Medical Technology and Care:
The Weakness of Power and the Power of Weakness

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Advances in medical research and technology have provided medicine with remarkable new powers, powers never dreamed of not long ago, powers to intervene purposefully in the natural process of begetting and dying, powers to control the "quality" of our lives and of our offspring.

With these new powers, however, have come new questions. Now that we can keep the dying alive, must we? Now that we can diagnose a fetus with Down's Syndrome and abort it, may we? Now that we can utilize the tissue of an anencephalic baby in transplant surgery, should we?

These new questions are prompted by the new developments in medical science and technology, but they are inevitably moral questions. Science and technology are incapable of answering them. Science can tell us a great deal, but it cannot tell us what ends to seek with the tools it gives us or how to use them without violating the human nature on which they work. Medical technology provides remarkable powers, but medical technology with all its powers is weak, indeed powerless, to instruct medicine or the rest of us concerning how to use technology.

This first instance is a refrain of this first section: the weakness of power. Relatively uncontroversial, it is frequently cited as an explanation for the remarkable recent development of medical ethics as an independent field of inquiry. It is true: the new powers have raised moral questions which the new powers are themselves powerless to answer. And it is true: the new powers and the novel questions they pose have called forth considerable careful reflection and even more literature.

But anyone who has read the literature of medical ethics knows that the discipline seldom answers our questions. The discipline is as morally fragmented as our culture. In addressing the novel questions posed by the extraordinary technology of medicine, medical ethics reflects the diversity with which our culture deals with the ordinary human events of giving birth and suffering and dying, questions about the meaning and value of "life" and "health" and "freedom," questions about the goals worth striving for and the limits to be imposed on the means to reach them, questions about what human persons and human communities are meant
to be and to become. Perhaps this is not surprising, but it ought not be overlooked either, for because of it the very meaning of medicine is at risk. When our culture and its medical ethics can give no clear account of what medicine is about, then it becomes commonplace to reduce medicine to its technical powers, to a set of remarkable powers available to consumers in the medical marketplace.

Christians have a stake in resisting such a technological account of medicine, not least because a marketplace medicine will finally treat the rich while it leaves the poor to watch and pray. But to resist it, Christians will need to understand something of the attraction such a view of medicine has for our culture and to offer an alternative and more truthful account of medicine.

To think of medicine as a collection of technical powers is attractive to medicine in our culture and to the culture that sponsors our medicine because we celebrate technology and are confident of it. Our culture has sat at the feet of Frances Bacon (1561-1626), and we have learned our lessons well. Knowledge is power, we like to say, the power of humanity over and over against nature, and such power, we like to think, is linked inevitably to human well-being. “Better living through chemistry” passes for wisdom.

Of course, appeals can be made to our experience to confirm Bacon’s lessons. Who does not celebrate a polio vaccine? Who does not cheer the development of antibiotics? Who is unmoved by the happy endings medical technology sometimes provides to the sad stories people tell with and of their bodies? Until recently medical interventions probably took more lives than they saved, but in the last few decades Bacon’s perspective on medicine has seen astonishing successes. Knowledge is power, and gains in knowledge have undeniably led to increased powers to intervene purposefully to forestall death and to restore health, to seek and to serve human well-being.

