Hauerwas and the Redemption of Bioethics

M. Therese Lysaught

Marquette University

Hauerwas and the Redemption of Bioethics

M. THERESE LYSAUGHT

Stanley Hauerwas has been called many things, some of them publishable and some, it is safe to say, not. He calls himself a Christian theologian. He holds a chair in theological ethics. *Time* magazine named him "America's Best Theologian," "a thorn in the side of Christian complacency," an "unlikely" and "radical" pacifist. But there is one label that one does not find attached to Stanley Hauerwas—whether in *Time*, on various websites devoted to his work, or anywhere—and that would be the label "medical ethicist."

Stanley Hauerwas is decidedly *not* a medical ethicist. Should there be any doubt on this point, Hauerwas lays all rumors to rest with his 1993 essay: "Communitarians and Medical Ethicists: Or, 'Why I am None of the Above.'"¹ I am not out to prove that Hauerwas is, in fact, a medical ethicist. Yet one might wonder: why does he feel it necessary to defend himself against such a charge? Simply put: the prima facie evidence seems to argue against him.

2. "Communitarians and Medical Ethicists: Or 'Why I am None of the Above,'" in *Dispatches from the Front* (Durham, NC: Duke University Press, 1994) 156–63. After the publication of this essay, Hauerwas's writings in medical ethics taper off dramatically. Of Hauerwas's forty or so scholarly articles on medicine and medical ethics, only about six were written after 1993. After the mid-1990s, his work in medical ethics shifts toward co-edited volumes of original essays.

151
As he himself acknowledges, his claim “may seem disingenuous” since, as he admits, he has “written about medicine and in particular medical ethics.” That is but of an understatement: the corpus of his writings in medicine and medical ethics comprises at least forty scholarly articles, one thematic compilation, one monograph, and three co-edited volumes. And he certainly looks from a distance like a medical ethicist. Some of his first essays concern the questions of abortion and the ethics of death. He testified, in 1979, before the Ethical Advisory Board of the then-Department of Health, Education, and Welfare on the topic of *in vitro* fertilization, along with other leading figures in the emerging field such as Paul Ramsey and Leon Kass, who later chaired the President’s Council on Bioethics. In 1998, he delivered a plenary address at the first annual meeting of the then newly-created American Society of Bioethics and Humanities. And in the *Time* encomium, three of the examples Jean Bethke Elshtain chooses in her 785-word account to best crystallize Hauerwas’s identity and importance as a theologian include his comments on fetal tissue research, euthanasia, and persons with disabilities.

All this alone would be enough to arouse suspicion. Yet the most intriguing evidence lies in one singular detail: in the second edition of *On Moral Medicine* (1998), that premier anthology of theological perspectives in medical ethics, Stanley Hauerwas’s name occurs more often than any other scholar but one. It occurs far more than those whose names stand as leading figures in the field of medical ethics—Daniel Callahan, Richard McCormick, Lisa Sowle Cahill, James Gustafson, and

3. “Communitarians and Medical Ethicists,” 162

4. By one estimate, his writings on medicine and medical ethics constitute approximately 15 percent of his published writings.


Karen Lebacqz, H. Tristram Engelhardt, Allen Verhey. Only one name graces the 1,004 pages of On Moral Medicine more often than that of Hauerwas—that of Paul Ramsey (by almost a two to one margin).

Paul Ramsey is interesting company to keep if one is going to deny being a medical ethicist. For by Hauerwas's own account, it is with Ramsey that Christian ethics became medical ethics. If Hauerwas is not a medical ethicist, then how is it that he has exerted an influence on the conversation on “theology and medical ethics” almost equal to that of Paul Ramsey? How do we account for the rather imposing body of literature that he has penned and his constant participation in the field of medical ethics over its entire forty-five-year history? Alternatively, given the significant and substantive role that medicine and medical ethics has played in his work, how is it that Hauerwas in fact is not a medical ethicist?

