A Theology of Human Limitation and Medicine

CRISTINA RICHIE, PHD

Abstract

Christians view sickness as a part of life. Yet, modern medicine finds little purpose in the embodied human who is also a spiritual being. While Christians live with the two-fold reality that sickness and death will occur, they do not need to languish without medical treatment. Yet, the goods of health and life need to be sought within ethical limits and always with a Trinitarian focus. This article will offer a theological perspective on human limitation and medicine. I will first present a brief theology of sin and death. Many Protestants in the Augustinian tradition trace the origin of both spiritual and physical death to original sin. Second, I will offer a theology of illness. Christians have recognized that, postlapsarian, illness may have spiritual or physical causes. After the theology of illness, I will, third, describe a theology of medicine. Medicine is evidence of God-given human ingenuity, but, in the end, no amount of medical treatments can prevent death—only forestall the inevitable—and must be used within limits. My fourth section outlines a theology of human limitation. While Christians understand the Christ-centered boundaries of medical use, transhumanism vociferously rejects human limitation by encouraging unmitigated use of the medical industry to postpone—or even defy—death. As a theological corrective to transhumanism, I offer a Christian critique of transhumanism, with emphasis on limitation in community. I conclude with a biblically based approach to medicine that acknowledges the intertwined body and soul, individual and community.

***Keywords**: limitation; medical ethics; theology of illness; transhumanism*

Introduction

Christians view sickness as a part of life. Yet, modern medicine finds little purpose in the embodied human who is also a spiritual being. Gerald McKenny believes that "the loss of ideas of providence . . . removes the incentives to find any religious meaning for suffering, the mechanization of nature means that suffering from natural causes is no longer an inevitable feature of the world."[1] Since suffering is unnecessary, there is little room for theology in modern medicine, which might offer a spiritual meaning for illness.

Concurrently, Christians live with the two-fold reality that sickness and death will occur, but they do not need to languish without medical treatment, nor would they necessarily find existential meaning in corporeal suffering. Health and life are valuable goods that may be pursued. The goods of health and life need to be sought within ethical limits, however and always with a Trinitarian focus. Keeping the story of the blind man in mind, Christians may take a "both-and" approach to the purpose of illness and medicine. It is both an issue of transcendent reality and immanent humanity. Sickness can be an opportunity for spiritual maturity and availing oneself of medical care.

Cristina Richie, "A Theology of Human Limitation and Medicine," *Ethics & Medicine* 37, no. 1 (2021): 45–59.

This article will offer a theological perspective on human limitation and medicine. I will first present a brief theology of sin and death. Many Protestants in the Augustinian tradition trace the origin of both spiritual and physical death to original sin. Second, I will offer a theology of illness. Christians have recognized that, postlapsarian, illness may have spiritual or physical causes. In the case that illness has a physical rather than spiritual root, illness may provide Christians the opportunity to depend on God and grow deeper in faith. After the theology of illness, I will, third, describe a theology of medicine. Christians may utilize healthcare without worrying that they are "usurping" the plans of God. Indeed, medicine is evidence of God-given human ingenuity. Limitation recognizes that modern medicine is necessary for wellbeing, but, in the end, no amount of medical treatments can prevent death—only forestall the inevitable. Even so, rejection of human limitation is a constitutive feature of modern, western medicine, with even palliative care being reframed as "not on extinguishing the denial of death but on the relief of suffering."[2] My fourth section outlines a theology of human limitation. While Christians acknowledge that humans are limited and understand the Christ-centered boundaries of medical use, transhumanism vociferously rejects of human limitation by encouraging unmitigated use of the medical industry to postpone—or even defy—death. As a theological corrective to transhumanism, I offer a Christian critique of transhumanism, with emphasis on limitation in community. I will conclude with a biblically based approach to medicine that acknowledges the intertwined body and soul, individual and community.

Although disease and premature mortality may be addressed by medicine, when medical limitation is rejected, hubris takes its place. This may come in a transhumanist form, but it may also be more covert, for instance the proclivity towards vitalism and life-extending medicine. Technological medicine promises everlasting physical life. It provides the illusion of control, perfection, and "salvation" from the world. In this way "health replaces salvation . . . medicine offers modern man [sic] the obstinate, yet reassuring face of his finitude"[3] through providing technical cures to what is ultimately a metaphysical problem—the fear of death.

A Theology of Sin and Death

Death and illness are facts of life. Christian theologians trace the advent of physical death and illness in Scripture. In any rendering of creation, from day-age theory, to intelligent design, to evolutionary theory, it is logically impossible that animals and plants lived and reproduced but did not die. Herbivores—both human and non-human animals—under a day-age system, would have needed to kill plants for substance and were given all vegetation for food. Of course, it is possible that the ʾadam[4] and other creatures only ate fruit, but this would be contrary to both biblical and scientific understandings of the presence of land creatures—and their digestive systems—at the time of creation.

In either intelligent design or evolutionary theory, the billions of years between creation and the appearance of the hominoids would have resulted in a planet overrun with species. Therefore, some would argue that death had to be a part of the created order,[5] even before humankind was created in the Garden of Eden. Under this line of reasoning, natural death had no moral value. It was neutral and inevitable.

Original Sin

Humans were created "very good" (Gen 1:31), made in the imago Dei, and granted freedom. John Calvin writes, "the original freedom of man was to be able not to sin."[6] In this freedom there was but one stipulation. Genesis 2:16–17 states, "And the Lord God commanded the ['adam,] 'You are free to eat from any tree in the garden; but you must not eat from the tree of the knowledge of good and evil, for when you eat from it you will certainly die'" (NIV). This prohibition was, according to Calvin, "a trial of obedience, that Adam, by observing it, might prove his willing submission to the command of God."[7] Both humans disobeyed God and ate of the fruit. This rebellion has been dubbed "original sin."

