



LOMA LINDA UNIVERSITY

Center for Christian Bioethics

UPDATE

MARCH 2010

GLORIFYING GOD IN OUR BODY: A SEVENTH-DAY ADVENTIST THEOLOGICAL FOUNDATION FOR NURSING

Elizabeth Johnston Taylor, PhD, RN

School of Nursing, Loma Linda University, Loma Linda, California

Mark F. Carr, PhD

School of Religion, Loma Linda University, Loma Linda, California

Nurse, why would God let me suffer?" "Will you pray with me, nurse?" "Will you help and pull the plug when I'm ready?" Nurses have a privileged position when they provide care to patients. This privilege becomes especially apparent when patients inquire of a nurse about spiritual and religious matters. Not only will nurses' verbal responses to such inquiries reflect their personal spiritual or religious beliefs, their very motivation and perspective about nursing will be shaped by these beliefs. How these beliefs influence nursing care, however, is poorly or never recognized. Consequently, these beliefs affect the nurse-patient relationship without a realization of their impact. Such a lack of awareness provides fertile soil for unethical nursing care, especially unethical spiritual care. This article strives to curtail this potential factor for unethical nursing care by examining how the theology of one religious tradition, Seventh-day Adventism, could have an impact on a nurse.

About 14.4 million Seventh-day Adventists live, work, and worship in 202 countries around the world¹. The Seventh-day Adventist Church organization owns

and operates a health care system that includes 167 hospitals, 449 clinics, and 125 nursing homes or retirement centers. Adventist educational institutions include 55 nursing schools, from Costa Rica to Croatia, from Lesotho to Loma Linda, California². Approximately 7,300 nursing students are currently enrolled in these programs³. In addition to an estimated few thousand Adventist nurses, there are several thousand nurses who have been educated or employed in an Adventist institution. The Adventist theology and traditions inevitably have an overt or covert influence on these nurses. What is that influence?

The purpose of this article is to examine the theological foundations that inform Adventist nursing. In addition to a cursory presentation of Adventist beliefs and practices, the theology that addresses the nursing meta-paradigm concepts of person, health, environment (or community), and nursing (or service) will be explored along with its implications for nursing practice. The article will conclude with an overview of implications for ethical spiritual care and research. This discussion of Adventist theology and its implications for nursing, how-

ever, will be void of context without first reviewing Adventist Church history.

Seventh-day Adventist Church History and Herstory

The Adventist Church emerged within the context of 19th century revivalist and reform-conscious America. Sometimes referred to as the "burnt over district," the New England states of the northeast provided fertile ground for such reform. Its beginning was the result of a regrouping that occurred after the "great disappointment" of October 22, 1844, the date when Baptist farmer-preacher William Miller predicted Christ would return to earth⁴⁻⁷. After further study of the problem-causing Bible prophecies, one Millerite group determined that 1844 was not the date of Christ's Second Advent; rather it was the time when Christ entered the most holy place of the heavenly sanctuary and that he had yet to return to earth from heaven^{8,9}.

Feeling as though they had been rejected by their various churches for their convictions over Miller's preaching, this group worshipped and studied the bible

Please turn to page 2

EDITORIAL

Mark F. Carr, PhD, MDiv

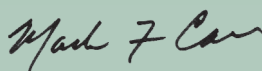
Director, Center for Christian Bioethics

The substantive article in this edition of *Update* is a collaborative effort of Elizabeth Johnston Taylor and myself. Originally drafted for a series of essays focused on religious traditions and how they affect nurses and nursing care, this essay is a modified, longer version of an article that will run in the journal *Nursing Ethics*. Dr. Johnston Taylor and I have been pleased to work together. She is a faculty member of the LLU School of Nursing, albeit a distant one at this point, as she is living in Wellington, New Zealand, with her family and working there in a hospice facility. She is a prolific author and is specifically interested in nursing ethics.

Here at LLU we have a combined degree program (MA/MS) that brings together students in nursing with an interest in ethics. Those of you who followed last year's Claritas essay contest will recall that one of our two finalists was a student in nursing, Carissa Cianci. She is one of our newest students in this combined degree program! Here at the center, we have been and will continue to be excited with our interaction with the School of Nursing. Over the course of this academic calendar year, I will be on sabbatical and away from the center. As a faculty member of the School of Religion, I am blessed to

be able to utilize the sabbatical policy. While I am away, the center will be in the able hands of Roy Branson, PhD, who will serve as the interim theological co-director. Dr. Branson is no stranger to the center or to Loma Linda University. He came to LLU School of Religion more than a year ago as our associate dean. In addition to his academic credentials, he has a rich administrative experience with the Center for Law and Policy at Columbia Union College, now Washington Adventist University, as well as some 20 years as the editor of *Spectrum Magazine*, the publishing arm of the Seventh-day Adventist Forums.

Finally, let me say that we are so very pleased to have Robert Orr, MD, join us at the center as the clinical co-director! In fact, this is Dr. Orr's second term in this office, having held this position for many years back in the mid- to late 1990s. His experience, publication record, and passion for clinical consultation work will richly enhance the work of the center.



Mark F. Carr, PhD, MDiv
Director, Center for Christian Bioethics
Loma Linda University

The Center for Christian Bioethics offers you the opportunity to receive *Update* as a beautiful pdf file via e-mail. Delivering *Update* via e-mail saves us printing costs, postage costs, fuel costs (mail has to go by land or air or both), and precious global resources (i.e., paper, energy).

We do need to know where to send your *Update*. If you would like to receive an electronic version of *Update*, please send an e-mail to <dpagordon@llu.edu>. Please type *Update* on the subject line and include in your message your 1) name, 2) e-mail address, and 3) snail mail address.

Thank you for your participation and we look forward to many, many years of service to you, our readers.

together^{7,10}. For almost 20 years, this and other basic beliefs were set out as fundamental to the group. Along with this reinterpretation of the 1844 event, the group eventually settled on other significant points of doctrine. From the Seventh-day Baptists, they learned of the importance of Sabbath observance on the seventh day of the week—Saturday¹⁰⁻¹⁶. These two points particularly distinguished the group as they moved away from being “Millerites” to having a new sense of identity and purpose. After no small measure of debate, the group settled on the name Seventh-day Adventist^{5, 17}. In 1863, hard-working Millerite preacher James White (1821-1881), formerly an ordained minister of the Christian Connection Church, led in officially organizing a General Conference of Seventh-day Adventists with 3,500 church members^{17,18}.