I will argue that medicine and medical ethics play such a significant role in the work of Stanley Hauerwas because on some level he remains—with his sisters and brothers in Christian ethics—an heir of liberalism. How to narrate that inheritance remains an ongoing challenge, but his deference to medicine must be a piece of that account. But Hauerwas's significant influence on the conversation charted in On Moral Medicine is only partly explained by the privileged place held by medicine among Christian ethicists from the 1970s forward. More importantly, Hauerwas challenges that same liberalism by relentlessly unmasking the irreducibly political character of medicine, a character obscured by mainstream medical ethics. Consequently, he offers an irreducibly constructive political response to medico-moral questions, narrating a distinctive role not simply for abstract and disembodied religious “beliefs” but for the church itself vis a vis medicine and care for the sick. Does he take his political analysis far enough? That remains

8. Paul Ramsey's name occurs 270 times in On Moral Medicine, 2nd edition. Hauerwas takes second place with 115, well ahead of Gustafson (81), Daniel Callahan (81), McCormick (58), Verhey (40), Lebacqz (30), Cahill (23) or Engelhardt (18).


10. My thanks to Joel Shuman for helping me to formulate this and for his helpful feedback on earlier drafts of this essay.
M. Therese Lysaught

unclear. Nonetheless, he has laid the groundwork for theologians and Christian communities to move beyond bioethics toward a new way of thinking about—and embodying—an authentic and grace-filled Christian engagement with medicine that unleashes God's power of healing and redemption in the world.

Politicizing Ramsey

To situate Hauverwas's work in medical ethics both within that discipline and within his overall project we must first situate him within the story of Christian ethics as an academic discipline in America, a story Hauerwas himself has narrated.\(^1\) His account traces the great tradition of Protestant liberalism from Rauschenbusch's Social Gospel, through the Niebuhrs' realism and responsibility, to Gustafson's question *Can Ethics Be Christian?* and Ramsey's in-principled covenantal love. As Hauerwas argues, the focus of Christian ethics in America has always been America.

Hauerwas in many ways remains the last scion in the great tradition of Protestant liberalism. While not a Protestant liberal himself, he remains immersed in this very same tradition via both academic ancestry and his decision to choose as sparring partners its giants and other figures. His work over the course of his career has been a sustained argument with and from within this tradition.

This identity accounts in large part for his constant engagement with medicine. In narrating the history of Christian ethics, Hauerwas observes that with Reinhold Niebuhr, the all-encompassing scope of the social gospel (which included economics, politics, family and more) narrows to focus almost solely on politics. With Ramsey the focus narrows even further:

Ramsey would no longer speak of institutions being saved, but he certainly assumed that Christianity had formed something called Western civilization that bore the marks of the gospel. I think moreover, it was no accident that given that presumption, medicine became a crucial practice that allowed him to develop

---

1. See "How Christian Ethics became Medical Ethics" above and "Christian Ethics in American Time," in *A Better Hope*, 55–70. This essay is, obviously, indebted in many ways to "How Christian Ethics Became Medical Ethics."
Hauerwas and the Redemption of Bioethics

that perspective. The church may no longer have social power, but at least we still have medicine. . . . Moreover medical ethics, or better the practice of medicine, exemplified for Ramsey the moral commitments at the heart of Western civilization that do or at least should animate our politics and economics. . . . It is . . . medicine, at least Ramsey's reading of medicine, that carries the Christian commitment to care for the neighbor as ensouled body. Therefore, the commitment of the physician to care for the patient prescending [sic] all other moral and social considerations provided Ramsey with a practice he sorely needed to sustain Christian ethics as a discipline in service to the world.12

Thus, just as Hauerwas emerges as a newly-minted theologian in the late 1960s, medicine becomes for Protestant liberalism one of the fundamental carriers of Christian civilization.13 Ramsey's landmark book Patient as Person, published in 1970, is largely hailed as the first monograph in the nascent field of medical ethics. Where the contemporary discipline of bioethics marks its new beginning, Hauerwas perceptively recognizes a subtle yet critical shift: medicine becomes not simply a new area for Christian ethicists to ply their craft, but begins to displace the state in their imaginations.

