened by certainty.

Since clear Scriptural directives are given up on the altar of complexity, Ramsey’s ethics is likewise of doubtful benefit in the ethical square. What if an opponent disagrees with a judgment that a certain action is not in accord with agapē (as many disagreed with Ramsey during his career)? To what authority can Ramsey appeal? Relatedly, how can the moral agent himself know that his own action is in accord with neighbor-love? This system’s crafted ambiguity and built-in uncertainty can do little to bolster confidence that one is indeed acting in accordance with God’s will. Thus Ramsey’s ethics—for quite different reasons than those that doom an explicit Scriptural ethics—cannot be a long-term player in a hostile ethical square. The crisis is at hand. For if, as I have argued, both an overtly Scriptural ethics and a theme ethics have little chance of success in a public ethical square, what does the future hold for Christian ethics in general? Let us now address that question.

V. WHAT DOES THE FUTURE HOLD?

As might be suspected, I am pessimistic regarding the future of ethical positions that openly espouse Scriptural norms and that may desire entrance into the public arena. Their reluctance to rely on anything less than Scripture anywhere in their methodology, and their resistance to other positions—even Christian—that allow for possible translation of overtly Scriptural norms into accepted norms and values, indicate that their influence will continue to wane in circles outside evangelical Christianity. The bioethical square is thoroughly pluralistic, and one’s religious language is not its required lingua franca.

But, as I have shown, it is no remedy simply to attempt to translate Biblical themes into norms of behavior. Thus it is hard to escape the conclusion that Christian values and norms will have an increasingly difficult time finding an audience in public ethical discourse. This points us to the fact that the chasm between Christian and non-Christian ethics is growing to the waning influence of the former camp. If the prevailing attitudes continue, this suggests that the public square will continue to exclude Christian values and norms, regardless of how explicitly expressed. This development in turn will result in Christians turning to their own institutions—both ecclesiastical and social—for relief. For example, Christians may opt for more reliance on private hospitals in which the bioethical square still has room for Christian values and norms. It was here where the concept of hospitals began, and perhaps it is here where the future of values can continue. This privatization of Christian values is a realization of the “sect type” of Troeltsch.

As is well known, Troeltsch divides Christianity into the two broad categories of the “church type” and the “sect type.” As historical types the boundaries are not rigid. Nevertheless they serve a useful heuristic pur-
pose. The church type is characterized by a "world-accepting" attitude that strives to interact with—and convince—the great mass of people around it.\textsuperscript{71} This type loves the give and take of the public square. Its ethics has a nearly infinite capacity for expansion and inclusion.

The sect type, on the other hand, is characterized by a "world-rejecting" attitude.\textsuperscript{72} It expects the secular ethical square to be hostile and is better prepared than the church type with alternative institutions. Thus when such expectations of hostility are perceived as fulfilled, the stage is set for wholesale migrations to churches that have created—or nurtured—alternative, private institutions and organizations. This is the ethical explanation of what many others have explained sociologically (e.g. Dean Kelley’s *Why Conservative Churches Are Growing*).

In the last analysis, if Christians have any thoughts about recapturing the ethical square the obvious choice may still be the best one: to once again remember the Church’s mission of evangelism. Even within a pluralistic society, the more people there are who openly share the same ultimate concerns and values, the better chance there is of people openly expressing these values—even in the public arena. The more Christians there are, the less likely the ethical square is to be hostile. But whatever solution is sought by Christian theologians, ethicists, physicians and patients, it had better be sought with all diligence and urgency: In the past, medical technology has shown little patience with waiting for ethical reflection.


\textsuperscript{72} Ibid. 1.332.