Adventists came to see themselves as part of the stream of Protestant Christianity, sometimes thinking that Martin Luther didn't go quite far enough in his reforms. Many Adventist theologians and historians see the influence of the great preacher and theologian John Wesley and the Methodism he helped create. Adventist Church administrative structures have tended to be pragmatic, in the service of an overarching goal of sharing the gospel via mission outreach. Church polity is a representative type of system with local church, conference, union conference, division, and general conference layers of administration.

More importantly, Wesley's theological teaching on the importance of sanctification or what he called the “second blessing” took strong hold of early Adventism. Adventist views on human nature fall decidedly in the camp of free will or self-determination. Reflecting an Arminian sense of divine election that may well be lost if the believer does not continue to choose to live in God's grace, early Adventists struggled over the relationship of law and grace in God's grand scheme of human salvation.

James White's wife, Ellen Gould

Please turn to page 3

White (1827-1915), is undoubtedly the person who has influenced early Adventism the most. When she was 17, Ellen White began claiming to have visions. These visions purportedly gave her divine inspiration about topics ranging from what property the church should buy to the history and future of good and evil in the universe¹⁹. A vision about health reform in 1863 would add impetus to the young church's interest in medical missionary work²⁰. Although the validity and/or meaning of Ellen G. White's visions have never been without challenge and controversy in the Adventist Church, they nevertheless greatly influence its theology and polity, and the lifestyle of its members²¹. Her thinking, divinely inspired and otherwise, is recorded in numerous books. White, whose formal education ended in grade four, and her staff wrote a number of books during her lifetime, including *The Desire of Ages* (an inspirational book about the life of Jesus), *The Great Controversy* between Christ and Satan, and *The Ministry of Healing*. After her death, the White Estate compiled many more books documenting her various letters, "testimonies," and inspirational devotions; these include *Counsels on Health and Temperance*.

Ellen White's health reform message denigrated the use of alcohol, caffeine, and other stimulants, tobacco, and drugs and quackery as then used; it promoted the use of hydrotherapy and natural remedies, simple—and lacto-ovo-vegetarian—food, fresh air and sunshine, exercise, non-restrictive clothing, and trust in Divine power for healing. Within three years of organizing, the Adventist Church opened the Western Health Reform Institute in Battle Creek, Michigan, to provide hydrotherapy (increasingly popular in the Northeast) following principles laid out by Ellen White. The institute burgeoned after physician John Harvey Kellogg became its director in 1876 and renamed it Battle Creek Sanitarium. A schism occurred between Kellogg and church lead-

ers, however, over whether the purpose of the sanitarium was only to alleviate suffering or to also evangelize¹⁸. After a bitter battle, the church let Kellogg take control of the sanitarium. Although Kellogg's efforts in Battle Creek drew worldwide notoriety, the enterprise eventually collapsed¹⁷.

Adventists, however, did not lose momentum in their work to ameliorate physical and spiritual suffering. Around the turn of the twentieth century, numerous North American Adventist sanitariums opened and trained nurses, including a fair number of male nurses. In 1905, the College of Medical Evangelists (now Loma Linda University, the flagship health science university of the Church) opened its doors to train physicians as well as nurses²². Graduates of these programs dispersed around the world as missionaries to use their knowledge about health and illness as an "entering wedge" for sharing the gospel¹⁷. Adventist evangelism in developing countries included not only knowledge about salvation, but practical information about sanitation and nutrition. Medical and dental care were methods for attracting persons to the Bible lessons Adventist missionaries wanted to share. Indeed, the medical missionary work explains in large part the exponential church growth that occurred outside North America during the twentieth century¹⁷.

The legacy of the Battle Creek "San" lingers for both Kellogg and Adventists. It includes not only Kellogg's Corn Flakes, but the Adventist Church's support of health care institutions that boast the latest technologies and scientifically sound treatments. A trust in the ability of modern physicians and medical science to alleviate suffering and cure disease arguably supplants the distinctive use of natural remedies or hydrotherapy, or even extraordinary practice of prayer. To counter this mainstreaming of the Adventist Health System, several self-supporting or independently owned Adventist health care institutions have developed to provide health promo-

tion treatments and education for persons with chronic illnesses that more overtly reflect "health reform"¹⁸.

Early Adventism might well have gone the direction of the stream of Protestantism known today as Anabaptism; our Arminian emphasis on free will pushed us toward adult baptism. But the strong emphasis on health and health care that developed into modern medicine propelled us away from a traditional culture of the sort reflected by the Mennonite and Quaker communities in America and toward a more progressive engagement with Enlightenment thought and its associated emphasis in scientific epistemology. We will have more to say on the relationship between science and religion below.

Fundamental Beliefs

Seventh-day Adventists accept the Bible as their only creed and hold certain fundamental beliefs to be the teaching of the Holy Scriptures. ...[and] constitute the Church's understanding and expression of the teaching of Scripture,"²³ so introduces the Church's statement of the fundamental beliefs. When the Church first released a synopsis of our faith (not until 1872), it contained 25 propositions²⁴. Subsequent iterations have produced the present listing of 28 key beliefs. Several of these fundamental beliefs are pertinent to the present discussion of Adventist theology and nursing and will be discussed later.

A necessary preface for any description of the beliefs pertinent to a specific religion is that nurses must remember that variations exist within each tradition. Some categorize this variation observed among Adventists as falling on a continuum with the conservative side often referred to as "traditional" or "historical" and the opposite end labeled "progressive" or simply "liberal"²⁵. One Adventist may interpret religious doctrine in flexible and non-traditional ways, while another may

Please turn to page 4

rigidly ascribe to historical interpretations. For example, while a progressive Adventist may entertain views of God's creative activity on earth emerging over millions of years, most Adventists hold to a literal six-day creation, in this case, despite what science may say.

