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The Christian of today has the weighty task of discerning biblical truth in the midst of widely varying perspectives on every matter imaginable—especially in the healthcare setting. This essay aims to bring clarity to this mission by outlining the basic content of a biblical worldview, the defining characteristics of the nursing profession, and how the Christian with a biblical worldview approaches two specific areas of contention within the nursing profession.

Biblical Worldview

Defining Worldview

First, we must ask the question: what is a worldview? While there have been a variety of definitions of worldview throughout time, we will be using James Sire's definition as outlined in *Naming the Elephant: Worldview as a Concept* (2015). He states that:

> A worldview is a commitment, a fundamental orientation of the heart, that can be expressed as a story or in a set of presuppositions (assumptions which may be true, partially true or entirely false) which we hold (consciously or subconsciously, consistently or inconsistently) about the basic constitution of reality, and that provides the foundation on which we live and move and have our being (p. 141).

To put it more simply, a worldview is a wholistic view of reality and the individual's own interaction with it. Humans necessarily live from and through the framework of a worldview, as we innately try to integrate our experiences into a cohesive understanding. There can be great similarities among cultures, families, and religions in regard to the content of their worldview; however, each worldview will be individually unique at a certain level of detail (Sire, 2015, p. 128).

A worldview is also more than what one needs to believe in order to be saved. An individual can be a Christian without having a biblical worldview; as stated in the definition, presuppositions could be subconscious and inconsistent. The goal for Christians today is to consciously work through some of our presuppositions, compare them with what we perceive in our lives, and adjust either our beliefs or actions to create more consistency.

Defining a Biblical Worldview

This brings us to our second question: what makes a worldview biblical? First and foremost, it has Scripture as its foundation. A biblical worldview, in theory, will never consist of any belief that contradicts the Bible. For our discussion, we are considering the texts of the Old and New Testaments as authoritative Scripture as outlined in the Westminster Confession of Faith.

Second, the biblical worldview *logically* extends biblical principles when appropriate. Since the Bible does not address every specific situation that one could encounter, especially with the technological advancements present today, we need a method to approach topics that the Bible does not directly address. The best method is to view a topic that the Bible does address, derive the broader principles guiding the Bible's discussion of that topic, and then apply those principles as appropriate to correlating questions and circumstances. Why is this appropriate? The Bible does this within itself, and the Bible has ultimate authority on how we should live. Paul draws on principles found in the Old Testament and Jesus' teaching to address specific issues that the Corinthian church was facing. He also gave specific guidance to Philemon on receiving his former slave, Onesimus, as a brother in Christ, based on what is true of all believers (Colossians 3:11, Philemon 1:17).

We can also reflect on previous Christian philosophers to utilize their approaches to the extension of biblical principles; in this instance, we will look at Thomas Aquinas. He is one of the most notable proponents of Natural Law Theory, which holds that people, as rational beings, can determine what is good and right by determining what contributes to human flourishing (Brown, 2018). God designed this world in such an order to be fit for human flourishing, so that humans could glorify him; this order is preserved today, though it was distorted by the fall. Thus, we know things to be good that contribute to human flourishing, such as life (and, as an extension, health), procreation, education, religion, socialization, peace, and knowledge (Tallman, 2016b). We know that God is purposeful, and that he desires what is good for humans (Deuteronomy 6:24). Natural Law Theory takes that principle and extends it, thus bringing clarity and guidance to issues not directly addressed by Scripture.

Premises of a Biblical Worldview

Having described what a worldview is, and the framework for developing a biblical one, we will now address some of the main premises of a biblical worldview. Many of these ideas will be addressed in some form or fashion by all worldviews. These selected ideas are not exhaustive, but will be pertinent to the rest of our discussion. They are adapted from James Sire's *Naming the Elephant: Worldview as a Concept*.

The first premise addresses prime reality: what is the really real? The biblical worldview holds that God is the prime reality. In fact, God must be the truest and realest thing, or nothing else can be true or known. As Sire (2015) points out, "when the Scriptures turn to epistemology, they do so with the assumption of the existence of God" (p. 75). We take our cues from the Bible for instruction on how to think; therefore, we want to place God's existence as first priority in our worldview. Scripture points to God as existing eternally—not being created, but rather self-

existent and the Creator of all things (Genesis 1:1, Psalm 90:2, John 1:1–3, 1 Timothy 1:17). Without further addressing the extent of all of God's attributes (his omnipresence, omnipotence, eternality, immutability), suffice it to say that God's existence and his character form the foundation for all truth and existence.