As the heir-apparent, Hauerwas takes the tradition in two directions. On the one hand, one could say that Hauerwas Niebuhrizes Ramsey. With Hauerwas, medicine and medical ethics again becomes politics, or rather Hauerwas relentlessly highlights the political character of medicine and medical ethics. From his earliest essays, he holds that insofar as "the moral concerns that are basic [to the medical profession] involve the character of the physician, the patient, and the community that sustains them . . . discussions of medical ethics must, therefore, involve issues of political philosophy and in particular the status of special relations in society."14 While medical ethics generally refuses to admit the political nature of the idealized space of the physician-patient relationship, Hauerwas repeatedly demonstrates how issues in medicine and medical ethics are shaped by particular and often contested understandings of the relationship between individuals and their com-

13. Ibid., 78.
M. Therese Lyssaught

He identifies the ways that medicine is increasingly shaped by society's larger commitment to political liberalism, particularly its vision to "insure autonomy as an end in itself," a vision that "renders all relations that are less than fully 'voluntary' morally problematic [and which attempt] to make the physician-patient relationship conform as nearly as possible to a contract between two voluntary agents." Thus he recognizes more clearly than others that medical ethics is little more than "a strategy in liberal political practice." One might be tempted to argue that medicine serves, for Hauerwas, simply as a placeholder for his larger critique of philosophical liberalism, particularly in its emphasis on individual autonomy, its privileging of choice, and its refusal to articulate substantive ends. Yet while critical of the way Christian ethics appropriates medicine, on the other hand, medicine stands for him as one of the few places in American culture where one can find a substantive moral practice in its own right:

Yet exactly to the extent that medical care has remained committed to those it cannot cure, medicine provides one of the more profound practices on which we can draw in our culture for moral example. I suspect...that so many of us who have been associated with ethics have been drawn to medicine—that is, the actual practice of medicine rather than the theory of medicine—because we have discovered in medicine what a substantive moral practice actually looks like." Hauerwas's account of medicine relies heavily on the work of Alasdair MacIntyre, and it is in medicine that Hauerwas finds his most useful example of MacIntyre's account of ethics. Drawing on MacIntyre, Hauerwas argues that medicine is in its fundamental nature a "moral art." It stands as a "practice with internal goods and standards of excellence that give it a moral intelligibility unlike most of our institutions."

17. Ibid., 158.
18. Ibid., 163.
19. This should come as no surprise, given how deeply MacIntyre's account of ethics is shaped by his own engagement with medicine.
As such, it "is an activity—practice—that morally transforms its practitioners." MacIntyre's understanding of the role of authority within traditioned practices becomes central to Hauerwas's account of medicine.

Thus, medicine holds a peculiar place in Hauerwas's corpus, a place that raises two questions. First, though not uncritical of the directions in which medicine is heading, he treats medicine with a surprising and important deference. Given that, one might ask: does he completely escape his history? As medicine became for Ramsey the bearer of the kind of moral presuppositions and practices that should be characteristic of Western civilization, medicine becomes for Hauerwas the bearer of Alasdair MacIntyre's account of a practice, one of the few remaining traditioned-spaces with substantive ends, authority, and potential for reasoned argument wherein the virtues can be cultivated and embodied.

While Hauerwas does not make Ramsey's mistake of making medicine the bearer of Christian commitments, he does seem find in it the kind of moral presuppositions and practices that should be characteristic of Western civilization:

If any one intuition underlies these essays, it is the recognition of what an extraordinary gesture it is for a society to set aside some to dedicate their lives to the care of the ill... because we are unwilling to abandon others who need help. Therefore medicine as a moral practice draws its substance from the extraordinary moral commitment of a society to care for the ill... I have not tried to argue that such a view of medicine necessarily requires theological presuppositions in order to subsist. Indeed, I do not believe it does. However, I have suggested that such a medicine may well require a community to sustain its practice, particularly in a world such as the one depicted by Engelhardt. While not "sectarian" in my intent, I do think the kind of medicine I

22. "Communitarians and Medical Ethicists," 163
24. For example, Hauerwas champions authority in medicine not only because he thinks it necessary for the authentic practice of medicine but because medicine might provide some insight into the concept of authority in general that will be transferrable to other contexts. See "Authority and the Profession of Medicine," 39 and 42.
try to portray in these essays will become increasingly difficult
in a society dedicated to freedom as the overriding value.\textsuperscript{19}

Hauerwas is clear that like Ramsey, the medicine he respects does not
"need Jesus' preaching of the kingdom" for its ethics.\textsuperscript{20} Does he, how­
ever, succumb to the same critique he makes of Ramsey, that "like a
doctor who is more likely to find the diseases she has been trained to
find," he finds in medicine the issue for which his ethics is designed?\textsuperscript{21}

Does he make medicine one of the fundamental carriers of his under­
standing of the moral life, finding confirmation of the presumption that,
though it is under assault, virtue ethics does in fact remain instantiated
in Western culture?

