

The Image of God and the Ending of Life

PETER ALAN EMMETT

Clinical ethical decision-making is a difficult task at best. It has always been that way. Even in a time when medical practice was relatively simple there were hard choices; the problems inherent in confidentiality and truth-telling precede even the most elementary practice of healing. Recent advances in medical technologies have made ethical decisions even more complex. Our technology has outdistanced our moral compass, resulting in an uncertain appreciation of many things, including the value of human life. Here we will explore a biblical view of human life as *imago Dei*. That notion will be applied to two cases in which the way of valuing human life determines treatment decisions about ending life. A third case will help us examine the extent of human life.

Ruby is a 66 year-old widow. Approximately 15 months ago her physician discovered that she had a malignancy of her kidney. Although surgeons removed the involved kidney and her physician gave her extensive chemotherapy, the tumor spread widely, even to the brain. She is now incompetent. The remaining kidney is involved with tumor and is failing. Her physician must decide whether to start renal dialysis. She has not expressed her wishes for terminal care and her family cannot reach agreement. One nephew has expressed openly that her life should be ended by direct intervention.

Betsy is 37 and the mother of four young children. Her husband is often unemployed, drunk, abusive. Though she works as a legal aid, her income is not sufficient to support the family. Now seven weeks pregnant, Betsy thinks it unfair to bring a baby into such an environment, and she is convinced she could not handle it. Betsy wants an abortion.

How are we to respond to ethical quandaries such as these? Those of us who are involved in making clinical ethical decisions must arrive at, and help others reach, responsible conclusions. Our resolutions must be coherent to others, and must be consistent with our beliefs. Careful evaluation of all the medical and

Peter Alan Emmett, M.D., is an emergency physician who holds both the M.Div. (Asbury) and Th.M. (Bethel Theological Seminary, St. Paul, MN) degrees. He currently pastors the West Harpswell (ME) Baptist Church.

ethical facts, including the patient's wishes, is fundamental. Even more critical is the method of valuing, whether we approach ethics from the classical orientations of utility, duty and virtue, or come from a Christian modification of these such as ideal absolutism,¹ hierarchicalism,² non-conflicting absolutism³ or a God-centered duty which is love impelled.⁴

People and things have value, and this value is integral to arriving at defensible and consistent ethical choices. Valuing, however, cannot be done in a vacuum. A thing has true value only when it is measured against a standard. A sound means of valuing, and a clear understanding of those values, as well as a solid grasp of all the facts, is essential for making correct ethical decisions.

The standard for valuing in Christian ethics is found in what God has said. Any value we assign must be weighed against the biblical standard. We work from the conviction that the world and all it contains have value because they are created by a just and wise God. The world matters because God created it and declared it good; our discoveries and toil have value because they flow from our use of God-given abilities. People are important because they are a special creation of, and stand in a singular relationship to, God. While all creation has value, all parts do not have equal value. Christian ethics acknowledges these differing values that God has placed upon his creation, including human life.

If our standard for valuing is the Word of God, and if our values are those which God has declared, what then is human life and what is its value?

THE BIBLICAL ACCOUNT

There are many views about the origin of human life and how it is constituted. Christians understand the uniqueness of human life from the biblical account of its peculiar relationship to God through creation. In this respect, human life is a creation of God in his image. Without commentary, Genesis 1:26 declares: "Then God said, 'Let us make man in our image, according to our likeness....'"⁵

The Bible provides little direct information about how this image is comprised. Nonetheless, it is abundantly clear that *imago Dei* is that which sets human life apart from all other creatures. Humans alone occupy that special relationship of being crafted in the Creator's image. While all human life has dignity, in Thielićke's words, it is an "alien dignity." Any dignity ascribed to humans is derived from the Creator's dignity in whose image human life is fashioned.

We are familiar with the idea that human life is created in the image of God. Perhaps we have used the phrase so often that its significance may have become diminished and obscure—even abstract—collapsing under the weight of the familiar. What are we affirming when we declare that human life is created in the image of God? Put in everyday terms, what is this individual with whom I am relating? What is the practical significance of claiming humans are in the image of God when we come to make tough ethical decisions at the bedside? Wrapped up in the concept of *imago Dei* is the key to valuing human life. The value we assign to human life will go a long way in determining our ethical reasoning.⁶ A biblical understanding of what it means to be human—seeing human life as God does—is essential to valuing human life appropriately.