After ontology, we turn our attention to the second premise—that of epistemology. How do we know what we know? First, we accept Scripture as entirely true, as it is God's revelation (2 Timothy 3:16). It would be inconsistent with God's character of truth and justice to misinform us through his specific revelation. The author of John attests to the trustworthiness of his writing as well (John 21:24). Contrasted with the absolute certainty we have of biblical truth, empiricism is a method of knowing that can only give us *probable* truth. Empiricism, which finds knowledge through observation, is the foundation of scientific investigation, which underlies nursing's evidence-based practice. While empirical evidence is certainly helpful to a degree, by its nature it cannot bring us absolute certainty concerning a phenomenon; therefore, we cannot value the knowledge derived from it as highly as we value biblical knowledge.

The third premise addresses what it means to be human—a question of anthropology. Beginning with Scripture, we see that humans are made in God's image and likeness, with dominion over creation (Genesis 1:26–28). The *Imago Dei* gives guidance both to human purpose—of reflecting God in all that we do—and to human worth—that we have *immeasurable* worth and dignity, simply by the fact of reflecting the God who has immeasurable worth. We also know that humans are both material, being made from dust, and immaterial beings, having the breath of life (Genesis 2:7). This again makes humans unique and distinct, for nothing else in creation has this dual nature of embodied souls as its proper state (Allison, 2021). This has important implications for how we approach bodily ailments, issues of life and death, and

matters pertaining to the "mind," i.e., mental illness, as stemming from both material and immaterial pathology.

Man's dual nature naturally leads to the fourth premise of a biblical worldview: that at death, the soul goes to be with God, while awaiting future bodily resurrection at Christ's second coming. All persons will then spend an eternity in heaven or hell (Westminster Confession of Faith, 1646). We see this supported in passages such as Ecclesiastes 12:7, John 5:28–29, 1 Corinthians 15, 1 Thessalonians 4:17, and Hebrews 12:23. This understanding of the afterlife gives gravity to end of life matters, as well as comfort for believers. This also reassures us of the importance of our bodies, and that they will be free of illness at the resurrection.

Fifth, the biblical worldview holds that God objectively determines right and wrong. This is clearly seen in his commandments given throughout the Bible, and it will greatly inform our approach to ethics. A form of deontology, typically referred to as "divine command theory," holds that right and wrong are outlined in the Bible and that we hold to them as a matter of principle (Tallman, 2016a). Consequentialism, on the other hand, holds that what is ethical is what will result in a positive outcome. The main issue with consequentialist ethics is that humans, unlike God, are finite and fallible, and cannot always know what outcomes will result from our actions. Although this makes consequentialism a poor basis for ethical decisions, it can be applied after consideration has been given to relevant ethical principles; we generally refer to this as wisdom. We will address the issue of wisdom further in the next premise. The implications of objective ethics in nursing practice are quite profound. Questions of ethical care at the beginning and end of life are at the forefront of current medical ethics debates, including abortion and physician-assisted suicide. Given that we should not intentionally take human life, as outlined in the Bible (Exodus 20:13), both of these practices are unacceptable for Christians in

healthcare. The unethicality of both of these practices will inform our discussion later on in the essay.

Sixth, there are areas that require wisdom. The books of Proverbs, Job, Ecclesiastes, and Song of Songs are all wisdom literature, designed to give guiding principles for issues rather than definitive statements on what is right or what will happen. For example, Proverbs 26:4 and 26:5 give seemingly contrary instructions (to answer or not answer a fool according to his folly), illustrating that we must apply different principles based on the situation and what we anticipate being good outcomes. Wisdom literature nuances and fills out the divine command theory in a way that it can be applied more consistently and wholistically. This also means that some finer points of a biblical worldview will vary among Christians, because of different ways of applying or emphasizing wisdom principles.

Flowing in a similar vein of thought as wisdom are issues of conscience. Paul states in Romans 14 that a Christian's conscience might not allow them to do something that is not technically sin (the "weaker brother"), and that another Christian whose conscience allows for freedom to do that same thing also does not sin (the "stronger brother") (vv. 2–4, 13–14). This shows first that a conscientious conviction can be personal and still entirely valid, and therefore it ought to be upheld by that person. Second, it shows that convictions will vary among Christians, showing us again that the biblical worldview will be slightly different from person to person. There is one true answer to every dilemma that only God knows, but we can only come so close to knowing that. As this passage explains, when each party desires to honor God with their actions, God accepts them (Romans 14:4, 6, 18).