Maintaining unity of belief in the Adventist Church, which has grown from a small North American revivalist group to a monolithic worldwide denomination, is particularly vexing. There has been a decided effort to avoid the type of creedalism that resulted in the rejection of the Millerites from their congregations. Adventists, like no other Protestant faith, cling to the idea of theological unity in the face of radically diverse cultures from around the world. In addition to the felt need to remain unified in diversity, Adventists cling to the idea that we must remain open to God's leading in the development of our fundamental beliefs. In fact, the preamble to the Church's statement of fundamental beliefs says this:

"...Revision of these statements may be expected at a General Conference session when the Church is led by the Holy Spirit to a fuller understanding of Bible truth or finds better language to express the teachings of God's Holy Word"²⁴.

With this in mind then, we will look more directly into key theological notions relevant to nursing practice.

Religious Practices and Adventist Lifestyle

The above statement regarding variation in interpretation of Adventist beliefs likely holds even more truth when it is applied to Adventist religious practice and lifestyle. A liberal Adventist, for example, may enjoy a chicken salad and caffeinated soda for lunch, while another, conservative Adventist may eat a "veggie burger" and shun even fruit juice (avoiding any liquid taken with the meal because of counsel from Ellen White)²⁶. Having made

this statement, however, it is informative to review some of the traditional practices and behaviors of Adventists (see Table 1). Indeed, it is this distinctive lifestyle that often is all that is known about Adventists by non-Adventists.

Adventist Theological Foundations for Nursing Concepts of Person, Health, and Environment

What theology shapes how an Adventist nurse conceptualizes persons, health, and environment? What are some of the implications that follow from this theology?

Person: The human person, in Adventist theology, suffers the ill effects of sin and evil in this present world. There is a great controversy playing itself out on the universal stage and we are important characters in the final determination of whether or not God is a just and loving God. We are not a pessimistic people perhaps with the exception that we expect a soon-coming cataclysmic end to the controversy. Our hope is in the presence of Christ in this cataclysm. With Christ comes our peace, our assurance, and the ultimate end of the Great Controversy between God and Satan.

Crucial to the Adventist understanding of the human person are at least the following theological assertions:

Holistic human nature: The human person is non-dualistic in nature. Adventists reject Attic philosophical and Christian theological assertions that our material, temporary life serves as a prison of the immaterial, eternal soul. Material life as God's creation is good and should be enhanced and celebrated with every appropriate means at our disposal. God wants our physical existence to be a blessing to our spiritual lives, and he does not cause or revel in the physical suffering of his creation. While modern science delineates elements of the human person such as psychological, physiological, spiritual, social, etc., Adventists also seek to find ways to integrate and harmonize these various delin-

eations. We call this "whole-person care." This strong assertion of holism is closely related to the Adventist understanding of the state of the dead.

State of the dead: As non-dualistic creations of God, humans do not possess an eternal soul that drifts away to God upon death of our physical being. Rather, upon our death our consciousness sleeps, as it were (Matthew 9:24), until such time as God physically resurrects the whole person at Jesus' second coming²⁴. Immortality then is conditional upon God's judgment of the person. Those who have refused God's grace will not spend an eternity in a burning hell; rather in love God will completely consume them in the circumscribed fires of the final judgment.

Image of God: While the theological importance of the doctrine of the Image of God has been variously interpreted throughout Christian history, Adventists see the importance of this doctrine in at least three ways. First, we value the other because she or he is a creation of God. Second, we believe that human ability to reason and have relationships with others is a mark of God's image in us. Third, the result of this created ability to reason and relate means we do truly have free will; we may choose to accept or reject God and live our lives in positive ways because of the indwelling of God's spirit. Furthermore, this indwelling of the Holy Spirit is enhanced when we treat our whole persons as the temple of God.

Personalism: The moral status of human beings is to be held in high esteem at all times, regardless of the stage of development—be it microscopic or overweight. However, this moral status is not a straight line from conception to death. Two polarized views address the question of moral status in bioethics: physicalism and personalism²⁷. Physicalism holds that full moral status is a straight line from conception to death. Personalism holds that full moral status is like a rheostat with high and low points focused primarily on the capability

Please turn to page 5

to engage in relationships with others. Because Adventists highly value the fact that God created us with the ability to reason and relate, we lean toward the theological doctrine of personalism rather than physicalism^{27, 28}. This will manifest itself in more than a few of our statements on ethical issues such as abortion and end-of-life care.

Implications: How does a theology that conceptualizes persons as non-dualistic, self-determining creations made in God's image affect an Adventist nursing perspective? How does an Adventist theology about the state of the dead and after-life have an impact on nursing? Examining some Adventist documents will help to answer these questions.

A non-dualistic perspective on the nature of humans contributes to Adventist institutions having mission statements that address the body, mind, and spirit in an integrated way²⁹. For instance, Loma Linda University's (LLU) motto is "to make man whole." LLU has given considerable attention to this concept of wholeness, and even measures it among its students to determine if it is fostering students' wholeness. This measurement, the extensive Wholeness Inventory, provides a definition of wholeness: "Wholeness means the life-long, harmonious development of the physical, intellectual, emotional, relational, cultural, and spiritual dimensions of a person's life, unified through a loving relationship with God and expressed in generous service to others"²⁹.

The General Conference of Seventh-day Adventists has issued statements on care for the dying, abortion, assisted reproduction, human cloning, and other ethical issues in health care. These statements reflect the theology described above in both general institutional policy matters³⁰ and specific issues. For example, the 1992 "Statement of Consensus on Care for the Dying"³¹ acknowledges that "because of their commitment to care for the whole person, Seventh-day Adventists are con-

cerned about the physical, emotional, and spiritual care of the dying." This statement interprets the Bible to support the following principles:

- a) the dying person deserves to know about his or her condition and, if capable, should have the freedom to choose or decline life-extending interventions (self-determination);
- b) end-of-life decisions are best made in the context of healthy family relationships after considering medical advice (Image of God and personalism);
- c) love does not obligate anyone to offer or accept interventions whose burden outweighs probable benefit (Image of God and free will);
- d) the goal of care when there is no cure should be to relieve suffering to the fullest extent possible, stopping short of active euthanasia; Adventists support aggressive palliative care at the end of life (the body as God's temple is respected); and
- e) the dying should be given care based on their need, not their social worthiness (Image of God).