Second, given this privileged place that medicine holds in
Hauerwas's thought, one might ask whether his critiques of contem­
porary medicine go deep enough. Hauerwas rightly attends to medicine
as politics, and recognizes that a fundamental dynamic behind con­
temporary medicine and bioethics is an exercise of power, masked by
Weberian technocracy and recourse to formal instrumental rationality.\textsuperscript{22}
Yet his critique of contemporary medicine remains largely restricted to
its bureaucratization and loss of telos.\textsuperscript{23} He attributes our inability to
define the limits of medicine, for example, to an undue emphasis on
autonomy.

But perhaps there is more behind contemporary medicine than
simply a political philosophy premised on the autonomy of the individ­
ual. Perhaps his analysis needs more Nietzsche than Aristotle. Perhaps
contemporary medicine and medical ethics is not only a politics but
a biopolitics. Such a reading would demonstrate how medical ethics

\textsuperscript{25} Suffering Presence, 13–14.
\textsuperscript{26} "How Christian Ethics Became Medical Ethics," 78.
\textsuperscript{27} Ibid.
\textsuperscript{28} "Correlatively," he notes "the patient is made even more powerless in order to
legitimate the illusory authority derived from technique. Patient autonomy is therefore
asserted as the only alternative to redress the unjust power of the physician over the
patient," "Communitarians and Medical Ethicists," 162.

\textsuperscript{29} For example: He recognizes that "medical care [has become] increasingly just
another form of liberal bureaucracy that must be subject to the same kinds of rules so
characteristic of the wider political life. I therefore take medical ethics to be but one
form which that kind of bureaucratic maintenance assumes," "Communitarians and
Medical Ethicists," 162.
not only channels political philosophies or how medicine has been increasingly deformed by contemporary consumer-driven U.S. culture. It would also analyze how the state (and more recently the market) effectively shape and regulate both individuals and the U.S. (or now global) population through techniques, technologies, and institutions that manage and engage individual bodies. A biopolitical reading of medicine would suggest that beyond being malformed by an economics of consumption veiled by myths of individual autonomy, medicine has become a means of policing populations and medical ethics has become its handmaid.

Consider, for example, a recent proposal for a policy of national conscription or “compulsory participation” in biomedical research that appeared in a recent issue of one of the premier journals in bioethics, the *American Journal of Bioethics*.30 The author, Rosamond Rhodes, is concerned that current rules governing human subjects’ research “give special weight to the protection of the vulnerable” thereby “too often limit[ing] research.”31 Rhodes proposes legislation requiring “every U.S. resident to perform some research service every ten years.”32 No one would be exempt, including those without decisional capacity. One would have no choice about whether to participate in human subjects research; it would be a duty: “In the same way that we have endorsed laws that require us to pay taxes and to serve on juries, reasonable people should accept an obligation to periodic service as research subjects.”33 Yet autonomy would not be jettisoned. All research participants would have the freedom to choose which protocol they would participate in.

One could not invent a more fitting exemplar of bioethics as biopolitics. Rhodes’ proposes a wholesale reorganization of the production and management of the bodies of U.S. residents for research. This pro-


32. Ibid., 16.

33. Ibid., 15.
M. Therese Lysaught

Proposal, if implemented, would increase the number of persons subject to research in the U.S. from approximately 2.3 million to approximately 35 million per year. This would be a stunning mobilization of human embodiment. It also aims not simply at increasing the number of subjected bodies but at increasingly ordering all sectors of the U.S. population, particularly those currently considered vulnerable and therefore protected, toward the interests and ends of research. The professed justification for this radical shift is the improvement of the welfare of the U.S. population (i.e., the common good) as well as the enhancement of the freedom of members of vulnerable groups. The real effect, however, would be to systematically and exponentially enhance the power and profit of the transnational, biotech research industry. Far more than a commitment to the principle of autonomy is operative here.