If believers can sometimes have different convictions about right and wrong among themselves, what is the standard for unbelievers? 1 Corinthians 5:12 states that we are not meant

to judge those outside the church; furthermore, we know that without Christ's empowering, none of us are able to live righteously (John 15:5), and that we are "children of wrath" apart from Christ (Ephesians 2:3). Clearly, it is fruitless to instruct unbelievers to live godly lives out of love for Christ; however, the way that God has ordered the world to work holds true for the Christian and non-Christian alike. Sin will still have negative consequences for the believer and unbeliever. Therefore, we can still advise unbelievers on issues such as sexual practices because of the natural law that governs the purpose of sex. Our advice to both parties will look similar, but will have different reasoning behind it (J.R. Gilhooly, personal communication, December 6, 2022).

Last, a worldview must address the meaning of human history. The Bible's overarching story and framework for human existence is that of creation, fall, redemption, and consummation. The concept of health can be viewed through each phase of the story. Perfect health was part of God's perfect creation in the Garden of Eden. Sickness only plagued humankind after the fall, and will only be completely eradicated at the consummation in the new heavens and earth. We can be agents of redemption in the meantime by alleviating suffering and pursing health as a good, which is precisely what nursing aims to do.

Nursing Practice

In this section, we will first look more closely at nursing as a profession distinct from that of medicine. Then, we will briefly discuss the secularization thesis, and then address the topics of ethics and healing in the nursing profession and compare the profession's stance on them with the biblical worldview. Last, we will address issues of conscience specific to nursing.

The Nursing Profession

Nursing and medicine are both professions oriented around health and healing; thus, their purpose, end, and ethics will overlap extensively. However, nursing is health-based and wholistic while medicine is, traditionally, illness-based and physiology-oriented (M. Renne, personal communication, 2019). In other words, nursing is person-centric, while medicine is illness-centric. This can be seen first in the definitions of the words; Merriam-Webster's Dictionary (n.d.) defines *nurse* as, "a person who *cares* for the *sick* or *infirm*" (emphasis added). As a verb, *nurse* means, "to *care* for and wait on; to attempt to cure by *care* and treatment; to manage with *care* or economy; to promote the development or progress of; to take charge of and watch over" (emphasis added). We can see here that the primary action of nursing is caring, and the object of that action is the person. Medicine is defined as, "the science and art dealing with the maintenance of health and the prevention, alleviation, or cure of *disease*." (emphasis added). A physician is described as: "a person trained in the art of healing." Again, the action here is that of healing or alleviating, and the object of that action is illness.

We also reflect on the founding members of the nursing profession to discover its unique purpose. Florence Nightingale was a nurse during the Crimean War, and in caring for the wounded soldiers, she developed the basis of modern nursing practices that gave rise to formalized nursing education (Selanders, 2020). In her book *Notes on Nursing: What It Is and What It Is Not* (1860), she defines nursing as, "having charge of somebody's health" based on the knowledge of "how to put the body in such a state to be free of disease or to recover from disease." (p. 3). Again, health was recognized as the primary good and end of nursing. In discussing medicine and nursing, Nightingale (1860) acknowledges their differences in orientation as well as their common goal, writing:

> "It is often thought that medicine is the curative process. It is no such thing; medicine is the surgery of functions, as surgery proper is that of limbs and organs. Neither can do anything but remove obstructions; neither can cure; nature alone cures…and what nursing has to do… is to put the patient in the best condition for nature to act upon him." (p. 133).

Not only does Nightingale take a balanced and collaborative approach to each profession's role, but she works from a naturalistic view of health, which will be addressed in greater detail later in this section.

When a person is free of illness, there is no medicine necessary to give that person; however, for the nurse, there are always ways to promote health. This is not to elevate nursing above medicine; truly, as nurses are not trained in managing specific illnesses with medicine or surgery, but rather in managing the person's response to illness, nurses are not fit to be doing a physician's work of treating illness itself (with exception given, one could argue, to advanced practice registered nurses (APRNs)). It is necessary for both professions to work collaboratively to achieve their common goal of optimal health for their patients.