Our experience, however, also provides reason to question the Baconian perspective and project, to ask whether what passes for wisdom is really folly. It has often been observed, for example, that nothing has failed in this century quite so desperately as our technological successes. We need not rehearse the horror stories of the pollution of our air and water to chasten our confidence in technology. It is enough to remind ourselves that the sad stories people tell with and of their bodies are sometimes made sadder still by technological intervention. A person may suffer a lingering dying accompanied only by machines when the technology is used in a desperate attempt to cure a patient. A mother may have no claim to nurture her child because she was a surrogate, reduced to a reproductive tool in that awesome collection of medical technology.
The point is not that technology is bad. It will hardly do to adopt a cavalierly anti-technological spirit, to be content with slogans about "playing God" when people intervene in natural processes or to raise the cry, "It's not nice to fool with Mother Nature" — unless people are willing to call respirators, dialysis machines, insulin and penicillin illicit. Human beings are children of spirit as well as children of nature, and it is slothful to suppress and refuse the dominion which has been given to humanity as a mandate and a blessing. The question should not be whether human beings will "play God" or not — God settled that one when God made them image bearers and stewards. The question rather should be whether persons are exercising their God-given dominion responsibly and wisely or not. And the point is that what passes for wisdom about technology in this culture is folly: The close links forged by Baconian "wisdom" between knowledge and power and human well-being make intelligible the foolishness of otherwise brilliant people. No thoughtful person, for example, would accept the techno-logic that "if we can, we may," for every reflective person knows that there are many things we can do that we ought never to do. But some brilliant scientists seem to follow this techno-logic, and it is not just the scientists who have made the Baconian project their own. There are philosophers and theologians who lead the cheers for technology, for knowledge as power over nature and for power over nature as human well-being. Joseph Fletcher, for example, has said, "Man is a maker and a selector and a designer, and the more rationally contrived and deliberate anything is, the more human it is." The implication is obvious, but no less foolish for all that: "Laboratory reproduction is radically human compared to conception by ordinary heterosexual intercourse."

Human beings, however, are children of nature as well as children of spirit. Human persons are embodied, and for embodied persons the Baconian project is finally presumptuous and foolish. In the Baconian perspective and project all dignity belongs to human persons who are set over and over against nature. The natural order is left with no dignity of its own, and that which has no dignity can be — and must be — mastered. But embodied persons are plainly part of nature; they transcend nature in certain important ways, but they never live simply "over against" nature but always in the embodied state which depends on nature. Technological power is weak against our nature; it never provides pure transcendence. Ironically, it sometimes makes us even more dependent upon external objects, even if they are the objects of our own making and choosing without ever entirely releasing us from our dependence upon the natural world.

For all its benefits, for all its significance as a response to the sad stories people tell with and of their bodies, technology has yet to deliver us from our finitude to our flourishing. It provides no escape from the finitude of our resources or from our mortality. This is obvious, I suppose,
but we have not been disposed to acknowledge the obvious. Perhaps our enthusiasm for technology as a response to the sad stories people tell with and of their bodies has blinded us to the limits of technology. Nothing reminds us quite so vividly of the sadness of our life as medicine, and perhaps for that reason we have used medical technology ironically and self-deceptively to hide or deny the sad limits of our resources and the sad truth of our mortality. We have been disposed (until recently, at least) to promise “everything for everyone”—but our resources, while considerable, are limited. We have been disposed to fight against our own mortality, but finally all of us are “overmastered by our diseases,” to use an old Hippocratic diagnosis.

The powers of medical technology are weak—indeed, powerless—against our finitude and mortality. That’s the refrain again: the weakness of power. Again, it is obvious in its way, but if we were to acknowledge the obvious, then it might be possible to lower our expectations and demands of medical technology and to respond in other than technological ways to the burdens of finitude and mortality and to the variety of threats to human life and well-being that have no solution in medical technology, at least to care when we cannot cure. To that point we must return, but not before we have observed another weakness of power.

We have noted the powerlessness of the new medical powers to solve the novel moral questions they pose. We have observed the powerlessness of technology as power over nature to deliver us from the finitude of our resources or our mortality. Now notice what C. S. Lewis has pointed out: that technology is power but never only the power of humanity over nature but always also the power of some people over other people. Technology is power, and in the hands of a doctor or nurse technology is not joined just to good motives and good ends but is willy-nilly also always power over the patient. And technology is powerless to provide or sustain the virtues of justice and care which ought to govern and guide the reality of the power of some people over other people. This, too, is obvious in its way. The technological perspective on a patient is adopted—and must be adopted—by the doctor or nurse who wants to cure a patient. The technological perspective sees and treats the patient as manipulable nature, as nature which can be understood—and treated—only as the sum total of the chemical and physical mechanisms that operate on it and in it according to universal principles and scientific laws. Nature, including human nature, seen from a technological perspective is a nature without exception—or with only predictable exceptions (exceptions understandable according to the same universal principles and, therefore, not really exceptions at all). The traditional moral and religious understanding of human nature, on the other hand, regards the human being as individual and inviolable, not as manipulable nature.