THE TRADITIONAL VIEW OF *IMAGO DEI*

While there has been little controversy in orthodox theology over the creation of human life in the image of God, agreement on what constitutes the image has not been as simple. Irenaeus understood *imago Dei* as human rationality and freedom.⁷ Augustine, under the influence of his trinitarian concept, believed that the image lay in the triune faculties of the soul: *memoria*, *intellectus* and *amor*.⁸ Aquinas considered that humans are the image of God "...inasmuch as they have mind or intelligence."⁹ For Luther the image was what "Adam had in his being" but it was so obscured and corrupted in the Fall "...that we cannot grasp it even with our intellect."¹⁰ Nevertheless, while Luther believed that the image was lost in the Fall, he also thought that it remained in sufficient proximity to give us cause to reverence all human life.¹¹ Calvin located the image of God primarily in the soul, but thought it permeated all of one's being: "...yet there was not part of man, not even the body itself, in which some sparks did not glow."¹² Wesley thought that the image "consisted, not only in his rational and immortal nature, and his dominion over the creatures, but also in knowledge, actual knowledge, both of God and of his works; in the right state of his intellectual powers, and in love, which is true holiness."¹³ The "real image," by which Wesley meant the moral image, was lost in the Fall. The "political" (dominion) and "natural" (understanding, free will) aspects of the image remained, though they were seriously marred.¹⁴

The aforementioned views, despite their apparent diversity, are all variants of the "substantive view" of *imago Dei*. Traditionally, this has been understood in terms of qualities or characteristics given to humans in creation which correspond to divine attributes. These have usually been regarded as qualities such as intelligence, will and rationality—the so-called "communicable attributes of God."

Other views of *imago Dei* have been set forth such as the sixteenth-century Socinian concept,¹⁵ recently revived by Norman Snaith¹⁶ and by Leonard Verduin,¹⁷ which holds that image is to be understood as dominion-having. Additionally, a relational understanding of *imago Dei* has been advocated by both Karl Barth¹⁸ and Emil Brunner.¹⁹ None of these views, however, has gained significant support.

The substantive understanding of image gives us good reason to value human life greatly; it clearly supports the sanctity of human life. We surely possess, in varying degrees (at least potentially), the divine qualities of intelligence, will and rationality by which we relate to God and others. Still, however correct this view may be, it lacks a certain degree of dynamism. It fails to bring us forcefully to grips with the biblical perception of human life. Warmth and vitality are singularly lacking and this view of image can lead to a clinically wooden and detached appreciation of the significance of human life. The substantive understanding of *imago Dei* tends to be more philosophical than biblical; more cerebral than visceral.

Recent evidence suggests that the Hebrew author of Genesis understood *tselem* (image) as something more vigorous and alive than simply possessing

certain divine qualities. He apparently had a more organic and personal meaning in mind, making for a richer, more vibrant recognition of the worth of human life. Our appreciation of *imago Dei* will be enhanced if we can grasp the intent of the Hebrew author, for he is the one who used the term.

ANOTHER VIEW OF THE *IMAGO DEI*

Old Testament scholar David J. A. Clines has made a significant contribution to our understanding of the Hebraic use of *tselem* and its application to a biblical view of human life.²⁰ After an in-depth study of the Hebraic word structure, including the use of the *beth essentiae*, he has shown that the connotation of “image” is function and not quality. Clines writes “...according to Genesis 1 man does not have the image of God, nor is he made in the image of God, but is himself the image of God.”²¹ Image is not something humans *have*; image is what they *are*. God created human life *as* his image; the implication is that there is a role to be filled.

Clines has also reminded us that in the Ancient Near East images were understood as objects, not as ideas (qualities); that is to say they were usually physical, concrete, three-dimensional and, at times, human. Images often were considered the dwelling place of the spirit which the object represented. When the spirit chose to indwell its representative image, the image became worthy of worship.