Whether it is the woman or the man that the original original sin can be attributed to is debated. Some scholars have focused on a re-reading of the first sin as sexism or pride; thus, they maintain it was the man who sinned while changing the content of that sin.[8] Others have implicated the woman for the temptation, sin, and thus responsibility for original sin. In The Woman's Bible, Elizabeth Cady Stanton and editors opine, "as our chief interest is in woman's part in the drama, we are equally pleased with her attitude, whether as a myth in an allegory, or as the heroine of an historical occurrence. The unprejudiced reader must be impressed with the courage, the dignity, and the lofty ambition of the woman."[9] John Calvin takes a decidedly harsher reading of the woman's "ambition" and condemns

> this impure look of Eve, infected with the poison of concupiscence, was both the messenger and the witness of an impure heart. . . . It is, therefore, a sign of impious defection that the woman now judges the tree to be good for food, eagerly delights herself in beholding it, and persuades herself that it is desirable for the sake of acquiring wisdom.[10]

More significant than who is most culpable for sin is that, according to Christianity, all people are impacted by the original sin and that redemption is only in Christ.

Indeed, in all branches of Christian theology, all people are affected by original sin, except for Christ.[11] In 1854, Catholic theology declared that the Virgin Mary was conceived and born without original sin. Catholic theology also holds that John the Baptizer was conceived in original sin, but born without it (Luke 1:41). I will continue to refer to original sin being transmitted to "all" human beings, with the understanding that Jesus Christ is exempt under Christian theology.

At the same time, the extent to which original sin has corrupted humankind is debated within the Christian tradition. In Catholicism, the original perfection of human nature is injured, but not obliterated. Thomas Aquinas calls original sin a "sickness" which is unequally pervasive among persons.[12] For John Calvin, the damage of original sin is total and "may be defined a hereditary corruption and depravity of our nature, extending to all the parts of the soul, which first makes us obnoxious to the wrath of God, and then produces in us works which in Scripture are termed works of the flesh."[13] Augustine speculated that original sin originated from a physical source, such as concupiscence in intercourse,[14] and therefore no one can escape the spiritual and physical consequences of original sin. Interestingly, if Augustine was correct, then children born from assisted reproductive technologies would not have original sin.[15] The

consequences of original sin (and other sins of omission and commission) include spiritual death and physical death, which are outlined in the Christian holy book—the Bible—and in theological exegesis and commentary on the Scriptures.

Spiritual Death

St. Paul gives an account of spiritual death as a result of human sin in Romans 5:12–15 by connecting the first sin to the redemption of humanity through Christ. In this case, Christ acts as an Adamic "type" who corrects and addresses the sins of the root of humanity vis-à-vis the root of salvation—Christ. Paul declares,

> Therefore, just as through one man sin entered into the world, and death through sin, and so death spread to all men, because all sinned. . . . For if by the transgression of the one the many died, much more did the grace of God and the gift by the grace of the one Man, Jesus Christ, abound to the many (NASB).

Various theologians have attempted to articulate the two-fold "human condition"[16] of soul and body, with the understanding that because of sin, humans are subject to spiritual death as well as physical death and disease.

Physical Death and Disease

Physical death is a direct result of the fall of humanity. Genesis 3:19 proclaims "for dust you are and to dust you will return" (NIV). This statement is typically interpreted as mortality entering the hitherto immortal human being. Lifespan is fixed, according to Genesis 6:3. This is likewise confirmed by scientific data.[17]

The Scriptures point to various modes of death and dying. In some cases, an otherwise healthy individual came to the end of life unnaturally. Such was the situation when Cain murdered his brother Abel (Gen 4:8). In other cases, the Bible simply records death as part of the world. These are natural and supernatural causes of death. In Exodus, plagues kill the Egyptians because of God's intervention (Exod 7ff). In addition to recording death, the Scriptures also describe diseases and discomfiture—both physical and mental.

In the Pentateuch, and especially in the priestly cleanliness codes of Leviticus, ritual uncleanliness is discussed. Note that "uncleanliness" and disease cannot be conflated in all circumstances. For instance, menstruation is ritually unclean, but not a disease (Lev 15:19). However, leprosy is both ritually unclean and a disease (Lev 13:2). In addition to physical diseases, the Bible also records emotional distress. The book of Job provides perhaps the most comprehensive description of emotional suffering as a result of physical catastrophe in the Bible. Similarly, the Lukan pericope of Jesus in the Garden of Gethsemane provides an intense look at mental anguish caused not by physical suffering but by the inevitability of torture (Luke 22:44). The Jewish and Christian Scriptures provide ample evidence of spiritual death, physical illness, suffering, death, and mental distress—all ultimately tracing back to the fall of humankind in Eden. Whereas soteriology describes salvation and redemption from spiritual death, theologies of illness attempt to make sense of the lived reality of physical illness and death. The remaining sections will focus on the Christian theology of illness to narrow the scope of the paper.

A Theology of Illness

Christians have sought to understand death and disease in both spiritual and physical terms. A theology of illness offers a spiritual explanation for suffering by identifying personal sin as one contributing factor in sickness and death and also finds meaning in sickness unrelated to personal sin.

Illness as Sin

In the Christian tradition, illness has been traced to both spiritual and physical causes. While modern physicians—both Christians and non-Christians—would not likely suggest a spiritual etiology for physical illness or disease, historically there has been a strong link between sin and illness, including death. Both Scripture and Church teachings have provided a theology that, at times, indicated that illness had a spiritual root.