This document also reminds the reader that because there is resurrection and eternal life to come, one does not need to prolong the dying process or desperately cling to the last vestiges of life here on earth.

Likewise, the General Conference documents about abortion, birth control, and assisted human reproduction apply these theological tenets of respecting humans as God's creation and balancing God-given freedom of self-determination with Christian responsibility. For instance, the General Conference-issued *Guidelines on Abortion* state the following:

"Prenatal human life is a magnificent gift of God. God's ideal for human beings affirms the sanctity of human life, in God's image, and requires respect for prenatal life. However, decisions about life must be made in the context of a fallen world.

Abortion is never an action of little moral consequence. Thus prenatal life must not be thoughtlessly destroyed. Abortion should be performed only for the most serious reasons."³²

These exceptional reasons are identified as pregnancy-caused threat to the mother's life or jeopardy to her health, severe congenital defect, or pregnancy caused by incest or rape. This document confirms that the Church cannot serve as the conscience for a person, that a person's accountability is first to God. Persons should make their decision based on "the laws of God rather than the norms of society."³²

Affect on nursing care: These Church statements provide examples of how Adventist theology formally affects thinking and practice vis-à-vis health issues. But how might this Adventist theology about the nature of persons affect the nursing care provided by an Adventist lay person? Of course, variation inevitably exists in how integrated a nurse's religion is in his or her life and work. Many Adventist nurses are likely unaware of these official statements, yet are still influenced—in varying degrees—by the underlying theology. Here are some ways Adventist theology about persons may manifest at the bedside:

- ♦ Patients and their loved ones will all be treated as persons believed to be lovingly created in the image of God. For example, the sacredness or moral status of life is considered as decisions about abortion and end-of-life care are made. Likewise, compassion is shown to the indigent as well as the rich patient.
- ♦ Because of an awareness that God created us with the ability to reason and relate, the nurse will facilitate respect for patient autonomy, self-determination in relation with others. For example, the Adventist nurse will encourage the patient to collaborate—and take ultimate responsibility, if culturally appropriate—for health care decisions. Likewise, the

Please turn to page 6

Adventist nurse will not provide therapies involving the control of one mind over another's, as some forms of hypnosis require.

- The Adventist nurse's goal is ultimately whole-person care—care that tends to body, mind, and spirit—and restores the patient to the image of God and helps him or her to see God's character. Thus, an Adventist nurse will consider spiritual health as an essential aspect of health, and will likely accept spiritual care as an essential part of nursing care.
- Because the Adventist nurse believes death is an unconscious state and that there is an eternal after-life for those who accept God's love, he or she may make statements to comfort the dying or bereaved that reflect these beliefs. In an attempt to comfort, some Adventist nurses might state, "Isn't it good we have the hope of Christ's return and eternal life with Him?" or "Next thing your loved one will see is Jesus coming in the clouds of glory!"

These implications of how Adventist theology of the person may affect the practice of a nurse will reflect broad similarities with other Christian traditions. The emphasis on whole-person care because of what God has already done in us and for us, coupled with a strong sense of the hope Christ gives the patient and the practitioner, will particularly characterize Adventist nursing practice.

Health

One of the most well-recognized colloquialisms within the church is the health message³⁰. Seventh-day Adventists accept that because God wants to have a relationship with humankind, and because we must reason well together with God, we must treat our bodies well—as God's temple. The Apostle Paul is often quoted: "Do you not know that your body is a temple of the Holy Spirit within you, which you have

from God? You are not your own; you were bought with a price. So glorify God in your body."³³ Aside from the straightforward assertions of what the biblical text says about what we should or should not eat or drink, there are several important theological truths Adventists believe that profoundly shape our thinking about health.

Human nature: The doctrine of total depravity only partially reflects Adventism's optimistic view of human nature. By this we mean that while we believe there is truly nothing we can do to gain our salvation, we believe we can do something to cooperate with God. First, we have capability to reason well; God created this capability. In submitting ourselves to the indwelling Spirit of God (justification) we open ourselves to new possibilities for our present life. Second, with God's help we are able to habituate positive lifestyles and personal character traits. This process (sanctification) includes our positive efforts—efforts that are energized by God's Spirit in our lives²⁴.

Stewardship: God calls humankind to be good stewards of all He has provided in His creation, including our physical bodies²⁴. With specific reference to our individual health, this doctrine of stewardship means we must use our time, energies, and resources in ways that both respect and bring glory to God. Adventists take the biblical account of the Garden of Eden and the good life that Adam and Eve enjoyed there as a narrative of the ideal. The Great Controversy theme in the Bible portrays the fact that this ideal was destroyed at the onset of sin. It is God's purpose throughout salvation history to restore humankind and the rest of his creation to this Edenic perfection. In this process of restoration, part of our moral responsibility is to uphold and practice, as best we can, the ideal diet and lifestyle God intended. Adventist theology of the Sabbath is strongly influenced by this notion that God's original plan was for humankind to enjoy a Sabbath rest, and that this rest was, at least in part, designed

for the enhancement of the well-being of each and every person³⁴.

The Great Controversy as Theodicy:

For Adventists, the problem of sin and evil is placed firmly at the feet of Lucifer, that old devil called Satan in the Bible. Human suffering in the face of evil is profoundly troubling to Adventists. They are motivated to evangelize because they don't want people to suffer in sin. While some Christians believe God brings suffering as a means of moral development for humankind, Adventists believe that Satan is the cause of human suffering. God, on the other hand, is the one who makes all good things emerge in the wake of evil and suffering. God is never the cause of human suffering. God is always the one who lifts persons out of suffering through loving presence—God's own, as well as the sort of presence that nurses provide at the bedside^{35,36}.

Implications: How does an Adventist nurse who desires to be a responsible steward, who explains suffering in the context of a great controversy, and who accepts that our bodies are a temple of God needy of weekly Sabbath rest, exhibit these religious beliefs at work? Of course, these beliefs can show themselves in a variety of ways. Some of the more readily observed beliefs pertaining to health among Adventist nurses will be described.