The Secularization of Nursing

The secularization thesis states that since the Enlightenment, religious authority has been steadily undermined by secular and scientific authority (M. Clauson, personal conversation, December 15, 2022). There is a current underlying premise to scientific knowledge that only the natural is real, and the supernatural is absurd. The reliability given to scientific induction is clearly seen in the nursing profession, where "best practice" changes with the ever-changing body of nursing research. Furthermore, the developmental theories of secular psychologists such as Sigmund Freud and his student Erik Erikson are the foundation for current nursing education

on developmentally appropriate care (Potter et. al., 2017, p. 133). Maslow's hierarchy of needs similarly guides nursing education from a secular foundation (Potter et. al., 2017, p. 68). Far from Florence Nightingale's call to serve God as a nurse, modern nursing theory has reflected the secularization of western culture as a whole (Selanders, 2020). While coming from a secular framework, some of these theories can still be utilized by the Christian nurse as general observations of human behavior and guides for practice; they simply are not a comprehensive anthropology. The Christian nurse can still gain wisdom through secular observation on the world.

Beyond the epistemological changes, the ethical framework for health professions has also been heavily influenced by changes in modern thinking, most notably in the concept of autonomy. A patient's right to self-determination and autonomy has expanded rapidly amidst modern ideas of subjectivism. As Curlin and Tollefsen note in *The Way of Medicine: Ethics and the Healing Profession* (2021), in modern medical practice, an autonomous choice is deemed a right choice, and personal autonomy is considered the greatest human good (pp. 68–70). This unchecked view of autonomy, however, leads to subjectivism in ethics and the detriment of healing professions. Instead, Curlin and Tollefsen (2021) argue that "autonomy makes a person better off only insofar as it is directed toward…basic goods" (p. 70). The nurse's commitment to her patient's health precedes the commitment to preserve the patient's autonomy. Autonomy is a good thing, as many human goods cannot be achieved without the freedom to make autonomous commitments (Curlin and Tollefsen, 2021, p. 70). However, it is not the highest human good, nor does it necessarily make a decision right.

Nursing Ethics

As previously mentioned, ethics for the medical and nursing professions have a significant amount of overlap. Therefore, it is worth mentioning the Hippocratic Oath, a Greek text that has informed the covenantal commitment a physician makes upon entering his or her profession. These commitments include the duty to do what will benefit the patient according to the doctor's "greatest ability and judgement", to do no harm, to not kill or cause abortion, do nothing improper or corrupt, and to maintain confidentiality (National Institutes of Health, 2012). This covenant was a promise made before the divine, not simply a list of principles that could outweigh one another, as it is often treated in medical ethics today. This covenant and its goal of promoting health first and foremost has historically shaped the healing professions.

The nursing profession today has its own Code of Ethics published by the American Nurses Association. It is a nonnegotiable ethical standard for the profession that makes explicit its primary obligations, values, and ideals (Hegge, et. al., 2015, p. vii). Similar to the Hippocratic Oath, these commitments seek to hold the profession to a higher, objective ethical standard. There are nine provisions in the Code of Ethics, addressing the inherent dignity and worth of each person; the nurse's primary commitment to the patient and the promotion of their health, rights, and safety; the nurse's responsibility for his or her own actions, and their consistency with the obligation to promote health; the nurse's duty to improve the ethical environment of his or her workplace and advance the profession through research; the integration of social justice in nursing; and the nurse's role in collaboratively protecting human rights, promoting health diplomacy, and reducing health disparities (Hegge, et. al., 2015, p. v).

How does the Christian nurse respond to the Code of Ethics? First, we recognize the many positives of this Code, as it acknowledges the need for a consistent, higher objective

standard to guide practice. Furthermore, it orients the nurse's practice around the patient and health promotion. It affirms the inherent worth and dignity of each person, holds nurses accountable for their actions, and calls them to promote ethical practice. These are all goods that Natural Law Theory would uphold, as they are discoverable by human reason for their contribution to human flourishing. However, we want to clarify the nurse's obligation to protect human rights and promote social justice. As previously explained, autonomy must be respected *in keeping with* its orientation towards health; similarly, justice and an equal promotion of health for all must be approached from a biblical understanding of justice.

Models of Healing

There are three broad views regarding health and healing that have been held by people throughout time, as outlined in *Community/Public Health Nursing: Promoting the Health of Populations* (Nies & McEwen, 2019). We will address the positive and negative aspects of each one, and then briefly provide a biblical perspective on health and healing.

First is the "magicoreligious" approach. This view regards illness as having supernatural causes, such as punishment for sin, and therefore supernatural treatments are pursued, such as blessings, prayers, or incantations. This approach is good insofar as it acknowledges the immaterial dimension to people and the reality of the supernatural. In fact, the Bible instructs us to pray for healing (James 5:14). However, this view minimizes the physical dimension and treats illness as a result of personal sin, rather than a result of a fallen world. We are told that believers in particular will never be punished by God, but that they are not excluded from suffering the effects of sin on all creation (Romans 5:9, 8:18–25).