The deaths of Ananias and Sapphira in Acts 5:1–11 attest that personal sins can cause bodily harm and, in this case, death. In this story, a couple lies about the price of the property they sold and "conspire[d] to test the Spirit of the Lord" (NIV). Notably, they did not need to lie, but chose to be deceptive. Peter confronts them separately and each one is stuck dead. The Bible records that "great fear seized the whole church and all who heard about these events," as their death was directly tied to the sin—in this case, falsehood.[18] Of course, deception, lies, or sin would not necessarily correspond to death or sickness. In the case of Ananias and Sapphira it seems that it was their collusion with each other and the unfounded nefariousness had dire consequences.

1 Corinthians 11:29–30 confirms that sickness and death can be a result of personal sin. Paul warns, "For he who eats and drinks, eats and drinks judgment to himself if he does not judge the body rightly. For this reason many among you are weak and sick, and a number sleep" (NASB). Sleep is a euphemism for death. It appears that in this congregation, people were attending services without a proper disposition. In this situation, people who partook in table fellowship without first being in a righteous relationship with God faced repercussions.[19] Indeed, the Catholic practice of confessing sins before receiving the Eucharist, and many different prayers petitioning God's forgiveness in ecumenical liturgies, point to the connection between the spiritual and the physical.

Although many people have surely been to a church service without a proper spiritual disposition and not suffered an illness, the biblical stories, theological reflection, and experience have contributed to Church teachings on illness and sin. The Fourth Lateran Council, in 1215, advises, "since bodily infirmity is sometimes caused by sin . . . when physicians of the body are called to the bedside of the sick, before all else they admonish them to call for the physician of souls."[20] Utilizing a priest before the doctor is in keeping with the Christian belief in non-dichotomous body and soul. This has, at times, placed more weight on personal causes of illness to the exclusion of purely physical ones.

Guenter B. Risse observes that "the church continued to emphasize the primacy of spiritual over corporeal healing"[21] during the Middle Ages. Therefore, treating the soul—through confession

and reconciliation—was essential, or even preferable, to medical attention. In the event that illness is not caused by personal sin, theologies of illness have sought to address the meaning behind physical and mental suffering in spiritual terms.

Illness as Growth

Health is fleeting and disease can strike at any time. Accidents cause disability. Death can be postponed, but never prevented altogether. In trying times, Christians may question the meaning of suffering, the purpose of illness, and God's benevolence. John 9:2–3 records the apostles' reaction to a blind man. They ask Jesus, "'Rabbi, who sinned, this man or his parents, that he would be born blind?' Jesus answered, 'It was neither that this man sinned, nor his parents; but it was so that the works of God might be displayed in him'" (NASB). Although the answer may seem unjust to modern, secular listeners, Jesus' reply points to a larger reality beyond human understanding. Illness and disease are made intelligible within God's cosmology; God provides both the meaning and the balm for those suffering.

Christians can also view illness as an opportunity for spiritual growth. This is clear in Romans 5:3–4, where Paul claims "we rejoice in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope" (ESV). Catholic social teaching reiterates redemptive suffering as well. In Evangelium Vitae John Paul II maintains that suffering could be "a factor of possible personal growth."[22] When a Christian is physically ill, she might find purpose by practicing faith and depending on God.

This does not mean that all suffering is a result of sin or that all illness will be meaningful or redemptive. Illness and death may have natural or supernatural origins—the latter of which is amply demonstrated in the book of Job. Moreover, the "benefits" of suffering do not give license to inflict harm on others for the sake of development, nor does it excuse those who refuse to comfort people in physical or mental anguish.

Moreover, humans are not at liberty to claim access to the unrevealed purpose of God or determine who should suffer and who should be cured. Furthermore, it is not always the case that the individual herself finds meaning in suffering. A Christian theology of illness indicates that physical tribulations may be redemptive, but a theology of medicine endorses the option to seek medical attention.

A Theology of Medicine

Since it is not always the case that illness is a result of personal sin, nor that illness is a cause of personal growth, Christians can and do take a scientific approach to disease. It should be stressed that, especially in the face of acute pain or a life-threatening disease, time and energy need not be wasted trying to determine if the illness is supernatural or natural, nor should treatments be delayed in favor of personal growth. Christians may simultaneously seek medical and spiritual "treatments." A basic theology of medicine is premised on the acceptability—not requirement—of medical intervention, in tandem with the recognition of human limitation. In this way, it ought to be similar to the biomedical principle of respect for autonomy.[23] Medicine is an option, not an obligation.

The Good of Medicine

Mortality may encompass a susceptibility to illness, but human intelligence—a gift from the Creator—has resulted in magnificent cures and treatments for diseases. Christians have historically accepted the use of medicine to treat illness and postpone death. There are, however, Trinitarian Christians in all denominations who will not use medicine or undergo surgery for various reasons, including theological ones.[24] Legally and ethically, any adult who has capacity can refuse any medical intervention—including those that extend and prolong life—for any reason.

Thus, doctors and nurses, medicine and hospitals, treatments and cures have been viewed by many Christians as acceptable forms of medical intervention. Christian hospitals and healthcare organizations, such as Dignity Health and the Catholic Health Association, take a missional approach to medicine.[25] The modern Christian generally takes illness at face value and attributes a physical cause to a physical disease, to be cured or treated by physical means. Even cognitive behavioral therapy (CBT) is becoming more common for "mental health," and literature demonstrates the connection between "positive thinking" and physical healing.[26] Exceptions within a Christian theology which maps a physical condition onto a physical origin may include addiction,[27] mental health,[28] and sexual disorders,[29] which are still viewed by some as connected to personal sin.