Being a steward, for an Adventist nurse, can mean personally striving to live as healthfully as possible, following the recommendations of Ellen White's health reform. Glorifying God means not only weekly corporate worship, but eating, drinking, exercising, sleeping, relating, and so forth in balanced and healthful ways. It is possible that the ideal the Adventist nurse possesses for him- or herself will be assumed for the patient. Being a steward also has economic implications for health care. The Adventist nurse may be sensitive to the financial burden treatments place and seek to avoid action that expends resources unjustly. For example, the General Conference statement of "Considerations on Assisted Human

Please turn to page 7

Reproduction” includes, as one of six, the principle of stewardship. The statement advises that as some forms of technology are expensive, couples should “give responsible consideration to the expenses involved.”³⁷

An Adventist nurse’s view of the relationship between sin, suffering, and a good God will likely frame responses to patients’ queries about “Why does God let me suffer?” Such a situation could prompt an Adventist nurse, who assesses that self-disclosure is appropriate, to say something like: “I believe Satan is to blame; we can find hope in knowing that good will ultimately triumph over evil” or “I know it is hard to understand ‘why?’ from our present perspective, but I think God is with us now and God’s love will one day prevail and end suffering.”

For an Adventist nurse, Sabbath rest is a vital ingredient for whole-person health. The nurse may practice nursing on Sabbath in accord with principles identified by the GC^{30, 38}. That is, Adventist health care institutions and clinicians are encouraged to avoid routine business, non-emergency procedures (e.g., elective and diagnostic services), and create a Sabbath atmosphere at work³⁸. An Adventist nurse might create such a restorative atmosphere by giving each of his or her patients a flower, spending more time listening, or giving more smiles. A visitor to an Adventist hospital will find the environment calmer than during week days; often Christian music is softly played on public address systems.

Environment (Community)

While the Adventist Church has issued statements about the call to care for God’s creation by respecting our physical environment³⁹, the theology supporting Christian service for the community is more appropriate in a discussion of nursing. A recent addition to Adventist fundamental beliefs gives evidence of theological concern for how we engage our wider community. Titled “Growing in

Christ,” a portion of it reads as follows:

In this new freedom in Jesus, we are called to grow into the likeness of His character, communing with Him daily in prayer, feeding on His Word, meditating on it and on His providence, singing His praises, gathering together for worship, participating in the mission of the church. As we give ourselves in loving service to those around us and in witnessing to His salvation, His constant presence with us through the Spirit transforms every moment and every task into a spiritual experience^{24 [p.149-50]}.

A theology of engagement with community in Seventh-day Adventism is two-fold. It must begin within the fellowship of our community of faith. This communal fellowship is where our relationship with God is nourished and encouraged. And while it inherently has elements of sectarianism, a fundamental premise of our theology of relationship with God and his church insists that the individual takes the turn of engagement with the wider society.

A motivating factor for engaging the broader community comes from what Christians call “the great commission.” Matthew 28:16-20 gives the details of Jesus commissioning his disciples to do certain things in his absence. They were to spread throughout the world, teaching others about Jesus and baptizing these students in the process of making disciples of them. This push to spread the good news of Jesus was coupled with the idea that when the gospel was spread throughout the whole world, the end of time would come (see Matthew 24:14). So, in an important sense, Adventists believe that as they engage in their communities with the good news of Jesus and his care for others, they hasten His second coming.

Implications: So how does a nurse implement in practice an Adventist theology of engagement with the community? Consider a few illustrations: an Adventist nurse may support the local church com-

munity in ways that promote its health (e.g., serve on the church “Health and Temperance Committee” and assist with local church-sponsored health fairs for the immediate community or serve as a parish nurse for a local congregation) and may provide free health care during short mission stints to impoverished areas around the globe. Over the past several decades, the church has sponsored many health-promoting endeavors for the world community (e.g., smoking cessation programs, vegetarian cooking courses, Adventist Development and Relief Agency, and community service centers)⁴⁰; Adventist nurses often assist with such outreach.

Nursing (Service)

Many Adventist nurses take literally and seriously Jesus’ call to “go into all the world and preach the gospel to all creation” (Mark 16:15). For many Adventist nurses, providing health care is the right arm of the gospel (a metaphor Ellen White often used to describe the salient role of medical missionary work). Therefore, in this directive Adventist nurses find a calling to serve God by serving others. Nursing is thus understood as an intrinsically moral undertaking and a moral mandate—a form of beneficence.

Another passage in the biblical gospel motivates Adventist nurses to serve the sick. The passage in Matthew 25:31 makes clear, according to Adventist interpretation, at least one thing: those who fail to care for the needs of their neighbors in the most basic of ways will in no case be allowed to inherit eternal life. Adventists desire to be counted among the “sheep” in this parable; its meaning has always provided impetus to serve others. Although some Adventist nurses may provide nursing service out of a self-centered desire to be among those who will get to go to heaven, others will recognize such service really results from a personal knowledge of God’s love.

Perhaps the most important theologi-

Please turn to page 8

cal motivation for service to others is the acceptance that Jesus is the model for how believers ought to treat others. Jesus' life and ministry, while here on earth, is a constant encouragement for Adventists to care for others. Loma Linda University's mission, for instance, is to "further the healing and teaching ministry of Jesus Christ"^{41, 42}.

Implications: With such theological perspective, Adventist nurses find nursing not just work, or even a profession. Nursing allows the Adventist nurse to heed God's calling to serve others, to follow Jesus' example, and to share the gospel and support others in gaining an awareness of God. Such a perspective is likely to have an affect on Adventist nurse "burnout." That is, given nurses are at high risk for burnout when they perceive their work makes no difference and has no meaning⁴³, such a theology gives the Adventist nurse rich meaning for her or his work. For example, even in the careful administration of a bedpan, the nurse can lovingly serve God. Conversely, if the Adventist nurse interprets this calling to spread the gospel to require proselytizing or observable improvements in spiritual health, such a calling could increase likelihood of nurse burnout. This very issue raises questions about how Adventist nurses, and others, can provide ethical spiritual care.