Further, the Hebraic concept of life was holistic (physical and spiritual). Whenever the image concept was applied to humans, it was the corporeal, animated human life as well as the spirit that was the image—in this case, the image of God. Thus, the Hebraic concept of “image of God” involved both body and spirit. More than an idea or quality, the image had substance—the whole being was involved: body, soul/spirit.²²

Perhaps Clines’s most important contribution to a comprehensive appreciation of human life is his demonstration that Ancient Near Eastern people believed that an image was representative of the one whose spirit indwelt it. In this way the image functioned on behalf of the one it represented. For example, after a king conquered a territory, he would usually erect an image of himself in the defeated land. The image was his representative reminding the vanquished people that, should he be away conquering other territories, his rule over them continued in force.²³

The significance of this biblical view of the image of God is that it is human life in its entirety (body, soul/spirit) that is the image of God. The image of God is not something people possess, or something people do, or how people relate; it is what they are—body and spirit. As image, people are God’s representatives to creation—imagers of the Creator-God of the universe!

How is this remarkable notion brought to life? Certainly one way is in our capacity to demonstrate the communicable attributes of God. God is love and rationality; when we act in love and rationality we represent God. Another way is through relationships. God is relational; in the Trinity he relates as Father, Son and Holy Spirit. Through our relationships we represent this aspect of God’s

nature. Procreation is yet another example of how we are the image of God. None of us has the ability to create life, but in our capacity to pass along human life we may participate with God as co-creators.

All of human life (at least potentially) is involved in being the image of God. This should be appreciated both existentially and ontologically. To be human is to represent God.

We must be cautious. This is not to suggest that humans are in some way divine. To think of humans as being divine is to bridge a gulf which Hebrew anthropology was never willing to cross (God is always the Creator and humans the created). Rather, in the divine economy, humans were so fashioned that they are the physical representatives of God who is spirit. This is to be taken in both an ethical and material sense; there is responsibility and privilege. Humans are to conduct themselves as God would if he were present in physical form.

Nor should it be inferred that human life is the *summum bonum*. That epithet belongs to God alone. Human life is of inestimable value because it is the image of God, but that value is far more than biological; human life is the union of body and spirit. This must be held in careful balance. There is a time to live and a time to die. The use of medical technology to resist God when he is actively taking a life is as much an affront to his sovereignty and omniscience as taking life without just cause.

God certainly takes the value of human life seriously. It is because he has placed his image in human life that he mandated capital punishment for murder (Gen. 9:6). Walter Kaiser is correct when he writes, "To kill a person was tantamount to killing God in effigy."²⁴ In a time when human life is valued so arbitrarily, and often considered expendable, we also should take its value seriously; human life is the representative of the most high God.

IMPLICATIONS FOR CLINICAL ETHICS

Each day we are confronted by clinical situations requiring Solomonic wisdom. This biblical understanding of *imago Dei* has significant implications for our response. It informs us that all human life—Ruby's, Betsy's and Betsy's unborn child's—is sacred because people are God's image: his representatives. There is a sense in which our response to others is our response to God. This should give us pause before we act. Will my act toward another be in keeping with what he or she *is*—a representative of God? John Calvin understood this: "...whatever man you meet who needs your aid, you have no reason to refuse to help him....Say, 'he is contemptible and worthless'; but the Lord shows him to be one to whom he has deigned to give the beauty of his image."²⁵

A reasonable response to Ruby's situation should include both an appreciation of what her life is as the image of God, and what the clinical data signify. Some, with her nephew, reason that because there is no further cure or control for her disease, death—hastened by direct intervention—is not only preferable but appropriate. However, when we recall that Ruby is the image of God, though we can no longer alter the outcome, we can turn our efforts to caring for her until God takes her life. As Paul Ramsey has so aptly put it, we "company" her to her death.