In all cases, though, Christians are at liberty to take precautionary measures to avoid illness, pursue a course of treatment when sick, and enjoy recovery and rehabilitation when possible. Medicine cannot be endlessly pursued, however, for Christians also regard medical interventions should be circumscribed within a theological worldview.

Limitation in Medicine

Christians believe in a spiritual life beyond the body. Thus, "physical ailments are not just physiological problems to be solved by any available means. Rather, they are spiritual challenges that must be met in a way in accordance with the dignity of the human person,"[30] according to Janet Smith. Human dignity requires courage in the face of what cannot be altered and wisdom in medical decision-making. It also includes recognition of medical limitation. James Gustafson comments, "scripture provides data and concepts for understanding the human situation, both in terms of its limits and its possibilities."[31] We are limited by our bodies—mortal and decaying. We are limited by technological advances, and we are limited to the era and culture that we are born into. Human beings may work for medical breakthroughs or accept our physical condition, but regardless, both medicine and humans are limited. Indeed, rationing,[32] healthcare allocation,[33] and therapeutic parsimony[34] are discussed in medical ethics, but these tend to be based on a reaction to limited resources, not a Christian understanding of limitation.

Yet, conceptually, limitation as a theological concept is relevant for the medical industry as well as Christians who might find themselves healthcare provider or healthcare giver. Particularly as modern Western, technocratic medicine expends vast amounts of financial and physical resources on luxury medical goods, elective treatments, lifestyle pharmaceuticals, and futile

medical procedures[35] limitation is an appropriate and ethical application for medicine and healthcare.

Jennifer Girod writes that, in order to enact limitation in medicine, "accepting a more modest growth in medical progress—or even a contraction of what is now routinely offered—requires far more than a change in 'American values.' A more chastened view of progress, greater social solidarity and an acceptance of death will help."[36] Girod's appeal for medicine based on limitation has long been the concern of bioethicist Daniel Callahan, who proposed a limitation in medicine that would eliminate further advances in screening and diagnostic tests or treating potentially fatal conditions when it would leave complicated and expensive chronic illness in their wake .[37] He also suggested offering only palliative care after a certain age. His rationale for limitation is based on justice: "for the sake of the current population and the generations to come."[38] Medicine is limited by expenditure, natural resources, and human personnel. These limitations were very clear throughout the COVID-19 pandemic as pressure was put on healthcare systems to treat many patients simultaneously, personal protective equipment (PPE) ran low, and staff shortages impeded healthcare access.[39]

A Theology of Human Limitation[40]

Human limitation is one of the most prominent leitmotifs in the Bible. Since the spiritual roots of death and illness are absent from transhumanism, Christian theology is naturally set up to critique unlimited medicine. That is not to say that a Christian might only rely on "faith healings" or be a Luddite, but rather that transhumanist philosophies must be approached with a hermeneutics of suspicion. To be clear, transhumanism and other limitation-defying developments are not a theological issue in that they could imperil salvation or redemption, but they are a matter for theological reflection and ethics, especially when transhumanism conflicts with other biblical values such as limitation.

Limitation for both people and planet is a prominent leitmotif in Scripture. The Bible opens with an account of God creating the world "good" in the book of Genesis. Each day is in order and limited by the coming of the next day.[41] The unfolding of the Genesis narrative points to a structure that is rational and orderly.

In the same chapter of Genesis 1, the 'adam are put in the Garden to till the land. Richard Bauckham notes that agriculture, husbandry, and horticulture bring the earth to its fullest potential by utilizing natural limits of the land—such as rain, soil, and topography—and the limits of the environment—for instance the number of sunny days and temperature—without exploiting the land through overuse.[42] The land is limited as well as the human.

Elsewhere in Genesis, human limitation, in tandem with human finitude, are highlighted. The Torah describes mandated resting periods in the Sabbath, which limit work, and prohibitions on certain types of food. For instance, the consumption of meat was a postlapsarian concession that had severe consequences for human-animal relationships (Genesis 9:2–3), but even then, limitation was still expected (Genesis 9:4).[43] Humans must respect the boundaries of the created community. Limitation is a part of the very fiber of the human condition.

The limits of humans are crystallized, rather than dissolved, in the New Testament. In Matthew

6:1–4, Jesus exhorts his listeners to limit disposable wealth by giving to the needy. In Matthew 6:16–17, fasting assumes intentional limitation of food. Human love for money is limited and checked by love for—and devotion to—God in Matthew 6:19–24. Pressing daily needs like food and clothes are limited by our primary objective to seek God in Matthew 6:25–34. People are even told to limit their words in prayer in Matthew 6:5–15! These terrestrial examples make plain the numerous ways God has ordained and structured human limitation. Humans must not only accept—but also embrace—limitation.

Transhumanism

Despite a robust theology of limitation and continuous petitions to recognize the limits of medicine and the medical industry, some scholars, doctors, and scientist believe that humans should break all limitations. Perhaps the starkest juxtaposition to a theology of limitation is transhumanist philosophy. Transhumanism emerges from refusal of limitations and is, as I argue, the antithesis of a theocentric view of limitation in medicine.