I raise the question of biopolitics for three reasons. First, it is particularly intriguing given Hauerwas's thoroughgoing attention to the importance of embodiment for medicine. Biopolitics takes as a starting point the intersection of bodies, technologies, and institutions. Hauerwas, from his earliest writings, challenged the gnosticism of contemporary bioethics and its focus on the will, identifying the body as the key locus where the practices of commodified medicine and the Christian tradition meet, an insight unique to Hauerwas amongst his early conferees in medical ethics. Second, in spite of his constant attention throughout his writings to the relationship between the church and the state, especially in the U.S., he does not explicitly identify the state's role in the negotiation of the church's relationship to medicine. While medicine may have become the church for Ramsey and others, it may also in the early 1970s have become a mask for a more subtle

34. Hauerwas claims that our bodies exercise a particular authority in medicine. "We have been given our bodies," he notes, "which will not let us do whatever we think we should be able to do" ("Practicing Patience: How Christians Should Be Sick," in On Moral Medicine: Theological Perspectives in Medical Ethics, ed., ed. Stephen E. Lammers and Allen Verhey [Grand Rapids: Eerdmans, 1998] 367). Rather, "through our bodies, we are forced to face our need for one another, and through learning to acknowledge that need, we discover our 'control' comes only through trust in others" ("Authority and the Profession of Medicine," 50). Those who have particularly developed Hauerwas's attention to the body include Joel Shuman, Body of Compassion: Ethics, Medicine, and the Church (Eugene, OR: Wipf & Stock, 2003); Joel Shuman and Brian Volck, Redeeming the Body: Christians and the Faithful Use of Modern Medicine (Grand Rapids: Brazos, 2006); and Gerald McKenny, To Relieve the Human Condition: Bioethics, Technology and the Body (New York: SUNY Press, 1997).
exercise of power by the state and market made more palatable by the unassailable medical goals of healing, relieving suffering, and curing the sick. Finally, if, as we shall see below, the church is to provide an alternative polity for medicine and caring for the sick, it will be crucial to be clear on the nature of the medicine it is engaging. Is the church simply engaging a historic, traditioned practice that has inadvertently been co-opted by philosophical liberalism and can be re-directed to more fully embody its own ends and wisdom, while simultaneously serving the ends of the church? Or is contemporary medicine so deeply wedded to the ends and purposes of the state and market that a very different kind of engagement between the church and care for the sick will be required?

The “Place” of a Christian Politics of Medicine

Whether Hauerwas’s account of the politics of medicine goes deep enough, his ability to recognize and probe the inherent political dimension of medicine and medical ethics stands as one of his signal contributions to medical ethics. This focus rankles an emerging discipline of medical ethics designed in part to obscure the fundamental political machinery of medicine by focusing on formal, abstract principles. Moreover, his concept of politics is resisted by those who would seem to be potential allies, insofar as it transcends the interest-group, public-policy politics of liberal Niebuhrian realism, in both its classic and contemporary adherents. Rather, instead of politics-as-usual, Hauerwas presents a robust, constructive, and necessarily political alternative. While nascent in his earliest writings, his signature move emerges when he begins to craft the essays eventually compiled in *A Community of Character*, namely, that Christian reflection on medicine must be rooted in the politics of the community that is the church.

Hauerwas calls the church to account, to live into the politics that it is. Again and again, he asks: what kind of community is necessary to care for the ill, whether in crisis or the long term? To be such a place, or to be the sort of community where particular terms such as abortion, euthanasia, suicide and so on “remain morally intelligible”

M. Therese Lysaught

is, he maintains, a deeply political act. For the Christian prohibition of actions like abortion or euthanasia, or more positively, the Christian advocacy for the disabled, "is correlative to being a particular kind of people with a particular set and configuration of virtues." 

Ironically, however, most Christian reflection on medicine has formed its moral arguments "in the moral framework of a liberal culture, as though the issue could be abstracted from the kind of people we should be." 

For Hauerwas one of the fundamental questions for those reflecting on medicine from a Christian perspective pertains not to medicine itself but to the identity and political character of local congregations and the church. Central to these questions are the "nicer issues of theology—such as Trinitarian and ecclesiological issues" that became so tangential for Ramsey and his predecessors in the tradition. For it is these very doctrinal convictions, embedded in Christian practices like baptism and hospitality, that give the church its particular identity and determine the direction of its care.

For Hauerwas, this theological identity developed and reinforced through scripture and sacrament reshapes Christian perception of the critical issues in medicine and Christian action in response. One particular example, especially in contrast to the literature of mainstream bioethics, is his relentless attention to the care for the vulnerable and the responsibility of the church to be the place of care for such persons. As he notes early on, "There is nothing in Christianity that teaches the preserving of life as an end in itself—not even the preserving of the life of another. Rather the gospel demands the care of the weak, which is quite a different matter." Be it a pregnant woman, a fetus, a person suffering a chronic illness, a dying patient, a research subject, or children, Hauerwas returns again and again to the question of what kind of community the church must be to welcome, care for, nurture, and sustain those in their midst and in society who are the weakest and most vulnerable.