Second is the naturopathic approach. This one relies on the body to heal itself, and generally favors fewer external or "artificial" interventions. This viewpoint can be seen in

Florence Nightingale's writing, and is not uncommon in modern nursing practice. This view agrees with the premises of Natural Law Theory, namely that God built our bodies to function a certain way, including ways of adapting to and healing from sickness, i.e., an immune system. However, this theory does not hold up as well in cases of severe illness, where the body's natural compensatory responses have been exhausted and external intervention is necessary to restore health. It essentially falls short in acknowledging the effects of the fall on our bodies.

Third is the biomedical approach. This is by far the dominant view in Western medicine today. This view holds that illness is a physical pathology (i.e., bradycardia) that requires a physical intervention to correct it (i.e., atropine). As opposed to the previous two views, this one affirms the physical human body and the effects of the fall on our health. However, it ignores the immaterial nature of humans, and it can often cause humans to put themselves in a god-like stance. It does not appeal to a supernatural or natural healer; rather, the healer takes full responsibility for his or her work. Furthermore, without an ethical framework, this view can quickly turn towards using medical advancements for immoral ends, as much is medically possible that is not ethically permissible.

As we have seen, no one model is entirely correct. It is challenging to keep a wholistic anthropology and biblical understanding of illness, its causes, and therefore its remedy. The biblical worldview requires a balance of stewarding medical technology and recognizing God's design for humans and his sovereignty. As Renne notes, the nurse, with her orientation towards health-based wholistic care, is in an excellent position to find a proper balance among fatalistic, naturalistic, and scientific approaches to health (personal communication, 2019). We must acknowledge the fall and our role in alleviating the effects of sin while also acknowledging the natural workings of the human body and the limitations of human ability.

Issues of Conscience

Last, we shall address how a Christian nurse responds when her profession asks her to act unbiblically. For example, if a nurse has a patient who is prescribed a medication that she considers immoral (i.e., testosterone given to a biological female), ought the nurse to give the medication? As previously discussed, issues of conscience are acceptable within a biblical worldview based on Romans 14. Issues of conscience, then, are certainly acceptable and perhaps even necessary for nursing practice. As Curlin and Tollefsen (2021) define it, the conscience is "the faculty of reason that renders the final judgement as regards what one ought to do, all things considered" (p. 189). The conscience, then, is not based on emotions or "personal" convictions, but on rational judgements that are integral to the healing profession. A nurse or physician must have the freedom to exercise their conscience in favor of promoting their patient's health and protecting them from harm. These are, after all, the end of their profession, so they are not only free, but obligated, to act in that direction.

Is the nurse, then, responsible for the medications she gives to her patient, even though she did not write the prescription for them? Absolutely. If a self-harming patient were given a prescription for razor blades, it would be unethical for the nurse to do anything but withhold the razor blades from her patient (J.R. Gilhooly, personal communication, December 6, 2022). The nurse must ask whether *giving* the medication promotes or harms her patient's health and whether *withholding* the medication will promote or harm their health. In some instances, giving the medication while also providing education will best promote the patient's health. Since conscience is a personal conviction about what is the right thing to do, it must be determined by the individual nurse, while remaining grounded in sound ethical principles and informed clinical experience.

Integration

We will now narrow our focus of a biblical worldview in nursing practice to the two sources of the most contention: beginning and end of life. Because these issues are vast and complex, we will study only one specific ethical dilemma in each area to illustrate how a biblical worldview and proper nursing practice are applied in a particular scenario.

Beginning of Life

Our question concerning the beginning of life is: Can a Christian prescribe birth control?

To introduce the topic, currently, the APRN has prescriptive authority in the U.S., including the legal ability to prescribe contraceptives. Hormonal methods of contraception (combined oral contraceptives (COCs), progesterone-only pills (POPs), Nexplanon, Depo-Provera, NuvaRing, hormonal IUDs) include synthetic estrogen and/or progesterone, which suppress ovulation to prevent pregnancy, whereas barrier methods (condoms, diaphragms, spermicide) physically prevent sperm from entering the woman's body. During a woman's typical twenty-eight-day cycle, ovulation occurs on day fourteen, and there is about a ten-day window surrounding ovulation during which a woman is fertile.

