

## [Finding And Maintaining A Godly Patient-Physician Relationship](#) [1]

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Since ancient times, there has been an uneasy relationship between worldly physicians and the Great Physician. Before man's fall there was no disease or death, so there was no need of physicians. Even after the fall, God laid claim to be our primary source of physical (as well as spiritual) healing. King Asa of Judah is criticized for relying on his physicians: "... yet in his disease he sought not to the Lord, but to the physicians" (2 Chronicles 16:12). At the same time, Scripture endearingly refers to Luke as "the beloved physician". What then are the factors that make physicians and the services they provide acceptable in the sight of the Lord? Under what conditions should a Christian patient consult with a physician? Once we understand this, we can formulate the proper, God-given role of a physician in a Christian's life and wellbeing.

First, some definitions: In the Bible, the Greek word for physician is **iatros**, which describes someone who heals, or makes whole. And so, for example, a *Ped-iatric* is a doctor who heals children and a *Ger-iatric* is one who heals the elderly, and so on. The origin for the word patient comes from the Greek word, *paskhein*, meaning to suffer. So in other words, a patient is one who suffers.

It is in the definition of physician itself that we see the source of the conflict. In it, the claim is made for one person to heal another in order to make them whole.

Deuteronomy 32:39 says: "See now that I, even I, am he, and there is no [false] god with me: I kill, and I make alive; I wound, and I heal: neither is there any that can deliver out of my hand." Clearly, God does not tolerate that which far too many physicians have been accused of in the past—playing God.

### Origins of Conflict

People in many cultures and religions have recognized the fact that when human physicians play God, problems arise. Many of you are familiar with the fact that the Hippocratic Oath, taken by new physicians as a rite of passage into the profession, has been a cornerstone of Western medical ethics. In its original form, Greek physicians of the time made an oath to Zeus, specifically prohibiting euthanasia and assisted suicide ("Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course.") and abortion ("I will not give to a woman a pessary to cause abortion."). From it also comes the concept of "do no harm" ("I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing.").

Those of you who are students of history may be asking yourself, "What gives? I thought the Greeks, though they considered themselves enlightened, led lives of debauchery." You would be correct that Greek law and custom allowed abortion, infanticide, suicide and euthanasia. Plato explicitly advocated abortion and even infanticide as not only an option, but also as a duty of the state. Socrates, Plato's teacher, is famous for ending his own life by drinking a concoction of poison hemlock.

What you may not know is that Hippocrates belonged to a group of like-minded people called Pythagoreans, who believed that life began at conception. It is likely that the life-affirming pillars of the Hippocratic oath were not originally Greek, but were a reflection of the Jewish recognition that God is the giver and taker of life. The ancient Hebrew historian, Josephus stated, "For that man [Pythagoras] is in fact said to have transferred to many of the customs of the Jews to his own philosophy." It is therefore safe to say that the life-affirming concepts of the Hippocratic oath are consistent with, and likely originated in, a Biblical worldview.

You also may not know that the Hippocratic Oath, a core principle of medical training, essentially unchanged for almost 2,500 years, was abandoned shortly after World War II. The horrors of the war, many perpetrated by Nazi and Japanese doctors, led many to question the existence of God—how could He permit such things? People turned even more strongly toward Humanism—man can fix man's problems, therefore, God is not needed (even though this thinking was actually the source of the problem). Not seeing, or choosing not to see, the fallacy of the argument, that God is somehow responsible for the sins of man, humanists advocated yet another humanist solution to the Darwinian/Humanist tragedy of World War II.

### **And so was born the "Declaration of Geneva"**

With good intentions, in the original declaration of 1948, medical school graduates pledged themselves to:

1. Hold "the health and life of my patient [as] my first consideration."
2. Have "... the utmost respect for human life from the time of its conception;"
3. Treat patients without regard to religion (among other protected classes).
4. "... not use my medical knowledge contrary to the laws of humanity, even under threat."

**At first glance this sounds very reasonable, but here is what has happened in the short span of time since the declaration was adopted:**

1. In 1968, as a response to advancing technology and also with an emerging acceptance of euthanasia, especially in Europe, the following change was made: "the health ~~and~~ life of my patient [as] my first consideration." (A patient's "life" was no longer of primary importance.)
2. In 1984, as a response to hormonal birth control that can act as an abortifacient after conception, and the acceptance of abortion, pledgers were no longer required to respect life "from the time of its conception." This phrase was stricken.
3. In 1994, as a response to the acceptance of homosexuality and the rejection of Christianity, "Religion" was removed (replaced with a weaker wording, "creed") and "Sexual Orientation" was added to the protected classes of people.
4. In 2005, pledgers were to still respect the "laws of humanity", though no longer "even under threat." This made the declaration merely a suggestion. Besides, to a humanist, the "laws of humanity" are whatever the humanist decides: In 1945 a humanist Nazi doctor decided that legally experimenting on Jews (who were considered subhuman by him and the state) for research to potentially save human (Aryan) lives, respected the

“laws of humanity”. Only 70 years later, in 2015, the United Nations, while respecting the “laws of humanity” as it saw them, declared abortion to be a basic human right. In other words, whatever is legal is good.