Transhumanism, also written H+, is a 20th–21st century academic development, localized primarily to Europe and America.[44] There is a spectrum of ideas within the transhumanism philosophy. On the conservative end is simply the notion that humans can—and do—change with science and technology. From the use of Fitbits and hearing aids to various adaptations and modifications to the body, humans can go "beyond" or transcend our natural body and our natural limits.[45] Of course, this is a rather strict view of human nature and a thin rendering of what is "natural" that does not recognize how human make, adapt, and shape our world, thus synthesizing the created with the natural. As natural creatures who use tools and technology, it could be argued that anything humans do becomes assimilated into our "naturalness."

The middle part of the transhumanist spectrum thus moves more towards the blending of natural and technological. Here, transhumanism is a rather transitional phase.[46] As humans move through a cybernetic world—which has been placed in sharp relief through the COVID pandemic as education, arts, and socialization moved online[47]—transhumanism becomes one more step towards going beyond humanity, indeed, to posthumanism.

Thus, on the far end of the H+ spectrum is the rejection of, or liberation from, the body and embodiment.[48] Nick Bostrom summarizes thusly, "Some transhumanists take active steps to increase the probability that they personally will survive long enough to become post-human . . . by making provisions for having themselves cryogenically suspended in case of de-animation."[49] The extreme end of the transhumanist philosophy is characterized by a Candide-like optimism in the possibilities—and unquestioned goodness—of technological progress.

Transhumanism has made inroads in medicine, primarily through the academic work of scholars such as Nick Bostrom and Julian Savulescu.[50] Bostrom, Savulescu, and others promote transhumanism through a number of medical potentialities. Transhumanism ascribes to a view of medicine that is not only limitless; it promotes unrestrained medical resource use to achieve immortality.[51] Transhumanism promises continuous youthful vitality through the integration of medical technology in every aspect of life. Cryogenics freezes bodies or tissues, enabling the possibility of perpetual life. This includes cryopreservation of oocytes (eggs and sperm) and

adjuncts like oncofertility to extend fertility.[52] Nanotechnologies can introduce incredibly small mechanisms into the body for enhancement.[53] Robotics are available to make humans super-strong.[54] Artificial intelligence uses predictive technology to enhance or supplement cognitive capacity.[55] Regenerative medicine will, purportedly, allow humans to regrow limbs and digits.[56] Human-computer linking leads to further hybridization of humans and machines, already seen in pacemakers, ocular cameras, and insulin pumps.[57] By attempting to direct human evolution though unlimited medicine, transhumanism desires control and mastery over illness and death.

There are many critiques of transhumanism in secular academia. Feminists have pointed out that after Donna Harraway's groundbreaking essay "The Cyborg Manifesto" advocated for "communications technologies and biotechnologies [as] the crucial tools recrafting our bodies,"[58] most transhumanists were white, educated, privileged scholars with an egocentric masculinist agenda. Ethicists have highlighted the implicit ageism in transhumanism that will bias society towards youth and vitality.[59] Ecologists have underscored the massive resource use that will be unnecessarily devoted to transhumanist pursuits, as well as the ecological burden of people living indefinitely.[60] Theologians echo these same concerns while raising others.

Transhumanism and Christian Theology

Transhumanism is enamored with this life to the exclusion of the next. The modern world leads people to "a yearning for the soul to be delivered from the body . . . [which] translates into a programme for overcoming disease, for prolonging human life, and for constructing a more perfect human organism by way of the introduction of machines into the human body,"[61] according to theologian Jürgen Moltmann. In such a state of division, the body is seen as an enemy to be fixed, altered, and conquered. Physicians no longer behold the embodied person, only the electrocardiography (EKG) read-out, the computed tomography (CAT) scan, the image on the sonogram. People no longer live as a temple of God but as a "body project" that can be consumeristically upgraded through hip replacement, hormone therapy, and artificial fertility.[62]

Pope John Paul II objected to this mechanistic view of the person, observing, "within this cultural climate, the body is no longer perceived as a properly personal reality, a sign and place of relations with others, with God and with the world."[63] This alienation of the self from the self, and the self from society, is diametrically opposed to a theology of medicine that regards both limit and possibility as originating in God. Fundamentally, transhumanism adheres to the "mechanical model, in which we are broken and require repair."[64] Transhumanism ignores human limitation and is antithetical to the vision outlined in the Scriptures, where Christians are both sinner and saint, both broken and healed, already, and not yet, living in the kingdom of God.[65]

Nonetheless, some branches of Christianity have embraced the transhumanist philosophy. Jeanine Thweatt-Bates offers a theological argument in favor of posthumanism. The evolutionary work of Teilhard de Chardin has been invoked as a bridge between theology and transhumanism.[66] Notably, Ron Cole-Turner argues the Christian transhumanism can "serve God's purposes in cosmic transformation."[67] While a Christian perspective on transhumanism is a non-essential criteria of faith—as the quote commonly attributed to Augustine goes, "in necessariis unitas, in

dubiis libertas, in omnibus caritas"—transhumanism, when centered among other theological and ethical commitments such as environmental sustainability, global healthcare justice, equity, and solidarity, is difficult to defend.[68]

Secularists like Kate Levchuk argue that digital escapism, whereby people abdicate embodied living for some sort of digital reality, will be an environmentally sustainable option in the future.[69] However, the massive amount of carbon necessary to run artificial intelligence (AI) programs and other digital platforms that use information and communication technology (ICT), in tandem with the infrastructure needed to provide this option to all people, makes her claim dubious.[70]

By most accounts, transhumanism is fundamentally self-centered, individualistic, and inward looking. The irony is that transhumanism will not make people happier, healthier, or relieve emotional pain. Like the author of Ecclesiastes writes, all is hevel; it is a chasing after the wind (Eccl 1:1–11). A theological corrective to the transhumanist returns to the biblical understanding of limitation and also addresses the need of the human to feel supported in the midst of illness.