And, when God is actively taking her life, when we cannot cure or control her disease, we refrain from the arrogance of “medical scrupulosity” and let her go; but we always care.²⁶

From the moment of conception all that is necessary for Betsy’s fetus to grow and develop is present; her “unwanted” pregnancy is a human life. Although we are genuinely concerned for Betsy and her social predicament, we must realize that to fulfill her request for abortion would be to end a human life, the image of God. Human life cannot be taken justifiably without divine mandate. While there may be *prima facie* conflict between Betsy’s “right” to choose and her fetus’s “right” to its life, the weight of the biblical evidence falls on the side of duty to God and the image of the Creator. Our responsibility to God and to life fashioned as God’s image takes precedence over any conflicting personal desires or presumed rights.

There are other ethical concerns such as allocation of scarce resources, medical research and genetic engineering which we could profitably consider from this approach to valuing human life.

One concern that demands our immediate attention is how much, and what kind of, life is necessary for life to be human life—the image of God? Have some living bodies ceased being the image of God?

All major views of the image of God (substantive, relational, functional and holistic as embodied soul/spirit), contain the essential core that being the image of God includes the dual aspect of relationality and cognition. Further, to be God’s representative on Earth is to be active on the Earth, to be making choices, or at least possessing the potential for that ability. This obliges some functioning (real or potential) cerebral cortex.

To unwrap this matter and get some idea about the extent of human life let us consider Max, who, because of a medical catastrophe (a drug overdose), suffers extensive brain damage. Careful medical evaluation reveals that he has been stripped of all cerebral cortical function. He is not physically dead (he breathes, his heart beats and other vegetative functions continue); nor is he in a state of coma, a condition from which he might recover.²⁷ Max is *permanently* devoid of all cognitive functions; he has no awareness of the environment, and he experiences no pain or suffering, for these are functions of consciousness. With good medical and nursing care Max could remain this way for years. (Max is not “terminally ill” nor is he “brain dead”; his brain stem continues to function.) Quite directly the question becomes: What is Max? Is he the image of God? Our answer will determine our moral responsibility.

From our earlier considerations we might conclude that Max is no longer the image of God because physiological life, permanently devoid of relationality and cognition, is not adequate to be *imago Dei*. Would our conclusion be correct?

Our response must be consistent with biblical principles. We welcome and need the input of medicine, yet the determination of the extent of human life is a matter for theology and philosophy.²⁸ Unfortunately, we cannot conveniently turn to a biblical text which will answer our question, for the sacred writers never had to address such a situation. Nevertheless, Scripture remains the authority for

Christians, and biblical principles must inform our conclusion.

Earlier we showed that the Hebraic and biblical understanding of image involves an holistic view of human life, and this life is corporeal: animated body and spirit. Neither, by itself, is sufficient for being the image of God. How does this work out in real life? Surely Christians agree that physical death marks the end to human life and the capacity for being the image of God. However, Max, who is not physically dead, has no capacity for cognition which we found comprises a significant part of *imago Dei*. A physiologically functioning body, without at least some potential for cognition (a means to demonstrate those qualities by which the physical body becomes the image of God) should not be construed to be *imago Dei* either. Thus, *physical life is necessary to, but is not sufficient for, constituting the image of God.*

We might reasonably suggest, from the biblical notion of *imago Dei* developed here, that Max, permanently lacking the capacity for cognition, is no longer the image of God. His state fits none of our usual categories of death—physical, spiritual or eternal—nor could we claim that he is the image of God. We could refer to his state as “theological death.”

We conclude that, in a situation such as Max’s, an individual who is physiologically “alive” but permanently devoid of cognitive functions has ceased being the image of God.

Because Max no longer has the capacity, real or potential, to be God’s image, there is no moral obligation to maintain his physiological life. For this reason, we could suggest that it would be permissible to withhold or withdraw life support. We would not be taking human life, the image of God; rather, we would be allowing physical death for one who was once the image of the Creator but no longer has that capacity.²⁹

Situations like Max’s actually do exist. The condition known as the persistent vegetative state is the case in point. We have the skills and technology, in situations like this, to say beyond reasonable medical doubt when recovery will not take place. The cells of the central nervous system do not regenerate so that when destruction of the cerebral cortex is complete, recovery is akin to a Lazarus event.