Ethical Principles for Adventist Nursing

Seventh-day Adventists are generally oriented toward a principles approach to health care and thus nursing ethics⁴¹. Principles-based ethics lean toward a strong rule orientation. Adventists have always upheld the ongoing importance of God's commands in scripture. A divine command theory of ethics would be easily recognizable among Adventists. Because of this theological orientation, Adventists often reflect a principlist ethic.

Adventists also reflect a casuistry orientation to health care ethics. Adventists think that the details of a case should be the

necessary starting point for any moral deliberation. While Adventists like God's rules, they rebel against rules and regulations thought to be of human origin. Adventists are Protestants and proud of it. This fact, combined with a memory of having been expelled from churches in the wake of William Miller's teaching, pushes Adventists away from a strong rules approach and toward a pragmatism of the sort seen in case-based moral reasoning.

In a more recent and constructive turn, Adventist bioethicists posit the appropriateness of the care ethic. The theological conviction that urges a close knit and strong faith community also deeply encourages the kind of connection for which the care ethic calls^{45, 46}. The connection found in the faith community of an Adventist nurse will encourage him or her to nurture connections with patients. The compassion and empathy so important to the care ethic is that which Adventists see in the life and ministry of Jesus. Finally, moral decision-making situated in this web of community and relationship is upheld as the ideal in statements from the General Conference.

These three approaches to health care ethics in Adventism are more intuitive than prescribed. The Adventist nurse may drift in one or more of these directions without much careful reflection.

Ethical Spiritual Care in Adventist Nursing

Although Adventist theology provides a strong motivation for including support of spiritual health in whole-person care of patients, only recently have the ethics of spiritual health care been openly addressed. For the Adventist, providing physical health care presents the opportunity for providing spiritual health care. Ellen White wrote:

God often reaches hearts through our efforts to relieve physical suffering. Medical missionary work is the pioneer work of the gospel. In the ministry of word and in the medical

missionary work the gospel is to be preached and practiced⁴⁷ [p. 144]. Let the workers [medical missionaries] keep Christ, the Great Physician, constantly before those to whom disease of body and soul has brought discouragement. Point them to the One who can heal both physical and spiritual disease. Tell them of the One who is touched with the feeling of their infirmities. Encourage them to place themselves in the care of Him who gave His life to make it possible for them to have life eternal. Talk of His love; tell of His power to save.⁴⁷ [p. 144]

A question arises, however: Is it unethical and opportunistic to provide nursing care that is motivated by a desire to preach and practice the gospel to unsuspecting, vulnerable patients? Some Adventist nurses may accept this directive readily and employ an approach that quickly and overtly introduces Jesus and the way of salvation to patients. Most others, however, temper the evangelical tone. For example, former LLU ACPE supervisor Jerry M. Davis used to admonish "there's a lot of religion in a loaf of bread!" In a conversation with Dr. Wil Alexander, who taught LLU medical students about spiritual discourse with patients for years, he stated, "God is in the patient's room before I enter and God is in the room after I leave, and even though I know God is present with us while we visit, I may never use God language while I'm in the room."⁴⁸ In other words, Adventist health care professionals can attract patients to a yearning and knowledge of Christ in seemingly common, but compassionate, ways. Ultimately, of course, God does the saving.

An ethical question remains. How can an Adventist (or any evangelical Christian) be true to self and his or her religious mandates, and yet not inappropriately force personal beliefs? An answer can be found in Adventist ethicist Gerald Winslow and nurse educator and researcher Betty Winslow's ethical guidelines⁴⁹ for sharing religious practices, which propose:

Please turn to page 9

- a) First, try to understand the client's spiritual needs, resources, and preferences;
- b) Employ religious practices with permission; respect the client's expressed wishes;
- c) Do not prescribe or push religious beliefs or practices;
- d) Strive to understand your own spiritual beliefs and needs, before addressing others'; and
- e) When it is appropriate to employ religious practices with patients, do so in a manner that is authentic and in harmony with your spiritual beliefs.

These guidelines can easily be applied to the sharing of religious beliefs⁴⁹.

Seventh-day Adventist nurse scholar Taylor⁴³ advocates applying the guidelines mental health professionals follow for self-disclosure to this question of how to disclose personal religious beliefs. Some of these guidelines include:

- a) Do not disclose to gratify your needs. Ask yourself, "Whose needs are being met when I share my beliefs?"
- b) When patients ask you about your spirituality, you may find it helpful to first assess why they are asking. For example, "Before I answer, could we explore what this means to you?" The question should guide the response.
- c) Any time you disclose your personal beliefs, follow up the self-disclosure with an open question or reflection of feelings. Always return the ball to the patient's court. For example, "I wonder what is going on inside you now?"
- d) Use self-disclosure infrequently and keep the disclosures short⁴³.

These guidelines reflect the goal that Taylor introduced as appropriate for clinicians as they converse with patients about spirituality. Taylor proposed that when patients present their spiritual disease to the clinician, the clinician can "provide responses to patients which allow the patient to become intellectually, emotionally, and physically

aware of his or her spirituality so that they can experience life more fully"⁴³.

Another quote from Ellen White supports this Adventist perspective on spiritual care:

Christ's method alone will give true success in reaching the people. The Savior mingled with men as one who desired their good. He showed His sympathy for them, ministered to their needs, and won their confidence. Then He bade them, "Follow me."⁴⁷ [p. 143]

That is, what is requisite—indeed, what may be the difference between evangelism and proselytization—is a sincere and deeply respectful relationship. An Adventist nurse following Christ's method as stated here, will mingle, be beneficent, be empathic, provide competent care, and win the respect of the patient before overtly introducing Jesus to the patient who requests it.

Implications for Broad Nursing Research

Seventh-day Adventists generally perceive modern science as a God-given source of truth for our time. While some individual scientists, and perhaps even entire branches of scientific endeavor, will perceive their work to be necessarily antagonistic toward faith, Adventist scientists would not hold to this view. Adventists have always thought that religion informs science and science informs religion. This is particularly true in the area of health care research. For example, Adventist Health Study-2 at LLU is currently investigating diet and health habits that affect the risk for various chronic diseases⁵⁰. Ideally, then Adventist nurses will practice scientifically sound nursing in harmony with theologically informed concepts of God and humankind.