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The point is not that technology is bad or even that a technological perspective on a patient is morally inappropriate. Indeed, it is precisely care for patients which moves the doctor and nurse to adopt a technological perspective on patients, to treat them as manipulable nature in order to cure them. The point is rather this: that the technological powers and perspective can shape and form the dispositions of doctors and nurses; their characters can be formed by the tools they use; seeing and treating the patient as manipulable nature can subtly wear down the capacities to see the patient as one whose individuality and exceptionality ought not be trampled upon, even for the sake of a good end. Or to put it another way, in terms of our refrain: a technological perspective is too weak — indeed powerless — to sustain or nurture the dispositions of respect and care which motivated the technology and the technological perspective in the first place.

This weakness of power is also relatively uncontroversial. The complaints against the arbitrary dominance of physicians are commonplace in medical ethics. The rejection of paternalism is a ritual requirement of works in the field. The movement for patient rights is prompted and sustained not by accounts of doctors who are evil geniuses, real villains, but by stories of doctors who are crusaders, who are ready to dominate and manipulate the patient for the sake of achieving the good which is technically within their reach.

The contemporary focus on patient rights may remind medical professionals of the importance and moral necessity of seeing their patients as individual and exceptional. Their technological powers are powerless to provide this reminder. The focus on patient autonomy and patient rights may protect patients against the arbitrary dominance of the crusader whose tools have formed a perspective on the patient as manipulable nature. That is what is good about the movement for patient rights and the emphasis on patient autonomy. But the movement stands in danger of its own crusade, of using its power to render the medical professional powerless in the relationship, of making them simply “animated tools” of the medical consumer’s wishes. (“Animated tool” is Aristotle’s definition of a slave.) The movement threatens to submerge the doctor and the nurse with their own technology, another “tool” in that fascinating and terrifying collection. And technology, for all its power, is too weak to protect medical professionals from that account of their work and of their identity: animated tools, choiceless themselves, simply doing what they are told. There it is again: the weakness of power.

The new medical powers are powerless to answer the novel moral question they pose, powerless to deliver humanity from the finitude of its resources or its mortality, powerless to sustain the dispositions of respect and care which prompted the development of these remarkable powers,
powerless to protect the people who know how to use these tools from either the arbitrary dominance of a manipulator or the choicelessness of an animated tool.

It is time to turn the phrase: from the weakness of power to the power of weakness. The power of weakness sounds strange to our culture—stranger even than the weakness of power. A biblically formed ear will hear, of course, echoes from the cross, will hear the harmony with Paul’s account of his “thorn in the flesh.” A biblically formed voice will speak of it as good news—but acknowledge its own powerlessness to do more or better than simple testimony to this theme. My own testimony begins by acknowledging the reality and sadness of human suffering and by admitting my inability to provide a neat theoretical theodicy, but it moves to celebrating the cross as a story of weakness powerful enough to sustain the practice of medicine as a gesture of care in the midst of suffering rather than as the promise of a technological triumph over suffering.

It is a sad world, heavy with the burdens of suffering, dripping with blood. It is a sad world, full of sad stories that people tell with and of their bodies: the infant who dies of Sudden Infant Death Syndrome, the youngster who suffers her way toward death of Tay-Sachs, the father who dies because he was untreated, untreated because he was uninsured, uninsured because he had lost his job. It’s a sad world, not transparent to meaning, and care seems not to be written over it, at least not legibly.