First, we will look to see what Scriptural commands or principles apply to this discussion. Children are considered a blessing in Psalm 127, and God commands Adam and Eve (and, by extension, all mankind), to "be fruitful and multiply and fill the earth and subdue it" (Genesis 1:28). We can look at not only the Bible's perspective on children, but on sex and marriage. The Bible clearly only permits sex within the marriage union (Colossians 3:5), and states that the purpose of sex within marriage is both for procreation and unity (Genesis 1:28, 2:18) (Renne, 2019). As Renne (2019) notes, "the design by which God brings children into the world, which is intimate, exclusive, and secure, speaks to the value God places on children." To treat children as

a nuisance, inconvenience, or unintended consequence does not align with the biblical view on children. This "contraceptive mindset" cannot, therefore, be part of a biblical worldview.

Does having a pro-children mindset, then, require an openness to children with every sexual act? Many Christians hold that the marriage relationship as a whole can keep in mind the twin purposes of sex without them being present in every act. There can be instances of sex where there isn't a possibility of procreating (as is the case naturally for most of the woman's cycle) just as there are instances where sex is not "the most romantic, deeply bonding experience." (Renne, 2019). Taking the view, then, that not every act must be open to procreation, potentially leaves room for the use of contraceptives in the Christian marriage.

It is worth addressing the common secular argument of today: that deciding when to have a child and being able to have sex without the resulting pregnancy is a woman's right. This is based on a false belief that a woman must make her body *functionally* identical to a man's body to have "equality." This implies that a man's body is inherently superior to a woman's when, in fact, the ability to conceive, bear a child, give birth, and feed a child for its first year of life is one of the greatest strengths the female body has, precisely because a man's body cannot do it. Childbearing is the uniquely feminine contribution that women bring to the world and that sustains life and continues the human population. To remove this ability, therefore, takes away a woman's inherent bodily strength. Both abortion and contraceptives can be the fruit of this mindset, which is both illogical and unbiblical.

Having now laid out the Scriptural basis for our commitment to a pro-children mindset, we address the first question the Christian nurse must answer: i**s** providing contraception even a nurse's prerogative? In other words, should healthcare professionals be prescribing birth control at all? As has been said, it is the commitment of a nurse to promote health. Preventing pregnancy

does not contribute to health, as fertility is in no way unhealthy; therefore, it would not be part of a nurse's professional obligation to prevent pregnancy. Contraceptives are and can ethically be given for conditions such as dysmenorrhea, endometriosis, or bleeding fibroids, as this does alleviate illness and promote health (Curlin & Tollefsen, 2021, p. 96). Furthermore, by natural law theory, preventing procreation is contrary to the basic good of human life (Curlin & Tollefsen, 2021, p. 98). For the sake of argument and thoroughness, however, and for the specific instances wherein a contraceptive is given to promote health, we will continue on to the next consideration.

The second question to ask is: do contraceptives cause harm to the woman or a child? Essentially, do hormonal contraceptives cause abortions? Hormonal contraceptives' primary mechanisms of action (MOA) is suppressing ovulation; however, they are also known to thicken cervical mucus, allowing fewer sperm to enter the uterus, and thin the endometrium, preventing an early embryo from implanting. This last MOA would cause an early abortion (Renne, 2019). What is unknown is how often the third, abortive MOA is utilized. It should be noted that barrier methods do not interfere with the uterine lining, and thus are in no way abortifacient. According to Rivera, Yacobson, and Grimes (1999), "no scientific evidence supports an abortifacient effect" of any hormonal birth control (p. 1267). Sullivan, a Christian medical ethicist, states that evidence in inconclusive as to whether COCs are abortifacient (2006, p. 193). He goes on to state that "to fail to use a potentially useful intervention because of minimal evidence or theoretical concerns is not how health practitioners should live their ethical lives" (Sullivan, 2006, p. 194). However, Hatcher et. al. (2011) claim that breakthrough ovulation could occur with COCs as much as 8.3% of the time. If this evidence is reliable, that could mean a high likelihood of an unintended early abortion while using COCs. Focus on the Family's Physician Research Council

claims that IUDs and POPs are abortifacient, and that evidence is inconclusive regarding COCs (2018). In conclusion, even the Christians in the healthcare community cannot determine whether hormonal contraceptives are abortifacient.

How do we respond to such varying evidence? This is unfortunately an inevitable consequence of the unreliability of empirical knowledge; it is ever-changing with new information, and can never provide complete assurance of truth. Thus, the potential abortifacient effect of contraceptives can inform our decisions to an extent, but since it is not as reliable as sure, unchanging principles, we cannot make it the sole basis of our decision. Perhaps the data will change in the coming years, and we will have more convincing evidence that they are not harmful. However, as an exercise of caution, this author would not personally feel comfortable prescribing hormonal birth with the evidence available now. If we assume, though, that they are not abortifacient, or if we only consider barrier contraceptives, we will continue on to the last question.