Conclusion

Although Adventist theology may be slightly different from or oddly difficult to place in the broad categories of Christian theological traditions—we are

after all a relatively young church—it would be no stretch of the truth to say that Adventism is an intense faith tradition. Part of its intensity is the fact that Adventists take their beliefs seriously. Adventists strongly think that how they believe should make a difference in how they live—what they do day by day. In a sense, whether a nurse or not, Adventists believe each person lives out a vocation on this earth. All are characters in the Great Controversy and each is called to respond to God with the entirety of his or her person. Each has the privilege of living as a temple for the Holy Spirit. Such healthful living allows one to "glorify God in the body."

References

1. *Seventh-day Adventist Church Facts and Figures* [online]. 2006 [cited 2008 April 21]. Available from: URL: http://www.adventist.org/world_church/facts_and_figures/index.html.
2. *International Seventh-day Adventist Schools of Nursing* [online]. 2008 [cited 2008 April 21]. Available from: URL: <http://www.llu.edu/llu/nursing/international/sdanurse.html>.
3. Jones P. "Statistics on International Seventh-day Adventist Schools of Nursing" [online]. E-mail to Elizabeth Johnston Taylor (ejtaylor@llu.edu) 2006 Dec 11 [cited 2006 Dec 11].
4. Knight GR. *Millennial Fever and the End of the World: A Comprehensive survey of Millerism and America's Fascination With the Millennium in the Nineteenth Century*. Boise, Idaho: Pacific Press Publishing Association, 1993.
5. Maxwell CM. *Tell it to the World: The Story of Seventh-day Adventists*, 2nd revised ed. Boise, Idaho: Pacific Press Publishing Association, 1977.
6. Rowe DL. *Thunder and Trumpets: Millerites and Dissenting Religion in Upstate New York, 1800-1850*. Chico, California: Scholars Press, 1985.
7. Nichol FD. *The Midnight Cry: A Defense of the Character and Conduct of William Miller and the Millerites who Mistakenly Believed that the Second Coming of Christ Would Take Place in the Year 1884*. Takoma Park, Maryland: Review and Herald Publishing Association, 1944.
8. Burt MD. *The Historical Background, Interconnected Development, and Integration*

- of the Doctrines of the Sanctuary, the Sabbath and Ellen G. White's Role in Sabbatarian Adventism from 1844-1849. Thesis (PhD)—Andrews University Seventh-day Adventist Theological Seminary, 2002.
9. Timm AR. *The Sanctuary and the Three Angels' Messages 1844-1863: Integrating Factors in the Development of Seventh-day Adventist Doctrines*. Thesis (PhD)—Andrews University Seventh-day Adventist Theological Seminary, 1995.
 10. Froom LE. *The Prophetic Faith of Our Fathers: The Historical Development of Prophetic Interpretation*. In 4 volumes. Washington, D.C.: Review and Herald Publishing Association, 1946-1954.
 11. Strand KA, editor. *The Sabbath in Scripture and History*. Washington, D.C.: Review and Herald Publishing Association, 1982.
 12. Weiss H. *A Day of Gladness: The Sabbath Among Jews and Christians in Antiquity*. Columbia, South Carolina: University of South Carolina Press, 2003.
 13. Johnson RO. *Free From the Rigor of the Law: Theological Challenges to the Anglo-American Sabbath in Nineteenth-Century America*. Thesis (PhD)—Graduate Theological Union, 2001.
 14. Knight GR, editor. *1844 and the Rise of Sabbatarian Adventism*. Hagerstown, Maryland: Review and Herald Publishing Association, 1994.
 15. Knight GR. *A Search for Identity: The Development of Seventh-day Adventist Beliefs*. Hagerstown, Maryland: Review and Herald Publishing Association, 2000.
 16. Bradford CE. *Sabbath Roots: The African Connection*. Washington, D.C.: Ministerial Association of the General Conference of Seventh-day Adventists, 1999.
 17. Schwarz RW. *Light Bearers to the Remnant*. Mountain View, California: Pacific Press; 1979.
 18. Numbers RL, Larson DR. "The Adventist Tradition," in: Number RL, Amundsen DW, editors. *Caring and Curing: Health and Medicine in the Western Religious Traditions*. New York: Macmillan; 1986. p. 447-67.
 19. White AL. *Ellen G. White. V.1. The Early Years, 1827-1862*. Hagerstown, Maryland: Review and Herald Publishing Association, 1981.
 20. Robinson DE. *The Story of Our Health Message: The Origin, Character, and Development of Health Education in the Seventh-day Adventist Church*. Nashville, Tennessee: Southern Publishing Association, 1965.
 21. Numbers RL. *Prophetess of Health: Ellen G. White and the Origins of Seventh-day Adventist Health Reform*. Knoxville, Tennessee: University of Tennessee Press, 1992.
 22. Cheatham WA, Weismeyer R, Gaede W, Jones D, Reifsnnyder H, Thio P, editors. *The Impossible Dream: Railway to the Moon*. Boise, Idaho: Pacific Press Publishing Association, 2005.
 23. Seventh-day Adventist Church. *Fundamental Beliefs* [online]. 2005 [cited 2006 Dec 11]. Available from: URL: <http://www.adventist.org>.
 24. Ministerial Association, General Conference of Seventh-day Adventists. *Seventh-day Adventists Believe: A Biblical Exposition of Fundamental Doctrines, 2nd ed*. Boise, ID: Pacific Press; 2005.
 25. Taylor E. *Progressive Adventism: A Nonfundamentalist Vision*. Adventist Today [serial online] 2001 [cited 2006 Jan 13]; 9(5): ... Available from: URL: <http://www.atoday.com/magazine/archive/2001/sepoct2001/articles/taylor.shtml>.
 26. White EG. *Counsels on Diet and Foods, 5th edition*. Hagerstown, Maryland: Review and Herald Publishing Association, 2001.
 27. Walters JW. *Is Koko a Person? College and University Dialogue* 1997; 9(2):15-34.
 28. Walters JW. *What Is a Person? An Ethical Exploration*. Chicago: University of Illinois Press, 1997.
 29. Loma Linda University. *Wholeness Inventory* [unpublished document]. Available from the Office of the Provost, Magan Hall, Loma Linda, California 92350.
 30. Seventh-day Adventist Church. *Operating Principles for Health-care Institutions* [Online]. 2006. [Cited 2006 Dec 11]. Available at URL: http://www.adventist.org/beliefs/statements/main_stat31.html.
 31. Seventh-day Adventist Church. *A Statement of Consensus on Care of the Dying* [Online]. 2006. [Cited 2006 Dec 11] Available at URL: http://www.adventist.org/beliefs/statements/main_stat6.html.
 32. Seventh-day Adventist Church. *Guidelines on Abortion* [Online]. 2006. [Cited 2006 Dec 11] Available at URL: http://www.adventist.org/beliefs/guidelines/main_guide1.html.
 33. 1 Corinthians 6:19-20. *The Holy Bible: Revised Standard Version*. Grand Rapids, MI: Zondervan; 1965.
 34. Walker CP. *Making Sabbath Special: Simple Traditions to Make the Sabbath a Delight*. Nampa, Idaho: Pacific Press Publishing Association, 1999.
 35. Rice R. *Ministryhealing: Toward a Theology of Wholeness and Witness*. Loma Linda, California: Loma Linda University Press, 2006.
 36. Sorajjakool S. *When Sickness Heals: The Place of Religious Belief in Healthcare*. Philadelphia: Templeton Foundation Press, 2006.
 37. Seventh-day Adventist Church. *Considerations on Assisted Human Reproduction* [Online]. 2006. [Cited 2006 Dec 11] Available at URL: http://www.adventist.org/beliefs/other_documents/other_doc10.html.
 38. Seventh-day Adventist Church. *Guidelines for Sabbath Observance* [Online]. 1990. [Cited 2006 Dec 11]. Available at URL: http://www.adventist.org/beliefs/other_documents/other_doc6.html.
 39. *Statement on Stewardship of the Environment* [online]. 2007. [Cited 2007 Feb 6]. Available at URL: http://www.adventist.org/beliefs/statements/main_stat10.html.
 40. ADRA: *Adventist Development and Relief Agency* [online]. 2007. [Cited 2007 Feb 6]. Available at URL: http://www.adventist.org/mission_and_service/adra.html.en.
 41. Schaefer RA. "To Make Man Whole." In Schaefer RA, *Legacy: Daring to Care*. Loma Linda, California: Legacy Publishing Association, 1995.
 42. Covrig DM. *A Case Study of the Organizational History of Loma Linda University: An Examination of Contingency and Institutional Explanations of Development*. Thesis (PhD)—University of California Riverside, 1999.
 43. Tayler EJ. *What Do I Say? Talking With Patients About Spirituality*. Philadelphia: Templeton Press; 2007.
 44. DuBose ER, Walters JW, editors. *The Seventh-day Adventist Tradition: Religious Beliefs and Healthcare Decisions*. Chicago: The Park Ridge Center, 2002.
 45. Carr MF. *Passionate Deliberation: Emotion, Temperance, and the Care Ethic in Clinical Moral Deliberation*. Dordrecht; Boston: Kluwer Academic Publishers, Inc., 2001.
 46. Walters JW. *Martin Buber and Feminist Ethics: The Priority of the Personal*. Syracuse, New York: Syracuse University Press, 2003.
 47. White EG. *The Ministry of Healing*. Mountain View, California: Pacific Press; 1942.
 48. Alexander W. *Oral Communication*, April 7, 2006.
 49. Winslow GR, Winslow BW. *Examining the Ethics of Praying with Patients*. Holistic Nursing Practice 2003; 17(4):170-177.
 50. *Adventist Health Study-2: About the Study* [Online]. 2006. [Cited 2006 Dec 17]. Available at URL: <http://www.llu/health/about.html>.