We must exercise decided caution. Not all patients in the so-called persistent vegetative state are beyond recovery; the term has been applied inappropriately in a generic sense to some individuals in prolonged coma. However, when the diagnosis is made under the guidelines set forth by the American Academy of Neurology, those who have total cerebral cortical destruction do not recover.³⁰

Our response to the Maxes of the world—there are an estimated five to ten thousand in the United States³¹—depends on whether they are the image of God. If they are, their lives certainly should be maintained even if they never regain consciousness. On the other hand, if they no longer are the image of God there is no clear moral obligation to continue to support their physiological life.

Though issues such as this make us uncomfortable, we must speak to these matters which grow out of medical advance. The extent of human life is a theological matter. Our anthropology may have been sufficient for another time,

but it must be refined in the light of new clinical entities. If medicine can establish a new entity such as the permanent loss of cognition while physical life continues, we must advise physicians of its significance from a biblical perspective. To be silent is to hear only the voices of neo-pagans. The courts are more than ready to speak where theology is silent. They spoke on the beginning of life; they are doing so now on the end of life.

Clearly, Scripture teaches that human life is created as God's image. Its sanctity is guaranteed by our capacity for relationship to God in a way unlike any other creature's. All people are worthy of care and respect, not because of anything they will ever accomplish or attain by themselves, but because they are God's image. However, physiologically intact bodies, permanently devoid of cerebral function, do not constitute *imago Dei*.

If *imago Dei* is our basis for valuing human life, and if the biblical concept of image is dependent upon at least some cognitive function, and if certain individuals can be shown beyond a reasonable medical doubt to be permanently devoid of all cognitive functions, then theologians and physicians alike have a responsibility to recognize this condition and to realize its significance. Where the diagnosis is conclusive, we may allow death. Where there is any question regarding recovery, we must always err on the side of life.

Notes

1. See J. I. Packer, "Situations and Principles," ed. B. Kaye and G. Wenham, *Law, Morality and the Bible* (Downer's Grove: InterVarsity Press, 1978) for a discussion of ideal absolutism in Christian ethics.
2. See Norman Geisler, *Ethics: Alternatives and Issues* (Grand Rapids: Zondervan, 1971), and J. J. Davis, *Evangelical Ethics* (Phillipsburg, NJ: Presbyterian and Reformed Publishing Co., 1985) for discussions of hierarchicalism in Christian ethics.
3. See Robert V. Rakestraw, "Ethical Choices: A Case For Non-conflicting Absolutism," *Criswell Theological Review* 2.2 (1988), for a discussion of non-conflicting absolutism in Christian ethics.
4. See John Kilner, "A Pauline Approach to Ethical Decision Making," *Interpretation* (October, 1989): 366, for a view of Christian ethics from a Pauline approach which is God-centered, reality-bounded and love-impelled. For a discussion of this approach to ethical decision-making and its application to medical ethics, see Peter A. Emmett, M.D., "A Biblico-Ethical Response to the Question of Withdrawing Fluid and Nutrition from Individuals in the Persistent Vegetative State," (Th.M. thesis, Bethel Theological Seminary, St. Paul, MN.), pp. 119-129.
5. Genesis 1:26, New American Standard Bible, (La Habra, CA: The Lockman Foundation, 1977).
6. For recent discussions of the role of the image of God and its application in clinical ethics see: Hessel Bouma, III, et al., *Christian Faith, Health, and Medical Practice* (Grand Rapids: Eerdmans, 1989), pp. 27-34; V. Elving Anderson and Bruce R.