Human Limitation in Community

Limitation is not simply an end in itself. Rather, limitation is important because we are relational beings, not monads. Our actions impact others and other people enrich our live. Transhumanists tend to act as a law unto themselves. Christian theology counteracts this by acknowledging the limited individual situated within a community. To emphasize this point, Meghan Clark argues that Christians must view themselves as imago Trinitatis as well as imago Dei.[71] This appropriately reflects a Trinitarian perichoresis of community.

Christians can apply Clark's relational theological anthropology to limitation in medicine. In this way, the sick person is recognized as a social being who depends on others. This limitation makes illness, vulnerability, and suffering intelligible, since the sick person is not isolated. Medicine moves away from an individual preference to be pursued at any cost and towards an articulation of communal values, including not only health but also love, joy, belonging, worship, and stewardship.

Human limitation displays awareness of commitments to others. Yet, limitation, even within a community, must proceed with caution. While some theologians find an opportunity for Christians to "embrace the emotional uneasiness of border life, including the limits of self,"[72] feminists have been cautious of medical limitation, rightly noting that the vulnerable may be harmed by medical limitation based on race, age, or sex. In the latter category, because women live longer, they could be more drastically affected by policies that limit medical access after an absolute age, such as 70. This would lead to neglect of women at the end of their lives.[73] Furthermore, it has been empirically verified that women's pain is often denigrated, underdiagnosed, or simply ignored by physicians.[74] A limitation on pain medications, such as opioids, therapeutic surgery, or palliative care could impose unnecessary suffering on women. The feminist critiques do not nullify a Christian theology of limitation in medicine but serve as an important barrier to uncritically accepting forms of limitation that may imperil the integrity

of a community. Cautionary approaches to limitation can guide Christians to the Scriptures instead of arbitrarily suggesting limitations on specific medical treatments.

Conclusion

Christians have been assured that "death has been swallowed up in victory" (1 Cor 15:54, NIV), but medicine that is not grounded in theology tends to treat the body as a machine that needs repairs rather than an image bearer of God. Unlimited medicine denigrates the human person and denies her constitutively social needs. Limitation within community is a biblical alternative to secular medicine and the transhumanist philosophy, a response to Christian suffering, and a path towards a non-dualistic theology of illness and medicine.

References

1. Gerald P. McKenny, To Relieve the Human Condition: Bioethics, Technology, and the Body (Albany: State University of New York Press, 1997), 19.
2. Camilla Zimmermann and Gary Rodin, "The Denial of Death Thesis: Sociological Critique and Implications for Palliative Care," Palliative Medicine 18, no. 2 (2004): 121–28, https://doi.org/10.1191/0269216304pm858oa.
3. Michel Foucault, The Birth of the Clinic: An Archaeology of Medical Perception (New York: Vintage Books, 1973), 198.
4. The Hebrew is 'adam, earthling. The use of the proper name "Adam" to conceptualize a male human creature is not defendable from either a theological or a linguistic perspective. Maryanne Cline Horowitz, "The Image of God in Man—Is Woman Included?" Harvard Theological Review 72, no. 3–4 (1979): 175–206, https://doi.org/10.1017/S0017816000020010.
5. Simon Turpin, "Did Death of Any Kind Exist Before the Fall? What the Bible Says About the Origin of Death and Suffering," Answers Research Journal 6 (2013): 99–116, https://answersresearchjournal.org/did-death-exist-before-the-fall/.
6. John Calvin, The Institutes of the Christian Religion, trans.Henry Beveridge (Grand Rapids, MI: Christian Classics Ethereal Library, 2002), book, 2 ch. 3, section 13.
7. Calvin, The Institutes, book 2, ch. 1, section 4.
8. Valerie Saiving Goldstein, "The Human Situation: A Feminine View," Journal of Religion 40 (l960): 100–112; Mary McClintock Fulkerson, "Sexism as Original Sin: Developing a Theacentric Discourse," Journal of the American Academy of Religion 59, no. 4 (1991): 653–75.
9. Elizabeth Cady Stanton and the Revising Committee, The Woman's Bible (1898), at http://www.sacred-texts.com/wmn/wb/wb05.htm.
10. John Calvin, John Calvin's Bible Commentary, Genesis 3, verse 6, http://www.ewordtoday.com/comments/genesis/calvin/genesis3.htm.
11. Calvin, The Institutes, book 2, ch. 13, section 4.
12. Thomas Aquinas, Summa Theologica I–II, q. 82, art. 4, reply 2 at http://www.newadvent.org/summa/2082.htm.
13. Calvin, The Institutes, book 2, ch. 1, section 8.
14. Augustine, Against Julian in Saint Augustine on Marriage and Sexuality, ed. Elizabeth Clark (Washington, DC: Catholic University of America Press, 1996), bk. 5, ch. 15, 54.
15. Cristina Richie, "The Augustinian Perspective on the Transmission of Original Sin and Assisted Reproductive Technologies," Religious Studies and Theology 37, no. 1 (2018): 79–91.
16. See McKenny, To Relieve the Human Condition.
17. Xiao Dong, Brandon Milholland, and Jan Vijg, "Evidence for a Limit to Human Lifespan," Nature 538, no. 7624 (2016): 257–59.
18. J. Albert. Harrill, "Divine Judgment against Ananias and Sapphira (Acts 5: 1–11): A Stock Scene of Perjury and Death," Journal of Biblical Literature 130, no. 2 (2011): 351–69.
19. Charles Hudson Kamp, "With Due Honor to the Lord's Body," Reformed Review 10, no. 3 (1957).