NEW BEGINNINGS

at the Center for Christian Bioethics

The Center for Christian Bioethics now resides within the School of Religion on the third floor of the Centennial Complex, immediately adjacent to the Center for Spiritual Life & Wholeness.

The Thompson Ethics Library is also located in the Centennial Complex and the move has provided a much more visible location for students, faculty, and staff. It is a true sanctuary for studying and learning.

Two of the three center offices have an exquisite view of the San Bernardino Mountains. The interior office and the student area receive the benefit of natural light thanks to the architect's design of windows atop the interior walls.

If you have not had a chance to visit

the new Centennial Complex we encourage you to do so. We will be happy to show you our library and conference rooms.

We have been holding many of our programs in the Centennial Complex because of the quality of the large, well-equipped amphitheaters. In addition to two 300-plus person amphitheaters, there are two smaller 90-person amphitheaters and a conference center on the fourth floor. Parking is available.

In fact, the center took advantage of our fabulous new building by holding the November 7, 2009, Contributors Convocation in the Centennial Complex.

The day began with a review of clinical ethics and a rousing panel discussion of case consultations. The final item on

the morning program was the reading of the Claritas ethics essay contest finalist essays. Upon finishing their essays, the students fielded questions which gave the audience a little bit more to think about. Those in attendance were the final judges for the contest.

The group adjourned to the second floor lobby for a wonderful lunch filled with fine food and good conversation.

Following lunch, a roundtable was moderated by Roy Branson, PhD, interim director, Center for Christian Bioethics, titled "God and the American Health Care System."

Panelists include, Ruthita J. Fike, MA, chief executive officer and administrator, Loma Linda University Medical

Please turn to page 11



LOMA LINDA UNIVERSITY

Center for Christian Bioethics

24760 Stewart Street
Loma Linda, California 92350

Change Service Requested

NONPROFIT ORG.
U.S. Postage
PAID



Continued from previous page...

Center; Joan Sabaté, MD, DrPH, chair, department of nutrition, School of Public Health, Loma Linda University; Daniel Giang, MD, associate dean, graduate medical education, School of Medicine, Loma Linda University; and Nicholas J.

Kockler, PhD, assistant professor, Bioethics Institute, Loyola Marymount University, Los Angeles, California.

No fear if you were unable to attend this spirited discussion of the American health care system; DVDs are

available from the Center for Christian Bioethics.

The 2010 Contributors Convocation will be held Saturday, November 6, 2010, in the Centennial Complex's newly finished fourth floor convention center.