37. Ibid., 214.
38. Ibid.
Hauerwas and the Redemption of Bioethics

This commitment takes its clearest form in his continued attention to questions concerning the disabled, particularly those with mental disabilities. Persons with disabilities find themselves especially vulnerable to a bioethics centered on autonomy and choice; as recently as ten years ago, it was acknowledged that the "disability rights critique has not yet met with a sustained, respectful analysis by the bioethics or medical communities," a position that has not significantly changed. Yet in one of his earliest essays, Hauerwas reflected on "The Christian, Society, and the Weak: A Meditation on Care of the Retarded." His commitment to the disabled, and particularly to the Christian care for the disabled, has continued unabated, taking its most recent form in a book co-authored with Jean Vanier, *Living Gently in a Violent World* (2008).

Thus, for Hauerwas, Christian reflection on medicine starts not solely with medicine but with the church. But Hauerwas does not oppose Christianity and medicine. Rather, while continuing to protect the autonomy of medicine as a profession, he argues that medicine—if it is to be able to be true to the internal ethos that comes from its traditioned history—needs the church as a political space: "Thus, medicine needs the church not to supply a foundation for its moral commitments, but rather as a resource of the habits and practices necessary to sustain the care of those in pain over the long haul. For it is no easy matter to be with the ill, especially when we cannot do much for them other than simply be present." In other words, while medicine does not necessarily require theological presuppositions or a theologically-formed community to exist, Hauerwas does maintain that at least in our contemporary situation, medicine practiced outside a theological context will find little hope for its future: "to believe that such a presence is what

43. One of the most important interpreters of Hauerwas's work in the area of disability has been British theologian John Swinton who has explored its further implications for the care of persons with disabilities as well as with mental health issues. See, among other works, his *Resurrecting the Person: Friendship and the Care of People with Mental Health Problems* (Nashville: Abingdon, 2000).
44. "Salvation and Health," 81.
we can and should do entails a belief in a presence in and beyond this world. And it is certainly true many today no longer believe in or experience such a presence. If that is the case, then I do wonder if medicine as an activity or presence is possible in a world without God. 25

Thus, Hauerwas argues, “medicine needs the church.” Medicine needs a political infrastructure that will allow it to subsist as a moral practice in its own right, without becoming distorted by the politics of contemporary liberal culture. As he notes:

The reason that Christian and non-Christian find ourselves dominated by our ‘concern for health’ is that in the absence of the church, medicine cannot help but dominate our lives. For medicine has become a powerful practice without end, without context, without any wider community to give it purpose. Accordingly, nothing could be more important today than for Christians to recover a Christian practice of medicine shaped by the practices of the church, and in particular baptism. 26

What exactly a Christian practice of medicine shaped by the practices of the church looks like, however, is the growing edge of his work. Often within his essays, his discussions of medicine and of the church remain relatively autonomous from one another. How, exactly, the practices of medicine and the practices of the church intersect or mutually inform one another often remain in Hauerwas’s work somewhat formal.

But others have begun to flesh out his vision, both in the annals of academic theology as well as in the life of the church. Elsewhere his vision has become embodied in concrete, particular, and surprising ways, in “answers” far more interesting and life-giving than simply figuring out “who decides.” To be clear, such Christian engagement with medicine does not look much like “medical ethics” generally understood. Nor does it fit in the carefully constructed marginal spaces allotted for “religious voices” by bioethics within the clinical setting or the public forum. Nor does it look like hospital ethics consultation shaped by four principles and techniques of conflict mediation.

Rather, it takes its bearings from the work of those like Jean Vanier. Vanier and the L’Arche communities most clearly embody Hauerwas’s vision of the Christian practice of medicine. Here the Christian practice

45. Ibid.
46. “Sinsick,” 199.
of medicine concerns not the rarest of occasional decisions in crisis moments but an entire reshaping of lives, individually and as communities; nor abstract beliefs and principles but the day-in-and-day-out practices of life together of the broken and those who are not yet so vulnerable. It requires “leaving our own milieu” as it were and working “from a new vision of human beings and their relationships with each other and with God.”