### **How does this square with God’s word?**

The counsel of the LORD standeth for ever, the thoughts of his heart to all generations. (Psalm 33:11)

Jesus Christ the same yesterday, and to day, and for ever. (Hebrews 13:8)

Therefore, in summary, the practice of medicine that is acceptable to God, is that which follows the immutable truths of God and which conforms to His Word, not those which conform to the deceitful and deceptive heart of man (Jeremiah 17:9) which constantly changes, in like manner as the wind.

### **Reason vs Faith**

Modern medicine is, more and more, founded upon “evidence-based” research. Just because a doctor delivers 5,000 babies does not mean he or she delivers them well.

How many maternal infections and other complications (including death) were there?

How many babies died and how many were injured?

These are good questions to ask, but it lends itself to a reductionistic way of thinking—all questions and answers can be reduced down to logical and scientific reason. There is no room for the supernatural. Everything follows the “laws of nature” without exception.

Marx called faith the “opium of the masses”. Freud called it an illusion that impeded the truth from being discovered. They question, “So Jesus healed the slave’s ear that Peter cut off, just by touching it? That means either Jesus was privy to some unknown technology that can do such things, obeying the laws of physics and biology, or the gospel writer was mistaken or just downright deceptive.” Needless to say, this is another example of humanistic thinking. If man can simply “tweak” these laws of nature, and how they relate to one another, any problem can be solved, they think. This is also the most common ditch in which many physicians find themselves.

On the other side of the road lies the ditch of those who rely primarily on testimonials, traditions (also known as rituals or superstitions), or blind faith.

### **What does the Bible say about blind faith?**

The simple believeth every word: but the prudent man looketh well to his going. (Pro 14:15)

Now faith is the substance of things hoped for, the evidence of things not seen. (Heb 11:1)

So in other words, it is prudent to ask questions, to research and find answers for any current medical problem we may be experiencing. God, in His sovereignty, will reveal answers how,

when, and as He wills.

Some people believe the more that is revealed through science, the smaller God becomes. It is evident to the truly curious mind that, in fact, the opposite is true. For every question where the answer is discovered, a dozen new questions should appear. So the more that is known, the greater the expanse of the unknown becomes. The more that is unknown, the more faith is required. From God's perspective, the more faith that is required, the more He is glorified.

A good physician is a dualist; faith and reason are not mutually exclusive. We rely on evidence-based medicine, but we humbly seek out the wisdom and traditions of the ages that have yet to be proven or disproven. We accept that there are supernatural miracles of God. Taken as a whole, this approach is called the practice of the "Art of Medicine" (as opposed to the humanist's "Mechanics of Medicine").

### Practical Considerations

What if your doctor is not a practitioner of the "Art" of medicine, but is rather a "mechanic"? Here are some practical considerations: First, learn from the example of King Asa, and seek the Lord. He is the source of all healing. *We physicians can treat illnesses, but only Jesus can heal*—both spiritually and physically.

If your appendix needs taken out, having a good mechanical practitioner might not be a bad idea. On the other hand, you are better off receiving advice on child rearing from your pastor, than from your pediatrician.

Here are some final practical questions to ask when faced with medical decision making:

- What do the tests cost?
- Is there a cheaper alternate?
- What is the goal of the test? Doing an AFP prenatal test to detect a Down's Syndrome baby has limited value if you will not submit to the recommended solution—killing that baby.
- Will the outcome of the tests alter our treatment plan? Sometimes tests are performed only to satisfy academic curiosity. Testing for West Nile Fever will not change anything if the patient is compensating well, since it is a self-limited virus. On the other hand, testing for Strep is worthwhile in certain cases, because if positive, other symptomatic family members should be treated as well, in order to avoid complications.
- What are the potential side-effects?
- What are the possible complications? Sometimes the risk of the procedure or a side effect of the medicine is worth it because of the anticipated benefit. Sometimes it is not. A CT scan of the abdomen and pelvis has the equivalent radiation of about 100 normal X-rays. It may be better to wait or it may not be.
- What will happen if we do nothing? (Remember the admonition to "do no harm")
- What is the natural course or the prognosis?

### In Conclusion

It is possible to maintain a working relationship, in a Godly manner, with your doctor, even if

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he or she does not share your Christian worldview. We must humbly recognize that in their field of expertise, even worldly physicians have much to offer. The catch is that we must intentionally consider how extensive (or limited) that field is, and whether or not the advice being given by the physician falls within their field. It is only after seeking the wisdom of the Lord, that we can discern whether or not to use the advice they have given, in our decision making.

Finally, we must ultimately submit to God and accept that not our will be done, “but Thine”.

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