Our final question is: does prescribing contraceptives inherently endorse a contraceptive mindset? First, it should be noted that one can have a contraceptive mindset without using a contraceptive. Natural family planning (NFP), in which a couple abstains from sex during the woman's fertile period, can also be used to prevent pregnancy for unbiblical reasons. While some argue that NFP is working within the natural rhythms of the body, and thus has a latent openness to pregnancy that a medication does not have (J.R. Gilhooly, personal communication, December 6, 2022), some also say that the degree of commitment NFP requires does not seem very open to children (Renne, 2019).

A further argument is made that as contraceptives are made more freely available, the rate of sexual promiscuity goes up. Then, the rate of unintended pregnancies goes up (because

contraceptives are not 100% effective), and thus, the rate of abortions increases (Clowes, 2022). Historically, the advent of contraceptives and the legalization of abortion came in 1960 and 1973, respectively, and were borne out of same mindset previously discussed. While this can be a valid reason to refrain from prescribing contraceptives, it does not necessarily make morally culpable those who do.

While it is agreed that the contraceptive mindset is unbiblical, the actual use of birth control is considered by many an area of Christian freedom and wisdom. For example, Piper (2009) points out that while marriage is good, it can be forsaken for kingdom purposes; similarly, children are good, but they can be limited or delayed if for kingdom purposes. More generally, the constraints of biblical use of contraception include the mutual agreement of husband and wife, that it is not an abortifacient, that they continually surrender their fertility to God through prayer, and they maintain a pro-children mindset (Renne, 2019). How often are couples seriously considering the eternal value of kingdom work and maintaining a pro-child mindset? It is probably not very often; but it is possible, and in that there is Christian freedom (J.R. Gilhooly, personal communication, December 6, 2022). If the nurse is giving contraceptives to a patient who has this mindset, it is permissible.

Last, some might ask whether this even matters if the nurse's patients are non-Christian teens who are going to continue having sex regardless of the nurse's beliefs and then seek subsequent abortions. According to natural law theory, what is good for the Christian to do will be good for everyone to do. It will still be better to counsel the non-Christian teen to practice abstinence until marriage, fidelity within marriage, and to accept the blessing of children. This emphasizes the importance of education to wholistic nursing care, and that it is sometimes our primary health-promoting intervention.

In conclusion, a Christian APRN cannot endorse the use of contraceptives without further constraints and discussion with her patients. The nurse must take care that she is not supporting a contraceptive and unbiblical mindset; always acts to promote her patient's health; has a clear conscience that she is not prescribing an abortifacient medication; and educates her patients on truly healthy sexual practices. After all these matters have been given weighty consideration, the Christian APRN has the freedom to provide contraceptives to her patients.

End of Life

Our question concerning the end of life is: when should life support be removed?

Currently, patients can receive ventilator support, artificial circulatory support (i.e., ECMO), and continuous renal replacement therapy when their vital organs have stopped functioning. A patient's code status, living will, and durable power of attorney for healthcare all are designed to allow a patient to express their wishes regarding their end-of-life care preemptively, should their ability to decide in that moment be diminished.

First, we will evaluate the Scriptural principles that enlighten this topic. To start, the book of Ecclesiastes reminds us of the inevitability of death for all and the brevity of human life (3:19, 9:2). We are instructed to pursue the goods of life, rather than attempt to avoid the inevitable; it is good to eat, drink, and enjoy our toil for our short lives (3:12–13, 5:18, 9:7). We also know that death for the believer is a good thing, for this means that we shall be with Christ (Philippians 1:21–24). We also know that God has foreordained when we should die (Psalm 139:16), although we as humans should not intentionally cause death (Exodus 20:13). Thus, there is a mysterious tension between God's foreknowledge and sovereignty over our time of death and our actions as humans that can prolong or shorten life.