20. Paul Halsall Mar, trans. "Medieval Sourcebook: Twelfth Ecumenical Council: Lateran IV 1215," in Disciplinary Decrees of the General Councils: Text, Translation and Commentary, ed. H. J. Schroeder (St. Louis: B. Herder, 1937), Cannon 22.
21. Guenter B. Risse, Mending Bodies, Saving Souls: A History of Hospitals (Oxford: Oxford University Press, 1999), 153.
22. John Paul II, Evangelium Vitae: To the Bishops, Priests and Deacons Men and Women Religious Lay Faithful and All People of Good Will on the Value and Inviolability of Human Life (1995), 23.
23. Tom Beauchamp and James Childress, Principles of Biomedical Ethics (New York: Oxford University Press, 1978).
24. Cristina Richie, "Greening the End of Life: Refracting Clinical Ethics through an Ecological Prism," in Catholic Bioethics and Social Justice: The Praxis of US Health Care in a Globalized World, ed. M. Therese Lysaught and Michael McCarthy (Collegeville, MN: Liturgical Academic Press, 2018), 129–42. While Scientologists and Jehovah's Witness disavow some forms of medical treatment for "theological" reasons, many orthodox Christian traditions would not include these movements within historic Christianity, as they do not endorse the tenets of the Apostle's Creed.
25. "Our Mission, Vision and Values," Dignity Health, 2014, http://www.dignityhealth.org/Who_We_Are/Our_Mission_Vision_And_Values/index.htm. Catholic Health Association of the United States, "About," n.d., https://www.chausa.org/about/about. For a brief history of the Catholic Health Association, which traces its roots to 1915, see Guenter B. Risse, Mending Bodies, 522–24.
26. Annette L. Stanton et al., "Randomized, Controlled Trial of Written Emotional Expression and Benefit Finding in Breast Cancer Patients," Journal of Clinical Oncology 20, no. 20 (2002): 4160–68.
27. William R. Miller, "Researching the Spiritual Dimensions of Alcohol and Other Drug Problems," Addiction 93, no. 7 (1998): 979–90.
28. John Weaver, "Unpardonable Sins: The Mentally Ill and Evangelicalism in America," The Journal of Religion and Popular Culture 23, no. 1 (2011): 65–81.
29. Mark A. White and Thomas G. Kimball, "Attributes of Christian Couples with a Sexual Addiction to Internet Pornography," Journal of Psychology & Christianity 28, no. 4 (2009).
30. Janet Smith, "The Introduction to the Vatican Instruction," in Reproductive Technologies, Marriage and the Church, ed. Donald G. McCarthy (Braintree, MA: The Pope John XXIII Center, 1998), 22.
31. James M. Gustafson, "The Place of Scripture in Christian Ethics: A Methodological Study," Interpretation 24, no. 4 (1970): 448.
32. Edmund Pellegrino, "Rationing Health Care: The Ethics of Medical Gatekeeping," Journal of Contemporary Health Law and Policy 2, no. 1 (1986): 23–46; Sydney Rosen, et al., "Hard Choices: Rationing Antiretroviral Therapy for HIV/AIDS in Africa," The Lancet 365, no. 9456 (2005): 354–56; Leonard M. Fleck, Just Caring: Health Care Rationing and Democratic Deliberation (New York: Oxford University Press, 2009).
33. David W. Crippen, ed. ICU Resource Allocation in the New Millennium: Will We Say "No"? (New York: Springer, 2013).
34. Edmund Pellegrino and David Thomasma, A Philosophical Basis of Medical Practice: Toward a Philosophy and Ethic of the Healing Professions (New York: Oxford University Press, 1981), 137, 139; Daniel Sulmasy and Beverly Moy, "Debating the Oncologist's Role in Defining the Value of Cancer Care: Our Duty is to Our Patients," Journal of Clinical Oncology 32, no. 36 (2014): 4040.
35. Cristina Richie, Principles of Green Bioethics: Sustainability in Health Care (East Lansing: Michigan State University Press, 2019).
36. Jennifer Girod, "A Sustainable Medicine: Lessons from the Old Order Amish," Journal of Medical Humanities 23, no. 1 (2002): 41.
37. Daniel Callahan, Setting Limits: Medical Goals in an Aging Society (New York: Touchstone Books, 1988); Daniel Callahan, What Kind of Life: The Limits of Medical Progress (Washington DC: Georgetown University Press, 1995).