Hospitality and care for the weak are, in the Christian practice of medicine, not unidirectional, but mutual. The strong learn from the weak and are fundamentally, irrevocably, and powerfully changed.

Other exemplars are akin to L'Arche—discrete intentional Christian communities devoted to care for and life with the sick: Dame Cicely Saunders and hospice; Christ House for care of the homeless and St. Joseph’s house for care for those with HIV/AIDS in Washington, D.C. Such communities stand as witnesses to the profession of medicine as well as to the broader Christian community; if the church were to fully embody the identity to which Hauerwas calls it, separate institutions like L’Arche, hospice and St. Joseph’s house might not be necessary.

But what if local congregations were to understand that they are called to be communities in which God’s grace works through the practice of medicine—where the congregation as a whole comes to incorporate the disabled among them, to welcome and support those who find themselves pregnant and unmarried, to care for the elderly in their midst, to care for the sick. What might that look like? It might look like Austin Heights Baptist Church.

---


M. Therese Lysaught

A small Baptist church in the heart of Texas, Austin Heights had prayed to God to increase the size of their congregation. What God sent them were local gay men dying of AIDS (not exactly the answer to prayers a Southern Baptist Texan congregation expected). Pastor Kyle Childress recounts how a request came to the church: to provide food for men who had lost their jobs, their homes, and often their families because of their diagnosis. In 1991, before the advent of the triple cocktail, these were men who were dying. As Childress narrates:

[It began with leading a food drive, but of course it did not end there. Before long delivering food to men with AIDS turned into visiting the men, which turned into the most basic forms of care: taking them to the doctor (when we could find one who would see HIV/AIDS patients), running errands, going to the pharmacy, and so on. All of this led to the discovery that not all persons with AIDS were men; we met and began helping support families in which the mother had received an IV during pregnancy and the baby was born with HIV. We also discovered families, especially older East Texas couples whose sons were diagnosed with AIDS, upon whom the toll of caring in an atmosphere of ostracism was overwhelming.51

Eventually the congregation, after much prayer, decided to welcome these men (and women and children) into their congregation for worship:

We prepared and trained and planned for this first worship service, and we also prayed. We prayed a lot. We prayed because we were scared, partly because we did not know who would come or if anyone would come and partly because we were still trying to learn what to do when someone with AIDS did come to our church. We prayed because we wanted to practice the hope and hospitality of Jesus Christ for persons and families caught in a downward spiral of despair and ostracism. In other words, even though we knew that Jesus did not slam the door in people's faces, we were nervous about what would happen when the door was opened.

What happened is that we had people from the highways and the byways streaming in. This side of the New Testament I had never seen anything like it. Almost everyone in our own

congregation showed up because we knew it was going to take all of us to do this. And though we expected a few people with either HIV or full-blown AIDS, we did not expect fifty. We certainly did not expect the large numbers of parents and grandparents and siblings and babies, families who had members with AIDS but could not talk about it.

Through the door people came, packing our little church. Bobby literally had to be carried by friends because he was so weak from being in the last stages of AIDS. Carl and Tim began crying when they came in the door because it had been so long since they were welcomed into a church. Bill confessed to me that his stomach had been in knots over the fear of walking back into a Baptist church. Brandy, sitting with a six-month-old in her arms, cried because her baby son had HIV from a blood transfusion she had received during pregnancy.

In the end, the church did grow. Men with AIDS joined the church and others sought them out simply because they were impressed with “the AIDS church.” But as Childress notes, that was not the main point: “when we were praying for God to help us survive as a church, we assumed that the operative word was ‘survive’. Now we know that the operative word was ‘church.’ God helped us be the church of Jesus Christ. We were not called to survive, but to be the Church. All the rest was and is in God’s hands.”

Reconciliation and Medicine: Redeeming Bioethics

Austin Heights Baptist Church embodies but one example of what a Christian practice of medicine looks like. Authentic Christian engagement with medicine depends as Childress notes, on grace, the work of the Spirit through the Body of Christ in the world. As such, it cannot be formulaic or distilled into four principles and universally applied to achieve consistent, measurable outcomes. While the church has a finite set of convictions and practices that must necessarily shape its identity, its life together, and therefore its processes of discernment, God only works through particular, concrete people in particular places with specific and often different needs. As such, it can be hard to predict

52. Ibid., 72.
53. Ibid., 73.
what the Christian practice of medicine will look like in each particular place. One key characteristic of God's grace is that it takes forms we could never expect or anticipate—such as the incorporation of sick gay men into a Southern Baptist congregation in Texas and the unimaginable, liberatory transformation of those within that congregation, both HIV-positive and not.