Now, we will address again the end of the healing professions and the associated obligations that follow them. Nurses have a duty to promote health and life as basic human goods. As Leon Kass states, "health is a mortal good…and we are fragile beings that must snap sooner or later, medicine or no medicine. To keep the strings in tune, not to stretch them out of shape attempting to make them last forever, is the doctor's [and nurse's] primary and proper goal" (Curlin & Tollefsen, 2021, pp. 133–134). This view maintains the obligation to promote health while recognizing the limitations of human ability. The aim, then, is to "preserve and restore the health of the patient that still can be reasonably preserved or restored" (Curlin & Tollefsen, 2021, p. 150). It should be noted that people with disabilities are not less valuable persons—worth is related to being made in God's image, a value intrinsic to all humankind. We do not want to equate a life that is unable to achieve a certain measure of health with a life that is less valuable. It should also be noted that longevity is not an intrinsic good. Life, health, friendship, and harmony are intrinsic goods, but longevity is not (Curlin & Tollefsen, 2021).

Now, the first question the Christian nurse should address is whether the patient is still actually alive. If the patient is already brain dead, there is no dilemma; the nurse is not removing life support, but merely organ support. The criteria for a patient to be brain dead are (1) an irreversible coma with known etiology: not drug-related (sedatives, paralytics, intoxicants), metabolic (severe acid-base disorder, uremia), or cold, (2) absent pupillary, corneal, oculovestibular, gag, and cough reflexes, (3) no motor response to noxious stimuli, and (4) apnea test (Lawson, 2022). After assessing these indications of neurologic functions, the nurse can continue in her ethical evaluation of the situation.

The second and main question is: will the nurse's actions support health or hasten death? Many actions could be taken in favor of either end, which invokes the rule of double effect. This

states that “an effect that one should never intend can be accepted as a side effect as long as there are proportionate reasons for doing so” (Curlin & Tollefsen, 2021, p. 81). The principles that determine proportionality are fairness—that one party does not bear all the negative consequences while the other reaps all the benefits—and vocation—the overall order of a person’s life shaped by their commitments (pp. 81–84). For example, the rule of double effect can allow for frequent doses of morphine to be given to a dying patient to ease physical pain, although an unintended side effect could be respiratory depression and eventual apnea. When given to relieve pain, this is an ethical intervention. Medication given with the end goal of death, however, is no longer within the bounds of what is biblically or professionally allowed.

Vocation is also a weighty consideration at the end of life. As Gilhooly states, the value of an intervention is dependent upon the patient’s vocation and the obligations inherent to that vocation; a forty-year-old father has different obligations and responsibilities than a ninety-year-old widow (personal communication, December 6, 2022). Therefore, the ethical course of action could vary among patients, and would also depend on the patient’s reasonable autonomy, as no one can know his or her vocation as well as the patient themselves.

By the nature of our first question, we are deciding to remove or withhold some measure that could promote health. The fact that we are ceasing this intervention must mean that the suffering accompanying it outweighs its perceived benefits. Again, the vocation, both of the patient and their family, gives guidance to what is an unreasonable burden involved in caring for someone. It must also be considered for each patient whether this typically health-promoting intervention will prove fruitful given their overall condition (Curlin & Tollefsen, 2021). Death is inevitable, and human ability to heal is limited; it requires a conscientious and clinically knowledgeable healthcare team to determine the effectiveness of their care.

This brings us to the nurse's third question: is there reason to believe the measure is ordinary or extraordinary? An ordinary intervention is one that is well known to be effective at achieving its goal, i.e., placing a tourniquet on an amputated extremity to prevent a fatal loss of blood (J.R. Gilhooly, personal communication, December 6, 2022). An intervention is deemed extraordinary when there is no sufficient reason to believe the patient will be cured. Mechanical ventilation is not an extraordinary measure when it is anticipated that a patient will be extubated in a matter of days or weeks and return to their previous level of functioning. If, given the known prognosis of the patient and their current health status, they would need mechanical ventilation indefinitely, this could be determined by the family, healthcare team, and the patient (if they are able) to be an extraordinary measure that could be removed. This can seem like consequentialism; after all, we are making an outcomes-based decision. However, within our biblical and ethical framework, if there are still areas of wisdom, we can apply our best reasoning and clinical knowledge to make the best decisions possible.

To summarize, then, life support should be removed when health, as much as it can be preserved, is still the main end; it is appropriate given the patient's vocation; and the measures being removed are considered extraordinary.

Conclusion

To reiterate, the biblical worldview has its foundation in Scripture, and then logically extends biblical principles to approach every subject in life. The nursing profession is one of caring for persons wholistically to optimize their health. This is distinguished from the medical profession, drawing on multiple perspectives of health to provide conscientious care. Nurses provide care from the beginning of life, judiciously and thoughtfully considering the use of contraceptives, to the end of life, preserving what health is still possible while it is feasible. May

God be glorified in the Christian nurses that live in a fallen world as his agents of redemption, showing biblical care and compassion through their profession.

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