- Reichenbach, "Imaged Through the Lens Darkly: Human Personhood and the Sciences," *Journal of The Evangelical Theological Society* 33 (June 1990): 197-213; and John Frame, *Medical Ethics* (Phillipsburg: Presbyterian and Reformed Publishing Co., 1988), p. 34.
7. See Iranaeus, *Against Heresies*, 5:16:3, in Alexander Roberts and James Donaldson, eds., *Ante-Nicene Fathers* (Buffalo: The Christian Literature Pub. Co., 1885).
 8. See Augustine, *The Trinity*, trans. Stephen McKenna (Washington, D C: The Catholic University of America Press, 1963), 14:8, 14:4.
 9. Thomas Aquinas, *Summa Theologica*, Blackfriars trans. (New York: McGraw-Hill, 1964-1980), 1:93:2.
 10. Martin Luther, *Luther's Works*, ed. Jaroslav Pelikan (St. Louis: Concordia, 1958), 1:65.
 11. *Ibid.*, 2:140.
 12. John Calvin, *Institutes of the Christian Religion*, ed. J. T. McNeill, trans. F. L. Battles (Philadelphia: Westminster, 1960), 1:15:3.
 13. John Wesley, "The Doctrine of Original Sin," in *The Works of John Wesley*, 3d ed., Letters and Essays (Grand Rapids: Baker Book House, 1979), 4:293.
 14. John Wesley, *The Works of Wesley*, 6:223.
 15. *Racovian Catechism*, trans. Thomas S. Rees (London: Longman, Hurst, Rees, Orme, and Brown, 1818; Lexington, KY: American Theological Library Association, 1962), section 2, chapter 1:21.
 16. Norman Snaith, "The Image of God," *Expository Times* (October 1974): 24.
 17. Leonard Verduin, *Somewhat Less Than God: The Biblical View of Man* (Grand Rapids: Eerdmans, 1970), p. 27.
 18. Karl Barth, *Church Dogmatics*, ed. G. W. Bromiley and T. F. Torrance (Edinburg: Clark, 1958), 3:1:195, 198, 200, 4:2:511.
 19. See Emil Brunner, *The Christian Doctrine of Creation and Redemption* (London: Lutterworth, 1952).
 20. David J. A. Clines, "The Image of God in Man," *Tyndale Bulletin* 19 (1968): 53-103.
 21. *Ibid.*, p. 80.
 22. *Ibid.*, p. 89.
 23. *Ibid.*, p. 88.
 24. Walter C. Kaiser, Jr., *Toward Old Testament Ethics* (Grand Rapids: Zondervan, 1983), p. 91.
 25. John Calvin, *Institutes*, 3:7:6.
 26. See Paul Ramsey, *Patient as Person* (New Haven: Yale University Press, 1970), p. 154.
 27. Coma is an altered state of consciousness which may be defined as the patient's lack of an awareness of self and the environment even when externally stimulated. It indicates brain failure just as pulmonary edema means cardiac failure. Its causes are many, varying from metabolic (drugs and toxic materials) to structural (stroke and tumor). Its outcomes are essentially four: recovery with impairment, recovery without impairment, brain death and persistent vegetative state.
 28. It is the task of medicine to inform us when the criteria for death (as established jointly by theology, philosophy and medicine) are met. See J. L. Bernat, C. M. Culver, B. Gert, "On the Definition and Criterion of Death," *Annals of Internal Medicine* 94 (1981): 389, for a discussion of the elements essential to the understanding of death and its diagnosis.
 29. The question arises: When "theological death" has occurred, is it morally acceptable to hasten the end of the physiological life by direct intervention—say an injection of potassium chloride? The author would not, because killing is not the intention; death by natural causes is preferred. If killing were one's intention in a case of "theological death," then a lethal injection would appear to be morally acceptable. Such killing would be neither murder (that which is being killed is not *imago Dei*), nor

euthanasia (the 'life' being taken is not suffering or terminally ill). See also Millard J. Erickson and Ines E. Bowers, "Euthanasia and Christian Ethics," *Journal of the Evangelical Theological Society*, (Winter 1976): 15-24.

30. Executive Board, American Academy of Neurology, *Neurology* 39 (January, 1989): 125-126. The bases for making the diagnosis include careful and extended clinical observation which indicate no behavioral response over an extended period of time, laboratory studies that include positron emission tomography demonstrating diminished cerebral metabolism of glucose, EEG studies including evoked potentials, and pulsed Doppler ultrasound. For a discussion of these methods and bibliographic material, see Peter A. Emmett, M.D., "Biblico-Ethical Response to the Question of Withdrawing Fluid," chap. 8.

31. Theodore L. Munsat, M.D., et.al., "Guidelines on the Vegetative State," *Neurology* 39 (January, 1989): 124.