38. Girod, "A Sustainable Medicine," 32.
39. Danilo Buonsenso, Cristina De Rose, and Luca Pierantoni, "Doctors' Shortage in Adults COVID-19 Units: A Call for Pediatricians," European Journal of Pediatrics180 (2021): 2315–18, https://doi.org/10.1007/s00431-021-03995-3.
40. Parts of this section have been modified and adapted from Cristina Richie, "An Evangelical Environmental Bioethics: A Proposal," Ethics & the Environment 25, no. 2 (2020): 29–44.
41. The Hebrew is yom, which can mean a 24-hour day, or an age, or an era.
42. Richard Bauckham, The Bible and Ecology: Rediscovering the Community of Creation (Waco, TX: Baylor University Press, 2010), 17.
43. Bauckham, The Bible and Ecology, 23.
44. J.B.S. Haldane, "Daedalus, or, Science and the Future," A paper read to the Heretics (Cambridge, February 4th, 1923), https://www.marxists.org/archive/haldane/works/1920s/daedalus.htm.
45. Max More and Natasha Vita-More, eds. The Transhumanist Reader: Classical and Contemporary Essays on the Science, Technology, and Philosophy of the Human Future (Malden, MA: Wiley-Blackwell, 2013).
46. Sirkku K. Hellsten, "'The Meaning of Life' During a Transition from Modernity to Transhumanism and Posthumanity," Journal of Anthropology (2012), https://doi.org/10.1155/2012/210684.
47. Marius. Hriscu, "Transhumanism in a Pandemic Context," International Journal of Communication Research 10, no. 4 (2020): 341–42.
48. N. Katherine Hayles, "Virtual Bodies and Flickering Signifiers," October 66 (1993): 69–91.
49. Nick Bostrom, "Human Genetic Enhancements: A Transhumanist Perspective," Journal of Value Inquiry 37, no. 4 (2003): 493.
50. Julian Savulescu and Nick Bostrom, eds., Human Enhancement (Oxford: Oxford University Press, 2009).
51. The Methuselah Foundation wants to create "a world where 90 year-olds can be as healthy as 50 year-olds, by 2030." "About Us," Methuselah Foundation, 2015, http://mfoundation.org/.
52. Katherine Dillon and Clarisa Gracia, "Pediatric and Young Adult Patients and Oncofertility," Current Treatment Options in Oncology 13, no. 2 (2012): 161–73.
53. Catherine Larrere, "Ethics and Nanotechnology: The Issue of Perfectionism," Hyle 16, no. 1 (2010): 19–30.
54. Robert Bogue, "Robotic Exoskeletons: A Review of Recent Progress," Industrial Robot: An International Journal 42, no. 1 (2015): 5–10.
55. Stuart Russell, "Artificial Intelligence: The Future Is Superintelligent," Nature 548, no. 7669 (2017): 520.
56. Connor P. Dolan, Lindsay A. Dawson, and Ken Muneoka, "Digit Tip Regeneration: Merging Regeneration Biology with Regenerative Medicine," Stem Cells Translational Medicine 7, no. 3 (2018): 262–70.
57. Noreen Herzfeld, "Terminator or Super Mario: Human/Computer Hybrids, Actual and Virtual," Dialog: A Journal of Theology 44, no. 4 (2005): 347–53.
58. Donna Haraway, "A Cyborg Manifesto: Science, Technology, and Socialist-Feminism in the Late Twentieth Century," in Simians, Cyborgs, and Women (New York: Routledge, 1991), 149–81.
59. Cory Andrew Labrecque, For Ever and Ever. Amen: Roman Catholicism, Transhumanism, and the Ethics of Radically Extending Human Life in an Ageist Society (Montreal: Queen's University Press, forthcoming).
60. Robert Frodeman, "The Ethics of Infinite Impact," Journal of Responsible Innovation (2018): 1–3, https://doi.org/10.1080/23299460.2018.1489172.
61. Jürgen Moltmann, God in Creation: A New Theology of Creation and the Spirit of God (Minneapolis, MN: Fortress Press, 1993), 247.
62. Cristina Richie, "Applying Catholic Responsibility to In-Vitro Fertilization: Obligations to the Spouse, the Body, and the Common Good," Christian Bioethics 18, no. 3 (2012): 271–86.
63. John Paul II, Evangelium Vitae, 23 (emphasis his).
64. Nancy Mairs, "Learning from Suffering," Christian Century 115, no. 14 (1998): 481.
65. Jeanine Thweatt-Bates, Cyborg Selves: A Theological Anthropology of the Posthuman (Surrey,

England: Ashgate, 2012).
66. Eric Steinhart, "Teilhard de Chardin and Transhumanism," Journal of Evolution and Technology, 20, no. 1 (2008):1–22, https://jetpress.org/v20/steinhart.htm.
67. Ron Cole-Turner, "Christian Transhumanism," in Religion and Human Enhancement, ed. Tracy J. Trothen and Calvin Mercer (Cham, Switzerland: Palgrave Macmillan, 2017), 35–47.
68. Joel Thompson, "Transhumanism: How Far Is Too Far?" The New Bioethics, 23 no. 2 (2017): 165–82.
69. Karen Levchuk, "How Transhumanism Will Get Us Through the Third Millennium," in The Transhumanism Handbook, ed. Newton Lee (Cham, Switzerland: Springer, 2019): 75–88.
70. Avik Sinha, "Impact of ICT Exports and Internet Usage on Carbon Emissions: A Case of OECD Countries," International Journal of Green Economics 12, no. 3–4 (2018): 228–57.
71. Meghan Clark, The Vision of Catholic Social Thought: The Virtue of Solidarity and the Praxis of Human Rights (Minneapolis, MN: Fortress, 2014), 44, 55.
72. Michele Saracino, Being About Borders: A Christian Anthropology of Difference (Collegeville, MN: Liturgical Press, 2011), 53.
73. Nora K. Bell, "What Setting Limits May Mean: A Feminist Critique of Daniel Callahan's 'Setting Limits,'" Hypatia 4, no. 2 (1989): 169–78.
74. Diane E. Hoffmann and Anita J. Tarzian, "The Girl Who Cried Pain: A Bias Against Women in the Treatment of Pain," Journal of Law, Medicine, and Ethics 29, no. 1 (2001): 13–27.

Cristina Richie, PhD, is a Lecturer in the Philosophy and Ethics of Technology department at the Delft University of Technology. Richie was previously an Assistant Professor in the Bioethics and Interdisciplinary Studies Department at the Brody School of Medicine, East Carolina University (Greenville, NC). Richie is the joint-Editor of the journal *Global Bioethics*, the Chair of the Environmental Bioethics Affinity Group of the American Society for Bioethics and Humanities, and an Associate Fellow at The Center for Bioethics & Human Dignity