Suffering has always challenged the confidence of Christians that God rules, that there is justice in history or meaning in the world. Some have claimed that God is kind to the good and pays back evil for evil, that suffering is always in some sense deserved. But the wicked sometimes experience God’s kindness, too, as Jonah learned to his chagrin, and more distressingly, the good sometimes suffer, as Job witnessed to his doubtful friends. Suffering is sometimes deserved, to be sure, but not always—and seldom so clearly deserved that we can read God’s justice or God’s judgment in the suffering of any. So some have claimed instead that suffering is educational, that it teaches us to rely on God, that it forms character, that it is necessary if we are to learn to celebrate the good and to be properly grateful for it, that suffering is always in some sense meaningful. But people are as often broken by suffering as educated by it. Suffering is sometimes meaningful, to be sure, but not always—and seldom so clearly meaningful that we can be content with the meaning and “pedagogical value” of another’s suffering. Neither account of suffering is very satisfying intellectually as a theoretical defense of the justice and goodness of God—and the faith does not make liars of us. Much suffering is undeserved; much suffering is pointless. It’s a sad world, marked and marred by suffering.
Christians do not deny the horrible reality of suffering or their own powerlessness to “justify” God and the ways of God in a theoretical theodicy; instead, we point to a Roman cross and to an innocent Jewish teacher who suffered there, to the truth about our world who hung there. The cross is no lie; the cross is the truth about our world in its revelation of the reality and power of evil; and the cross is the truth about our world in its revelation of God’s love and care. In the cross we may see—even if we can hardly believe—that God’s care is the constant companion of a world where evil is real and powerful. In the cross we may see—even if we can hardly believe—God, suffering.

In the weakness of the cross there is power, and in this sad story there is good news. To those who suffer, the story of the cross is good news indeed, but good news which does not force us (or permit us) to deny or ignore the sad stories people tell with and of their bodies. The good news does not announce an end to our pain or an avoidance of our suffering, but it provides an unshakable assurance that we do not suffer alone, that we are not and shall not be abandoned, that Jesus suffers with us, that God cares. The good news is indeed a hard reminder that in a world like this one, however righteous or repentant we are, we cannot expect to be spared pain and suffering. Certainly health and life are goods which may and should be sought, but “a disciple is not above his teacher” (Matt. 10:24). In our sad stories we keep good company. That’s a part of the good news— and this: that beyond the cross, beyond the sad story, is the resurrection, the triumph of God, a new age in which there is neither pain nor tears nor death anymore.

The story of the cross is good news to the suffering—and a call to those who would follow Jesus to minister to the suffering, to love the sick, to have compassion on those in pain, to care for the dying, to grieve with those who grieve. Such a story and such a calling can nurture and sustain the vocation of medicine to heal and to care, to intervene if possible over against the evils of suffering and premature dying, but never to abandon the patient even if and when a technological intervention does not provide a happy ending to the story. The Christian, then, may delight in technology and the new powers it gives to intervene in the sad stories people tell with and of their bodies and to give them (sometimes) a happy ending. But the Christian is also freed by this story of the cross, by the power of such weakness, from relying finally on technology to provide the good news or to sustain us in the face of our suffering and dying. Christians may delight in technology without extravagant expectations of it. It is God who suffers with us and for us—not technology. And it is God who will usher in the new age, when pain and death will be no more—not technology.
Those are convictions powerful enough to sustain and nurture care not only in the face of the sad stories of a person’s pain and suffering but also in the face of the failure of technological interventions, powerful enough to sustain and nurture care even when one cannot cure. Those are convictions sustained and nurtured not by technology for all its powers but by the story of a cross, by the power of weakness.

We have observed as well that technology is always willi-nilly power over the patient and that technology is powerless in this contest of power to protect the people who know how to use these tools from either arbitrary dominance or the choicelessness of an animated tool. But the story of the cross provides a new perspective on power, too. It turns conventional judgments of power upside down. Jesus is “lifted up” on a cross; his kingdom, power, and glory are revealed and established in his weakness. To follow Jesus, to take up one’s cross, does not mean to be powerless, but it does require us not to “lord it over” others. “It shall not be so among you,” he said (Mark 10:43), and it surely was not so with him.

The medical professional whose dispositions are formed by this powerful story of weakness will have resources of character to resist the temptations in power, the temptations in the technological perspective on the patient, to reduce the patient to manipulable nature, resources which technology itself, for all its powers, is powerless to provide. The medical professional who owns the story of the cross will recognize that she is not the Messiah, that she images her Lord not only in the power to heal but also in the disposition to serve patiently, and she will recognize that her patients image her Lord in their very weakness and suffering. By the grace of the cross she will see in the powerlessness of her patients not only manipulable nature but also the Lord who calls her to care (cf. Matt. 25:31-46).