Nonetheless, congregations can certainly learn from one another—and I hope many will learn from Austin Heights Baptist Church. But while Christian engagement with medicine may well look different in different contexts, such engagement will be characterized by at least one common trait that we see at both Austin Heights and L'Arche: at the center of these stories is the reality of reconciliation, a reconciliation only possible in Christ who through forgiveness overcomes the violence of the world.

As is signaled by his most recent book, *Living Gently in a Violent World*, Hauerwas has paved the way for rethinking the Christian practice of medicine as a practice of reconciliation or peacemaking. The field of bioethics has, from the start, presumed an ontology of conflict (life and death dilemmas), incessantly used the language of war, and has taken one of its primary tasks to be the mapping of the parameters for the use of unconsented-to force (e.g., through the determination of who is a person or a non-person). From his earliest writings, Hauerwas has been concerned with the "rhetorical violence" perpetrated through the aegis of medical ethics, a concern that remains as equally valid forty years later. A key task for theological ethicists going forward is to continue to unmask this violence and to provide an alternative rooted in the central Christian practices of forgiveness and reconciliation.

54. "Abortion and Normative Ethics," 127; and "Must a Patient Be a Person?" in *Truthfulness and Tragedy*, 129. One of Hauerwas's most unique and crucial contributions to medical ethics has been his attention to language—to the "grammar" of moral descriptions—and the relationship between language and perception. As he states: "We can only act in a world we can see and we need to be taught to see by learning to say," ("Abortion, Theologically Understood" in *The Church and Abortion: In Search of New Ground for a Response*, edited by Michael Gorman, Ruth Brown, and Paul Stallsworth (Nashville: Abingdon, 1993) 53. See also "The Demands and Limits of Care: On the Moral Dilemma of Neonatal Intensive Care," in *Truthfulness and Tragedy*, 170.

Thus, while a key task for Christian theologians going forward will be to assist congregations in becoming the kinds of communities that can engage medicine in a myriad of creative and faithful ways, we cannot turn from unmasking the violence and politics inherent in the contemporary infrastructure of medicine and medical ethics. For if medicine and medical ethics have indeed become forms of biopolitics, the ability to redirect medicine to the service of the church rather than the service of the state or market may well be more difficult. Important, too, will be further analyses of the new political economy of medicine, as globalization renders the modern nation state less powerful. Hauerwas’s analyses stop short of accounting for the operative but often masked economic engines that underlie the rhetoric of autonomy and choice. Hauerwas’s insightful critique of the way in which the operative “end” of medicine has become little else than the denial of finitude via the prolonging of individual lives can be re-read instead as the logical outworkings of the economic engine of consumer capitalism.56

Every history of bioethics notes that key players in the birth of the field were theologians.57 It may well be that the re-birth of bioethics, or better the redemptive transformation of bioethics as the Christian practice of medicine, will also be led by theologians, thanks to the work done by Stanley Hauerwas. In concluding his account of how Christian ethics became medical ethics, Hauer was states that in Ramsey and those who followed, “Christian ethicists continue to leave the world as they found it.”58 If theologians continue to faithfully develop the ground-

56. Of the constant themes running through Hauerwas’s writings on medicine and medical ethics one stands out most clearly: that medicine in its essence is a transcultural practice of learning to live with finitude (“Authority and the Profession of Medicine,” 48), that medicine in its contemporary distortion has become a practice centered on the denial of death, and that to be a Christian is to be part of a community where we are trained to die early (“Communitarians and Medical Ethicists,” 163). I imagine that there are few more tangible reminders of the fact that one is going to die, and perhaps sooner than later, than a festchrift put together by one’s students, many of whom themselves are well into or passing middle age. Writing such an essay has equally been a reminder to me that Stanley will die, again sooner than later. That realization has made this one of the most difficult essays I have ever written.


work laid by Stanley Hauerwas, they will certainly not leave the world as they have found it. The world will know the transformation that can only come through God's grace.