The patient who owns the story of the cross will be content neither with the passivity of the so-called “sick role” to which the powerful technician would assign him, nor with the assertions of patient rights and autonomy which some are urging as a check against the powerful technician. The patient who acknowledges Jesus (or anyone) as Lord can hardly claim to be autonomous, at least in the sense of being “a law to oneself.” And one who acknowledges Jesus as Lord can hardly claim that sickness or suffering or even dying relieves one of responsibility.

So the weakness of the cross is powerful to nurture and sustain a relationship where the medical professional is neither “animated tool” nor “Lord” of the patient and where the patient is neither “manipulable nature” nor “manipulative consumer” to the physician. They confront each other as neither “Lord” nor “slave” of the other but as servants together of the one Lord, the wounded healer, in their respective roles. The confrontation of medical professional and medical patient will not suddenly and miraculously become collaboration and agreement, but where
the story of the cross is told and owned, there will not be any rush to the sort of procedural solution which simply decides who should decide and leaves either patient (as manipulable nature) or physician (as animated tool) powerless and optionless. There are powerful resources in the story of the cross which are simply not present in technology itself to sustain the conversation, to nurture the argument about whether what can be done should be done, beyond the point at which a technological perspective would have reduced the patient to manipulable nature and left him powerless and optionless and beyond the point at which an ethic of autonomy would have submerged the physician with her technology, an “animated tool” of the medical consumer.

That conversation about what ought to be done or left undone brings us back to the powerlessness of technology to tell us what to do with the power it gives us. Now it is not my claim that the story of the cross tells us precisely what to do with the new powers technology gives us. There are, I think, important clues concerning what should be done in the story of Jesus, but the point I want to make just now is that in a world and a medicine under the sign of the cross, our world and our medicine are not yet God’s final reign. God disclosed and established God’s own cosmic sovereignty by raising this Jesus from the dead, but here and now in this world and medicine under the sign of the cross, we still wait and watch for the future of that victory. Here and now, even as we welcome God’s sovereignty, part of what we know to be God’s cause comes into conflict with another part of what we know to be God’s cause. For example, in allocating finite funds, should we feed the hungry or heal the sick? And with the finite funds allocated for health care, “good news to the poor” would dispose us to insist on a decent minimum standard of health care for all before expensive technological procedures like transplants were provided for any, but “to heal the sick” would dispose us to provide the very best medical care for those who suffer from diseased organs. And in making decisions about the care of one patient, should we preserve his life or minimize his suffering when we cannot do both? In a world and a medicine under the sign of the cross the decision to use our medical technology (even for the sake of a good end) or not to use it is sometimes profoundly ambiguous morally. And that ambiguity can be ennervating. It is tempting to attempt to rescue ourselves from ambiguity by making death a “good” or a life spent in a lingering dying a “good,” but the choices are sometimes tragic choices, choices where goods collide and cannot all be chosen, choices where evils gather and cannot all be avoided. Technology is powerless to sustain us in the presence of such ambiguity. The cross, however, can nurture and sustain the sense of God’s forgiveness in the midst of moral ambiguity and so nurture and sustain the courage to make the ambiguous but necessary choice in confidence of God’s grace and future.
The medicine of our future and of our children's future will surely possess remarkable new technologies, awesome new powers. Such powers, however, will be weak. They will be powerless to answer the moral questions the new powers pose and powerless to sustain us in the midst of moral ambiguities. They will be powerless to protect the physician from the temptation to treat the patient as manipulable nature or to preserve the physician from being treated as animated tool. The powers to cure will be powerless to sustain or to nurture the care which initially motivated them. The medicine of our future and of our children's future, for all its technological prowess, will stand in desperate need of the church's witness and humble testimony to the power of weakness. The story of the cross, for all its weakness, has the power to sustain the duty to care even when we cannot cure, to sustain the conversation between doctor and patient, and to sustain the courage to decide in ambiguous circumstances.

Properly impressed by medical technology's remarkable powers, we can best be faithful to the gospel and serviceable to medicine by reminding ourselves and medicine of the power of weakness, of a cross, and so of the strength to be present to those who suffer, to be mutually submissive, and to be confident of God's forgiveness in necessary and necessarily tragic decisions.

ENDNOTES


4 Ibid., 781.


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